

BIRMINGHAM CITY COUNCIL

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 23 JANUARY 2024 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/WEBCAST

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Public-I microsite ([please click this link](#)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 DECLARATIONS OF INTERESTS

Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If other registerable interests are declared a Member may speak on the matter only if members of the public are allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If it is a 'sensitive interest', Members do not have to disclose the nature of the interest, just that they have an interest.

Information on the Local Government Association's Model Councillor Code of Conduct is set out via <http://bit.ly/3WtGQnN>. This includes, at Appendix 1, an interests flowchart which provides a simple guide to declaring interests at meetings.

- 3 **APOLOGIES**
- To receive any apologies.
- 5 - 10** 4 **MINUTES OF MEETING ON 19TH DECEMBER 2023.**
- To confirm and approve the minutes from the meeting held on 19th December 2023.
- 5 **COMMISSIONER'S REVIEW AND COMMENTS ON THE AGENDA**
- The Commissioners may comment on reports post publication.
- 6 **APPOINTMENT OF BCC MEMBERS TO BIRMINGHAM & SOLIHULL AND BIRMINGHAM/SANDWELL JOINT HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEES.**
- To appoint the Birmingham City Council members of the Birmingham/Solihull Joint HOSC (1 Labour vacancy) and Birmingham/Sandwell Joint HOSC (1 Labour vacancy)
- 11 - 18** 7 **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE ACTION TRACKER**
- For Committee to note the actions from the previous Health and Social Care Overview and Scrutiny Committee meeting.
- 19 - 26** 8 **URGENT TREATMENT CENTRE (WARREN FARM) UPDATE. (10.10-10.40)**
- Integrated Care Board to report to committee on update on consultation and engagement activity with communities on UTC at Warren Farm.
- 27 - 64** 9 **BIRMINGHAM SAFEGUARDING ADULT BOARD (BSAB) ANNUAL REPORT 2022/23. (10.40 -11.10).**
- BSAB Chair to present key highlights of the Board's Annual Report for 22/23 and update the Committee on the adult safeguarding arrangements in the city.
- 65 - 116** 10 **BIRMINGHAM AND LEWISHAM AFRICAN AND CARIBBEAN HEALTH INEQUALITIES REVIEW (BLACHIR) UPDATE (11.10- 11.35)**
- To report on impact of implementation activity and actions within the Integrated Care Board and Birmingham City Council.
- 117 - 200** 11 **SCRUTINY INQUIRY REPORT INTO CHILDREN AND YOUNG PEOPLE MENTAL HEALTH (11.35-11.50).**
- To approve the Inquiry report, agree recommendations 6-25 and note any recommendations agreed at City Council.

12 **HEALTH & ADULT SOCIAL CARE WORK PROGRAMME 2023/24 UPDATE (11.50 -11.55).**

To provide a forward look at the informal review of the HASC work programme to be held next month, with focus on issues relating to the Council's current improvement and recovery priorities in the context of the recent Governance Review carried out on the Council, and seek Committee members input.

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

To consider any request for call in/councillor call for action/petitions (if received).

14 **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.

15 **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 ADULT SOCIAL CARE (HASC) OVERVIEW & SCRUTINY COMMITTEE

PUBLIC MEETING

Tuesday 19th December 2023. Committee Rooms 3&4,

Council House, Victoria Square

Minutes.

Present

Councillors Mick Brown (Chair), Kath Scott, Gareth Moore, Julian Pritchard, Kath Hartley, Amar Khan and Paul Tilsley.

Also Present:

Maria B Gavin, Assistant Director, Adult and Social Care Directorate.

Fiona Bottrill, Senior Overview and Scrutiny Manager.

Adewale Fashade, Interim Scrutiny Officer.

1. NOTICE OF RECORDING/WEBCAST

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

2. APOLOGIES

None

3. DECLARATIONS OF INTEREST

Councillor Kath Scott declared an interest as member of the governing body of NHS women and children's trust.

4. MINUTES – 21ST NOVEMBER 2023.

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

5. COMMISSIONER'S REVIEW AND COMMENTS ON AGENDA

The committee noted that the Commissioner has agreed for the reports to be published without comments.

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

The Interim Scrutiny Officer updated members on actions from the HASC Action Tracker from the last meeting. The only action outstanding was the November Budget savings

The committee was informed that Birmingham & Solihull Integrated Care Board (B/Sol ICB) will attend the January meeting to set out its emergency measures as well as engagement plans for Warren Farm Urgent Treatment Centre (UTC). After listening to HASC Committee members' views from the last HASC meeting, B/Sol ICB was reviewing its engagement plans on Warren Farm UTC and would update HASC members. Members have also been invited to visit Warren Farm UTC to check and give views on suitability.

RESOLVED

That:

- That the Committee noted updates on actions from the previous Health and Social Care Overview and Scrutiny Committee meeting.
- The Scrutiny officers to liaise with ICB with a view to agreeing a date for a visit to UTC Warren Farm in January 2024.

7. ADULT AND SOCIAL CARE CQC PILOT INSPECTION UPDATE.

Maria Gavin, Assistant Director (AD), Adult and Social Care (ASC) was in attendance and presented the report on the outcome and feedback on the CQC pilot inspection carried out on BCC Adult & Social Care between June and August 2023. Key points highlighted from the report/presentation were:

- The CQC pilot inspection took place between June and August and assessed performance under the key themes of the Care Act.
- The outcome of the pilot assessment was rated as 'Good',. The combined rating of 'Good' gives encouragement that the ASC service was on the right track in terms of improvement and changes. It is expected that a fuller CQC assessment would be carried out in the near future.
- In terms of strengths identified, these included strong leadership, robust management, and oversight across all areas of ASC; passion among officers, elected members and partners in achieving outcomes for citizens, and commitment to learning and research on how the service was best meeting people's needs.
- Areas of improvement identified included first line of information and support which can be difficult for service users and carers; Birmingham's super-diversity and high levels of inequity, recognising that the service was working positively in addressing these, and gaps in providing culturally appropriate bed-based respite care.

- In terms of next steps, the service would reflect and apply lessons learnt in ongoing improvement plans and share learning across the West Midlands region, local authorities and other partners.

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

- In response to concerns on Deprivation of Liberty Safeguarding (DoLs), the new national Liberty protection safeguarding requirement was introduced on the back of a court ruling on Cheshire West. The ADAS tool is used by the ASC to triage those waiting for DoLs assessment and to keep a watching brief on those at low risk. Most local authorities maintain a waiting list. Government consulted last summer on the Liberty Safeguard review, but there is currently a delay in completing the review.
- On the issue of safeguarding, this was due to delays being experienced mainly due to high demand in services. The triage function determines the urgency of need and safeguarding was included in this.
- In terms of the indicating scoring/rating scheme, CQC would be rolling out a new national scheme for all care providers. Areas of improvement identified were due to waiting lists and increasing demand on services, as well as recruiting and retaining qualified workers, despite a recruitment programme rolled out during the summer. Recruitment and retention were ongoing and through the Social Work Academy, the council was recruiting and training social workers.
- The focus on maintaining current rating of 'Good' in the context of budget savings would be a challenge. However, the ASC service have experience and knowledge to ensure standards are maintained.
- In reference to Transition to Adulthood, improvement work was ongoing to improve the pathways and address issues, for example in area of mental health services to young people. The current improvement plan in place involves all the key statutory partners working together to improve service delivery. If committee members require more information on this, the officers delivering the improvement programme would be able to update committee on their work.
- In terms of scrutiny's role holding ASC accountable, there was no specific mention of this. Feedback provided was more of a general, high-level overview on leadership commitment across the board (officers and members) in supporting people of Birmingham in achieving service outcomes.
- In relation to provision of culturally appropriate bed-based respite care, the improvement programme picked this up and were working with independent providers to expand offer of respite care.
- On the need for Shared-lives carers and placements, nationally this scheme delivers good quality care and there was a need to explore more opportunities

to provide more Share lives services. ASC would like to see double the current amount of Share lives carers/placements.

RESOLVED:

- That the Committee noted the contents of CQC Pilot inspection report and the positive outcome for Adult and Social Care in Birmingham.

8. ADULT AND SOCIAL CARE Q2 PERFORMANCE REPORT.

The report was presented by the Assistant Director Adult and Social Care (ASC). She provided an overview of key messages from the report:

- The report contained quarterly performance scorecards up to the end of September 2023.
- Significant progress made on the proportion of clients reviewed, reassessed, and assessed in the last 12 months (up to September 2023)
- Review target was a rolling 12 months which make for slightly lower aggregate target score.
- BCC reviewed more people than any other local authority in the West Midlands percentage-wise. Focus for many councils was more on assessment through the 'front door' rather than reviews. There is ongoing work to balance demand.
- Percentage of concluded safeguarding enquiries was above target this quarter.
- Discharging patient rate was 98% which was exceptional.
- Direct payment was viewed as important indicator of promoting choice and control for citizens. The level of performance have been maintained despite turnover.

The following main points were made in response to Members' questions:

- In response to availability of admission figures, BCC Adult Social Care does not have the figures on this. This was more likely to be available from the NHS/ICS. It was agreed that Members may want to note this point in work programme discussion next year.
- In terms of client recording system, it was pointed out that this was not dependent on Oracle. This sits on the Eclipse Performance Reporting system. On these measures, there were no significant changes due to lengthy process of recording and closing data from service agreements. Focus kept on reviews and balancing assessments.
- On direct payments, BCC was in the top quartile of Direct Payments (DP) nationally. 40% uptake over 4 years, and in the last 18 months, 38%, still one of the highest percentage rate nationally. Direct payments would usually be offered as first option for service users and carers. To aim for higher percentage rate would require more resources, however focus was not to drop

below the present percentage rate. It was noted that DP is more popular among younger adults, and 50% of uptake has been from ethnic minorities. However, there is also a good number of older adults taking up the DP option.

RESOLVED

- That the contents of the Q2 Adult and Social Care Performance report were noted by the Committee.

9. HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME UPDATE (2023/24).

The Overview and Scrutiny Manager provided an update on the current 2023/24 work programme for the Health and Adult Social Care Overview and Scrutiny Committee. Key updates and proposals were:

- The Coordinating Overview and Scrutiny Committee at its December meeting agreed that all Overview and Scrutiny Committees were to review current work programmes, and prioritise on issues relating to the Council's current improvement and recovery priorities, and the recent Governance Review carried out on the Council.
- Statutory Health Scrutiny regulations are due to be updated by the end of January 2024. Therefore, the proposal was for the committee's February meeting to be an informal one to review the HASC Work Programme. This would enable full discussion and explore priority issues for relevant scrutiny, while the formal HASC January meeting will go ahead as normal.
- Items for agenda at the January meeting are Birmingham Adults Safeguarding Board (BASB) Annual Report; Birmingham & Lewisham African Caribbean Health Inequalities Report (BLACHIR) update; Warren Farm Urgent Treatment Centre (UTC) update and the Children and Young People Mental Health Inquiry to consider and endorse recommendations report.
- The Committee agreed a briefing note would be requested on the Sickle Cell and Thalassaemia service.
- HASC members have been invited by ICB to visit Warren Farm UTC. Dates to be agreed with ICB.

The following points were made in response to members questions.

- In reference to a proposed visit to University Hospital Birmingham (UHB), this would be considered as part of the discussion on the Work Programme in February. In the meantime, officers can contact UHB colleagues to negotiate possible date(s) for a visit to the hospital.
- Consideration for ASC performance in the context of budget savings and priorities as part of the Work Programme discussion, as well as ensuring prioritisation of NHS/ICB related issues that still require scrutiny and oversight.

- In response to having a February meeting on the Work Programme and for this to be separate from the formal committee meeting, as well as the January meeting looking at the Children and Young People Mental Health Inquiry recommendation, the Overview and Scrutiny Manager mentioned that the challenge for all Overview and Scrutiny committees, including the HASC, was maintaining the balance of considering budget scrutiny through the Task & Finish Groups, managing existing work programme, and managing the change process as a result of the Governance review. Having some space for informal review will provide capacity for other related work to be looked at within the current structure.
- In terms of the Children and Young People (CYP) mental health inquiry it was agreed that young people who had been involved in the Inquiry would be invited to the January meeting. Following the appointment of Cllr. Rob Pocock as Acting Health & Social Care Cabinet member, there is now a vacancy on each of the JHOSCs' (B/Sol & Birmingham Sandwell). The agenda for the January meeting will include appointments to these roles. Members who are interested were asked to contact the Chair or Scrutiny Officers.

RESOLVED:

The Committee:

- Noted the information set out in Appendix 1.
- Identified, subject to further input from the Chair, the issues that the Committee would consider at the agreed informal work programme review in February 2024, the proposed aims and objectives and the preferred method of scrutiny in the context of the recent Governance Review.
- Noted that the January 23rd HASC meeting was to go ahead as normal with agenda items as mentioned on the work programme for that month/meeting.

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

None.

11. OTHER URGENT BUSINESS.

None.

12. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

The meeting ended at 11.25 hours.

HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE ACTION TRACKER – 2023/24.

Date of Meeting	AGENDA ITEM	ACTIONS	Lead Officer	Update
06/06/2023.	Develop the HASC Overview & Scrutiny Work Programme for year 23/24.	<ul style="list-style-type: none"> - To work with City Observatory who will provide information, data, and update in line with the Committee’s Work Programme objectives and needs. - CQC approaches and priorities, and timescales for inspections: Performance information on Adult & Social Care services. - Task and Finish work activities will need to be incorporated within the O&S Committee calendar for the year. - Update from the Independent Care home sector to the Committee on Adult and Social Care homes contract performance. - The Chair, Deputy Chair, Scrutiny Team and Officers from the Strategy, Equality and Partnerships (SEP) Directorate will meet to draw up an outline work programme based on discussions on 	<p>Scrutiny Offices/City Observatory officers.</p> <p>Maria Gavin, AD, Adult and Social Care</p>	<p>City Observatory officers attended June meeting to provide update on ASC performance scorecard. To provide regular updates (dates TBC).</p> <p>Maria Gavin, AD, ASC to attend July meeting to provide information. Prof. Betts provided update at the July meeting on her behalf.</p> <p>Scrutiny Officers – Dates for T&F groups agreed. Update in September meeting.</p> <p>As part of the Committee’s remit across all Adult Social Care and NHS Services (including the 5 main NHS Trusts), as part of its Health Scrutiny function.</p>

		<p>issues from 6th June meeting and come back with this at the next meeting.</p> <ul style="list-style-type: none"> - HASC OSC Members to consider looking at key priorities not just over the year, but over a two- or three-year period to get a fuller picture of key NHS functions such as Quality Accounts and Complaints procedure to inform service improvement 		<p>Refer to work programme. To incorporate as part of Health Scrutiny function.</p>
04/07/2023	<p>ICB Governance: Place-Based Committees and Decision-making powers.</p>	<p><u>Key recommendations agreed at HASC meeting of 4th July for action.</u></p> <ol style="list-style-type: none"> 1. Place-Based Board: The ICB provides clarity on the decision-making powers at Board, Place, Neighbourhood and Locality levels and the degree to which powers and decisions will be delegated to Neighbourhood and Locality level. The ICB sets out the timescales and milestones to achieve the delegated powers to neighbourhood and locality level. 2. The ICB sets out the timescales and milestones to achieve the delegated powers to neighbourhood and locality level. The Committee recognises that the ICS is an evolving system however, members want to understand: <ul style="list-style-type: none"> • The timescales to establish fully devolved powers and the key milestones to achieve this. 	<p>David Melbourne CEO, ICB.</p>	<p>Feedback received from B/Sol ICB and forwarded to members 6th Sept.</p>

		<ul style="list-style-type: none"> • The resources and infrastructure that will be put in place to enable meaningful engagement and co-ordination at neighbourhood and locality level with local people and existing arrangements e.g. Community Navigators and Community Connectors <p>3. The ICB sets out how elected members will be engaged in the neighbourhood and locality levels. The ICB sets out how elected members will be engaged in the neighbourhood and locality levels. The Committee recommend that the ICB explores how locality Team and Primary Care Networks engage with ward forums. This could initially be tested in the accelerator localities.</p> <p><u>Recommendations to the Director of Adult Social Care to raise with the CQC:</u></p> <p>4. That the CQC takes the opportunity of the pilot inspection of Birmingham City Council to explore how to best apply and adapt an inspection process to super diverse city with very large population. Members we particularly keen to understand how the inspection will engage with service</p>	<p>Maria Gavin, AD ASC.</p>	<p>(Recommendations 4-6: Feedback received from AD ASC, Maria Gavin and sent to HASC Members 6th Sept).</p>
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		<p>users from different communities to understand the lived experience of the diverse population.</p> <ol style="list-style-type: none"> 5. The ICB sets out the timescales and milestones to achieve the delegated powers to neighbourhood and locality level. The Committee recognises that the ICS is an evolving system however, members want to understand: 6. That the findings and report from the pilot inspection is shared with the Committee to inform the work programme and enable members to add value to the service improvement journey for Adult Social Care. <p><u>Other Actions to come back to HASC:</u></p> <p>CQC Inspection on Adult & Social Care: Findings and report from the pilot inspection is shared with the Committee to inform the work programme and enable members to add value to the service improvement journey for Adult Social Care</p> <p>Community Integrator Model: Share copy of Birmingham Community Healthcare Trust (BCHC) paper from ICB on options for Community Integrator Model.</p>		<p>Pilot inspection held mid-August 2023. Awaiting CQC report.</p> <p>Report received from ICB and shared with HASC members (sent 25.8)</p>
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04/07/2023.	Commissioning Services contracts.	Substance misuse recommissioning process: Committee to have input in proposals to cabinet	Karl Beese, Commissioning Manager, ASC.	HASC feedback sent to Karl Beese to include in commissioning proposals to cabinet on 31/7.
19/09/2023	Scrutiny of delivery of 23/24 budget savings; response to Section 114 update & Financial Recovery plans	Standing item on meeting agenda until further notice. To receive update on progress.	Mohammed Sajid, Head of Financial Strategy	Monthly progress update from Finance Team on budget savings and implications for Adult & Social Care.
19/09/2023	Enabling Primary Care Strategy	Community pharmacies, the Partnership Board and Provider Services in Primary Care are looking closely at improving linkages – work on this to be highlighted in Final Draft of strategy.	Anna Hammond, Director of GP Provider Support, NHS Birmingham/Solihull & Suando Ghosh, Primary Care Medical Services Board Partner Member.	To update committee on final strategy when published. Circulated to member 11 th Dec
17/10/2023	Scrutiny Contributions to Budget Savings and Recovery Plans.	That Finance officers provide a clearer picture of the various components within the Adult Transformation Fund to give the best possible figure in future reports	Mohammed Sajid, Interim Head of Financial Strategy. Samantha Bloomfield, Finance Partner, Adult & Social Care	Committee to receive update at the November HASC meeting.

17/10/2023	Development of creation of an Active Birmingham and Sports Strategies	The Creating an Active Birmingham Draft strategy will be in the public domain on 20th November. To be circulated to committee to disseminate accordingly.	Dave Wagg, Head of Sport and Physical Activity. Ibrahim Subdurally-Plon, Service Lead, Physical Activity.	A further response to the Legacy Report, which will not be ready until implementation plan is launched, will be brought to committee in April 2024
17/10/2023	Access to Community Dental Health services in Birmingham.	ICB to provide a supplementary note on the purpose and functions of the Office of the West Midlands to have more of an understanding of its work regionally and locally.	Paul Sherriff, Chief Officer, Partnership & Integration, ICB	Supplementary note received from ICB and circulated to committee members.
21/11/2023	Scrutiny Contributions to Budget Savings and Recovery Plans (for Adult & Social Care)	Committee requested that the latest savings costs and data to be published tomorrow (22nd November) be sent by Finance Team to Scrutiny Officers for circulation to the HASC Committee members. This should include the latest Specialist Complex Review figures.	Samantha Bloomfield, Finance Partner, Adult & Social Care.	November savings update circulated to members 2 nd January 2024.
21/11/2023	For ICB to provide outline of consultation and engagement plan for circulation to committee members.	ICB to report back to the HASC Overview & Scrutiny Committee as part of the statutory consultation process early next year. Further update on UTC to be provided to Committee next year.	Emma McKinney, Engagement & Consultation Lead, B/Sol ICB	ICB seeking external advice including legal perspective on the next steps and consultation process. Update on the community engagement framework for B/Sol ICS – (circulated to members 15 th Dec).

				Committee members visit to Warren Farm UTC scheduled for 11 th January 2024.
19/12/2023	ICB to circulate a briefing note on Sickle Cell and Thalassaemia service update	Supplementary information update on proposed change update on Sickle Cell and Thalassaemia service.	TBC	To be circulated before HASC January meeting.

Birmingham City Council

Health, Adult and Social Care Overview and Scrutiny Committee

Date (23/01/2024)



Subject: Warren Farm Urgent Treatment Centre
Report of: Mandy Nagra
Report author: Steve Nicholls / Alan Butler

1 Purpose

- 1.1 Outline of issues at Warren Farm Urgent Treatment Centre (WF UTC), caused by detection of Reinforced Autoclaved Aerated Concrete (RAAC) roof panels on site and proposal to move the UTC service out of this location for patient and staff safety reasons.

2 Recommendations

- 2.1 Bsol ICB asks HASC to formally acknowledge:
- 2.1.1 The proposed temporary emergency relocation of WF UTC to Erdington Health and Well-Being Centre as outlined in this document;
 - 2.1.2 The imperative to move quickly to safeguard staff and patients;
 - 2.1.3 BSoI ICB's planned review of all of its 6 UTCs across Birmingham and Solihull, which will include engagement activity that aligns to statutory requirements, and will include options for the permanent location of WF UTC.

3 Any Finance Implications

- 3.1 Above recommendation increases the overall UTC cost, however, but does avoid increases in both void costs and ongoing inspection regime costs which would be required if the service was to remain at the current Warren Farm location.

4 Any Legal and Financial Implications

- 4.1 None noted.

5 Any Equalities Implications

- 5.1 A full Equality analysis has been completed and no concerns have been raised for the recommended option of service relocation

6 Appendices

Appendix 1 – Communications Plan

Appendix 1: Communications & Engagement Plan: Proposed Emergency Temporary Relocation of Warren Farm Urgent Treatment Centre

Activity	Channel	Audience	Indicative Timescale
Site visit to Warren Farm UTC to see the extent of the RAAC issue	In person site-visit	HASC members	January 2024
Verbal update and Q&A session with MPs and Councillors who BSol ICB has previously engaged on this issue	MS Teams – led by BSol ICB's Chief Delivery Officer Mandy Nagra	Cllrs and MPs in Kingstanding, Erdington and Oscott	January 2024
Paper presented at HASC	HASC	HASC members	23 rd January 2024
FAQ document	To be shared as an appendix in all comms activity	All audiences	Finalised by 23 rd January 2024
Post-HASC communications	Letter sent jointly on behalf of BSol ICB's CEO and Chief Delivery Officer	Cllrs and MPs in Kingstanding, Erdington and Oscott NHS England NHS 111 GPs in Erdington, Oscott, and Kingstanding Healthwatch Birmingham Chair of Birmingham HWBB	23 rd January 2024
Comms outlining details of relocation, rationale and timeline	Internal communications	Staff at service provider	23 rd January 2024
Web news story	BSol ICB Website	All audiences	23 rd January 2024

Suite of assets to explain the temporary emergency service change Assets to be tailored for each step of the transition process to ensure clear messaging and timelines of transition in services Paid targeted campaign to reach citizens in affected wards	Social Media	All audiences	23 rd January 2024 until date of relocation
Comms outlining details of relocation, rationale and timeline	BSol ICB's Primary Care Newsletter	GPs / Primary Care	26 th January 2024
Comms outlining details of relocation, rationale and timeline	BSol ICB's monthly political stakeholder e-briefing	Political stakeholders	26 th January 2024
Above comms to be repeated across the duration of the transition			

Emergency Temporary Relocation of Warren Farm Urgent Treatment Centre - January 2024

Background

Reinforced Autoclaved Aerated Concrete (RAAC) is the lightweight concrete which was used in the construction of many buildings between the 1950s and 1990s. It is highly aerated with different material properties to conventional concrete, and is susceptible to deterioration over time leading to structural issues compromising the safety and longevity of buildings.

The presence of RAAC has been confirmed in a range of public sector properties across the UK, including in the roof of Warren Farm Health Centre (WFHC) in Kingstanding, Birmingham.

Consequently, since 2020 WFHC has been part of the NHS's national RAAC programme, which has seen NHS Property Services – the landlords of WFHC - undertaking regular structural surveys and risk assessments, while putting in place appropriate measures and remedial work to ensure the site is safe to occupy in the short-term.

This has been carried out under the scrutiny and the oversight of NHS Birmingham and Solihull Integrated Care Board (BSol ICB), which is responsible for commissioning Urgent Treatment Centre services run from the premises.

Due to the extensive nature of RAAC at WFHC, all services previously run from WFHC have been permanently relocated to other sites, and Warren Farm Urgent Treatment Centre (WF UTC) is the last and only remaining service to operate at the facility.

Furthermore, due to the extent of RAAC at WFHC and its associated risk to the building's structure, staying on site brings potential risk of having to close the site without notice if future inspections highlight imminent danger or potential structural damage occurs making it unsafe to continue to use.

Therefore to ensure the safety of WF UTC staff and patients, it is no longer viable to continue delivering WF UTC services from this facility.

On 21st November 2023, a paper was presented to Birmingham City Council's Health and Adult Social Care Overview and Scrutiny Committee (HASC) setting out the above, along with a number of proposed options for the relocation of WF UTC. The paper also set out that plans were afoot to carry out a full and comprehensive engagement and consultation programme to take place in 2024 with local communities and wider stakeholders on the proposed options for relocation before a final decision was to be made on the new location for WF UTC.

During and post this meeting, members of HASC requested consideration was given to amending the options to ascertain the potential to relocate WF UTC to the High Street in Erdington given it will enable the service to move without affecting any other UTCs and enabling a rapid move, to a site only 3 miles from current location.

Next Steps

Since the HASC meeting on 21st November, concern grows regarding the structural stability of WFHC and added risk of heavy rain or snowfall and the porous nature of RAAC.

Therefore, BSol ICB has taken the decision to instigate an emergency process to temporarily relocate WF UTC for up to 12 months in order to safeguard ICB's number one priority – its patients and staff.

WF UTC will move on a temporary basis to vacant space at: 1st Floor, Erdington Health and Well Being Centre (EHWBC), High Street, Erdington, Birmingham, B23 6SJ, (subject to contract).

Bsol ICB has undertaken a number of steps to assure itself of its due diligence in reaching this decision, including:

- Procurement of independent legal advice;
- Conducting a scoping exercise to evaluate suitable available space - inclusive of a Quality Equality Impact Assessment to ensure this temporary site meets NHS England guidance;
- Consideration has been given to feedback from members of HASC during, and following, the meeting on 21st November 2023, and acted upon.

Furthermore, BSol ICB is now committed to commencing a new strategic review of the provision of all of its six UTCs in operation across Birmingham and Solihull following the publication of updated guidance by NHS England.

Published in Autumn 2023, the guidance outlines the standards ICBs nationally are expected to deliver to provide a consistent urgent treatment offer to the public to reduce attendance at hospital emergency departments and to improve patient access, experience, and care nationally.

The guidance describes the minimum expectation across these services and was refreshed in late 2023 to reflect changing ways of working, and the importance of UTCs as part of integrated urgent and emergency care systems.

It proposes: *“ICBs should determine where UTCs will be most effective; this may be co-located with the local emergency department and increasingly acting as the front door of ED, or a standalone service either on or off a hospital site. We expect that decisions about all existing type 3 and 4 services should be concluded through 2023/24.*

“NHS England is working with stakeholders to agree consistent approaches for patients who walk into hospitals, which will support patients to be seen in the most appropriate setting. Systems should ensure they have implemented streaming at the front door of ED, which will increasingly be through a co-located urgent treatment centre.”

BSol ICB's strategic review of all of its 6 UTCs across Birmingham and Solihull will begin in early 2024, and will include re-assessing options for the permanent relocation of WF UTC. To ensure transparency, BSol ICB will plan and deliver a programme of public engagement in accordance with its legal duties, which will take place across the lifespan of the review and subsequent implementation of BSol ICB's new UTC Provision Strategy.

Statutory Compliance:

Temporary changes are to address patient or staff safety or welfare issues. In this matter, the changes are being proposed due to potential risks identified with RAAC roof panels at Warren Farm Health Centre. The urgent context means that the normal process undertaken to meet statutory duties does not apply.

When it comes to making a *permanent* decision on Warren Farm, then effectively a new decision is being made and the normal statutory duties apply in relation to public involvement and consultation with the local authority.

Timeline for Emergency Temporary Relocation

WF UTC will continue to operate from WFHC up until its relocation to EHWBC, subject to weekly structural risk assessments of the building. The relocation process will commence immediately due to the risks noted above. It will include site preparation, IT set-up and completion of NHS England processes and procedures. Should there be a deterioration in the structure of WFHC during this lead-in time for relocation, WF UTC will be closed to safeguard patients and staff.

The UTC once relocated will continue to be delivered by Health Care Resourcing Group Ltd (HCRG), the service provider commissioned by BSol ICB.

Prior and post-emergency relocation the service will continue to be accessed via the usual ways – either by referral via NHS 111 or be patients attending as a walk-in.

Communication and Engagement

Consultation with local authorities is provided for in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”) made under section 244(2)(c) of the NHS Act 2006.

For the purposes of temporary service changes, the duty to consult the local authority is disapplied by Regulation 23(2) where the ICB is “satisfied that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff.” This applies in this case due to the RAAC present in the WF UTC roof.

Meanwhile, a communications plan (see **Appendix 1**) has been developed and will be implemented to:

- Ensure effective and timely communication with all stakeholders directly and indirectly impacted by the emergency temporary relocation of WF UTC;
- Raise awareness and understanding of the rationale of the emergency temporary relocation of WF UTC amongst stakeholders to ensure consistency in patient access to services during the period of transition pre-, during and post-relocation.

ACTION:

BSol ICB asks HASC to formally acknowledge:

- The proposed temporary emergency relocation of WF UTC to Erdington Health and Well-Being Centre as outlined in this document;
- The imperative to move quickly to safeguard staff and patients;
- BSol ICB’s planned review of all of its 6 UTCs across Birmingham and Solihull, which will include engagement activity that aligns to statutory requirements, and will include options for the permanent location of WF UTC.

Birmingham City Council
Health, Adult and Social Care Overview and Scrutiny Committee
Date 23 January 2023



Subject: Birmingham Safeguarding Adults Annual Report 2022-2023
Report of: Birmingham Safeguarding Adults Board (BSAB)
Report author: Dr Carolyn Kus Independent Safeguarding Chair
Ash Manzoor Board Business Manager

1 Purpose

- 1.1 Safeguarding Adults Boards is a statutory Board and is required as outlined in the Care Act 2014 to produce an Annual Report showing progress and achievements made against strategic priorities, as well as outlining how assurances have been sought from our partner organisations.
- 1.2 The report we are presenting today outlines the key achievements across the partnership, in particular gives details of how Making Safeguarding Personal (MSP) has been embedded into practices, the report also gives details of safeguarding activity for the year 2022/2023.

2 Recommendations

- 2.1 To note the report

3 Any Finance Implications

- 3.1 n/a

4 Any Legal Implications

- 4.1 n/a

5 Any Equalities Implications

- 5.1 n/a

6 Appendices

- Link to [Birmingham Safeguarding Adults Annual Report 2022/2023](#)

- Power Point Presentation – BSAB Annual Report Presentation for OSC

Summary of Our Annual Report 2022-2023

Dr Carolyn Kus
Independent Safeguarding Chair
Birmingham Adults Safeguarding Board



Introduction/Purpose

- To give an overview of the purpose, role and responsibilities of the Safeguarding Adults Board and the membership.
- To give you a summary of key points of the Annual Report and:
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Our Vision

“ Our vision is that people with care and support needs in Birmingham are able to live their lives free from abuse and harm because we have a city that does not tolerate abuse or neglect; the community works together to prevent abuse and neglect and people know what to do when it happens.



Our Role

- Seeking assurance that local safeguarding arrangements are in place as defined in the Care Act.
- Ensuring that safeguarding practice is person-centred and outcome-focused.
- Working collaboratively to prevent abuse and neglect where possible.
- Ensuring that agencies and individuals work in a timely and proportionate manner where abuse or neglect has occurred.
- Seeking assurance that safeguarding practice is continually improving.
- We should concern ourselves with a range of issues that may impact people with care and support needs.



Our Core Duties

Safeguarding Adults Boards have three core duties as detailed by the Care Act 2014:

- To publish a Strategic Plan setting out how they will meet their objectives and how their members and partner agencies will contribute. The plan must be developed with the local community involvement and the SAB must consult the local Healthwatch.
- To publish an Annual Report detailing what the Birmingham Safeguarding Adults Board (BSAB) has done during the year.
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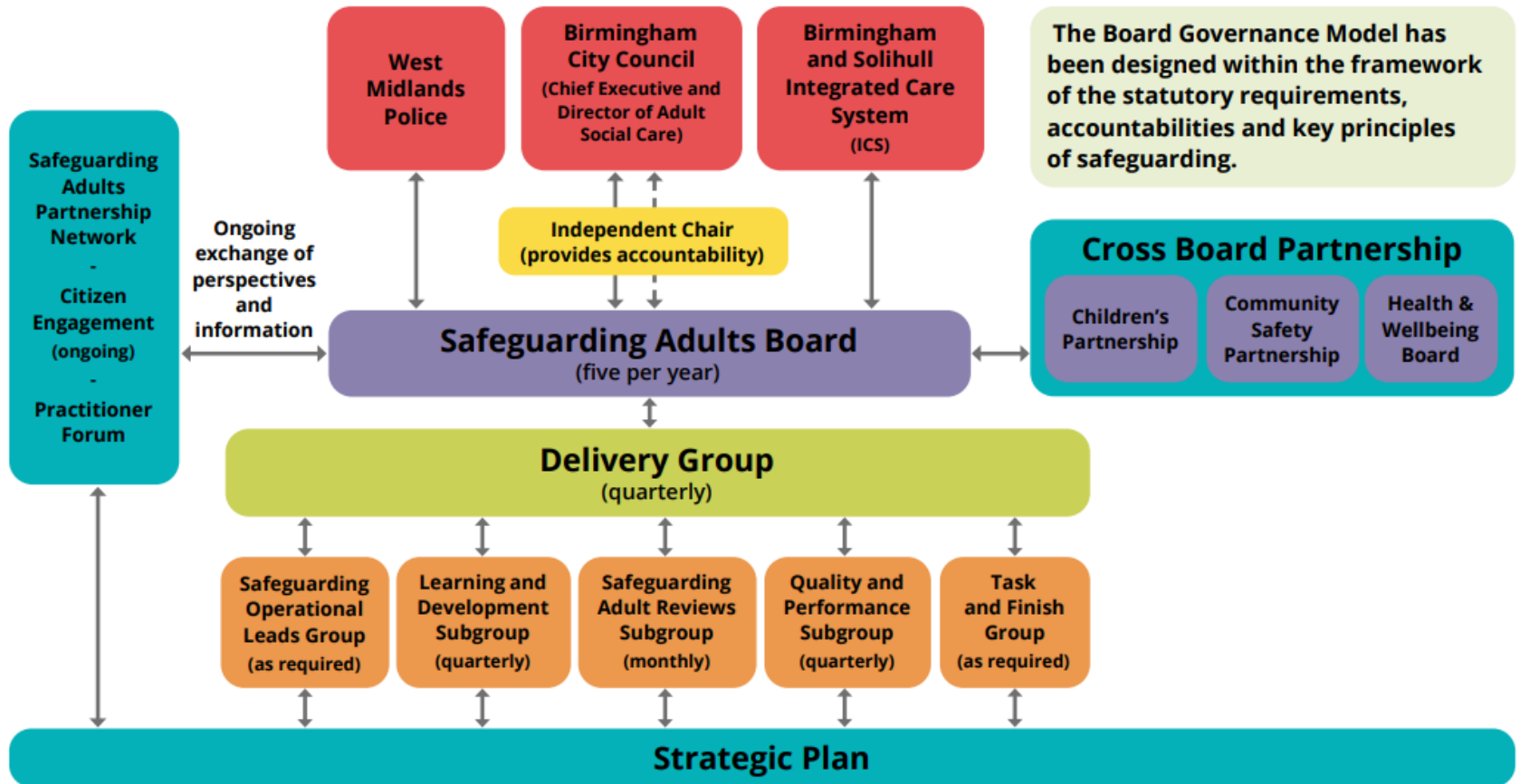
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How it all fits

BSAB's board structure



Key Safeguarding Facts

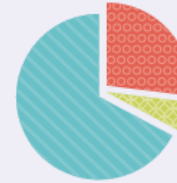
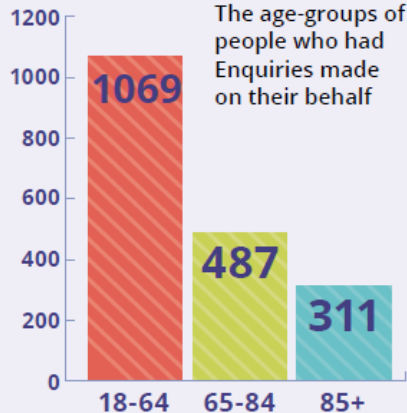
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Increase in the number of Concerns raised, up from 11,861 last year

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People had safeguarding enquiries made on their behalf

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How do we seek Assurance?

BSAB Assurance overview



Partners

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Executive Board and Subgroup reports on a range of themes.



Data and Intelligence

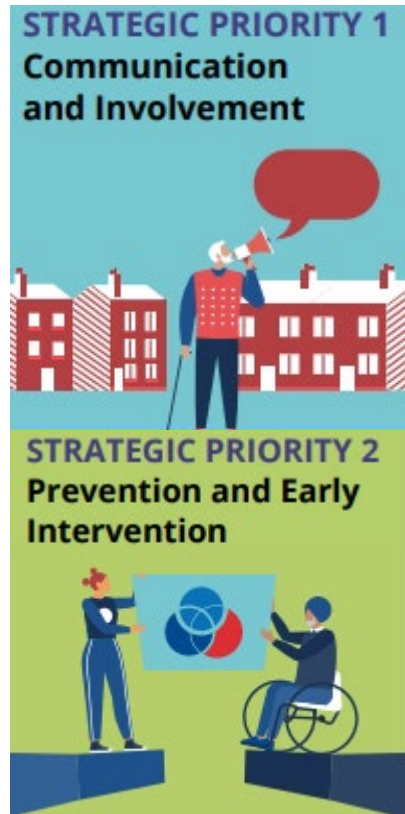
What we know from the data we collect and interpret.

Progress and Achievements of the Board

- 4 key priorities in 2022/23:



Progress and Achievements of the Board



- We updated our media platforms, sharing our messages around safeguarding.
- Our publications and information on the website are updated and relevant.
- We updated and circulated web-based materials to inform professionals and citizens on safeguarding.

- Sought assurances on how Partners are supporting Citizens with Care and Support Needs.
- Strengthen our partnerships with Children's Board, Community Safety, Health and Well-Being and Place Boards.
- Continue to work sharing and learning from regional and national counterparts.

Progress and Achievements of the Board

STRATEGIC PRIORITY 3: Making Safeguarding Personal (MSP)



- Shared learning from Citizens Stories at each Board
- Held several Practitioner-Forums with Partner-Agencies to share learning and development.
- Sought assurances and evidence from partners on how MSP has been embedded in their practices.

STRATEGIC PRIORITY 4: Learning through Development and Assurance

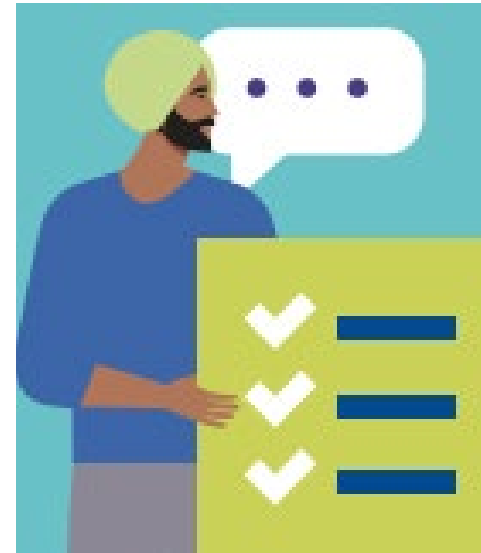


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We have continued to seek assurances from our partners on how they are “Making Safeguarding Personal” in their organisations and how MSP has continued to be implemented in their organisations.

We have also continued to ensure that MSP is threaded in all that we do.

You will see in the Annual Report example of this as well as cases studies in the words of Partners.

Future Priorities 2023 -24

STRATEGIC PRIORITY 1
Communication and Involvement

An illustration of a person with a cane and a megaphone standing in front of a row of houses. A speech bubble is next to them.

STRATEGIC PRIORITY 3:
Making Safeguarding Personal

An illustration of two hands holding interlocking puzzle pieces.


STRATEGIC PRIORITY 2
Prevention and Early Intervention

An illustration of a person standing and a person in a wheelchair holding a large puzzle piece.

STRATEGIC PRIORITY 4:
Learning through Development and Assurance

An illustration of a person pointing to a large thumbs-up icon.

“ We will also be working on developing Priorities for the future Strategic Plan.”

An illustration of houses at night under a moon.

Key Areas we are working on 2023-24

- Task and Finish group about Safeguarding Adults Concerns.
- Updating Safeguarding Adults Concern Information for Professional.
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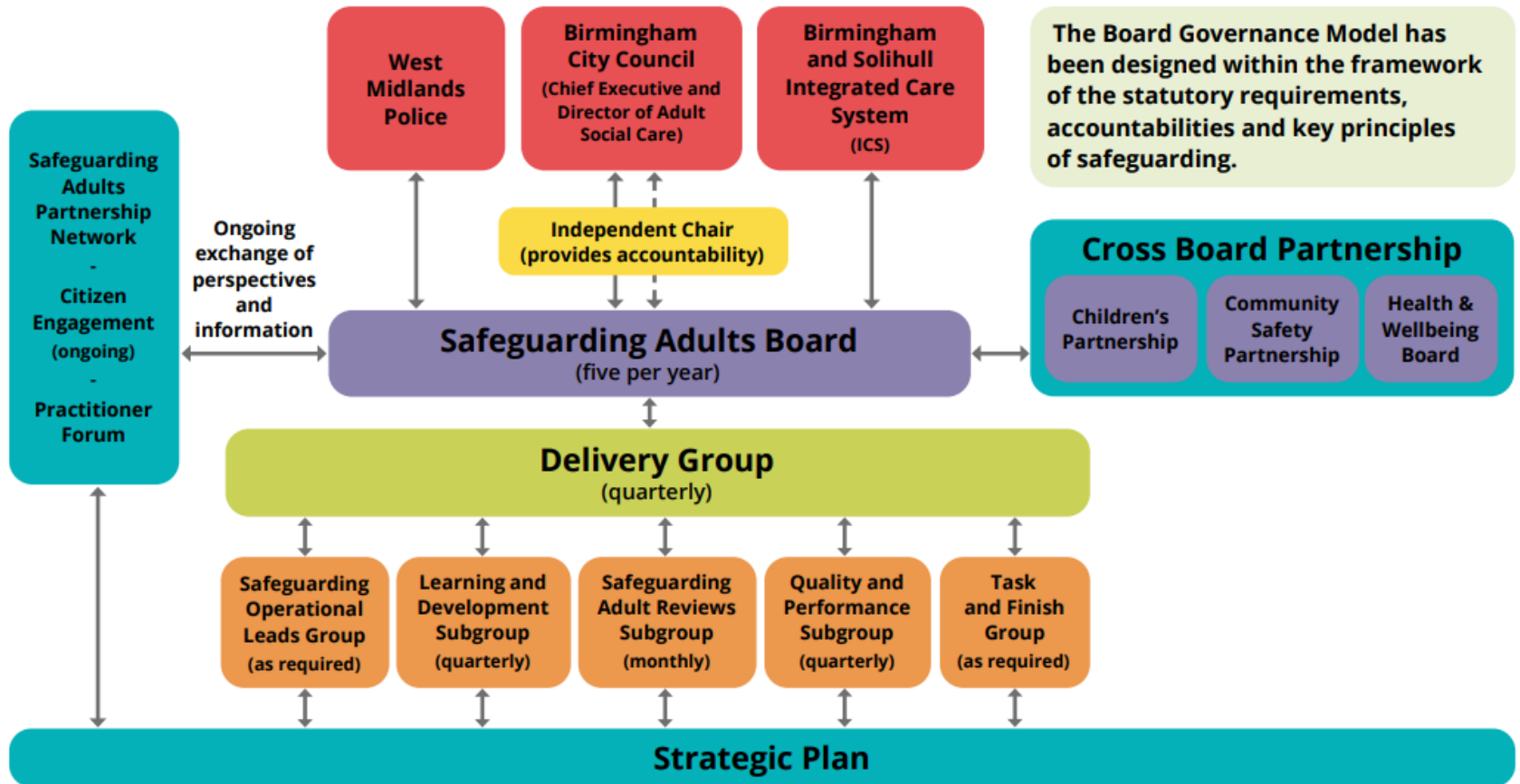
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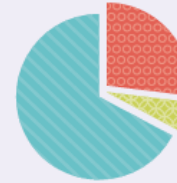
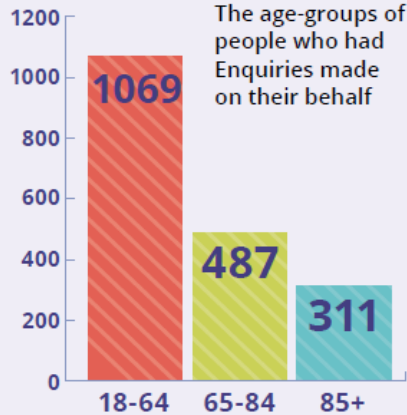


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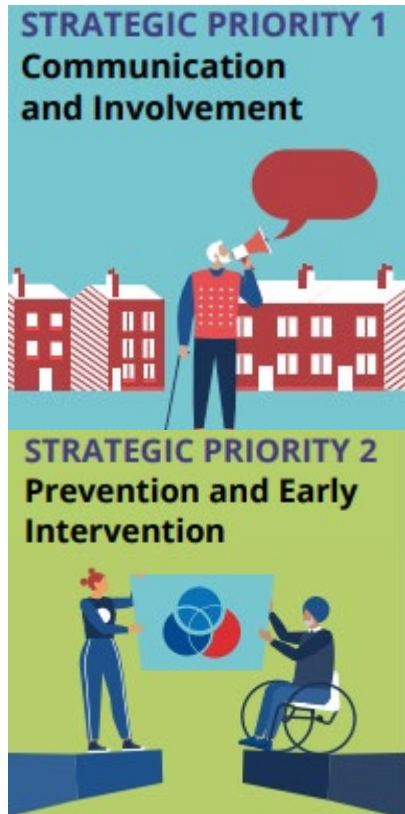
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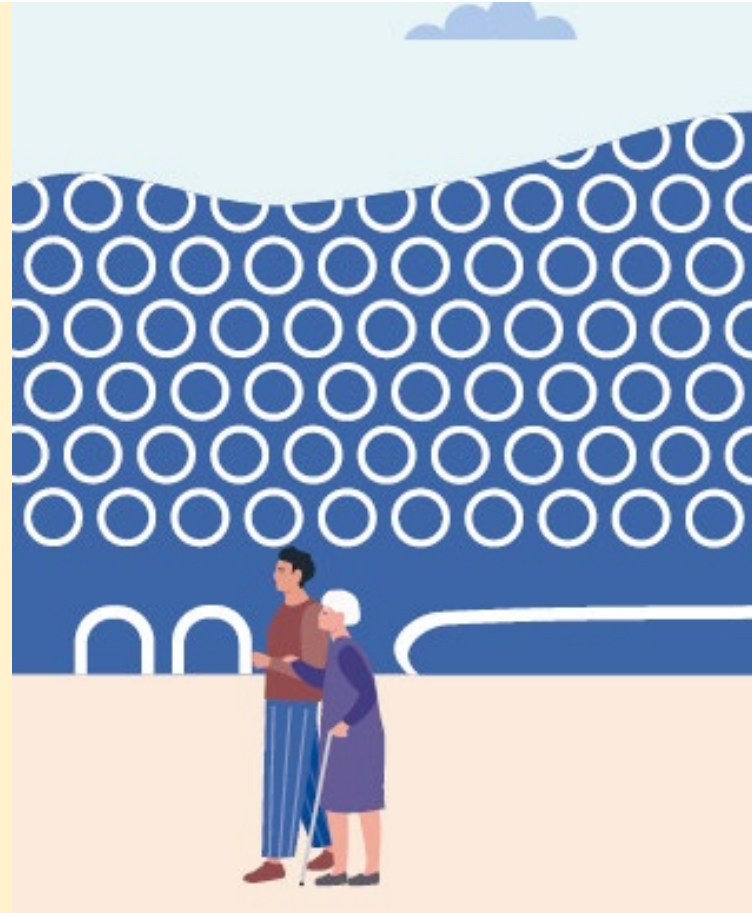
STRATEGIC PRIORITY 4:
Learning through Development and Assurance

“ We will also be working on developing Priorities for the future Strategic Plan.”

The graphic consists of four colored panels in a 2x2 grid. The top-left panel (light blue) shows a person with a cane and a megaphone in front of red buildings. The top-right panel (red) shows two hands connecting a white and a green link. The bottom-left panel (green) shows a person standing and a person in a wheelchair looking at a screen with a Venn diagram. The bottom-right panel (orange) shows a person pointing at a large thumbs-up icon. To the right is a dark blue panel with a quote and an illustration of buildings under a moon.

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Birmingham City Council

Health, Adult and Social Care Overview and Scrutiny Committee



20.01.2024

Subject: Progress update on the implementation of findings from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

Report of: Cllr Mariam Khan, Cabinet Member for Health and Social Care

Report authors: Helen Harrison, Assistant Director Healthy Behaviours and Communities, Joe Merriman, Public Health Senior Officer and Nonso Nwaiwu, BLACHIR Senior Programme Officer.

1 Purpose

1.1 The purpose of this report is to provide an update on the progress of the implementation of the BLACHIR opportunities of action and key priority areas across the health and care system in Birmingham.

2 Recommendations

2.1 The Health and Social Care Overview and Scrutiny Committee are requested to note the report and progress made so far.

3 Background

3.1 The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR) was launched in 2020 as a partnership between Birmingham and Lewisham to explore and better understand the inequalities affecting African and Caribbean communities in our areas and co-produce opportunities for action with communities to break structural inequalities and achieve sustainable change. The Review included rapid evidence reviews under 8 thematic areas. Findings from

the rapid evidence reviews were examined by a community advisory board and academic advisory board who both also helped to shape recommendations. The final report was published in March 2022, and the findings identified 39 specific opportunities for action across 8 themes. From the Review, 7 key priorities areas have been identified:

- Fairness, Inclusion, and Respect
- Trust and Transparency
- Better Data
- Early Interventions
- Health Checks and Campaigns
- Healthier Behaviours
- Health Literacy

3.2 Boards and Task Forces have been established to respond to recommendations from the Review. These include the BLACHIR Implementation Board, the ICS Task Force and the BCC Task Force. More information on these is provided below.

4 BLACHIR Governance

4.1.1 Governance for the implementation of BLACHIR was established in October 2022 to ensure a clear line of accountability for delivery to the Health and Wellbeing Board.

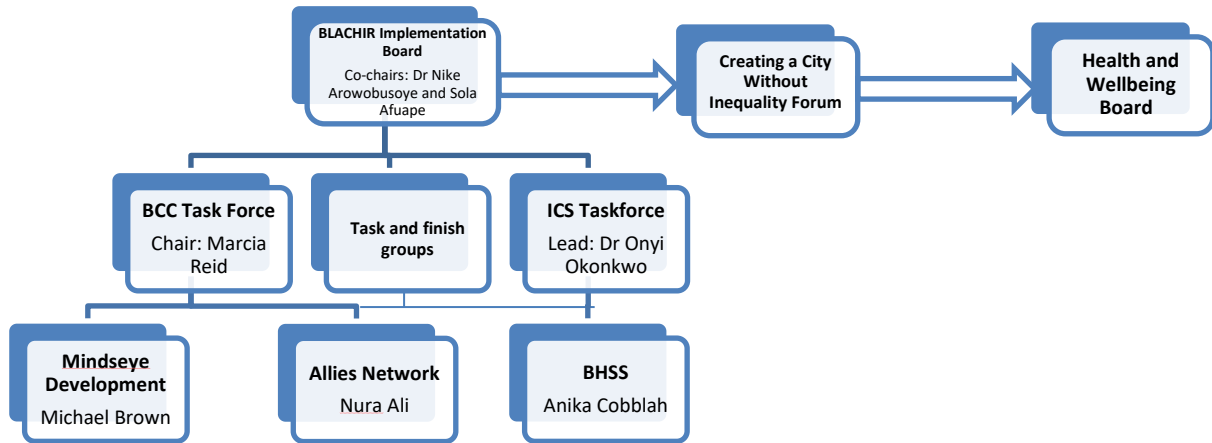
4.2 BLACHIR Team

4.2.1 Since the last Health and Social Care Scrutiny Committee update, the BLACHIR Team has moved from within the Inclusion Team in the Public Health Division to the Communities Team and new staff members have been recruited. This aligns the work of BLACHIR with Public Health action to address health inequalities in communities of identity. The team is led by the Assistant Director leading on the subdivision Healthy Behaviours and Communities and project management is provided by a new BLACHIR Senior Officer working with a Communities Team Senior Officer, the Communities Team Service Lead, a Public Health graduate and two newly appointed BLACHIR co-chairs who have leadership oversight of the BLACHIR project ensuring robust governance and effective delivery.

4.3 BLACHIR Implementation Board

4.3.1 The BLACHIR Implementation board (BLACHIRIB) was established to ensure the opportunities for action are embedded across the system and the key areas for action are delivered, see Appendix 9.1. It comprises representatives from community organisations, Council, NHS, and Police. The Board formally reports to the Creating a City without Inequality Forum which is a sub-group of the statutory Health and Wellbeing board as shown in the governance figure 1 below. Delivery of the opportunities for

action is via the BCC and ICS Task Force groups and the key areas for action are delivered via task and finish groups. Community engagement partners support delivery across all areas.



4.3.2 The first Implementation Board meeting was held in November 2022 and the Board continued to meet bimonthly in 2023. The initial phases of the implementation phase sought to build relationships with Black African and Black Caribbean communities. The BLACHIR Team commissioned three BLACHIR community engagement partners to work with African (1), Caribbean (2) and young Black-ethnic people (3). Relationship building was also achieved through regular communication with key stakeholders, such as the ICS BLACHIR Task Force. The initial phase mapped out key actions for implementation delivery, most notably coproduction products against the seven key priority areas.

4.3.3 In July 2023, Birmingham City Council appointed two independent co-chairs of the Implementation Board: Dr Nike Arowobusoye and Sola Afuape. The co-chairs ensure robust governance and effective implementation of delivery. Dr Nike Arowobusoye is a Consultant in Public Health medicine and has over 20 years’ experience of working for and leading healthcare systems. Currently, Nike works in two London boroughs and leads on promoting health and wellbeing through prevention, addressing health inequalities, and ensuring equitable and responsive healthcare delivery. Sola Afuape is an experienced Non-Executive Director currently sitting on the boards of the Innovation Unit, a social enterprise that develops long term innovations that tackle persistent inequalities; SW London Integrated Care System Health Inequality and Equality, Diversity, and Inclusion (EDI) Board and South West London and St George’s Mental Health Trust, where she chairs the People Committee. Sola has over 20 years’ operational experience

advising, designing, and implementing local, regional, and national health inequality and service improvement programmes.

4.3.4 The Implementation Board had its first meeting with the new co-chairs in November 2023. This meeting was used as an opportunity to take stock of delivery to date and to chart the journey for delivery of the remaining actions.

4.3.5 A monthly report has been created specifically designed for the purpose of tracking progress, assessing needs, mitigating risks, improving quality and effective communication across all streams of the BLACHIR project and to provide updates to the Board (please see Appendix 9.2). This is to ensure projected goals and targets are met in a timely fashion. This includes updates from community engagement partners, the Integrated Care System (ICS) and BCC Task Forces, and task and finish groups.

4.4 BCC Task Force

4.4.1 Birmingham City Council created a BCC Task Force which was established to capture Council-wide responses to the opportunities for action that were to be responded to by BCC. The Task Force met on the 27th of July 2023 where relevant teams and team leads were identified for each opportunity for action. As they familiarised themselves with the BLACHIR project, the new team were focused on establishing more effective governance processes and progressing on the key priority areas. This has meant that the BCC Task Force has not met since the initial July meeting, however, correspondence has been sent to the attendees of the meeting. The attendees have been asked to provide SMART Goals against each opportunity for action that has been assigned to them. Where this has not been completed, the BLACHIR Team will be speaking individually to each team member to progress the response to each opportunity for action and ensure a SMART Goal has been identified. A full summary of the opportunities for action have been identified in Appendix 9.3, below.

4.5 ICS Task Force

4.5.1 The Integrated Care Board (ICB) Health Inequalities Team established the BLACHIR ICS Task Force and continues to support the healthcare responses to the opportunities for action. The ICS Task Force reports into both the People, Power, Health Inequalities (PPHI) ICS Board and the BLACHIR Implementation Board.

4.5.2 The Task Force continues to mature, involving ICS partners and community engagement partners to continue the implementation of the BLACHIR recommendations. SMART Goals for all provider trusts have been established and shared with community engagement partners to ensure outcomes are agreed and effectively co-produced. Work is

underway against a great number. A full summary of the opportunities for action have been identified in Appendix 9.3, below.

4.5.3 The new ICS EDI Strategy, 'Belonging at BSol 2023-2026', has been carefully aligned with the 6 high-impact action of the NHS EDI Improvement Plan. This supports the work of BLACHIR and a number of the 17 Birmingham Race Impact Group (BRIG) pledges.

4.6 Programme Delivery - ICS projects with community engagement partners.

4.6.2 The ICS has been working closely with the 3 BLACHIR community engagement partners: Mindseye Development, Allies Network and Black Heritage Support Service. The 3 community engagement partners for BLACHIR implementation, on a number of projects. Examples of these include:

4.6.3 West Locality cardiovascular disease (CVD) Awareness and Engagement Project – which aims to increase hypertension awareness and engagement within Black African and Black Caribbean Communities. Completed actions include a co-produced hypertension awareness script (available in key languages), development of awareness videos with community representatives, identification of community hypertension ambassadors in partnership with Flourish and co-produced culturally competent training.

4.6.4 Prostate Cancer in Black Men – a project aiming to reduce inequalities in uptake to prostate cancer screening. Completed actions include collaboration with Prostate Cancer UK and Mindseye Development Men's group, community events including 'Movember' and a health focussed football match with onsite prostate cancer screening as well as CVD and diabetes checks, SMS invites with screening tools and booking information, GP and Nurse champions and community engagement events with Prostate Cancer UK.

4.6.5 Facilitated the development of maternity listening exercises and bidirectional conversation with our communities to improve maternal and infant mortality. Now working with BUMP, LMNS and infant mortality teams to address a joined-up service at locality level across the ICS.

4.7 Updates against key priority areas

4.7.1 The 7 key priority areas, represent key enablers to support system-wide change and action on inequalities. Each one signifies a programme of work which is co-produced and facilitated by the BLACHIR team. Of the 7 key priority areas, three have been focused on to date. The following deliverables have been created under each of these key priority area:

- i. Trust and transparency:
 - Cultural intelligence - A coproduced cultural intelligence framework that will be embedded at a strategic level across different organisational within Birmingham.
 - Cultural humility - A coproduced cultural humility framework that will be used to support trainers and commissioners of Cultural Humility and Safety training within Birmingham.
- ii. Better data – A co-produced data monitoring questionnaire that will be used across Birmingham City Council and wider partners to collect better data on diverse communities.
- iii. Health checks and campaigns:
 - Focus groups to better understand the quality and promotion of NHS Health Checks. Findings from the focus groups will be used to influence provision of current NHS Health Check providers and within re-commissioning of future providers.
 - A coproduced health campaigns toolkit that can be used to inform future targeted health campaigns for Black African and Black Caribbean citizens.

More information on each deliverable can be found below.

4.7.2 Trust and Transparency

The first of thematic co-production groups for the ‘Trust and Transparency’ theme in the report focused on cultural competency as an umbrella term for developing culturally intelligent organisations and policies, and culturally humble and safe front-line practices. Two co-production sub-groups were created to progress this work.

Cultural Intelligence aims to develop cultural competency at a strategic, leadership and population level.

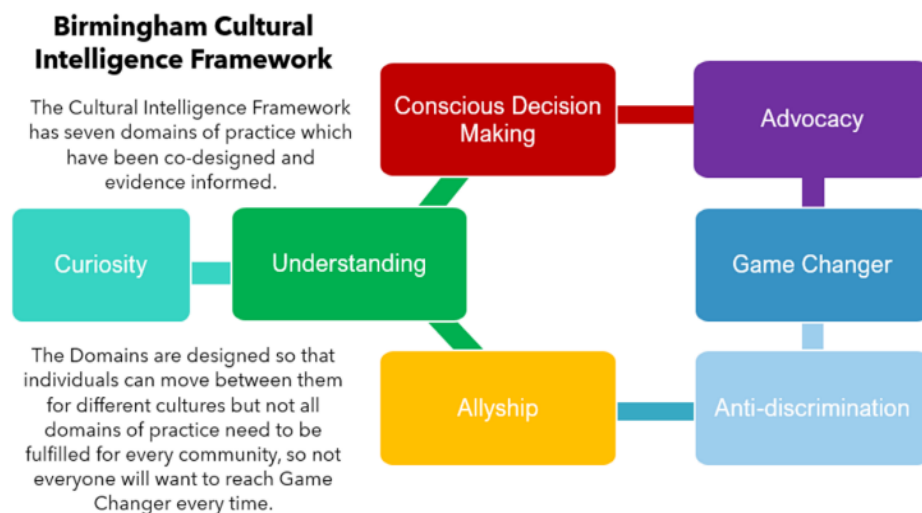
Cultural Humility and Safety aims to develop cultural competency at an interpersonal level.

4.7.3 Cultural Intelligence

The Birmingham Cultural Intelligence Framework (BCIF) is a toolkit to help individuals and organisations to develop, strengthen and evidence their deeper understanding and approach to enabling and empowering different communities of identity and experience. The Framework sets out seven domains of competence for cultural intelligence which individuals

can work through using competency criteria and reflective practice templates and organisations can audit and evaluate to monitor and demonstrate progress. The draft framework has been produced and is shown in Figure 2, below. This included definitions, example activities to develop the competency, and a case study for each of the seven domains. The content for the domains was developed using findings from multiple evidence reviews and mapping of existing resources.

Figure 2 1: The Birmingham City Council Cultural Intelligence Framework



The BCIF has been tested out with public sector staff through a programme of workshops throughout October and November 2023.

The workstream is also working with student interns to further build the resource bank of tools to further support learning for different communities of identity and experience.

4.7.4 Next steps:

The BCIF pilot phase will be launched in Spring 2024. Expressions of interest will be sent out in early 2024 to define the organisational commitment outline and capacity requirements. It is planned to recruit 3-5 partner organisations to pilot BCIF over 24/25 for 12-18 months with an external academic evaluation. The pilot phase plans to focus on 6-8 specific communities of identity, including 3 ethnic communities, 2 faith, 1 disability and 1 LGBT+. An BCIF audit framework will also be developed.

4.7.5 Cultural Humility and Safety

The Birmingham Cultural Humility and Safety (CHS) quality improvement framework aims to standardise CHS training across the system, specifically acting to improve the quality and reach of the CHS training offer in Birmingham. The framework is designed for commissioners of CHS Training and providers who deliver the training. It aims to both provide a minimum standard of training, and also provide a framework to enable organisations to evaluate and further develop their training programmes through a process of continuous evaluation.

Initially an evidence review into CHS and CHS training informed the drafted framework. This included mapping out existing training provision and identifying the gaps in current provision. As well as this, the outcomes from the CHS co-production sessions were identified.

The draft framework firstly sets out a minimum standard of training through a skills and knowledge framework. This highlights the evidence-based essential characteristics, skills, knowledge that should be fostered for effective training. This also includes evidence-based tools and approaches that can be used to support and embed learning. Then, a framework is provided to enable organisations to evaluate and further develop their training programmes through a process of continuous evaluation. As the evidence for effective training and skills development in CHS is an emerging area, a continuous improvement approach has been taken to develop the framework.

The CHS draft framework has been developed and is being sense-checked with Equality, Diversity and Inclusion leads, Workforce leads and Training Providers across the ICS. Feedback will be obtained on the commissioning framework by end of Q4 23/24 through a series of webinars and a pilot roll-out and evaluation plan developed. The workstream is currently developing the following quality improvement tools to support the piloting of the framework among a cohort of staff in 2-3 organisations:

- Specification for commissioning
- Pre and post training evaluation questionnaire
- Repository of tools and good practice.

4.7.6 Better Data

A demographic monitoring questionnaire has been co-produced to strengthen granular culturally sensitive data collection (see Appendix 9.4). A set of standard demographic questions will be integrated into BCC data collection across core public health services including consultations, surveys and delivered, commissioned, or funded services. Questions were developed based on national standard questions and modifications have been tested with a citizen involvement panel and agreed by the corporate leadership team (Nov 2023). Use of this monitoring questionnaire is also being promoted through the evolving

Birmingham Data Charter and adopted through the ICS Fairer Futures Fund model.

4.7.7 Next steps:

- Continue to develop and evolve these questions as we collaborate with citizens and partners to strengthen our understanding of diversity and inclusion in our city.
- Easy read and translated versions to be developed to increase accessibility and reach.
- Commission focus groups and exploration of tribal identity questions in Q1 24/25.

4.7.8 Health Checks and Campaigns

The re-commissioning of health checks was completed by the Adults Team in August 2023. This was followed by a rapid evidence review in October 2023 to identify best practice in relation to increased uptake from minority ethnic communities, including Black African and Black Caribbean communities. The review offered the following recommendations:

- Community Outreach, Engagement and Education - Awareness of the programme, particularly its personal relevance has been highlighted as a barrier to NHS Health Checks attendance.
- Increase accessibility of health checks
- Administer multimethod invitations
- Provide culturally and religiously sensitive approaches
- Conduct ethnic-specific focus groups to better understand the barriers to NHS Health Checks and consider targeted pilot programmes to address the outcomes from the focus groups.

Between January and March 2024 focus groups will be commissioned to assess minority ethnic communities' perceptions of health checks, including the quality and accessibility of NHS Health Checks and how they are promoted. Some of these focus groups will be for Black African and Black Caribbean citizens, including elderly cohorts (those aged 65+). Findings from focus groups will be embedded into new and existing providers of NLSHC.

Under health campaigns, the BLACHIR Team will develop a health campaigns toolkit which seeks to provide recommendations for targeted health campaigns for Black African and Black Caribbean communities. The toolkit will be informed by an evidence-base of different local and national health campaigns, what works well with Black African and Black Caribbean communities, while also collating examples of good practice of activity occurring around Birmingham.

Other thematic areas are yet to be developed; the plan for these are outlined below.

4.7.9 Early Interventions:

Identify board lead and set up task and finish group to scope opportunities that captures the importance of Early Intervention through lived experiences of the communities and explore the option of commissioning a partner to collate good practice. To continue working with the ICS Infant Mortality Lead to improve maternity outcomes for Black women (Q2 2024-2025).

4.7.10 Healthy Behaviours and Health Literacy:

Identify board lead and develop repository of good practice mapped to Healthier Behaviours and Health Literacy. Under this theme, the BLACHIR Team will also look at the importance of health literacy through lived experiences of the communities (Q3 2024- 2025).

4.7.11 Fairness, Inclusion and Respect:

Through the ongoing work of the Public Health Communities team, continue to work with faith settings, identify community advocates and leads to consider how best to utilise community assets to ensure fairness, inclusion, and respect (Q1 2024-2025).

Embed cultural humility and cultural intelligence frameworks into mandatory staff learning and produce eLearning for people outside of the Council to access.

4.8 Community Engagement Partners

Three local community engagement partners were commissioned to ensure implementation plans and solutions are co-produced with the communities affected by the review, and the local voice of lived experience is the key driving force. The engagement partners have continued to be active with the BLACHIR communities, disseminating the report and recruiting co-production partners. The BLACHIR team will be reflecting on the learning from engagement to date and using this to refine their approach to deep engagement and co-production with communities in 24/25. The following outlines each partners delivered activities:

4.8.1 Allies Network CIC

Allies Network CIC is the community engagement partner for the African Community. They are continuing to work across the system to address the 39 opportunities for action highlighted from the BLACHIR report.

A total of 4 community engagement sessions have been delivered on a variety of topics including:

- Maternity, Parenthood, and Early Years
- Mental Health and Wellbeing
- Healthier Behaviours - Diabetes and CVD
- Health Screenings.

These sessions were attended by 145 participants from the following African communities (Nigeria, South Africa, Ghana, Somalia, The Republic of Somaliland, Djibouti, Ethiopia, Kenya, Zimbabwe, Sierra Leone, Gambia, Guinea-Bissau, South Sudan, Morocco, Sudan, Uganda, Senegal, Tanzania, and Eritrea). Allies Network have also delivered a webinar hosted by BSol ICS, discussing addressing health inequalities through a co-produced solution with African communities. This included innovative approaches that bring together voices of Birmingham's African communities and healthcare experts. Allies Network have also participated in the University Hospitals Birmingham NHS Foundation Trust's (UHB) Maternity and Neonatal Event, discussing BLACHIR African Communities issues with maternity and Neonatal services.

4.8.2 Next steps:

As outlined in their most recent update report, Allies Network planned to deliver another 5 community engagement workshops to cover the following topics:

- Maternity, Parenthood and Early years – Maternity and Neonatal Safety Improvement Programme (MNIP) Cultural and Inclusion workstream
- Aging Well & Emergency care – preventable mortality and long-term physical health conditions
- Mental Health and Wellbeing
- Learning Disabilities and Autism
- Healthier behaviours – CVD awareness in communities.

4.8.3 Mindseye Development

Mindseye Development are the engagement partner for Young Black Males and Young Black Females. They have been a very active engagement partner and have been attending regular meetings of groups that work to address health inequalities for Black African and Black Caribbean citizens. These meetings include Men's Health and Wellbeing Group, Migration Network Health Meetings, The Turner Foundation and Flourish.

- Mindseye development have completed a significant amount of work under each priority area, with examples including:

- **Early Interventions:** Organising and delivering a maternity event with Dr Deepthi Jyothish, Senior Responsible Officer, Infant Mortality Strategy, BSol ICB as main speaker, with delegates drawn from the community, the LMNS (including the Director), Public Health and the wider health care system. Mindseye Development have also co-produced a pre-conception checklist.
- **Health Checks and Campaigns:** Attending the Targeted Lung Health Check Smoking Cessation meeting – the availability of, but inaccessibility to data was one of the themes discussed at this meeting. Mindseye Development also liaised with the Diabetes Ambassador on thematic review of diabetes letters under the Birmingham Community Health Care action plan
- **Healthy Behaviours and Healthy Communities:** Supporting organisation of the West Midlands' Chaplaincy health promotion event, including engaging community/voluntary sector exhibitors – Men's Health and Wellbeing Group, Focus Birmingham, OSCAR Birmingham and Healthwatch Birmingham
- **Fairness, Inclusion and Respect:** Facilitated a break-out discussion on health inequalities at the BRIG Housing Summit.

4.8.4 Next steps: In the most recent update report, the following 3 key themes were identified as the priority areas for November:

- Maternity – ongoing contributions to maternity workstream
- Prostate cancer – Mindseye Development are working with Aston Villa Foundation to organise a men's 5-a-side football event which also promotes awareness of prostate cancer.
- Talent management – explore the value/potential for developing a programme of action to support this agenda.

4.8.3 Black Heritage Support Service (BHSS)

The Black Heritage Support Service is the community engagement partner for the Caribbean Community. They are working across the system to address the 39 opportunities for action highlighted from the BLACHIR report.

Their previous update report has documented the activity they completed in previous months:

- July-Present: BHSS have implemented the trainee counselling service designed to support hidden and burdened individuals who are living in the city without any intervention. The service provides confidence to individuals who are less likely to access talking therapies. Their services cover a range of modalities e.g., relationships, social anxiety, and bereavement. They have identified and acted upon the need to provide trainee counselling opportunities, which provide accessible culturally adapted interventions.

- September: To collaborate with community partners, the team committed to build a relationship with the local group ‘Twinsane Fitness.’ The aim was to raise awareness, build presence and promote the upcoming conference to encourage attendance.
- October: BHSS promoted the Caribbean Health Exhibition at various Black History Month events. This included engaging with system partners via the ICS Task Force, GP Practices, Pharmacies, and other Community Interest Companies (CIC).
- November: Caribbean Health Exhibition: BHSS designed a Caribbean Health Exhibition to educate the Caribbean community with the tools they need to advocate for themselves effectively in healthcare. In addition, the community will receive a culturally adapted approach towards health in the Caribbean community. This will enable medical professionals and charitable organisations to engage with this community effectively. The exhibition is a response to the opportunity for actions under the theme ageing well, which highlights a need for culturally adapted approach to screening opportunities. The conference was designed to raise awareness as well as to challenge and educate the Caribbean community to improve their attendance of screening.

4.8.4 Next Steps:

- Continue engagement with churches and community organisations across Birmingham on the topic of dementia and memory loss.
- Develop opportunities to educate the community on the topic of infant mortality.
- Consult with the Caribbean community on how to adapt culturally appropriate hospice care at home.

5 Planned Activity

5.1 The key activity being delivered over the coming months includes:

- i. Organising the BCC Taskforce and collating responses to the opportunities for action required by teams within the Council
- ii. Development of key priority areas:
 - Trust and Transparency – The Birmingham Cultural Intelligence and Cultural Humility and Safety frameworks will be piloted across 2024/25.
 - Better data – Develop easy read and translated versions; commission focus groups and exploration of tribal identity questions in Q1 24/25

- Health checks and campaigns – Focus groups to be commissioned to assess minority ethnic communities' perceptions of health checks; develop a health campaigns toolkit.
- Continued targeted health campaigns by the community engagement partners.

6. Any Finance Implications

6.1 This report is for information only and there are no decisions requested within the report that are likely to have any direct financial implications on the Council.

6.2 The BLACHIR project and the work detailed in this report are funded through the COMF reserve (£200,000 in 23/24 and £100,000 in 24/25) and the Public Health Grant (£100,000 per annum from 23/24).

6.3 The BLACHIR implementation is now supported through three BLACHIR-specific roles:

i. Two independent co-chairs from 17/07/2023 to 09/07/2024 at an approximated cost:

- financial year 23/24 - £46,260.57 per person (£92,521.14 total)
- financial year 24/25 - £18,141.40 per person (£26,282.80 total)

iii. One BLACHIR Senior Programme Officer from 21/08/2023 to 23/02/2024.
Total cost financial year £57,475.00

6.4 The implementation activity is also supported through 3 community engagement partners at a total cost of £160,000 until the 31st of March 2024.

6.5 As part of the aim to explore citizens' perceptions of NHS Health Checks, Public Health will be funding 10 focus groups. Participants for the focus groups will be minority ethnic communities, including Black Africans and Black Caribbeans. The maximum spend for this will be £25,000.

7. Any Legal Implications

There are not currently any legal implications.

8. Any Equalities Implications

8.1 The essence of the BLACHIR project is to reduce health inequalities affecting our Black African and Black Caribbean populations in the city. Many of the

programmes under the key areas for action, such as the Cultural intelligence and humility will also have a wider equalities impact.

8.2 Cultural intelligence and cultural humility frameworks have the opportunity to improve equality, inclusion and diversity training throughout healthcare and the wider system. The frameworks have the potential to reclassify EDI training as a continuous journey to improvement and greater understanding. If the frameworks can demonstrate individual behaviour change and that they improve cultural competence within organisations, this may impact the way that EDI training is taught and administered for all.

8.3 Better data - The data monitoring questionnaire is used to collect data and present it in a way that is more relatable for Black African and Black Caribbean citizens. The coproduced questionnaire allows citizens to provide information in the ways that they identify themselves. In some instances, some people may not contribute to demographics questionnaires as there are questions that are irrelevant to them. This can result in a lack of insight regarding the inequalities that non-contributors face. Administering use of the new data monitoring questionnaire may therefore provide increased or improved data on specific communities, particularly from those who do not usually engage with demographics questionnaires. The new questionnaire can be used to inspire other data collection sources, such as the Office for National Statistics. This may improve information on inequalities of Black African and Black Caribbean citizens, resulting in appropriate work being done to address them.

9 Appendices

9.1 BLACHIRIB terms of reference



BLACHIRIB.docx

9.2 BLACHIR Report Template



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9.3 BCC and ICS Task Force opportunities for action



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9.4 BCC Standard Demographic Questionnaire



BCC Standard
Demographic Questio

Further supporting documents:

The Birmingham and Lewisham African and Caribbean Health Inequalities review-
[BLACHIR Report](#)

Appendix 9.3 BLACHIR Opportunities for Action

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
Racism and Discrimination	1. Pilot the removal of the colour language from ethnic coding and evaluate the impact on participation and experience of data collection. Links to key priority area: Better Data	BCC	PH (DPH, ADPH and PH Grads)	N/A	Demographic monitoring questionnaire has been created and to be embedded in PH service and wider BCC. Evaluate impact of questionnaire in wider use
	2. Pilot the integration of discrimination and racism into the approaches to adverse childhood experiences and recognise this both in the assessment of children's needs and in the design of interventions to mitigate these adverse impacts	BCC	Birmingham Children's Partnership	N/A	tbc
	3. Review staff equality and diversity training to ensure that this is a core part of the delivery of training, co-delivered by diverse individuals with lived experience. Links to priority area: Trust and Transparency	ICS and BCC	PH - Deputy Director and Workforce Development Team?	Equality, Diversity and Inclusion Team - Birmingham and Solihull ICB	1. Development of Cultural Humility and Cultural Intelligence training frameworks 2. Embed cultural humility framework in staff training once tested and piloted (BCC) 3. The ICS EDI Strategy is being developed and is planning to embed key BLACHIR themes
	4. Work with education partners for all ages and local communities to explore how ethnic diversity can be further integrated into education to reflect the diverse cultures and various perspectives of history and experience.	BCC	Director Children and Families BCC & Birmingham	N/A	

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
			Children's Partnership		
Maternity, parenthood, and early years	5. Address any gaps in existing Maternity and Paediatric Health Professionals' training including topics on cultural awareness, learning from lived experience, awareness of inclusion practices and policies, and awareness of trauma caused by racism and discrimination and how to deliver sensitive care.	ICS	N/A	Birmingham Women's and Childrens Hospital; Bsol LMNS; BSol All age Immunisations and Vaccinations	1. 10% of workforce undertaking culturally appropriate training (Birmingham Women's and Children's) 2. Achieving a 20% attendance rate of new bookers from a global majority background for parental pre-booking classes (Bsol LMNS) 3. Improve avoidable illnesses and increase levels of health protection and well being by targeting low uptake wards and communities thereby improving health inequalities and health outcomes. (BSol All age Immunisations and Vaccinations)
	6. Co-design online tool with communities to collect information on beliefs, cultural practices and traditions from ethnic groups. This resource could then be used for training to inform practice and communication with patients and service users.	ICS	N/A	ICS - Team TBC	
	7. Improve data collection by specific ethnicity in maternity and early years services considering the differences in ethnic background and nationality. Work with professionals who represent the ethnic minority groups to ensure a sensitive approach when collecting data.	ICS	N/A	BSol All age Immunisations and Vaccinations	Improve avoidable illnesses and increase levels of health protection and well being by targeting low uptake wards and communities thereby improving health inequalities and health outcomes. (BSol All age Immunisations and Vaccinations)

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
	8. Support all women who are migrants, refugees, and asylum seekers, particularly those with no access to public funds, to access appropriate care during and post pregnancy, through appropriate support and protecting them from relocation or eviction	ICS	N/A	1. University Hospitals Birmingham 2. BSol LMNS 3. BSol All age Immunisations and Vaccinations	1. To deliver against the 900 recommendations in the Maternity and Neonatal Improvement Programme (University Hospitals Birmingham) 2. Reduce infant mortality rates among women from global majority backgrounds, particularly those with no access to public funds within the next 12 months, by providing comprehensive support and empowerment throughout their maternity journey. (BSol LMNS) 3. Improve avoidable illnesses and increase levels of health protection and well being by targeting low uptake wards and communities thereby improving health inequalities and health outcomes. (BSol All age Immunisations and Vaccinations)
	9. Develop culturally specific and appropriate weaning support initiatives for Black African and Black Caribbean parents.	ICS	N/A	ICS - Team TBC	
Children and Young People	10. Provide guidance and support for Black African and Black Caribbean parents and young people on applications and transition to secondary school and further education, including online information, support liaison officers, summer schools on core subjects and finance advice.	ICS	N/A	Sandwell and West Birmingham NHS Trust	At least two social prescribing meetings to be set with the support of Flourish, across the next year, to support Black families with their child's education.
	11. Commission and develop culturally appropriate and accessible services, including schools-based support, for Black African and Black Caribbean young men and women to increase capability, capacity and trust to engage with services. This should	ICS	N/A	1. Developing ICS skills and scaling up 2. Vulnerable populations	1. Supporting the investment in the COVID workforce in support of dialogue, vaccine confidence and Health and Well Being conversations in our most deprived communities /aligned to low uptake. (Developing ICS skills and scaling up) 2. Supporting community groups with specific well being sessions and preventable health care/early intervention offers (vulnerable populations)

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
	be specifically actioned for mental health services and for sexual and reproductive health services and take into account issues around gender exploitation and gender based violence.				
	12. Review educational approach and opportunity for targeted intervention to increase academic achievement for Black African and Black Caribbean children and young people	ICS	N/A	Sandwell and West Birmingham NHS Trust	At least two social prescribing meetings to be set with the support of Flourish, across the next year, to support Black families with their child's education.
	13. Address low pay and associated poverty for frontline workers who are of Black African and Black Caribbean ethnicity.	ICS	N/A	1. Equality, Diversity and Inclusion Team - Birmingham and Solihull ICB 2. Birmingham and Solihull Mental Health NHS Foundation Trust	1.a Create and implement a talent management plan to improve the diversity of executive and senior leadership teams (by June 2024) and evidence progress of implementation (by June 2025) (Equality, Diversity and Inclusion Team - Birmingham and Solihull ICB) 1.b Implement a plan to widen recruitment opportunities within local communities, aligned to the NHS Long Term Workforce Plan. This should include the creation of career pathways into the NHS such as apprenticeship programmes and graduate management training schemes (by October 2024). (Equality, Diversity and Inclusion Team - Birmingham and Solihull ICB) 1.c Impact should be measured in terms of social mobility across the integrated care system (ICS) footprint. (Equality, Diversity and Inclusion Team - Birmingham and Solihull ICB) 2. Closing the shortlisting gap between global majority and white applicants, who are 1.3 times more likely to be shortlisted. (Birmingham and Solihull Mental Health NHS Foundation Trust)
	14. Work with trusted community centres and spaces to provide	BCC	Director Children	N/A	

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
	violence-free, accessible, and attractive youth provision for access to wider opportunities, including through existing contracts and partnerships with Black-owned businesses and leaders.		and Families BCC & Birmingham Children's Partnership		
	15. Collaborate with Black African and Black Caribbean communities and their leadership on addressing air quality issues and continue with the in-depth work already in place with explicit consideration of these communities	BCC	Inclusive Growth	N/A	Focus groups that includes Black African and Black Caribbean citizens that raises awareness on air quality, why air quality is important to people and what people can do about poor air quality (estimated March 2024)
	16. Put in place interventions for Black African and Black Caribbean children and young people that address specific inequalities (e.g. sickle cell disease services), ensuring proportionate targeting and equality assessments of whole population interventions for issues they are disproportionately impacted by (e.g. low traffic neighbourhoods and school streets).	ICS	N/A	University Hospitals Birmingham	Roll out of training on Sickle Cell via Early learning for healthcare (Elfh) Moodle package to senior clinical decision makers by October 2023
Ageing well	17. Provide targeted and culturally appropriate screening services for Black African and Black Caribbean older adults. Links with key priority area: Health Checks and Campaigns	NHS England through BCC-PH	NHS England (through BCC-PH)	N/A	Commission focus groups including Black African and Black Caribbean people (including those aged 65+) eligible for health checks, to obtain feedback of experiences of health checks of Black African and Black Caribbean citizens by March 2024

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
	18. Campaign to raise awareness and increase uptake of community-based NHS health checks in Black African and Black Caribbean older adults. Links with key priority area: Health Checks and Campaigns	NHS England through BCC-PH	NHS England (through BCC-PH)	N/A	Commission focus groups including Black African and Black Caribbean people (including those aged 65+) eligible for health checks, to obtain feedback of experiences of health checks of Black African and Black Caribbean citizens by March 2024
	19. Assess the availability of culturally aware services for mental health and evaluate current services to determine how they meet the needs of older Black African and Black Caribbean adults.	ICS	N/A	Birmingham Community Health Care	<ol style="list-style-type: none"> To analyse the style of communication of the Diabetes service appointment letters. Liaising with Aston university to agree timescales, and to ensure that our written communication to patients and service users is accessible Thematic review of diabetes letters. BCHC to develop health literacy through our letters in order to imbed Public Health messages. To analyse the style of communication of the Diabetes service appointment letters to ensure that our written communication to patients and service users is accessible.
	20. Support initiatives to improve uptake of vaccinations in older Black African and Black Caribbean people, focusing on areas of higher deprivation.	ICS	N/A	<ol style="list-style-type: none"> BSol All age Immunisations and Vaccinations Professionals uptake Developing ICS skills and scaling up Vulnerable populations Avoidable illness and health protection Health promotion 	<ol style="list-style-type: none"> Improve avoidable illnesses and increase levels of health protection and well being by targeting low uptake wards and communities thereby improving health inequalities and health outcomes. (BSol All age Immunisations and Vaccinations) Engagement through ASC locality fora (6 fora) (professionals uptake) <ol style="list-style-type: none"> Ensure collaboration with LA colleagues via existing governance structures Improvement over the previous year for frontline health and social care staff in % Supporting the investment in the COVID workforce in support of dialogue, vaccine confidence and Health and Well Being conversations in our most deprived communities /aligned to low uptake. Supporting community groups with specific well being sessions and preventable health care/early intervention offers (vulnerable populations)

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
					5. Promoting and developing the revised primary care offer for expanded cohorts and health promotion campaign (avoidable illness and health protection) 6. Development of an all age comms campaign segmented by the audiences we serve (health promotion)
	21. Use life course approach and consider relevant findings from this Review to develop interventions that help to mitigate health inequalities experienced by Black African and Black Caribbean older people.	ICS	N/A	University Hospitals Birmingham	Roll out of training on Sickle Cell via Early learning for healthcare (Elfh) Moodle package to senior clinical decision makers by October 2023
Mental health & wellbeing	22. Coproduce awareness campaigns for Black communities to promote a better understanding of different mental illnesses, facilitate early interventions and self-referral in collaboration with carers, families, health services, community and faith centres.	BCC	PH Mental Wellbeing	N/A	Ensure that Black African and Black Caribbean communities are included as part of the coproduction of the Mentally Healthy City Strategy for Birmingham by including BLACHIR community engagement partners. The Suicide Prevention strategy will be developed by October 2024 with the overall strategy to be completed by April 2025,”
	23. Ensure practitioners use culturally competent (cultural understanding) trauma informed patient-centred engagement styles and interventions.	ICS	N/A	Birmingham and Solihull Mental Health NHS Foundation Trust	Achieve 10% organisation takeup of cultural competency toolkit
	24. Ensure mental health workers acknowledge service users’ personal histories of racism and recognise them as trauma to enable more effective intervention.	ICS	N/A	ICS - Team TBC	

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
	25. Promote cultural competency training within healthcare services, the criminal justice system, and the police force.	ICS	N/A	1. University Hospitals Birmingham 2. Sandwell and West Birmingham NHS Trust 3. BSol All age Immunisations and Vaccinations	1a. Roll out of training on Sickle Cell via Early learning for healthcare (Elfh) Moodle package to senior clinical decision makers by October 2023 (University Hospitals Birmingham) 1b. To increase clinical staff awareness of patient cultural heritage by rolling out training across clinical areas (University Hospitals Birmingham) 2. For the next year the number of hospital staff that should be trained should be 30% or more, starting with high conflict areas such as ED & Maternity and then onto AMU and onwards. (Sandwell West and Birmingham Trust) 3. Improve avoidable illnesses and increase levels of health protection and well being by targeting low uptake wards and communities thereby improving health inequalities and health outcomes. (BSol All age Immunisations and Vaccinations)
	26. Apply the use of culturally competent language, including using language that considers stigma within communities, such as 'wellbeing' rather than 'mental health'.	BLACHIR-IB	TBC	TBC	
Healthier behaviours	27. Work with Black African and Black Caribbean communities and organisations to co-create and deliver culturally appropriate and accessible support on positive health behaviours including health literacy training, social prescribing initiatives and group interventions.	ICS	N/A	1. Birmingham Community Health Care 2. BSol All age Immunisations and Vaccinations	1. Adult Community Services (ACS) to work with Black African and Black Caribbean communities and organisations to co-create and deliver culturally appropriate and accessible support on positive health behaviours, including health literacy training, social prescribing initiatives and group interventions. Outcomes: increased patient satisfaction and contribution to individual care and services provision 2. Improve avoidable illnesses and increase levels of health protection and well being by targeting low uptake wards and communities thereby improving health inequalities and health outcomes. (BSol All age Immunisations and Vaccinations)

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
	28. Explicitly recognise racism and discrimination as a driver of ill health and put in place training and systems to enable trauma-informed practice and services.	HEE (through BCC-PH)	HEE (through BCC-PH)	N/A	
	29. Provide long-term investment for trusted Black African and Black Caribbean grass roots organisations such as faith groups, schools, voluntary and community sector organisations to deliver community-led interventions.	ICS	N/A	BSol All age Immunisations and Vaccinations	Improve avoidable illnesses and increase levels of health protection and well being by targeting low uptake wards and communities thereby improving health inequalities and health outcomes. (BSol All age Immunisations and Vaccinations)
	30. Work with faith settings to understand and utilise the positive role faith plays in healthier behaviour decision making. Links with key priority area: Fairness, Inclusion and Respect	ICS and BCC	PH & Equalities team	BSol All age Immunisations and Vaccinations	1. Production of Healthy Faith Settings Toolkits following feedback from faith engagement partners by January 2024 and commission deep engagement partners (faith) by April 2024 (BCC) 2. Improve avoidable illnesses and increase levels of health protection and well being by targeting low uptake wards and communities thereby improving health inequalities and health outcomes.
	31. Address the evidence deficit in interventions for Black African and Black Caribbean communities through targeted investment in research, including capacity and skills development for community providers in 'action research' to concurrently deliver and evaluate interventions.	ICS and BCC	PH - Communities Team	BSol All age Immunisations and Vaccinations	1. Deep engagement partners will be supported with an academic partner who will support them in insight research and PH evaluation 2. Improve avoidable illnesses and increase levels of health protection and well being by targeting low uptake wards and communities thereby improving health inequalities and health outcomes.
	32. Undertake insight research with members of smaller Black African and Black Caribbean populations (e.g.	BCC	City Observatory & PH	N/A	Co-production of kickstart projects to address health inequalities and gathering insight on Nigerian, Somali and Caribbean populations in response to Community Health Profiles

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
	Somali, Ethiopian and Eritrean) to understand health literacy needs.				
Emergency care, preventable mortality and long-term physical health conditions	33. Ensure culturally appropriate data collection and analysis for service planning, monitoring and evaluation that distinguishes by ethnicity and gender for Black African and Black Caribbean populations	ICS	N/A	1. Birmingham Women's and Children's Hospital 2. Primary Care - Birmingham and Solihull ICB 3. University Hospitals Birmingham	1. Health Dashboard on key health inequalities to develop a standardised approach to culturally appropriate data collection (Birmingham Women's and Childrens Hospital) 2. Development of database (with PCNs meeting lower recording threshold supported to meet upper threshold) (Primary Care - Birmingham and Solihull ICB) 3. Achieve a reduction of 10% of DNA amongst BME groups by April 2024 (University Hospitals Birmingham)
	34. Ensure that the engagement of Black African and Black Caribbean communities is meaningful and valued. This should include direct engagement and collaboration with representative organisations that is done in a way which is respectful, transparent and accessible, and considers and values participants' time and commitments. Mechanisms for doing this could include:	BCC	PH - Communities and Inclusion Health	N/A	Deep engagement partners will be adopting the Powered by People Plan in engaging with communities. Faith and ethnic partners to be commissioned by April 2024
	35. Ensure prevention services are fair, appropriate and consider the needs of Black African and Black Caribbean populations, and there is proactive work to address issues with health literacy. Links with key	BCC	PH - BLACHIR Team	N/A	Creation of health campaigns toolkit that outlines how to target health interventions at Black African and Black Caribbean citizens

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
	priority area: Health Checks and Campaigns				
Wider determinants of health	36. Consider cultural and religious influences when developing interventions to address the wider determinants of health inequalities for Black African, Black Caribbean and Black-Mixed ethnic minority groups. Links with key priority area: Fairness, Inclusion and Respect	BCC	DPH & PH inequalities/Inclusion health	N/A	Commissioned deep engagement partners for faith and ethnic communities that will include Black-ethnic groups by April 2024
	37. Collaborate with government agencies and institutions to remove issues ethnic minorities face when in contact with the justice system and ensure these agencies work to address health inequalities.	BCC	PH - Inclusion Health	N/A	<p>1. West Midlands Race Equalities Taskforce has taken forward recommendations from the BLACHIR Review. One of these sets out to work with the BLACHIR programme to help to develop resources that will support cultural competency for different ethnic communities. The Taskforce will engage with a wide range of partners to promote and enable greater cultural intelligence, particularly among decision makers.</p> <p>2. Inclusion Health Team to take opportunity for action and work with various stakeholders (Violence Reduction Partnership, ICB lead, Community Safety Partnership) to guide to take opportunity for action forwards locally</p>

Theme	Opportunities for action	ICS or BCC Task Force?	Proposed BCC Lead Team	Proposed ICS Lead Team	SMART Goal
	38. Conduct more research to understand the impacts of the food environment and food poverty on health and wellbeing of Black African and Black Caribbean communities, and devise strategies to address the structural issues at a community level.	BCC	PH - Food	N/A	<p>1. Share guidance on culturally appropriate foods and food parcels available at food banks, including if people receiving these food parcels are aware of preparing and cooking with these foods items (completed)</p> <p>2. Creation of Black African and Black Caribbean Eatwell Guides within 24/25 (to be explored if this is 1 guide for both or 2 individual guides (1) African and (2) Caribbean)</p>
	39. Take action to address employment inequalities and issues around racism and discrimination in the public sector. Offer more protection for key workers from Black African, Black Caribbean and Black-Mixed ethnic backgrounds in health or other highrisk occupations.	BLACHIR-IB	TBC	TBC	

BCC Standard Demographic Questions**Version 1.8 September 2023**

The following questions should be integrated into data collection across consultations, surveys, delivered, commissioned or funded services, they reflect the commitment of the Council, Health and Wellbeing Board and NHS Integrated Care System to better understand inequalities and equity of access in services and their impact on citizens lives.

We will continue to develop and evolve these questions as we work with citizens and partners to strengthen our understanding of diversity and inclusion in our city.

This version (1.6) has been developed based on national standard questions and modifications have been tested with a citizen involvement panel. Following this engagement we have included a narrative section for questions which may be used to support greater understanding of the question.

We plan to develop an easy read and translated versions over 2023/24.

Questions should not be modified but the selection of questions should be tailored to the use and setting. If you have feedback on this question set or would like to request additional standardised questions please contact justin.varney@birmingham.gov.uk

Core Demographic Questions

These are standard questions to be included to monitor the protected characteristics, they cover:

- Age
- Gender & Gender Identity
- Sexual Orientation
- Faith & Religion
- Disability
- Ethnicity
- Pregnancy
- Relationship/Marriage
- Postcode

In line with the commitments of Everybody's Battle, Everybody's Business we encourage all services and commissioned providers to adopt these in both internal and customer data collection.

A standard introduction section wording and section about data protection has been provided. Each question is also provided with some accompanying text which may be used to give context if needed, depending on the format of the data collection.

Question wording should NOT be altered and all questions should include a Do Not Wish to Answer option

Why we are asking you information about your identity?

Birmingham City Council is committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve, commission, procure and deliver to. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature.

However, gathering this data helps us to know if we are succeeding in involving different groups of people, deliver services and to change our approach where gaps are found.

Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data to inform discussions about improving the diversity and inclusivity. However, no information will be published or used in any way which allows an individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we are asking you to provide is informed by our duties under the [Equality Act 2010](#), and includes information about your age, race, disability, faith, sex and sexual orientation.

If you would like this information in an alternative format, or would like help in completing the form, please contact us [*include email address*].

Age

Age is a legally protected characteristic under the [Equality Act 2010](#).

If appropriate single year age categories can be used but otherwise 5yrs or 10yrs can be used depending on the sample/user group:

Please select the age group that reflects your age:

Single Year	OR	
OR	5yr bands	
10yrs bands	0-4yrs	55-59yrs
0-9yrs	5-9yrs	60-64yrs
10-19yrs	10-14yrs	65-69yrs
20-29yrs	15-19yrs	70-74yrs
30-39yrs	20-24yrs	75-79yrs
40-49yrs	25-29yrs	80-84yrs
50-59yrs	30-34yrs	85-89yrs
60-69yrs	35-39yrs	>90yrs
70-79yrs	40-44yrs	
80-89yrs	45-49yrs	
>90yrs	50-54yrs	

Do Not Wish to Answer

Gender & Gender Identity

Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

Gender interacts with but is different from sex, which refers to the different biological and physiological characteristics of females, males and intersex persons, such as chromosomes, hormones and reproductive organs. Gender and sex are related to but different from gender identity. Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth. ([World Health Organisation definition](#))

Gender and Gender Reassignment are legally protected characteristics under the [Equality Act 2010](#).

What is your gender?

- Male
- Female
- Non-binary
- Other (free text box)
- Do not wish to answer.

Is the gender you identify with the same as your sex registered at birth?

- Yes
- No
- Do not wish to answer.

Source: ONS Modified

Sexual Orientation (if users >16yrs)

Sexuality and sexual orientation is about who someone feels physically and emotionally attracted to. This can be romantic or emotional attraction, or both.

([NSPCC definition](#))

Sexual orientation is a legally protected characteristic under the [Equality Act 2010](#).

Which of the following best describes your sexual orientation?

- Straight or Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation (Free text box)
- Do not wish to answer

Source: ONS

Faith & Belief

Religion can be explained as a set of beliefs concerning the cause, nature, and purpose of the universe, especially when considered as the creation of a superhuman agency or agencies, usually involving devotional and ritual observances, and often containing a moral code governing the conduct of human affairs. ([BBC definition](#))

Religion is a legally protected characteristic under the [Equality Act 2010](#).

What is your religion?

- No religion
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Agnostic
- Atheist
- Other religion (Free text box)
- Do not wish to answer.

Source: ONS Census

Disability

You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. 'Substantial' is more than minor or trivial, eg it takes much longer than it usually would to complete a daily task like getting dressed and 'long-term' means 12 months or more, eg a breathing condition that develops as a result of a lung infection. People with progressive conditions can be classified as disabled and under the legislation some specific conditions are classified as disabled from the day of diagnosis (HIV, cancer or multiple sclerosis). ([HMG](#))

Disability is a legally protected characteristic under the [Equality Act 2010](#).

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- Yes
- No
- Do not wish to answer

Source: ONS Census

If Yes

Now we are going to ask you some questions about your ability to do different activities on a regular basis, (think about days which are more difficult for you as well as good days):

- Do you have difficulty seeing, even if wearing glasses?
- Do you have difficulty hearing, even if using a hearing aid?
- Do you have difficulty walking or climbing steps?
- Do you have difficulty remembering or concentrating?
- Do you have difficulty with self-care such as washing all over or dressing?
- Do you experience fits or seizures?
- Using your usual (customary) language, do you have difficulty communicating for example understanding or being understood by others?

Source: Washington Group Short Set (WGSS) modified

Do any of your conditions or illnesses reduce your ability to carry out day to day activities?

- Yes, a lot
- Yes, a little
- Not at all
- Do not wish to answer.

Source: ONS Census

Please can you indicate which of the options below is closest to your personal situation, please tick all that apply:

- I have autism
- I have dyslexia
- I am neurodivergent
- Does not apply
- Do not wish to answer

Ethnicity & Race

Ethnicity is defined as “the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race” ([Bhopal 2004](#)). Ethnicity is self-defined and may change over time, it overlaps with the legally protected racial identity but is a broader term.

Race is a legally protected characteristic under the [Equality Act 2010](#). Race is defined under the Act as being part of a group of people who are identified by their nationality, citizenship, colour, national or ethnic origins.

We recognise that for some of our communities tribal identity is important and yet is not routinely collected. Across the world there are over 360 recognised tribal communities with distinct customs, traditions and in some cases specific tribal laws or regulations. We have started to ask about tribal identity to better understand this aspect of identity so that we can better support the needs of our citizens and staff.

What is your ethnic group? If you have mixed ethnicity, please select which combination of ethnicities describes you best.

- White British
- Other White
- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other Asian
- African
- Caribbean
- Black British
- Other Black
- Arab
- Latin American
- Irish
- Gypsy or Irish Traveller
- Roma
- Central and Eastern European
- Western and Southern European
- Any other ethnic group – free text box
- Do not wish to answer

Source: Modified ONS Census

What is your country/countries of heritage? E.g. England, Nigeria, Poland

- Free text box

Source: BCC

Pregnancy

Understanding if you are currently pregnant and taking part in this questionnaire helps us to recognise the needs of pregnant women.

Pregnancy is a legally protected characteristic under the [Equality Act 2010](#).

Are you currently pregnant?

- Yes
- No
- Not Applicable
- Do not wish to answer

Source: BCC

Relationship Status

Understanding your relationship status helps us consider how we are meeting the needs of our citizens and our responsibilities under the Equality legislation.

Marriage and civil partnership are legally protected characteristics under the [Equality Act 2010](#).

What is your legal marital or registered civil partnership status?

- Single
- Never married and never registered a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married
- Separated, but still legally in a civil partnership
- Divorced
- Formerly in a civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a registered civil partnership
- Do not wish to answer

Who is (was) your legal marriage or registered civil partnership to?

- Someone of the opposite sex
- Someone of the same sex
- Do not wish to answer

Source: ONS Census

Postcode of residence

The first section of your post code provides us with a sense of the area of the city that you live in and the first number of the second section allows us to narrow this down to a smaller area, but not to your specific house or flat.

What is your postcode of your main residence?

First section e.g. B1, B14, B42		First number of 2 nd section e.g 23,5,14

- Do not wish to answer

Source: BCC

Additional Questions

These questions may be used and we aim to continue to grow this standard set of question wording so that we are consistent in our approach across the City.

Employment

Understanding whether you are working or not, or if you are retired or a student, helps us understand more about your economic circumstances.

In the last seven days were you doing any of the following?

- Working as an employee
- Self-employed or freelance
- Temporarily away from work ill, on holiday or temporarily laid off
- On parental leave including maternity leave
- Doing any other kind of paid work
- Actively looking for any kind of paid work
- Retired
- Studying
- Unpaid Carer
- Long-term sick or disabled
- Other (free text box)
- Do not wish to answer

Source: Modified ONS Census

Caring Responsibilities

We recognise that caring impacts significantly on people's lives, whether you are the main person responsible for a child (a primary carer) or you are providing unpaid care to a family member to help them with things like shopping or dressing themselves.

Do you look after, or give any help or support to anyone because they have a long-term physical or mental health condition or illness, or problems related to old age? (exclude anything you are paid for as employment)

- No
- Yes – 9 hours a week or less
- Yes – 10-19 hours a week
- Yes – 20-34 hours a week
- Yes – 35-49 hours a week
- Yes – 50 hours a week or more
- Do not wish to answer

Source: ONS Census

Are you the primary carer for any children, if you care for more than one child then please tick all the age groups that apply?

- Yes for children under 5yrs old
- Yes for children between 5-10yrs old
- Yes for children between 10-18yrs old
- No
- Do not wish to answer

Source: BCC

Lived Experience

We know that there are many experiences in life that can have long lasting impacts on you, sadly many of them negative. We want to better understand which of the common experiences that we know can disadvantage people in their lives you have personally experienced.

Which of the following have you personally experienced? Please select any that apply.

- Homelessness
- Criminal Justice System i.e. ex-offender
- Local authority care system i.e care leaver
- Armed forces i.e veterans
- Sex work
- Modern slavery
- Drug or alcohol addiction
- None of these
- Other – free text box
- Do not wish to answer

Source: BCC

Living Arrangements

We recognise that who you live with can have a big impact on your life and whether you have support at home when you need it. We want to better understand your living arrangements to help us plan our support services.

Do you currently live?

- Alone
- With a partner
- With children
- With family members
- In shared accommodation unsupported
- In shared accommodation support e.g. care home/shared lives
- Do not wish to answer

Source: BCC

BLACHIR IMPLEMENTATION HIGHLIGHT REPORT

Please complete and report form to
 Nonso.Nwaiwu@birmingham.gov.uk

Stream Project Name	Pick tick box. ICS BLACHIR taskforce <input type="checkbox"/> BCC BLACHIR taskforce <input type="checkbox"/> Key Action Lead <input type="checkbox"/> Community engagement partner <input type="checkbox"/>		
Report Owner		Period Covered	
Project Outline			
Project Manager		Report Date	
Summary workstream commentary: High-level summary on progress, achievements, risks. Rationale for RAG		Overall Status RAG	Key On track Minor delays / issues Significant delays / issues

Key progress for this period:

Planned activities for next month:

Issues / items to be discussed at Programme Board:

- a. Items to note
- b. Escalated risks and issues resolution OR further escalation
- c. Any other matters needing attention



Offici

Request	Comments

Key Milestones

	Milestone Owner and Description	Achieved Y/N	Due date	Current Forecast	Current status RAG	Notes including explanation for slippage, impact on work stream and actions being taken. Has any re-planning been approved?

Outlook for next period

	Outlook for 3 months	Planned timescale	Current Forecast	Current status RAG	Any potential bottlenecks?

Planned Communications over the next 3 months

	Purpose	Target Audience	Owner

Escalated risks and issues, mitigation **RAG**

Risk		
Risk		
Risk		
Issue		
Issue		

Risk Matrix:

		Impact →				
		Negligible	Minor	Moderate	Significant	Severe
Likelihood ↑	Very Likely	Low Med	Medium	Med Hi	High	High
	Likely	Low	Low Med	Medium	Med Hi	High
	Possible	Low	Low Med	Medium	Med Hi	Med Hi
	Unlikely	Low	Low Med	Low Med	Medium	Med Hi
	Very Unlikely	Low	Low	Low Med	Medium	Medium

Description of how meets the 7 domains of cultural practice cultural intelligence framework competency themes	RAG status Yes/No/ In progress	Brief description/ update
1. Trust & transparency: cultural Intelligence (CI) - Trust & transparency: cultural humility & safety (CHS)		
2. Better Data		
3. Health checks & campaigns		
4. Health literacy		
5. Healthy behaviours		
6. Early interventions 7. Fairness, inclusion & respect		

Version control

Version number	Comments	Name	Date

Birmingham City Council Task force
Terms of Reference

Appendix 2

Background

Birmingham City Council and Lewisham Council completed a review of health inequalities affecting the Black African and Black Caribbean communities in Birmingham and Lewisham. The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) has been endorsed by both Lewisham and Birmingham's health and wellbeing boards. The report was published in March 2022. Both Councils are now working with partners in their localities to implement the opportunities for action identified by the review. The BLACHIR implementation board is charged with the responsibility of implementing the overarching plan. The BLACHIR BCC task force will report to the BLACHIR implementation board and ensure that relevant opportunities for action and findings from the review are implemented within the Council.

Item 10

1. Purpose

- 1.1 The Birmingham City Council (BCC) BLACHIR task force alongside the Integrated Care Systems BLACHIR taskforce are sub-groups of the BLACHIR implementation board, which reports to the Creating City without Inequalities forum (CCWIF) and the Birmingham Health and Wellbeing Board.
- 1.2 The BCC BLACHIR task force will drive and monitor the implementation of the BLACHIR findings and opportunities for action within the Council.

2. Objectives

The task force has the following objectives:

- 2.1 To work in collaboration within the council using the 39 opportunities for action from the BLACHIR report as a framework for effecting the required change.
- 2.2 To identify risks and develop and deliver an action plan to ensure that BLACHIR opportunities for action are being achieved across the whole Council.
- 2.3 To develop mechanisms for monitoring and reviewing progress against the implementation plan within the Council.
- 2.4 To influence relevant BCC teams and ensure their commitment, shared responsibility, and accountability towards the delivery on the opportunities for actions.
- 2.5 To provide operational direction for the BLACHIR implementation programme within the Council; seek alignment with other BCC programs, boards, and partnerships relevant to the work.
- 2.6 To ensure effective engagement to support the work to embed best practice within BCC teams and communities.

3. Principles

The task force expects all members to:

- 3.1 Commit to co-develop delivery plans and lead on the implementation of the BLACHIR opportunities for action within their Team, Division or Directorate, as per the delegated authority by their Director, and share / report on their progress to the taskforce.
- 3.2 Support the aims and objectives of the task force to progress work focused on achieving the required change and tangible outcomes relating to the implementation of the BLACHIR opportunities for action and prevention of further exacerbation of inequalities faced by Black African and Black Caribbean people in Birmingham.
- 3.3 Consult and/or inform the task force of team changes (including any changes in representation) that may impact on collective working.
- 3.4 Follow and work within the performance management framework to review and monitor progress as agreed by the BLACHIR Implementation Board and CCWIF.
- 3.5 Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working.

- 3.6 Drive the BLACHIR agenda within the council through promoting service transformation and improvement within their respective teams.
- 3.7 Report on progress on allocated/ agreed actions in a timely manner.
- 3.8 Share relevant information and promote collaborative and innovative work.

4. Membership

- 4.1 The task force will have a core group of representatives from key teams within the Birmingham City Council that will have the responsibility to monitor the implementation of BLACHIR opportunities for action across various teams within the Council.
- 4.2 The membership of the BCC BLACHIR taskforce is listed in appendix 1
- 4.3 The task force requires its members to:
 - Have sufficient delegated authority to make decisions in relation to the BLACHIR implementation programme on behalf of their Team, Division or Directorate.
 - Attend all meetings, or in exceptional circumstances, to arrange for a suitable named delegate to attend in their place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and have sufficient delegated authority to make decisions on behalf of their Team, Division or Directorate.
 - Represent the views of their nominating team, to keep their nominating Team, Division, or Directorate to keep them informed about progress and to communicate the outcomes of the task force meetings to their various teams.
- 4.4 The membership of the task force may be reviewed as necessary. New members maybe invited provided that:
 - 4.4.1 The member is a member of a Team or Division within BCC who is in a position to drive the implementation of the relevant BLACHIR opportunities for action within their Team, Division or Directorate.
 - 4.4.2 any new member can demonstrate to the satisfaction of the task force the contribution that they can make to the overriding aims and objectives; and
 - 4.4.3 in deciding whether to admit any new member, the task force shall consider the resulting size and composition were the new member to be admitted.
- 4.5 Other persons may attend task force meetings and or be invited in as expert advisors with the agreement of the co-chairs.

5 Meetings (Frequency and Support)

- 5.4 The task force will meet every month for 1 hour. Other special meetings may be held as deemed necessary at the discretion of the co-chairs.
- 5.5 Members will be requested to contribute agenda items in advance of the meetings.
- 5.6 The agenda for meetings, agreed by the co-chairs, and all accompanying papers will be sent to members at least 5 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the co-chairs.
- 5.7 Action notes of all meetings of the task force will be circulated within 10 working days following the meeting.
- 5.8 The task force support will be provided by Public Health Inclusion Health Team.
- 5.9 The taskforce will be monitored and accountable to the BLACHIR Implementation board and the Creating a City without Inequality Forum, a sub forum of the Health and Wellbeing Board with reporting arrangements as follows (see overleaf):

6 Decisions and escalation

- 6.4 Any recommendations and decisions commensurate with the task force remit will be arrived at by consensus and recorded in the action notes.
- 6.5 Significant decisions and risks impacting on the progress of the implementation will need to be escalated to the BLACHIR Implementation Board or CCWIF when necessary.

7 Conflicts of Interest

- 7.4 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the task force, the representative concerned shall declare such interest at or before discussions begin on the matter, the Chair shall record the interest in the minutes of the meeting and unless otherwise agreed by the task force that representative shall take no part in the decision-making process.

8 Review

- 8.4 These terms of reference will be reviewed annually, considering views expressed by relevant partner agencies.

DRAFT

Appendix 1

BIRMINGHAM CITY COUNCIL TASKFORCE MEMBERSHIP FOR BLACHIR

Representative Role/Organisation	Name	Email address
Co-Chair	Marcia Reid – Team leader, Child employment	marcia.reid@birmingham.gov.uk
Youth Deputy Chair	Victor Agbontean – former advisory board member, CCWIF youth member	Victoragbontean5@gmail.com
Representative from Housing, BCC	Helen Shervington - - Housing Strategy & Modernisation Service Manager/ Birmingham Financial Inclusion Partnership Deputy Lead	helen.shervington@birmingham.gov.uk
Representative from Community Safety BCC	Pamela Powis (tbc)	Pamela.powis@birmingham.gov.uk
Representative from Birmingham Children's Trust	Lorraine Donovan - Equalities and Diversity Manager	lorraine.donovan@birminghamchildrenstrust.co.uk
Representative from Knowledge, Evidence and Governance BCC	Rebecca Howell-Jones – Service Lead, Knowledge	rebecca.howell-jones@birmingham.gov.uk
Representative from Adults and Social Care	Maria B Gavin – Assistant Director, Quality and Improvement	maria.b.gavin@birmingham.gov.uk
Representatives from BLACHIR Team	Nonso Nwaiwu – Programme Senior Officer Pamela Okakpu – Public Health grad	Nonso.nwaiwu@birmingham.gov.uk Pamela.okakpu@birmingham.gov.uk
Representative from children and families directorate, including education and skills BCC	Razia Butt - Independent Education Adviser • Education & Skills Juliet Faulkner - Senior Youth Worker • Education & Skills	razia.butt@birmingham.gov.uk juliet.c.faulkner@birmingham.gov.uk
Digital and customer services	Junior Bucknor – Team manager (tbc)	Junior.Bucknor@birmingham.gov.uk
Citizen Involvement Officer Digital and Customer Services	Simon Furze – Citizen Involvement Officer	Simon.Furze@birmingham.gov.uk
Representative from PH Communities team, BCC	Joseph Merriman – Program Senior Officer Ricky Bhandal – Service Lead	Joseph.merriman@birmingham.gov.uk Ricky.bhandal@birmingham.gov.uk

Representative, PH health protection team, BCC	Helen Bissett – Program senior officer	Helen.Bissett@birmingham.gov.uk
Representative from the PH Adults team, BCC	Juliet Grainger – Service Lead David Miller – Senior Officer	Juliet.Grainger@birmingham.gov.uk David.M.Miller@birmingham.gov.uk
Representative from PH CYP team, BCC	Joann Bradley – Service lead Kathy Lee – Program senior officer	Joann.Bradley@birmingham.gov.uk Kathy.Lee@birmingham.gov.uk
Representative from Equalities and Cohesion, BCC	Suwinder Hundal – Head of BCC equalities and cohesion Arif Sain – EDI lead on delivery	Suwinder.Hundal@birmingham.gov.uk Arif.Sain@birmingham.gov.uk
Representative from the public health directorate	Justin Varney – Director of Public Health Helen Harrison – Assistant director	Justin.varney@birmingham.gov.uk Helen.harrison@birmingham.gov.uk
HR & OD	tbc	

Birmingham City Council

Health and Adult Social Care Overview and Scrutiny Committee

Date: 23 January 2024



Subject: Scrutiny Inquiry on Children and Young People's Mental Health: Is Birmingham meeting young people's mental health needs?

Report of: Cllr. Mick Brown, Chair Health and Adult Social Care Overview and Scrutiny Committee

Report author: Fiona Bottrill, Senior Overview and Scrutiny Manager
fiona.bottrill@birmingham.gov.uk
 07395884487

1 Purpose.

- 1.1 There were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city. (Birmingham Children and Young People Joint Strategic Needs Assessment 2019) The scale of mental health need for children and young people has been reported nationally and had been a high-profile issue since the Covid-19 pandemic:
- The (Mental Health of Children and Young People Survey 2017) that nationally, one in eight children and young people aged 5 to 19 years have at least one mental disorder. The prevalence of mental health problems rises with age, with 9.5% of children aged 5-10 years experiencing a mental disorder compared to 16.9% of those aged 17-19 years old. Emotional disorders are the most prevalent type of mental health problem experienced by those aged 5-19 years old (8.1% of all children), followed by behavioural disorders (4.6%) and hyperactivity disorders (1.6%).
 - In Birmingham the estimated prevalence of mental health disorders in children and young people (5-16 years) is 10.3% (England 9.2%, West Midlands 9.7%) (Birmingham Children and young People Joint Strategic Needs Assessment, 2019)
 - Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarmingly, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age

(Birmingham Children and Young People Joint Strategic Needs Assessment, 2019)

- After schools closed due to COVID-19 and ways of accessing GPs changed, new referrals to CYPMHS fell sharply (by 35% in April 2020 compared with the year before). However, about a year later, these reached a new high of 100,000 per month. (Health Foundation February 2022)

- 1.2 The Scrutiny Inquiry was established in October 2022 by the Health and Social Care Overview and Scrutiny Committee jointly with members from the Education and Children’s Social Care Overview and Scrutiny Committee. The terms of reference for the inquiry asked the question “How well are children with a diagnosed mental health condition supported across the mental health system with timely access to appropriate services and what is the service offer and pathways for children and young people in psychological distress without a diagnosed mental health condition to access appropriate support?”

2 Recommendations

- 2.1 It is recommended that:
- 2.2 Following consideration at City Council on 9 January recommendations R01 to R05, set out in Appendix 1, be noted.
- 2.3 Recommendations R06 to R24, set out in Appendix 1, are approved and the Integrated Care Board requested to co-ordinate the NHS response to these recommendations.
- 2.4 Recommendation R25, as set out in Appendix 1, is approved.

3 Background

- 3.1 The Inquiry on Children and young People’s Mental Health was agreed as part of the Scrutiny Work Programme for 2022/23 and due to the range and depth of engagement this work continued into 2023/24. The Task and Finish Group considered evidence from 19 organisations and services, met with children and young people, parents and carers and undertook an online survey. The report attached as Appendix 1 provides a summary of the evidence received.

4 Options considered and Recommended Proposal

- 4.1 The Scrutiny Inquiry identified the themes from the evidence set out below:
- Governance and mental health need
 - Support for parents and carers
 - Responding to mental health crisis in the community
 - Mental Health Act assessments
 - Service Provision and Communication

- Resources for Children and Young People's NHS Mental Health Services
- Quality of NHS Mental Health Services
- Early Intervention
- Schools' response to mental health
- Young people admitted to UHB due to lack of beds / placements.
- Primary Care / Local Services
- Communication about Access to Services, Diagnosis and Support (for Parents)
- Information Sharing and Confidentiality
- Place of safety
- Increase in Referrals for Autism and ADHD
- Understanding Individual Need, Identity and Circumstances
- Dual Diagnosis (Mental health and substance misuse)
- Workforce

4.2 Section 4 of the report attached as Appendix 1 sets out the recommendations agreed by the Inquiry Task and Finish Group.

4.3 The Governance Review of Birmingham City Council by the Centre for Governance and Scrutiny set out that the scrutiny work programme should focus on the Council's improvement and recovery priorities. The work of this inquiry aligns with the priority to ensure safe and effective delivery of key services supporting vulnerable people.

5 Legal Implications

5.1 The Health and Adult Care Overview and Scrutiny Committee terms of reference under the National Health Service Act 2006 include the local authority's statutory health scrutiny function to make recommendations to NHS organisations. City Council is recommended to endorse the recommendations to NHS organisations (Recommendations 6 – 25) in addition to approving recommendations to the City Council's Executive (Recommendations 1-5)

6 Financial Implications

6.1 The Inquiry recommendations recognise the financial pressures the Council is facing and set out that the implementation of recommendations will be within existing resources and capacity available. There is no request for additional resource or capacity to implement the recommendations.

7 Public Sector Equality Duty

7.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

7.3 The Committee should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

7.4 During the Inquiry, evidence showed that there were gaps in the recording of ethnicity of young people who had been referred to the NHS services provided Forward Thinking Birmingham. Recommendation 22 sets out that Forward Thinking Birmingham should work with referring organisations to ensure that the ethnicity is included in referrals, and this is monitored to ensure that the service is reaching and meeting the needs of different communities on the city.

7.5 Evidence considered also reported that LGBT people are more likely to experience poor mental health and also that there has been an increase in the number of cases seen in primary care relating to gender identity. Recommendation 21 sets out that that the Integrated Care Board and Mental Health Provider Collaborative develop a robust service offer for LGBTQ+ young people.

8 Other Implications

8.1 How are the recommended decisions consistent with the City Council's priorities, plans and strategies?

8.2 The strategic importance of addressing children and young people's mental health is reflected in the Council's Grand Challenges relating to Health and Wellbeing and the City Council's Corporate Plan priorities:

- Champion Mental Health
- Support and enable young people to Thrive
- Protect and Safeguard vulnerable citizens

9 Background Papers

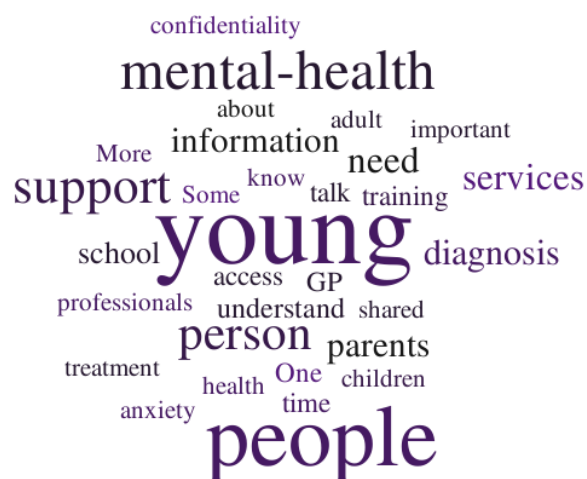
- 9.1 Birmingham City Council Corporate Plan [Council Plan and Budget | Birmingham City Council](#)

10 Appendices

- 10.1 Appendix 1: Is Birmingham meeting young people's mental health needs? Scrutiny Inquiry on Children and Young People's Mental Health

Is Birmingham meeting young people's mental health needs?

An Overview and Scrutiny Report



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Further information regarding this report can be obtained from:

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Reports that have been submitted to Council can be downloaded from www.birmingham.gov.uk/scrutiny.

Mental Health Support for Young People

If you, or a young person you know, need urgent mental health support you can call 0300 300 0099 and you will be able to speak to someone. You can also contact the Birmingham and Solihull 24/7 crisis number: 0800 915 9292.

Other support is available from:

Crisis Café: The Crisis Café is run by MIND and is currently available through the Birmingham and Solihull 24/7 helpline: 0800 915 9292

Message a test line: If you do not want to talk to someone over the phone, these test lines are open 24 hours a day every day.

Shout Crisis Test Line – for everyone: Text ‘SHOUT’ to 85258

Youngminds Crisis Messenger for people under 19: Text ‘YM’ to 85258

Chair's Foreword

Cllr. Mick Brown, Chair of Children and Young People's Mental Health Scrutiny Inquiry

While the issue of children and young people's mental health was identified as part of the Health and Social Care O&S Committee work planning process in 2022 it has been an issue that has been important to me both personally and professionally over many years, as good mental health as a younger person is vital to ensure you can maximise the opportunities life can offer.

As people will be aware, it became an issue of national public prominence in the aftermath of the Covid 19 pandemic, and we have considered national reports as well as a report by Birmingham Healthwatch to help to scope our Inquiry.

We knew that this would be a complex piece of work and we have given it the time and attention it deserves to look at this issue thoroughly, considering evidence from 16 different organisations / services and equally importantly engaging directly with children and young people and parents / carers.

During the Inquiry we heard from people who work hard every day in challenging circumstances to meet the mental health needs of children and young people, and the importance of the relationship between young people and the staff delivering services, or a trusted adult in their lives., cannot be overestimated.

Some of the key issues we identified through the Inquiry were:

- Young people told us they see co production of services as the key for the future and they want to be involved in developing both policy and services that they can trust.
- The complexity of the mental health system and the need to align NHS, children's social care and education strategy and policy and share data to improve outcomes for children and young people.
- The continued need for parity of esteem between physical and mental health services.
- The lack of appropriate and local inpatient mental health beds for young people in mental health crisis.
- The gap in support for young people with low / medium mental health needs.
- The need to ensure that mental health services meet the needs of the diverse communities in the city, including LGBTQ+ and trans communities.

We have several of the young people who helped guide our work, and to whose future this work is dedicated, with us today; and I wanted to include a collective quote from them as part of the introduction.

"Every decision that affects or is about young people, should have young people meaningfully engaged in the "decision making" process. By working in partnership with policy makers, we can have a significant impact in the mental health system, where we are BEING part of the solution.

We also believe there is a need for a trusted adult as there is power in a listening ear and having someone that has a mutual/shared understanding, someone who 'gets' it. A trusted person who is here to empower the young person to get early support and intervention whilst not having an agenda when responding.

We deserve a seat at the table when it comes to making changes to youth and under 25 mental health services, not only because we are the recipients but because a meaningful engagement including a "youth voice" is the best hope of transforming the NHS. As service users we believe that current mental health services are not meeting the needs of young people, and that we need and deserve a society that actively champions the "youth voice" and gives us the opportunity to make meaningful change going forward."

We have made 25 recommendations across the system to both the Council's Executive and to NHS organisations; and when monitoring the recommendations HASC will want to understand how "Think for Brum" and other consultation forums have been engaged in the co-production of the response to the recommendations.

In conclusion, I wanted to start by thanking all the organisations who freely gave of their time and knowledge including Birmingham and Solihull ICB, West Midlands Police, Birmingham Educational Psychology Service and the Birmingham Women's and Children's NHS Foundation Trust. The parents / carers and young people who attended our meetings with such energy and commitment to implementing positive change and finally to the members and scrutiny staff who brought an amazing degree of expertise and insight to the table.

I want to end with the banner quote from the young people themselves.

Our key message is Nothing ABOUT us WITHOUT us. Co production needs to be the golden thread. Let's #BuildBackABetterBrum."

Cllr. Mick Brown

Summary of Recommendations

Ref	Recommendations to Cabinet Members	Responsibility	Completion Date
Support for Parents / Carers			
R01	Recommendation 1: Council asks the Cabinet Member for Adult Social Care to ensure that Birmingham Adult Social Care works, within their resources and capacity, with Forward Thinking Birmingham to undertake a co-produced review of the carers assessment for parents / carers who are caring for a child / young person with mental health need and the support that is available through this process to ensure that the assessment outcomes are effective.	Cabinet Member for Adult Social Care	July 2024
Responding to mental health crisis in the community			
R02	Recommendation 2: Council asks the Cabinet Member for Social Justice, Community, Safety and Equalities obtains evidence from the West Midlands Police and Crime Commissioner that effective mental health training is provided for all police officers.	Cabinet Member for Social Justice, Community, Safety and Equalities	July 2024
Mental Health Act Assessments			
R03	Recommendation 3: Council asks the Cabinet Member for Adult Social Care and Cabinet Member for Children, Young People and Families to ensure that, within their services resources and capacity, the AMPH service, Children's Services, Birmingham Children's Trust, FTB and the Provider Collaborative analyse the pattern of Mental Health Act assessments for patients under 16 and that AMHP assessments meet the needs of children and young people, the requirements of the Children's Act and assessments and recommendations to community based provision are underpinned by an understanding of the system and partnership arrangements needed for successful outcomes.	Cabinet Member for Adult Social Care Cabinet Member for Children, Young People and Families	July 2024

Schools Response to Mental Health			
R04	<p>Recommendation 4: That Council asks the Cabinet Member for Children, Young People and Families to ensure that as part of the Council's existing funded work with all schools in the City on inclusion, schools are supported to consider the impact of zero tolerance behaviour policies for children and young people with mental health needs, Autism and ADHD and consider how to apply the 8 principles outlined in the report to promote mental health in schools.</p>	<p>Cabinet Member for Children, Young People and Families</p>	<p>July 2024</p>
R05	<p>Recommendation 5: That Council asks the Cabinet Member for Children, Young People and Families to ensure that Children's Services, within their resources and capacity, work with all schools in the City to understand how many have applied for and used the Department for Education grant funding to train a senior mental health lead and develop and implement a whole school / college approach to mental health and wellbeing. This work should also identify if the mental health lead role is recognised in the job description and the time that is allocated to this work. Examples of good practice should be shared.</p>	<p>Cabinet Member for Children, Young People and Families</p>	<p>July 2024</p>

	Recommendations to NHS Organisations	Responsibility	Completion Date
	Governance and Mental Health Need		
R06	<p>Recommendation 6: Council endorses the recommendations that:</p> <ul style="list-style-type: none"> a) The role of the Birmingham Place Committee in the CYP mental health system is clarified to ensure that NHS and local authority CYP mental health strategies are aligned to deliver the best outcomes for children and young people and there is an effective system to monitor outcomes. b) That the Birmingham Place Committee agrees a definition of mental health and mental wellbeing that will be used across the mental health system in the city. 	Integrated Care Board	July 2024
R07	<p>Recommendation 7: Council endorses the recommendations that:</p> <p>The ICS / Mental Health Provider Collaborative works with partners including Birmingham Children’s Trust and joins up data sets to develop a shared understanding of the mental health needs of children and young people in Birmingham including early help and intervention, complex need that does not reach the threshold for NHS services and clinical assessment, diagnosis and treatment.</p>	<p>Integrated Care Board</p> <p>Mental Health Provider Collaborative</p>	July 2024

Service Provision and Communication			
R08	<p>Recommendation 8 Council endorses the recommendations that:</p> <p>The ICS / Provider Collaborative works with partners to improve CYP mental health and wellbeing service offer and pathways across organisations and sectors to meet the needs of young people who do not currently meet the threshold for NHS mental health services but whose needs are more complex than universal and early help services can support. Young people, parents / carers and staff in other organisations need clear information about the service offer and how to access support. (Link with Rec 7)</p>	Integrated Care Board / Mental Health Provider Collaborative	July 2024
Early Intervention			
R09	<p>Recommendation 9 Council endorses the recommendations that:</p> <p>The mental health system for children and young people looks to the work of the Early Intervention Programme for adults to align systems and services to provide patient centred care and support to reduce the demand on acute services.</p>	Integrated Care Board / Mental Health Provider Collaborative	July 2024
Resources for Children and Young People's NHS Mental Health Services			
R010	<p>Recommendation 10 Council endorses the recommendations that:</p> <p>The ICB works with NHS England to benchmark ICS spend on children and young people's mental health services per capita served and as a proportion of the total ICS budget.</p>	Integrated Care Board	July 2024

	Quality of NHS Mental Health Services		
R011	<p>Recommendation 11: Council endorses the recommendations that: The response of the Birmingham Women's and Children's Hospital NHS Foundation Trust and Forward Thinking Birmingham's response to the CQC Inspection and action plan to address the areas that were found to be inadequate and require improvement are reports to the Health and Adult Care Overview and Scrutiny Committee.</p>	Birmingham Women's and Children's Hospital NHS Foundation Trust	July 2024
	Communication about Access to Services, Diagnosis and Support (for Parents)		
R012	<p>Recommendation 12: Council endorses the recommendations that: The Provider Collaborative provides clear information about how to access services, what diagnosis means and how to support a child / young person that is age appropriate and support transition to adult services. This should be co-produced with parents / carers.</p>	Mental Health Provider Collaborative	July 2024
	Responding to mental health crisis in the community		
R013	<p>Recommendation 13: Council endorses the recommendations that: The Provider Collaborative develops the case to commission an assertive outreach service for children and young people who are known to mental health services and seeks funding to provide this.</p>	Mental Health Provider Collaborative Integrated Care Board	July 2024
R014	<p>Recommendation 14: Council endorses the recommendations that: The Provider Collaborative including FTB and WMAS work with West Midlands Police to agree protocols and pathways for children and young people who are experiencing a mental health crisis / severe mental distress in the community, especially out of hours.</p>	Mental Health Provider Collaborative Forward Thinking Birmingham West Midlands Ambulance Service West Midlands Police	July 2024

	Young people admitted to UHB due to lack of beds / placements.		
R015	<p>Recommendation 15: Council endorses the recommendations that: The ICB, Provider Collaborative and UHB review how the funding currently used to provide wrap around care for children with mental health needs but no physical health need in paediatric wards could be used to fund care for children and young people in an appropriate setting.</p>	<p>Integrated Care Board</p> <p>Mental Health Provider Collaborative</p> <p>University Hospitals Birmingham NHS Foundation Trust</p>	July 2024
	Primary Care / Local Services		
R016	<p>Recommendation 16: Council endorses the recommendations that: The ICB / Provider Collaborative works with Primary Care Networks to:</p> <ul style="list-style-type: none"> • Pilot mental health Peer Support workers for young people in Primary Care. • Extend social prescribing to young people and link with Peer Support and Community Connectors / Navigators. <p>Partners are encouraged to explore how the ICB Fairer Futures Locality Partnership Fund could be used to develop this pilot.</p>	<p>Integrated Care Board / Mental Health Provider Collaborative</p>	July 2024
	Records, Information Sharing and Confidentiality		
R017	<p>Recommendation 17: Council endorses the recommendations that: The Provider Collaborative ensures that care plans for children and young people with mental health needs are shared with them as appropriate for their age and written in a way that they understand.</p>	<p>Mental Health Provider Collaborative</p>	July 2024
R018	<p>Recommendation 18: Council endorses the recommendations that: The ICB / Provider Collaborate to develop quality assurance processes to ensure confidentiality is explained to children and young people in a way that they understand, and they know who has access to their information and they will not be expected to repeat their experience to multiple staff.</p>	<p>Integrated Care Board / Mental Health Provider Collaborative</p>	July 2024
	Place of safety		

R019	Recommendation 19: Council endorses the recommendations that: ICB/ Provider Collaborative works with West Midlands Police to analyse data on the number of young people over 16 who are taken to police custody as a place of safety and based on this data makes arrangements to commission / provide alternative arrangements in anticipation of the Mental Health Act Review	Integrated Care Board / Mental Health Provider Collaborative	July 2024
Increase in Referrals for Autism and ADHD			
R020	Recommendation 20: Council endorses the recommendations that: To ensure that this remains a priority for the mental health system the performance measures on autism and ADHD services should be reported regularly to the ICB and the Place Committee.	Integrated Care Board and Birmingham Place Committee	July 2024
Understanding Individual Need, Identity and Circumstances			
R021	Recommendation 21: Council endorses the recommendations that: The ICB / Provider Collaborative develop a robust service offer for LGBTQ+ young people and this should consider the mental health implications for services of the increase in cases seen in primary care related to gender identity.	Integrated Care Board / Mental Health Provider Collaborative	July 2024
R022	Recommendation 22: Council endorses the recommendations that: FTB should work with referring organisations to ensure that the ethnicity is included in referrals and that this is monitored to ensure that the service is reaching and meeting the needs of different communities in the city.	Forward Thinking Birmingham	July 2024

	Dual Diagnosis (Mental health and substance misuse)		
R023	<p>Recommendation 23: Council endorses the recommendations that: The ICB / Provider Collaborative Needs Assessment considers the research carried out by Aquarius and Manchester Metropolitan University looking to further resources and an intervention package to further assist staff in managing lower-level intervention for young people with mental health and substance misuse needs.</p>	Integrated Care Board / Mental Health Provider Collaborative	July 2024
	Workforce		
R024	<p>Recommendation 25: Council endorses the recommendations that: The ICB and Provider Collaborative and providers maximise the use of the Apprenticeship Levy and the underspend of this funding to train and develop the mental health workforce for children and young people services. Ambitious targets should be set to recruit and train staff and develop the career pathways to retain staff.</p>	Integrated Care Board / Mental Health Provider Collaborative	July 2024

Tracking			
R025	<p>Recommendation 26:</p> <p>a) Council agrees that the Executive Member reports on progress towards achievement of these recommendations no later than May 2024. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.</p> <p>b) Council endorses that ICB, working with the Provider Collaborative coordinates the NHS reports on progress towards achievement of these recommendations no later than May 2024. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.</p> <p>The Committee will want to understand how young people have been involved in the co-production of the response and implementation of the recommendations.</p>	<p>Cabinet Member for Children, Young People and Families</p> <p>Cabinet Member for Adult Social Care</p> <p>Cabinet Member for Social Justice, Community, Safety and Equalities</p> <p>David Melbourne, Chief Executive Birmingham and Solihull ICB.</p>	<p>July 2024</p> <p>July 2024</p>

1 Introduction

1.1 Terms of Reference for the Inquiry

1.1.1 The Health and Social Care Overview and Scrutiny Committee decided to undertake an Inquiry into children and young people's (CYP) mental health as part of the work programme planning in July 2022.

1.1.2 The Inquiry Task and Finish Group was established jointly with members from the Health and Social Care Overview and Scrutiny Committee and the Education and Children's Social Care Overview and Scrutiny Committee. The members of the Task and Finish Group were:

- Cllr. Mick Brown (Chair of Task and Finish Group)
- Cllr. Paul Tilsley (Deputy Chair of Task and Finish Group)
- Cllr. Jilly Bermingham
- Cllr. Kath Hartley
- Cllr. Jane Jones
- Cllr. Gareth Moore
- Cllr. Simon Morrall
- Cllr. Julien Pritchard

1.1.3 The key question the Inquiry Task and Finish Group asked was:

How well are children with a diagnosed mental health condition supported across the mental health system with timely access to appropriate services and what is the service offer and pathways for children and young people in psychological distress without a diagnosed mental health condition to access appropriate support?

1.1.4 In seeking to answer this the Task and Finish Group considered the following lines of inquiry:

- What is the definition of mental health and how does this affect the demand for mental health services? How is this communicated to the public and service users?
- What is the known demand for children and young people's mental health support and what has been the impact of Covid on mental health of children and young people in Birmingham? Which mental health issues / services have seen the greatest increase in demand over the last 4 years?
- What funding is available for mental health services and how does this compare to other areas e.g. core cities?

- What are the referral routes, assessment processes and support for CYP with psychological distress and those with a diagnosed mental health condition?
- What are the expectations of children and young people and their parents and carers in relation to their mental health need?
- What support and advice is available to parents / carers?
- How are the mental health needs of children and young people in care and care leavers being met?
- How well are the needs of children and young people with high end acute mental health met? What are the implications of responding to CYP in crisis on the capacity in the mental health system?
- How do services meet the needs of those who experience the disadvantage / barriers to services / are most vulnerable? (consider case studies / patient stories)
- What can we learn from other areas? Examples of best practice
- Work force planning to enable continuity of care – NHS, Social Care, Education and third sector.

1.1.5 A full copy of the terms of reference is attached as Appendix 1.

2 Background and Context

2.1 Why the Committee Decided to Look at Children and Young People's Mental Health

2.1.1 The information provided to the Committee showed that there were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city. (Birmingham Children and Young People Joint Strategic Needs Assessment, 2019) (p.28). The scale of mental health need for children and young people had been reported nationally and had been a high-profile issue since the start of the Covid-19 pandemic:

- The (Mental Health of Children and Young People Survey , 2017) reported that nationally, one in eight children and young people aged 5 to 19 years have at least one mental disorder. The prevalence of mental health problems rises with age, with 9.5% of children aged 5-10 years experiencing a mental disorder compared to 16.9% of those aged 17-19 years old. Emotional disorders are the most prevalent type of mental health problem experienced by those aged 5-19 years old (8.1% of all children), followed by behavioural disorders (4.6%) and hyperactivity disorders (1.6%).
- In Birmingham the estimated prevalence of mental health disorders in children and young people (5-16 years) is 10.3% (England 9.2%, West Midlands 9.7%) (Birmingham Children and Young People Joint Strategic Needs Assessment, 2019)
- Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarmingly, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age (Birmingham Children and Young People Joint Strategic Needs Assessment, 2019) (p. 34/35)

2.1.2 Further information highlighted the impact of the pandemic on children and young people's health at a national level. (The Mental Health Survey for Children and Young People (MHCYP), 2021) wave 2 follow up was based on 3,667 children and young people who took part in the MHCYP 2017 survey, with both surveys also drawing on information collected from parents. The survey explored the mental health of children and young people in February/March 2021, during the Coronavirus (COVID-19) pandemic and changes since 2017. Key findings from the survey were:

2.1.3 Estimated rates of mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%) and in 17 to 19 year olds from one in ten (10.1%) * to one in six (17.4%) Rates in both age groups remained similar between 2020 and 2021.

- 2.1.4 10.6% of 6 - 16 year olds missed more than 15 days of school during the 2020 Autumn term. It is estimated that children with a probable mental issue were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental issue (8.8%).
- 2.1.5 39.2% of 6 - 16 year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 - 23 year olds, 52.5% experience deterioration, and 15.2 % experienced improvement.
- 2.1.6 Information published by the (Health Foundation in February , 2022) set out:
- After schools closed due to COVID-19 and ways of accessing GPs changed, new referrals to CYPMHS fell sharply (by 35% in April 2020 compared with the year before). However, about a year later, these reached a new high of 100,000 per month.
 - In 2021, 24% more patients were in contact with CYP mental health services compared with 2020, and 44% more than in 2019 (based on the January to September period) This includes patients waiting to be seen, suggesting CYP mental health services may be struggling to meet demand.
 - Data on waiting times for CYPMHS are not routinely published apart from certain services such as eating disorders, where fewer than half of those younger than 18 were seen within the target times in 2021.
 - There are signs that the CYPMHS workforce is growing in line with young people in contact: both increased by about 40% between January 2019 and April 2021.
- 2.1.7 Key points from the (Health Foundation's Networked Data Lab , 2022) about Children and Young People's mental health highlighted three key areas:
- Rapid increases in mental health prescribing and support by GPs.
 - The prevalence of mental health issues among adolescent girls and young women
 - Stark socioeconomic inequalities across the UK
- 2.1.8 The Inquiry Task and Finish Group agreed an evidence gathering schedule from a range of different groups, services and organisations. The legislation that established local government scrutiny (Local Government Act 2000) sets out that local authority services are required to provide information and this duty was subsequently extended to NHS services when Health Scrutiny was established under the (Health and Social Care Act 2001.)The Task and Finish Group also reached out to other organisations who contributed to the Inquiry and an online survey was also circulated. A key part of the Inquiry was to seek the views of children and young people and also parents and carers. A summary of the survey responses is included as Appendix 2.

3 Key Findings

3.1 What is Mental Health and When Do Children and Young People need Mental Health Support?

3.1.1 The Birmingham and Solihull Integrated Care Board, which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area, provided the definition of mental health as:

"Mental health includes our emotional, psychological, and social wellbeing. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make healthy choices."

3.1.2 This is a broad definition that requires a whole system response to promoting mental wellbeing and meeting mental health needs. As outlined below, the complexity of the organisational and governance arrangements means that there is no single strategic vision across health, local authority, education and criminal justice for children and young people's mental health and wellbeing.

3.1.3 The Inquiry also received evidence from Public Health at Birmingham City Council which provided the definitions of mental health and mental wellbeing as:

Mental Health:

"The World Health Organisation states that "mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". (WHO) (World Health Organisation, n.d.)

Mental wellbeing

"Mind describes mental wellbeing as a mental state which is about "how you are feeling and how well you can cope with day-to-day life. Our mental wellbeing is dynamic. It can change from moment to moment, day to day, month to month or year to year." (Mind, 2016) (MIND, n.d.).

3.1.4 All contributors recognised that the increase in mental health needs for children and young people started before 2020 but has been exacerbated by the impact of the pandemic. Contributors also recognised that there are underlying issues that affect children and young people's mental health that are outside the remit of mental health and wellbeing services e.g. housing, poverty.

3.1.5 The online questionnaire that was open to young people, parents / carers, staff and volunteers who work with young people and elected members asked, "When do children and young

people need mental health support?” and gave a list of responses that people could choose. The most common response was ‘Depression’ followed by ‘Trauma’ however it was notable that 26 respondents identified ‘Cost of Living’ as a reason children and young people need to access mental health support. While the number of survey responses was small and the people responding were not representative of the population of Birmingham, this does indicate that people see that mental health support may be needed to provide support through difficult life circumstances, not just in response to diagnosed mental health need.

3.2 Governance and Mental Health Need

3.2.1 The mental health system is extremely complex, working across organisations and sectors. There are a number of strategies and governance arrangements that have oversight / responsibility for children and young people’s mental wellbeing and mental health as set out below.

Governance Arrangements:

- Integrated Care Board
- Birmingham Place Committee
- Provider Collaboratives
- Children and Young People Transformation Board
- Health and Wellbeing Board
- Mentally Healthy City Forum
- Suicide Prevention Advisory Group
- SEND Improvement Board
- Birmingham Education Partnership
- Birmingham Children’s Partnership

Strategy / Policy / Needs Assessment:

- Birmingham and Solihull ICS: Our Integrated Care Strategy 2023-2033 : Birmingham and Solihull ICS (birminghamsolihullics.org.uk)
- Children and Young People's Mental Health and Emotional Wellbeing Birmingham 2022/23 Local Transformation Plan
- ICS Needs Assessment (Reported to Inquiry Task and Finish Group 21.02.23 that this was being commissioned)
- Health and Wellbeing Strategy
- Joint Strategic Needs Assessment

- Department for Education: Transforming children and young people’s mental health provision green paper (MHSTs and training for Senior Mental Health Leads in Schools)
- West Midlands Police policy on Mental Health (in line with National Police Chief’s Council)

3.2.2 Under new NHS arrangements mental health provider organisations will work together as Provider Collaboratives. This brings together the Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham Women’s and Children’s NHS Foundation Trust and third sector organisations. The Birmingham and Solihull Mental Health NHS Foundation Trust is the Lead Provider in the collaborative. The Lead Provider for regional Inpatient Provision of mental health services for Children and Young People is the Birmingham Women’s and Children’s NHS Foundation Trust.

3.2.3 The diagrams below illustrate the complexity of the system for Lead Provider Governance and Quality Assurance.

Figure One: Lead Provider Governance Architecture

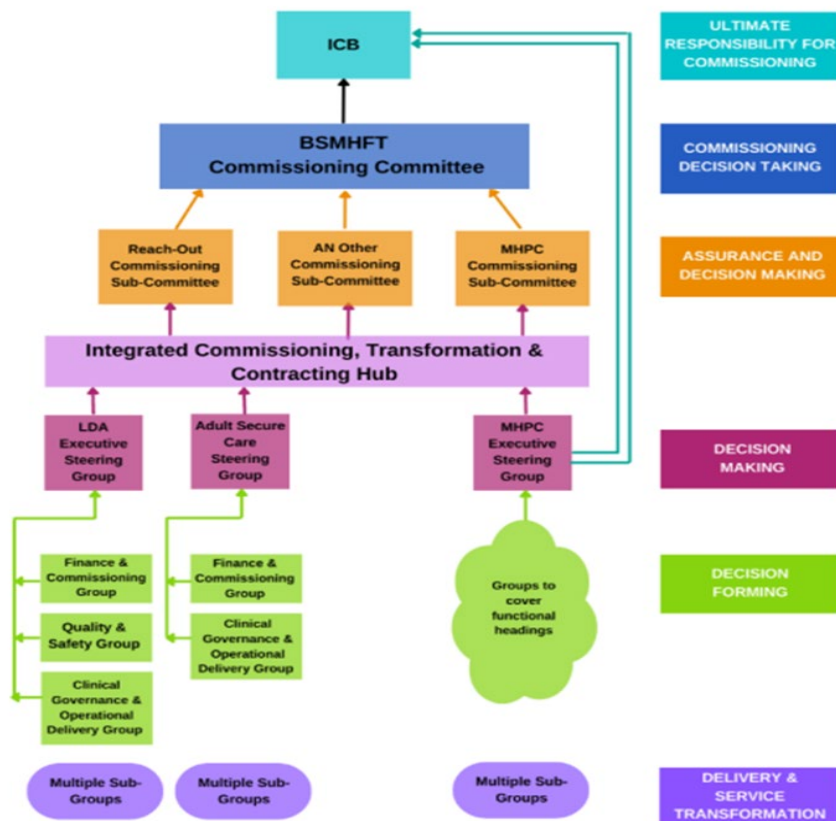
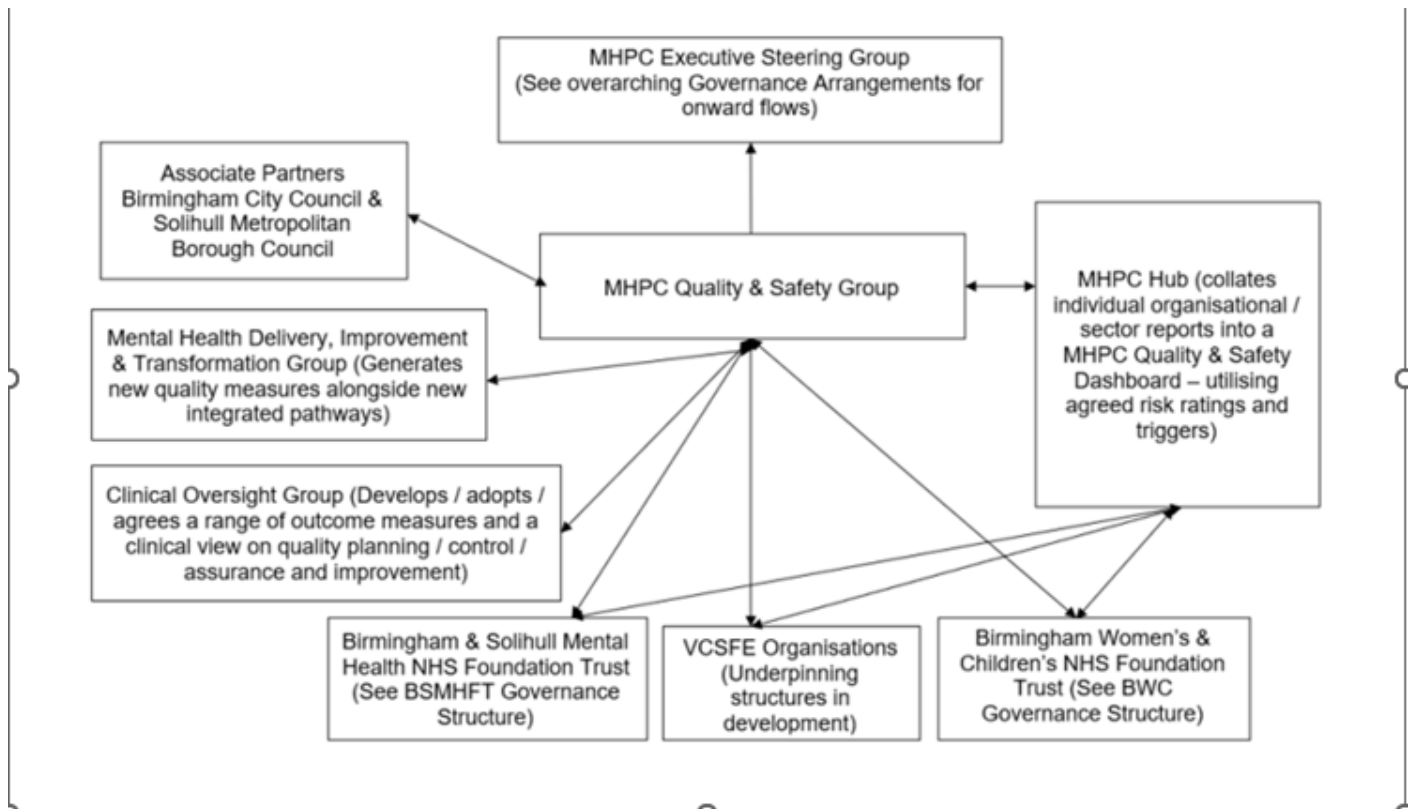


Figure 2: Flows of Quality and Safety Information



3.2.4 Information from the Integrated Care Board from the (Birmingham Children and Young People Joint Strategic Needs Assessment, 2019) included modelled numbers of young people affected by mental health conditions in Birmingham in 2018. This is displayed in the table below, however, as noted above, the rates of probable mental disorder in children and young people have increased nationally between 2017 and 2022.

Table 1: Estimated Prevalence of Mental Health Conditions in Birmingham Compared to West Midlands and England

Mental Health Conditions	Birmingham Estimated %	Modelled number of young people affected in 2018 (5-16 years population = 190,397)	West Midlands %	England %
Mental health disorders in children & young people 5-16 years	10.3%	19,611	9.7%	9.2%
Prevalence of emotional disorders aged 5-16 years	4.0%	7,616	3.8%	3.6%
Prevalence of conduct disorders in 5-16 years olds	6.4%	12,185	5.9%	5.6%
Prevalence of hyperkinetic disorders in 5-16 years olds	1.7%	3,237	1.6%	1.5%
Potential number of cases of eating disorders in 16-24 years	N/A	21,518	N/A	N/A
Potential number of cases of ADHD in 16- 24 years	N/A	22,414	N/A	N/A

Source: [PHE Fingertips Children and Young People's Mental Health⁷⁷](#)

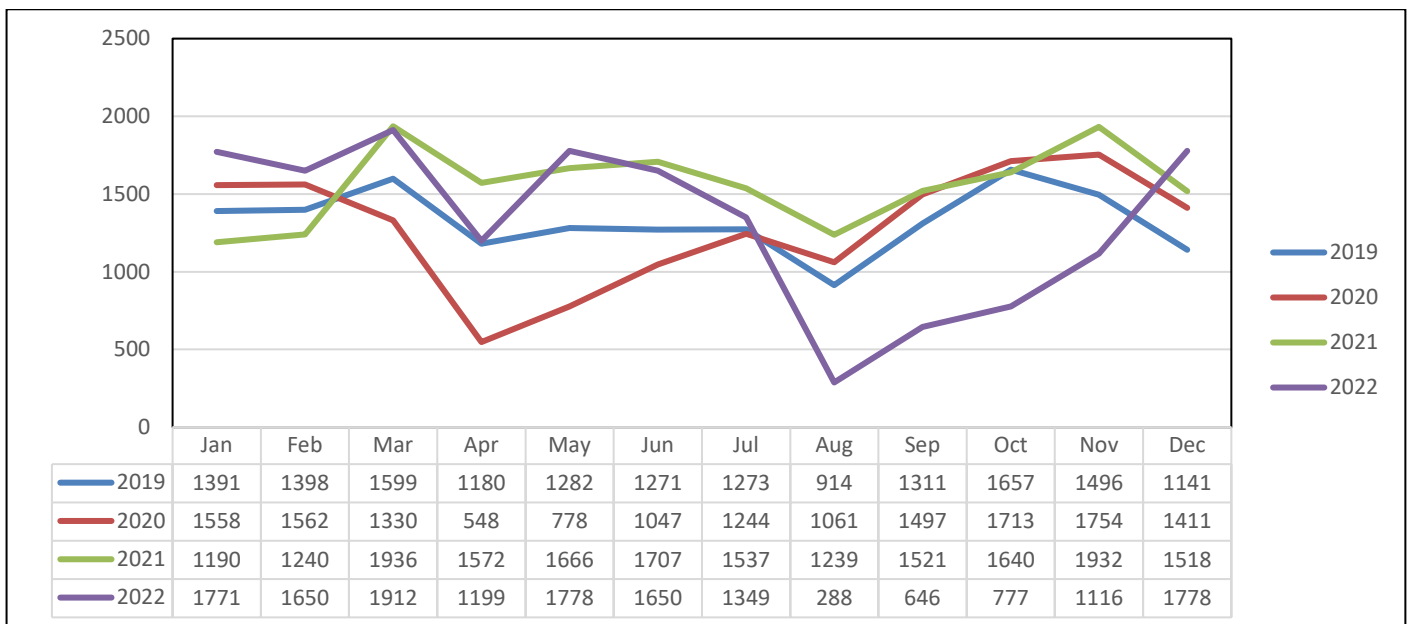
- 3.2.5 The data provided by Forward Thinking Birmingham (FTB) showed that in 2019 the demand into FTB was 15,913 children and young people, which indicated a significant level of unmet need. The evaluation of the Mental Health Support Teams in schools found that is a gap in services that is not funded between mild / moderate and the threshold for specialist services. Due to demand the threshold and waiting times for specialist services have increased in some areas. There is a lack of support for this 'middle' group that have ever more complex needs.
- 3.2.6 The NHS and local government have different governance and accountability arrangements. Within local government the accountability for policy and services is set within a democratic context with elected councillors responsible for the Council's policy and strategy decisions in line with national guidance and legislation. The NHS is a national organisation and Integrated Care Boards (ICBs), whose members are appointed, are responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.
- 3.2.7 The Second Report by the Commissioner for SEND in Birmingham, published in February 2023, recognised the work to develop and deliver an improved joint strategic approach to health services for SEND Children and the work of health practitioners to support children and their families. However, it was also identified that there were shortcomings in the health SEND system, especially with regard to waiting times.

3.3 Mental Services and Support and Impact of the Pandemic

3.3.1 Forward Thinking Birmingham is a partnership of organisations that offers mental health support, care and treatment for all 0-25 year olds.

3.3.2 Information from Forward Thinking Birmingham showed the demand for services since 2019. The data from August 2022 was affected by the outage of the Carenotes System¹, but the overall trend shows an increase in demand for services. This was supported by evidence from other organisations that the increase in demand for mental health support pre-dated the pandemic but that the effect of the pandemic and lockdown on young people exacerbated this trend.

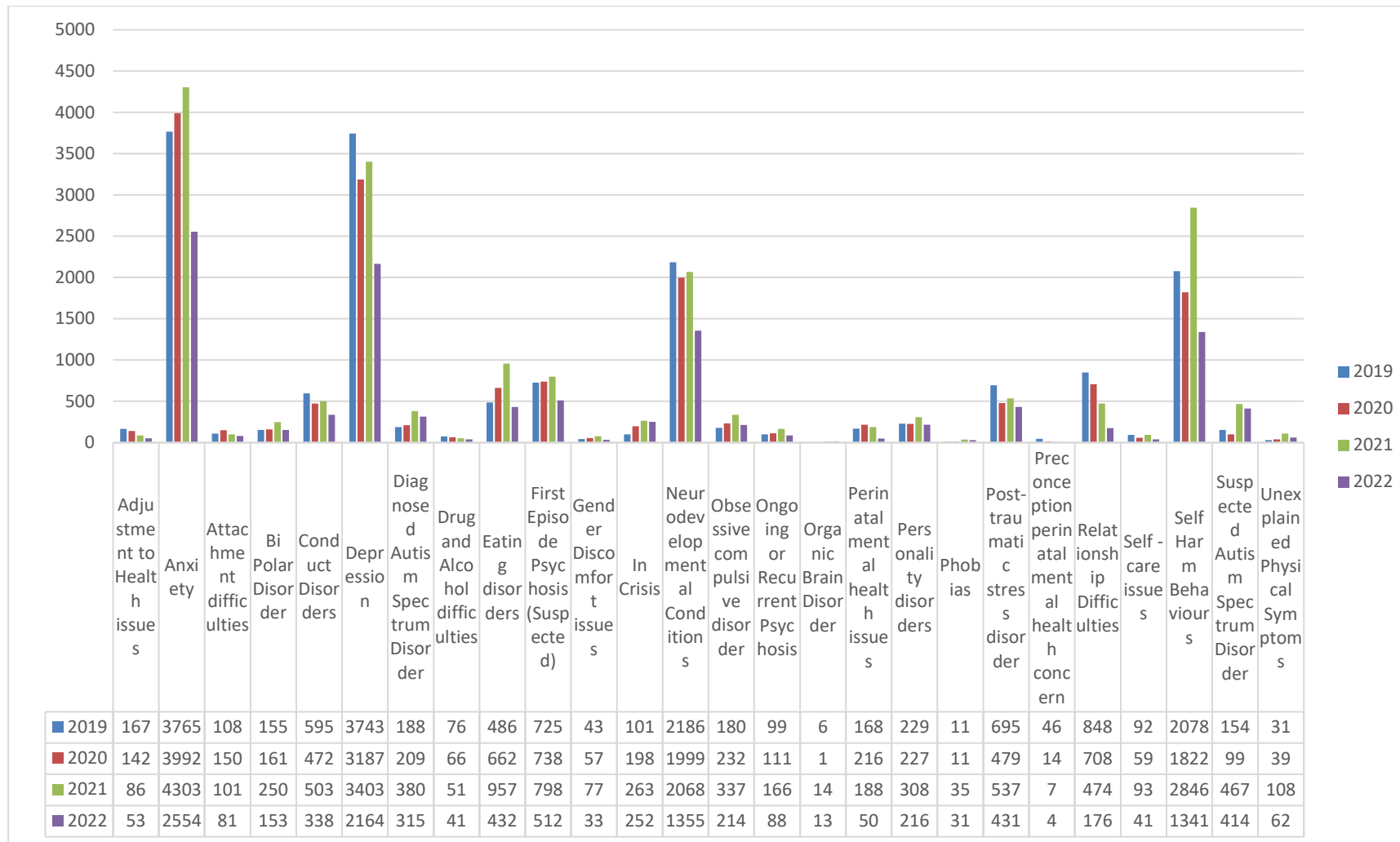
Graph 1: Demand for Forward Thinking Birmingham Services 2019 – 2022 (4 months 2022 data unavailable due to Carenotes outage)



3.3.3 Data was also provided on the reason for referrals from 2019 – 2022. This shows that over the last 4 years the issues that resulted in the greatest number of referrals were anxiety, depression, neurodevelopmental conditions and self-harm behaviours in line with national trends. It was also reported that in recent years there has been a significant increase in young people presenting with eating disorders.

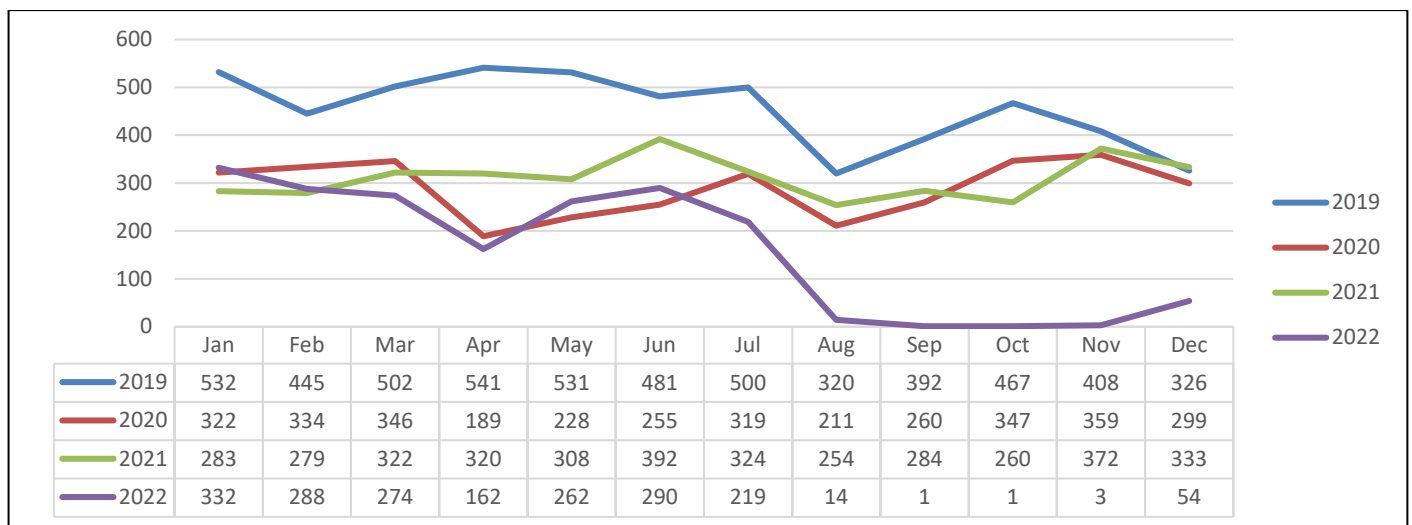
¹ There is the planned implementation of RiO in October 23

Graph 2: Referral Reason for the data held (4 months 2022 data unavailable due to Carenotes Outage).



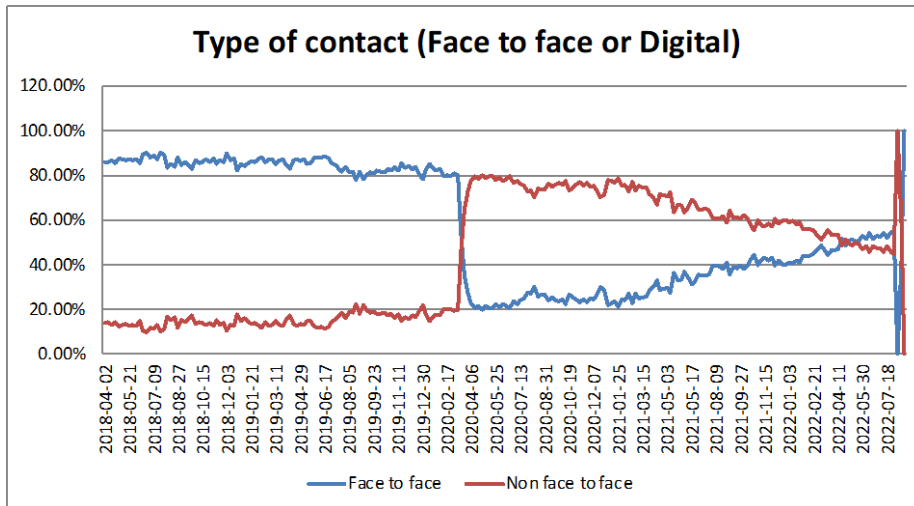
3.3.4 Graph 3 below shows the number of patients accepted into secondary mental health services between 2019 – 2022. This shows that there has been a reduction in the number of patients accepted into secondary mental health services between 2019 and 2022.

Graph 3: Patients accepted into secondary Mental Health services (disregard August to December 2022 data due to Carenotes Outage whereby referrals were processed in alternative systems)



3.3.5 A significant impact of the pandemic was the way patients were able to access services. At the start of the pandemic teams switched rapidly to non-face to face contact. This remained the most common method of seeing patients with the reversal of this trend in April 2022.

Graph 4: Type of Contact



3.3.6 Urgent care mental health demand has grown following the pandemic as predicted and it was reported that this may be down to a couple of factors:

- Lack of engagement with services these last couple of years.
- Additional challenges in society in post-pandemic world.
- Greater understanding of mental needs and the success of addressing societal stigma in help seeking.
- Increase in numbers of young people with Learning Disability and Autism presenting at A&E with non-mental health crisis needs, as families unable to cope with young person’s presenting needs due to lack of dedicated support.

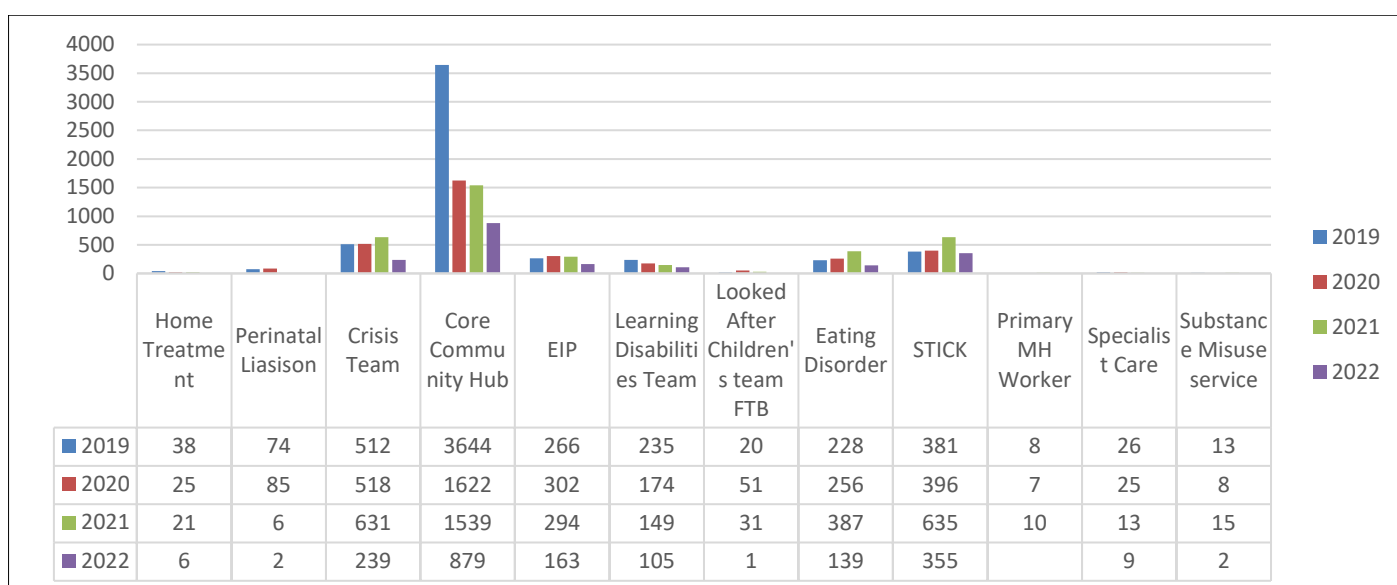
3.3.7 The increase in demand for urgent care mental health services has resulted in:

- greater caseload of patients being cared for by the FTB crisis & home treatment teams.
- More patients presenting in A&E departments.
- Increased pressure on inpatient bed capacity and patients being admitted into out of area beds.
- Actions to resolve this are being worked up through a series of task and finish groups which will:
 - See our bed management teams join force across the city
 - Explore securing extra beds in the short term
 - Assess how we can reduce length of stay to improve length of stay (but we do well here)

3.4 NHS Mental Health Services Provided by Forward Thinking Birmingham (FTB)

3.4.1 Forward Thinking Birmingham provides a range of services. Graph 3 below shows the referral routes into FTB services.

Graph 5: Referral Routes into Forward Thinking Birmingham Services 2019 - 2022



EIP: Early Intervention Psychosis

3.4.2 STICK: Screening, Training, Intervention, Consultation and Knowledge Team partners, including Birmingham Children's Trust, Birmingham Safeguarding Board, Birmingham Education Partnership and several voluntary agencies and accessible by all 450+ schools across Birmingham and is aligned with Right Help, Right Time to increase confidence and streamline access to early help. The STICK committed to increasing understanding of the impact of early trauma and ACEs across staff working with CYP in Birmingham to enable them to appropriately support CYP in their care, reducing escalation to secondary care.

3.4.3 The number of referrals for autism and ADHD assessments has increased and while the data reported to the Inquiry showed the average waiting time has reduced, the number of children waiting for assessments has increased significantly. The last decade has seen a national consistent increase in ADHD diagnoses, with the COVID-19 pandemic seeing an even more dramatic spike in both children and adults. Additionally, information about ADHD has become more accessible, expanding the public's education and perspective of the diagnosis. Young people and parents reported that it can be complicated to get a diagnosis for a mental health need where there is an existing diagnosis of autism or ADHD (and vice versa).

3.4.4 A national cyber-attack in August 2022 affected the Carenotes data system, which in turn impacted FTB reporting of wait times. Data is currently being uploaded to the system with validation taking place. It is not possible to provide up to date data; this will be available shortly. The latest waiting time data known to the ICB was for June 2022:

Table 2: Autism Spectrum Disorder (ASD)

	March 22 Data	April 22 Data	May 22 Data	June 22 Data
Number of Children waiting for Initial Assessment	18	27	31	28
Average Wait (weeks)	7.7	8.2	9.1	7

Table 3: Attention Deficit Hyperactivity Disorder (ADHD)

Choice – Don't have a diagnosis but it is thought may be ADHD, so this is an initial assessment for it.

	March 22 Data	April 22 Data	May 22 Data	June 22 Data
Number of Children waiting for Initial Assessment	149	141	170	273
Average Wait (weeks)	11.4	13	10	8

Table 4: Diagnosed – Already have diagnosis from OOA or BCHC and are waiting to see a medic for transfer of care.

	March 22 Data	April 22 Data	May 22 Data	June 22 Data
Number of Children waiting for Assessment	72	76	78	100

Average Wait (weeks)	20.3	19	20	20
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- 3.4.5 The Birmingham Children’s Hospital is the Tier 4 Provider Collaborative lead since October 2022. Referrals to inpatient services have reduced by 12% compared to the previous year. There are 180 commissioned beds across 10 inpatient wards in NHS and Independent Providers. In addition to the commissioned beds, some beds are spot purchased as bespoke packages.
- 3.4.6 Some specialist mental health services are commissioned and provided at a regional or national level. The example was given of gender identify services which are commissioned by NHS England, however, following the Cass Review the national service managed by the Tavistock and Portman NHS Foundation Trust is no longer taking referrals following the (Cass Review, 2022) which supports the plan to establish regional services.
- 3.4.7 The Care Quality Commission (CQC) is the healthcare regulator and undertakes inspections of healthcare providers. The CQC Inspection report published in March 2023 of the Birmingham Women’s and Children’s Hospital NHS Trust looked at specialist community mental health services for children and young people. Child and adolescent mental health wards and mental health crisis services and health-based place of safety. The inspection report identified 11 areas that required improvement and 8 that were inadequate within the services for children and young people’s mental health.

Table 5: Explaining CQC Inspection Ratings

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓

Month Year = Date last rating published

Table 6: CQC Inspection Ratings March 2023 for Birmingham Women’s and Children’s Hospital NHS Trust looked at specialist community mental health services for children and young people.

Rating for mental health services

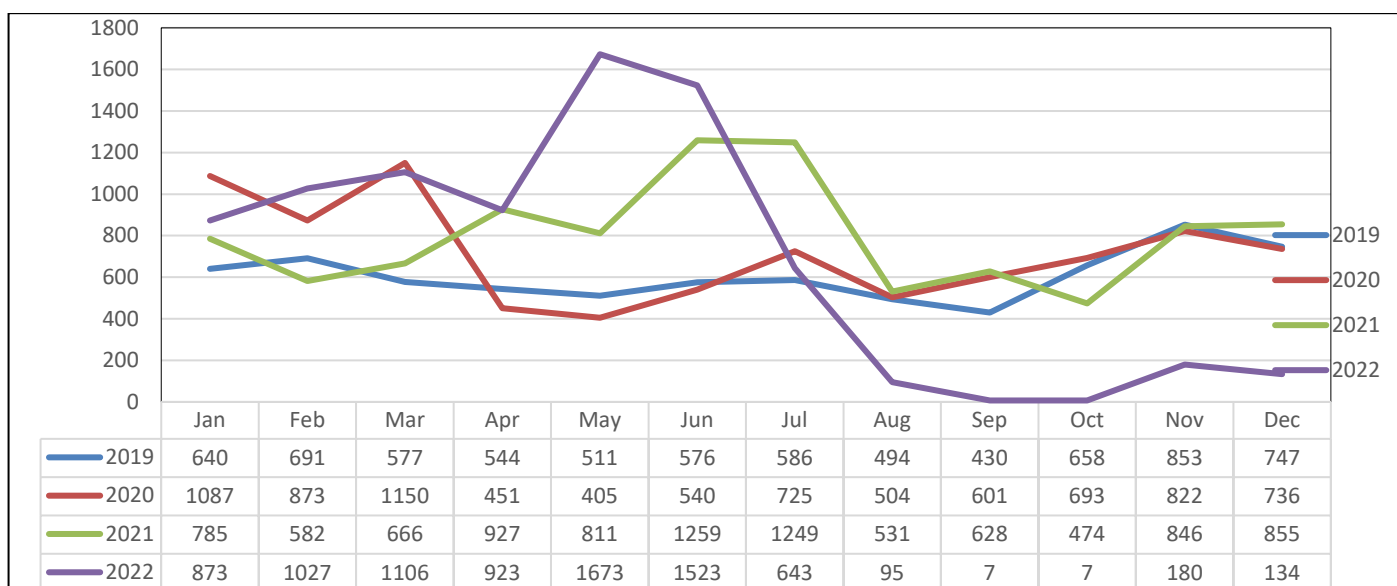
	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Inadequate ↓ Mar 2023	Requires Improvement ↔ Mar 2023	Requires Improvement ↓ Mar 2023	Inadequate ↓ Mar 2023	Inadequate ↓ Mar 2023	Inadequate ↓ Mar 2023
Child and adolescent mental health wards	Requires Improvement ↓ Mar 2023	Good ↔ Mar 2023	Good ↔ Mar 2023	Good ↔ Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023
Mental health crisis services and health-based places of safety	Requires Improvement ↓ Mar 2023	Good ↑ Mar 2023	Requires Improvement ↓ Mar 2023	Good ↔ Mar 2023	Requires Improvement ↓ Mar 2023	Requires Improvement ↓ Mar 2023
Overall	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Inadequate	Inadequate

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

3.5 Mental Health Support Provided by Voluntary and Community Sector Organisations

3.5.1 Data from Forward Thinking Birmingham showed the increase in referrals to community and voluntary sector organisations. This was confirmed by evidence from other early help organisations that also described an increase in the complexity of the cases they support. Referrals in voluntary and community sector organisations are part of the FTB model commissioned by the Mental Health Provider Collaborative.

Graph 6: FTB referrals to community and voluntary sector organisations



3.6 Primary Care

- 3.6.1 The Inquiry heard that GP Practices receive funding for mental health teams for patients who are over 18 but not those who are under 18 and that not all GP practices have the same facilities and specialisations.
- 3.6.2 In General Practice doctors have seen an increase in attendance relating to neurodiversity, Attention Deficit Hyperactivity Disorder (ADHD), autism and gender identity and that young people are presenting with more complex needs and services need to be creative in how to respond.
- 3.6.3 Parents reported there is a lack of understanding about Shared Care arrangements between Forward Thinking Birmingham and GPs.
- 3.6.4 During the meeting with young people, it was discussed many children and young people will rely on a parent or carer supporting them to make an appointment and to see their GP. It was highlighted that not all young people know how to, or feel confident to, make an appointment with their GP.

3.7 Feedback from Staff and Volunteers that work with Children and Young People

- 3.7.1 28 people responded to the Be Heard survey who were staff or volunteers who work with children and young people.
- 3.7.2 In response to the question "Do children and young people know how to access mental health support?" 82% said '*Sometimes*' or '*No*'.
- 3.7.3 In response to the question "If a young person is experiencing psychological distress and does not have a mental health diagnosis are they able to access the support they need? 64% said '*sometimes*' or '*no*' and 14% said '*don't know*'.
- 3.7.4 In response to the question "If a young person has a diagnosed mental health need are they able to access the support they need?" 71% responded '*Sometimes*' or '*No*'
- 3.7.5 In response to the question "Do you think parents / carers know how to access mental health support for their children?" 60% responded "*Sometimes*" and 12% responded '*No*'.
- 3.7.6 In response to the question "As a person who works with or volunteers with children and young people, do you know what information / advice to provide to a child or young person

to enable them to get the mental health support they need?" 42% responded 'Yes', 28% responded 'Sometimes' and 10% responded 'No'

3.7.7 A summary of the responses to the question "Who would you refer a child / young person to get mental health support?" is given below.

Table 7: Where Workers and Volunteers would refer a young person to get mental health support.

I would refer to	Number of Responses
School Learning mentor, Designated Safeguarding Lead, Learning Mentor, Pastoral Team, MHFA in school	5
NSPCC	1
GP	8
FTB	10
STICK	3
Pause	5
Mind	2
NHS 111	1
A&E In an emergency	2
Ask parents to contact GP	1
Child line	1
Papyrus	2
Children's Society	1
Support for parents	1
NHS	1
Youth Service	1
Social Services	1
Council Mental Health Department	1
Child and Adolescent Mental Health Services	1
Healthy Minds	1
Would refer if had information about how to	1

The questionnaire also asked if there is any additional information they wanted to provide to the Inquiry. A summary of the responses is provided below:

- There is an increase in mental health need.
- There is a sharp increase in mental health worries at school, where we have selectively mute children, anxious children, children who refuse to come school, crying every day. Children who are extremely body conscious, panicked, worried all the time, depressed.
- There is an increase in tummy aches and minor illnesses where we as a school cannot identify real reason for absence but know there is more happening behind the scenes at home. Cost of living, family breakdowns, bereavements all have contributed to these issues. There are not enough services to support these families.

- Early help services are hard to access and serve as a signposting service, so families are on this merry go round of signposting without actually getting any help, and just give up at the end.
- Training for school staff on mental health.
- Long waiting time, Patients wait months, missing school, mood /anxiety deteriorating. Patients wait a long time to get an assessment, before then being put on a second long waiting list.
- It is difficult for young people with autism to get mental health support.
- Children and young people can't get the support they need and organisations 'pass them on'. An example was given of a parent who has recently visited her GP as her child (6 years old) is self-harming. The GP told the parent to come to school for support. We provide education. Children are bounced from the school to their GP back and forth as there are systemic failures.
- GP referrals are rejected or take months to reach appointment. The care is bad even with a suicidal child.
- GPs often feel forced into giving anti-depressants as the waiting times are so long and the children/families are desperate.
- There needs to be much more funding, clinicians and actual personalised support not just a drop in with a different random person every time.
- The acute trust regularly have young people in acute hospital bed waiting for mental health beds.
- Mental health services need to be quicker to access so that the impact of mental health difficulties in teenagers does not continue into adulthood.
- Young people have no faith in the services that are offered to them as staff turnover is often so high, trusting relationships cannot be built.
- Lack of focus on prevention in Children's Services in BCC. Families are often left in states of crisis, being told that services are at their limits and they need to wait.
- Lack of empathy from staff responding to telephone call when a young person is in a crisis.
- Housing is in extreme crisis, which has a direct impact on our children's mental health and well-being. Families are living in abhorrent living conditions.
- Parents also need to access support.

3.8 Funding for NHS Mental Health Services

- 3.8.1 Current spend in Birmingham on mental health services for 0-25 year olds is £48,460,000 per year. This includes inpatient admissions and community mental health services. The total NHS Budget for Birmingham is approximately £3,000,000,000.
- 3.8.2 The Inquiry did not receive benchmarked information on funding for children and young people's mental health services in other cities. This was due to the different arrangements across the country during the pandemic which meant it was not possible to compare spend in different areas.
- 3.8.3 The inquiry recognises that the increase in capacity of mental health services will be dependant on funding. However, the shortage of staff within the mental health workforce was a primary limiting factor.
- 3.8.4 The Inquiry recognised that, even though there has been investment in mental health services, the lack of funding for mental health services is a national issue.

3.9 Mental Health Workforce

- 3.9.1 Recruitment and retention of the mental health workforce is a significant issue locally and nationally. The vacancy rate for nurses was 6% and this increases to 11 – 12% for specialist mental health nurses. Historically, on average this has been 8-10%. Locally, FTB reporting shows a workforce vacancy gap of 32%; several of these posts are being covered by agency roles.
- 3.9.2 There has been an increase in early retirement and a decrease in nurses who retire and return to work. The development of the Nurse Associate role aims to develop a pathway into the profession to 'grow your own' working with local universities and attracting local people.
- 3.9.3 The ICS and providers recognise that staffing is an issue and that this results in children having to wait longer. The difficulty in recruiting staff means that increasing funding for mental health services, on its own, would not resolve the issues that young people face in accessing mental health support.

3.10 Education and Mental Health

- 3.10.1 The Evaluation of the Mental Health Support Teams (MHST) programme was that some schools have built confidence to support mild / moderate mental health needs, however, for specialist / acute services a young person will get a referral but will wait a long time. The Inquiry received evidence from the national evaluation of the MHST programme carried out by the University of Birmingham. Further information about the evaluation is available from: [Children and Young People's Mental Health Trailblazer programme - University of Birmingham](#) The inquiry was informed that locally in Birmingham the waiting time to be seen by the MHST is on average 5-10 days. A small number of parents met with the Inquiry and talked about having to 'battle' to get a diagnosis and some young people who reported waiting a long time for assessment, diagnosis and support in relation to Autism and ADHD.
- 3.10.2 46% of schools in Birmingham have received a grant and have a trained Mental Health Lead. The Government funding for this training is available to all schools though an application process.
- 3.10.3 Promoting mental health and wellbeing in schools and colleges ([Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK \(www.gov.uk\)](#)), first published in 2015 and re-published 2021 and NICE guidance on social, emotional and mental health in primary and secondary schools ([Social, emotional and mental wellbeing in primary and secondary education \(nice.org.uk\)](#)) both focus on the whole school approach based on evidence and research with 8 principles to promoting mental health in schools:

- Environment
 - Leadership and management
 - Targeted support
 - Working with parents and families
 - Identifying need and monitoring impact
 - Staff development
 - Student voice
 - Curriculum, teaching and learning
- 3.10.4 When schools / teachers are judged on academic performance this can be prioritised and mental wellbeing does not get the focus it needs. This is part of the system that judges the performance of schools. The behaviour policy in schools sometimes does not allow teachers to take the approach they want which children that are struggling to regulate their behaviour. It was reported to the Inquiry that when young people experience mental health issues at school this may not be identified and the school may respond to the child or young person's behaviour through the behaviour policy rather than providing mental health support.
- 3.10.5 The feedback from young people on mental health support in school. Some schools have a place pupils / students can go e.g. Inclusion if they need support and can get a pass to leave lessons early. Other young people reported that there is talk about mental health but no support. Not all teachers understand mental health and when teachers do they do not have time to talk to students.
- 3.10.6 The Educational Psychology Service and Birmingham Education Partnership provided information on the CHIME model (Connection, Hope, Identity, Meaning and Purpose, Empowerment). This is an evidence-based model on how to prevent mental health problems and promote recovery that can be applied to non-clinical settings.

3.11 Early Help / Voluntary Sector Support/ Support from Other Organisations

- 3.11.1 While the Inquiry focussed on access to services and support for children and young people with diagnoses / undiagnosed mental health needs, evidence from young people, parents and carers and services / organisations did include the role of early help and prevention.
- 3.11.2 It was reported that early help services are supporting increasingly complex cases which means that services do not have the capacity to deliver the early intervention that would prevent crises.

- 3.11.3 Many organisations that provided evidence raised the impact of economic, housing and social issues on families that increase stress and the risk of poor mental health.
- 3.11.4 When meeting with young people they talked about the importance of youth workers who know young people well.
- 3.11.5 Voluntary organisations that rely on short term funding to provide services results in a lack of continuity of support and projects and staff change. It was also reported by a partner organisation that a previous reduction in funding by the Council for early intervention services for children and young people has resulted in needs not being met at the earliest point of need.
- 3.11.6 Birmingham City Council's Children's Services recognised that there remains a gap between mild to moderate services that is currently being addressed.
- 3.11.7 Initiatives for 14 to 18 year olds are available for counselling and talking therapies and for the younger age group, there is [Pause](#) which is delivered through the Children's Society. This is a drop-in service for anyone under the age of 25 who is registered with a GP in Birmingham. [Kooth](#) provides a free, safe and anonymous online mental health service for children and young people, [launched](#) in 2020. There are a range of specialist services offered by the voluntary sector.
- 3.11.8 Since the pandemic, there has been a significant rise in mental health issues nationally and this has added to the complexity of unmet need. NHS England has commissioned mental health in schools teams and the focus is now on building resilience and routes to recovery through a range of initiatives.

3.12 What Children and Young People told the Inquiry

- 3.12.1 The inquiry met with 18 young people to hear and understand what their views were on mental health and mental health support. There were two groups of young people and the views of these groups are below:

Young People in Group 1 told us:

- Autistic people with mental health struggling to access services. This exacerbates mental health issue as lack of diagnosis worsens autism and mental health and struggle getting into work.
- Lack of parity with physical health. People with physical health are treated quicker. Services need to be better at picking up mental health issues in the same way we pick up on physical health issues. More support is needed in school and more space for early help for people showing signs.
- Young people don't trust adults in life e.g., parents and services. Peer support is important.

- The solution is a combination of rebuilding trust by educating and supporting parents and services and also equipping young people with tools to support peers.
- Anxiety and fear of failure is a big issue and pressure on young people to achieve milestones.
- When someone experiences psychosis in Black communities there may be stigma e.g., thinking they're possessed.
- Young people experience anxiety after covid. This affects a whole co-hort.
- One young person waited for diagnosis from year 8 to year 12.
- Hope is important for young people. Advantage of separating young people's mental health from adult services is the young people still have hope.
- Pause is available which is open access but small team.
- Young people worried about telling parents because worried about letting parents down.
- Who is there to speak to?
- Adults don't talk about it either, so no examples.
- Virtual support could be a source of support.
- Parents can be a brilliant trusted adult.
- Youth workers have such a vital role knowing young people well.
- Experience of school is that there is no mental health support. They may say you can talk to me, but teachers don't have the time, so broken promises. Character of the person and their approachability as much as their time management. Schools won't take it seriously unless you have a diagnosis, but there are waiting lists to get diagnosis. Mental health needs to be someone's sole job in school. Or a team of people whose sole job it is. Ideally people with similar background. Each teacher should also have some basic training.
- Too busy and so don't focus on it.
- More support/service for those without diagnosis.
- Where do you go if not at school and not in youth service and not with your parents? GP will probably just put you on a waiting list.
- More services like Pause/ Kooth.
- Comms campaign/ Social media campaign to promote what mental health services are available for young people.

Young People in Group 2 told us:

- There is a 24-hour helpline.
- One young person said there are a range of different therapies including sports, drama, music.
- When a young person does not have capacity decisions will be made on their behalf.
- It takes time for a young person to build trust with a therapist / worker and to open up e.g. if a young person has anxiety. Sometimes the period that the support is available for talking therapies does not take this into account.

- A survey of young people found that they thought CYP mental health services are underfunded.
- The introduction of the wellbeing passport has been a good thing.
- The introduction of Peer Mentor has helped address barriers.
- Autism and ADHD: Young people need a diagnosis to get support but there are long waiting lists. Timescales of 6 / 7 months or up to 2 years were discussed. One young person got help from their GP to get a diagnosis. It was also reported that a young person had to call and 'chase' the diagnosis.
- Comments on experience of mental health support at school included:
 - When suffering from anxiety one person was sent back to lessons without support being offered.
 - There is talk about mental health but no support.
 - Some teachers do not have mental health training. Some have Mental Health First Aid Training.
 - There are places you can go in school LSE or Inclusion. You can get a pass to leave early from lessons.
- Services and people working with young people need to understand the whole individual e.g. race, sexuality, disability and not assume that one size fits all.
- There was a discussion about confidentiality. Young people need a safe space to talk about mental health and every professional should be able to explain how confidentiality works. This must be respectful and must take into account the child / young person's capacity to understand and the skills / training that staff need to be able to communicate this effectively. Children and young people need to understand why some things 'can't stay in the room' and the benefits of information being shared. Young people want to know who information has been shared with. When sharing information, professionals need to be aware of who is part of the conversation / meeting and consider if everyone needs to know details of mental health e.g. if sibling cases are being discussed. It was recognised that all professionals should know how to manage confidential information and that it would not be shared outside a meeting.
- It was reported that care experienced children and young people can feel that they lose confidentiality. How is confidentiality explained to young people in care?
- Young people also want their treatment to be explained to them in a way they understand. An example was given where treatment was not explained, and the young person did not understand what the next few months of their treatment would look like. Young people need to have an active role in their treatment plan.
- When a child/young person has experienced trauma not understanding how their information is used / shared can be re-traumatising.
- There is a need to provide information for parents to support their children.
- Understanding the neurodiversity / mental health. Is neurodiversity overlooked / under diagnosed when a young person has a mental health diagnosis and vice versa.
- Care plans are inconsistent and young people do not always have a copy.
- Young people do not always get copies of their assessments or if they do it is not written in a way they understand.
- Young people talked about how they need to access services through an adult e.g. making a GP appointment and adult attending the appointment with them. If a young person has capacity

professionals should ask the parent / carer to leave the room to have time to talk to the young person alone. The young person may not want to say anything in front of a parent / carer that will upset them.

- One third of the young people in the discussion said they would be able to access a GP appointment on their own.
- Non mental health medical professionals do not have much training on mental health.
- Young people get information about health and mental health from friends, internet and social media. There was a discussion about how they know this is good information.
- There is a risk of normalising trauma and a young person becomes comfortable with unhappiness. It is important to have access to the right therapy and the right time e.g., therapy for trauma not just talking therapy.

3.12.2 5 children / young people responded to the Be Heard Survey. While the number of respondents was very low it supported the other feedback that parents and carers and friends are seen by young people as an important source of support. Other young people indicated that they would go to the surgery (GP or nurse) for support and others would look for support at school or social media. It is also noticeable that some respondents indicated that they would not ask for support or find it difficult to ask for support.

3.12.3 Some young people involved in the Think for Brum participation group supported by Forward Thinking Birmingham are also involved in the NHS Youth Forum, a group of 25 young people that work together to influence changes within health services. The Forum carried out a survey from December 2022 – January 2023 to understand young people’s experience of mental health services across different regions in England. 182 young people responded to the survey. One of the questions asked was “What three words would you use to describe the service?” and the responses created the wordle below. The Inquiry recognises that this is not specific to services in Birmingham but this has been included in the report as it reflects both the positive and negative feedback received during the inquiry.

Figure 3: NHS Youth Forum Report 2022/23: Young People’s Mental Health Experiences, Response to the Question “What three words would you use to describe the service?”



3.13 What Parents and Carers Told the Inquiry / Support for Parents and Carers

- 3.13.1 The Inquiry met with 4 parents / carers who talked about their experience of supporting a child with mental health needs / neurodiversity. Feedback from parents / carers, young people and other organisations highlighted that parents find the mental health system difficult to navigate and once a diagnosis has been given, they are not provided with information about the condition and how best to support the child / young person. The Inquiry heard about the effect on parents and carers who are caring for a child / young person with mental health needs on their mental wellbeing and the implication the caring responsibilities can have on their ability to work and the effect on the wider family. Parents talked about 'battling with organisations' to get the support their child needed. Parents gave an example of one family recording the young person in crisis on their phone to provide evidence of mental health need when they had not been able to access support.
- 3.13.2 Parents can support each other when they feel isolated, but this is on top of supporting their child and family and trying to navigate the system. Parents want their health needs to be taken into account.

- 3.13.3 Some parents think that getting a mental health diagnosis for their child will provide the answers and support they need, but the next stage is getting the right support in place. When parents are not able to get the crisis support they need they may take their child to emergency services. In some cases this is because they do not know how to access more appropriate support.
- 3.13.4 Parents want information about the child / young person to be recorded accurately. When information is recorded inaccurately this can result in services not being provided.
- 3.13.5 Parents said that short term intervention may improve the situation for a young person and their family but when this is withdrawn they are 'back to the start'. Parents asked what risk assessments are carried out before removing services.
- 3.13.6 The Inquiry heard that organisations do not talk to each other and lack of continuity of care e.g. difficulty in seeing the same doctor so parents have to repeat information and it is difficult to get medication reviewed. Parents reported there is a lack of understanding of Shared Care between Forward Thinking Birmingham and GPs.
- 3.13.7 When the police are responding to a crisis situation they need to know how to respond appropriately to children and young people with additional needs e.g. who are non-verbal.
- 3.13.8 Parents also reported poor transition from children's services to adult services and that parents have to manage this change.
- 3.13.9 There were 25 responses from parents and carers to the Be Heard online survey. The responses showed that they saw mental health services were needed to support children and young people with specific mental health conditions and difficult life circumstances e.g. 50%+ of respondents indicated that a young person could need mental health support for bullying, not sleeping well and relationship problems. 80% + of parents / carers who responded said that children needed mental health support for anxiety, autism, bipolar disorder, bullying, depression, eating disorders, hearing voices, managing emotions, Obsessive Compulsive Disorder (OCD), personality disorder, Post traumatic stress disorder (PTSD) schizophrenia and self-harm.
- 3.13.10 In response to the question "How easy is it for parents and carers to find out about the mental health support that is available for children and young people in Birmingham?" 80% of respondents said that it is 'quite difficult' or 'very difficult'.
- 3.13.11 When asked "How easy was it for your child to get the support they needed?", 84% said that it was quite difficult' or 'very difficult'.
- 3.13.12 In response to the question "If your child has accessed mental health support has this support been helpful?" 56% said that support was 'not very helpful' or 'not at all helpful' 24% said it was 'very helpful' or 'quite helpful' and 20% have not accessed support.

3.13.13 72% said that they had not been able to find information, advice or services that support parents/ carers who support a child with mental health needs.

3.13.14 The ICB told the Inquiry that parents and carers say they want:

- to be supported in between appointments
- consistency in staff
- organisational barriers removed
- crisis support that works for their young person
- waiting times are too long
- to help design and review services

3.14 Care Experienced Children and Young People

3.14.1 Young people entering local authority care will already have had trauma and difficulties over and above those experienced by most of their peers. Most young people will have suffered abuse or neglect, or experienced bereavement, and possibly disability or serious illness in one or both parents. Entering care can involve major and sometimes traumatic upheaval. Change of one's primary carers, loss of a significant adult, and the separation from families when a child comes in to care and the change of what might be familiar; friends, schools, and the loss of extended family is traumatic and challenging for young people. Research shows that care experienced children and young people generally have greater mental health support needs than their peers, including a significant proportion who have more than one condition and/or a serious psychiatric disorder (McCann, 1996). But their mental health problems are frequently overlooked. Because of their experiences both before and during care, care experienced young people are at much greater risk of poor mental health than their peers. There is a need for a system of early emotional wellbeing and mental health assessment and intervention for care experienced children and young people, including those who go on to be adopted. An estimated three quarters of children raised in local authority children's homes meet the criteria for a psychiatric diagnosis (Luke, 2014) Even more starkly, young people who have left care and entered adulthood are between four and five times more likely than their peers to attempt suicide (House of Commons Education Committee, 2016).

3.14.2 The Inquiry heard from the Birmingham Children's Trust (BCT) that Therapeutic Emotional Support Service (TESS) are key to promoting above average performance of stability of children's care. TESS offering therapeutic and relationship-based support to young people and their carers; this includes children, young people and care leavers ranging from 0-25 years of age. The service includes therapeutic social workers and 2 clinical psychologists and works

with around 200 children each year. This is a key contributor to the better than national average performance in relation to the stability of children's care.

- 3.14.3 There is an increase in unaccompanied asylum seeker children, some of whom will have additional mental health needs. However, there is no additional money to meet the health needs of this vulnerable group.
- 3.14.4 The shortage of nationally commissioned secure care from the market results in around 50 children waiting for one bed space. It was noted that this affects all children and young people, not just children and young people with experience of the care system.
- 3.14.5 BCT has spent time to building up relationships with schools.
- 3.14.6 A Consultant Psychologist has been appointed to lead on the development of trauma informed practice within BCT.
- 3.14.7 Elected members have a role as Corporate Parents to ensure the wellbeing of care experienced children and young people.
- 3.14.8 BCT are working in partnership with the ICB and FTB and the wider children in care (CiC) system to develop 4 care pathways for care experienced children, young people and care leavers to address health inequity and access issues for mental health services and support. These include:
- The development of a multi-agency CiC access hub.
 - Assessment and post assessment support regarding neurodevelopmental diagnosis.
 - Strengthening FTB crisis response.
 - Improving access to local MH provision when Birmingham children and young people are placed outside of Birmingham.
- 3.14.9 An evidence-informed pathway for vulnerable children with complex psychological needs, IROC (Intensive Residential Outreach Care) is a new mental health support provision for children and young people aged 13-18, with complex psychological trauma and vulnerabilities. This is delivered by Forward Thinking Birmingham in development with BCT and provides a dedicated therapeutic response for young people looked after in residential care to enable stability.
- 3.14.10 Mental health crisis and health-based place of safety: There are inconsistencies in the delivery of a mental health crisis and urgent care model, and further work is required to strengthen the interagency communication and delivery of service.

3.15 Responding to Mental Health Crisis in the Community and Place of Safety

- 3.15.1 The West Midlands Ambulance Service informed the Inquiry that staff have some training on how to respond to patients with mental health needs. The WMAS is designed to respond to critical care and trauma. In 2018 43% (2,023) of incidents that the WMAS responded to where there was a child / young person with a mental health need were conveyed to the hospital Emergency Department.
- 3.15.2 West Midlands Police informed the Inquiry that the force is re-designing the response to mental health, especially the use of powers under Section 136 of the Mental Health Act and how people who are coming to the end of the 24 hour limit in police custody are managed. The Police reported that they cannot fill the gaps that other partner organisations are not able to provide. This is in line with the national announcement in July 2023 of the Right Care, Right Person National Partnership Agreement which sets out that “the police are often not the most appropriate agency to respond to mental health incidents, which can result in greater distress for people with mental health needs and prevents police officers from carrying out their other duties. They will continue to respond to cases where there’s a need to investigate a crime, or to protect people from an immediate risk of serious harm.” ([Agreement to support mental health care and free up police time - GOV.UK \(www.gov.uk\)](#))
- 3.15.3 The options to refer patients in mental health crisis to other services out of hours is limited.
- 3.15.4 It was reported that some parents / carers, who have not had contact with mental health services previously, take their child to the Emergency Department (ED) when in a mental health crisis if they do not understand what mental health services are available.
- 3.15.5 There has been an increase in children and young people attending the hospital Emergency Departments with more complex mental health needs.
- 3.15.6 Children under the age of 16 cannot be taken to police custody as a place of safety. The Mental Health Act Review sets out police custody will no longer be used as a place of safety for people over 16 years.

3.16 Mental Health Act Assessments

- 3.16.1 The Inquiry heard about difficulties partners experienced in the timeliness of Mental Health Act Assessment for children and young people. To be detained under the Mental Health Act individuals need to have a mental disorder, the nature or degree of which warrants detention

in hospital on the grounds of their health and/or the risk they present to themselves and/or the risk they present to others.

- 3.16.2 Birmingham City Council Adult Social Care Service provides a dedicated Approved Mental Health Professional service function 24 hours a day via the Mental Health Act HUB and Adults and Approved Mental Health Professionals Out of Hours Team. The role of the Approved Mental Health Professionals is to coordinate the assessment of individuals who are being considered for detention under the Mental Health Act 1983. The Approved Mental Health Professional decides, founded on the medical recommendations of doctors (or a doctor for the purpose of section 4 of the Act), whether a person should be detained under the Mental Health Act 1983.
- 3.16.3 Birmingham City Council currently employs 62 Approved Mental Health Professionals of which 28 are externally employed or agency staff and there are an average of 10 Approved Mental Health Professionals on duty per day in the daytime, 2-3 at night and 5-6 per weekend/Bank Holiday.
- 3.16.4 For under 18's there are an average of 13 Mental Health Act Assessment requests per month. There are no Approved Mental Health Professionals who are employed by Birmingham Children's Trust.
- 3.16.5 It was reported to the Health and Social Care OSC that the average time taken to respond to and complete a Mental Health Act Assessment is 24 hours. However, other organisations highlighted that there are an increasing number of occasions where the assessments take longer than 24 hours and that once an assessment has been undertaken it can take a long time to find a bed with a specialist provider.
- 3.16.6 The capacity of the AMPH service can be increased through encouraging social workers at Birmingham Children's Trust to undertake the training to become an AMHP.

3.17 Young People Admitted to Paediatric Wards due to Lack of Mental Health Beds / Placements

- 3.17.1 The Birmingham Children's Hospital is the Tier 4 Provider Collaborative lead since October 2022. Referrals to inpatient services have reduced by 12% compared to the previous year. There are 180 commissioned beds across 10 inpatient wards in NHS and Independent Providers for under 18 year olds. In addition to the commissioned beds, some beds are spot purchased as bespoke packages. Inpatient beds are commissioned by NHS England.
- 3.17.2 When a young person attends the A&E Department at hospital in a mental health crisis, if an appropriate bed or placement cannot be found that can meet the needs of the young person they may be admitted to the paediatric ward. Nursing staff at University Hospital NHS Foundation Trust are not mental health nurses and for some young people a private

organisation is commissioned to provide wrap around care in a non-mental health acute setting. This mitigates risks but does not provide the care that young people in crisis need and can be detrimental to their recovery, can become a difficult environment for other children and young people who are on the ward and their families and demoralising for staff.

- 3.17.3 The average time taken to respond to and complete a Mental Health Act Assessment is 24 hours however this does not mean that all assessment requests will lead to admission within 24 hours, and this is particularly relevant with under 18s where NHS England hold sole responsibility for the allocation of Tier 4 beds (acute admission beds for under 17's). There is a national bed management provision and beds are often full across the country meaning a sometimes significant wait of several weeks in extreme cases for a suitable bed to be found.

3.18 Out of Area Placements

- 3.18.1 Forward Thinking Birmingham provided information on out of area mental health placements for children and young people as of January 2023.

- Number of in-patient beds used in Birmingham need an inpatient bed:
During 2022 there were 48 GAU, 13 ED, 18 PICU, 1 LD, 6 LSU BSOL admissions over the year.
- The total number of patients in in-patient beds in area and out of area and by distance was 33.
- Of these, 25 patients were Birmingham and Solihull in area patients with an average distance from home of 17.21 miles by road.
- There were 8 Birmingham and Solihull young people Outside Natural Clinical Flow with an average distance from home of 85.26 miles by road.
- The average length of stay for in area GAU (discharged YP only) was 154 days.
- The average length of stay for outside GAU natural clinical flow (discharged YP only) was 53 days.

- 3.18.2 What is the improvement plan to reduce the number of patients who are placed a long distance from Birmingham – 3 of our West Midlands T4 units have undergone a significant upgrade to the facility. Whilst these improvements are being undertaken Forward Thinking Birmingham have needed to use Out of Area facilities. The Provider Collaborative are working closely with Tier 4 providers to ensure that all bed capacity is open for admission as soon as possible. This plan is a phased approach, and we anticipate once all beds are opened that we will not require Out of Area beds. To note 100% of eating disorder referrals are admitted in area to local Tier 4 units.

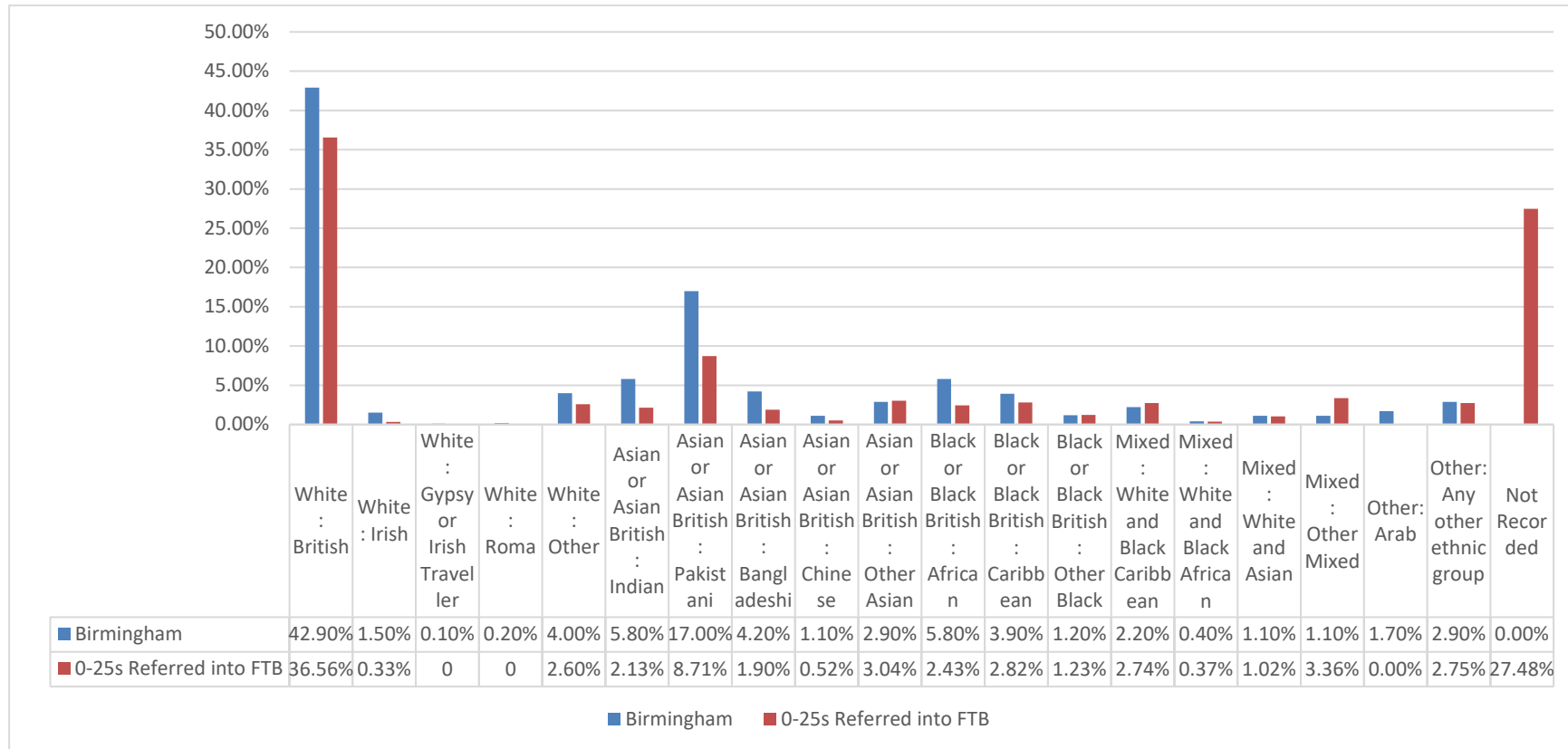
3.19 Records, Information Sharing and Confidentiality

- 3.19.1 Young people, parents and carers and evidence from other organisations reported that care plans are not always shared with young people and their parents / carers and written in a way that they will understand.
- 3.19.2 Young people also want to know how the information about their mental health is shared and do not want to have to repeat their history to different staff and organisations. It is important that young people understand why information needs to be shared and the benefits for them.
- 3.19.3 The Inquiry heard about the difficulty parents and carers of young people with mental health needs experienced when they do not have information about the young person's care plan. Members recognised that where a child / young person does not want their care plan to be shared the decision will be made depending on the circumstance and age of the child / young person.
- 3.19.4 Forward Thinking Birmingham has introduced patient passports that are kept by the patient and enable them to share the information they want when accessing services.

3.20 Understanding Individual Need, Identity and Circumstances.

- 3.20.1 Young people want the mental health care and support they receive to understand them as individuals and their circumstances. The Inquiry heard there has been an increase in the number of cases seen in primary care related to gender identity and the LGBT in Britain, Health Report (Stonewall, 2017) found that LGBT people are more likely to experience poor mental health. Key findings included:
 - Half of LGBT people (52 per cent) said they've experienced depression in the last year. One in eight LGBT people aged 18-24 (13 per cent) said they've attempted to take their own life in the last year.
 - Almost half of trans people (46 per cent) have thought about taking their own life in the last year.
 - 31 per cent of LGB people who aren't trans said the same.
 - Forty-one per cent of non-binary people said they harmed themselves in the last year compared to 20 per cent of LGBT women and 12 per cent of GBT men.
 - One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- 3.20.2 27% of referrals to FTB did not record the ethnicity of the child or young person which makes it difficult to understand if the service is reaching all the different communities in the city.

Graph 7: Referrals into Forward Thinking Birmingham by Ethnicity.



3.21 Dual Diagnosis: Mental Health and Substance Misuse

- 3.21.1 Aquarius is the provider of substance misuse services for children and young people in Birmingham. It was reported that the partnership with Forward Thinking Birmingham is working at capacity to support 50 young people with approximately 40 receiving diagnosis and treatment. With the current staffing structures there is little capacity to undertake psychological interventions.
- 3.21.2 A collaborative project between Aquarius and Manchester Metropolitan University (Phase1 Interim Findings. Young people. Wellbeing and Substance Misuse, 2023) investigated the scope of existing resources / services to support young people around their mental health needs and substance use.
- 3.21.3 The project found that:
- There is a growing demand for services which meet the joint needs of mental health and substance use.
 - There is a growing need to develop understanding of complex trauma and substance use in young people.
 - Digital resources do have a place alongside a suite of resources to support young people with the joint mental health and substance use difficulties.
 - Young people feel receiving support from a range of services on joint issues during their years at high school would have had a positive impact on their wellbeing.

3.22 Public Health and Use of Data

- 3.22.1 The Inquiry heard that mental wellness and balance is a priority for Birmingham City Council's Health and Wellbeing Strategy. The public health approach to mental health includes developing a strategy that is:
- Evidence based
 - Cost effective
 - Reducing mental health and wellbeing inequalities
 - Identifying opportunities for minimising the risk factors and enhancing protective factors
- 3.22.2 This recognises the wider effect of mental health and wellbeing as set out in the Conceptual Framework for Public Mental Health (Conceptual Framework for Public Mental Health, 2021)
- Improving children and young people's mental health and wellbeing will have a positive effect on their cognitive development, learning, physical health and their mental health, social and economic prospects in adulthood. It is known that poor social and emotional wellbeing in

children and young people can lead to behaviour and developmental problems and later in childhood severe depression, anxiety, self-harm and other poor mental health outcomes.

3.22.3 The public health approach also recognises the links between physical and mental health and that compared to England and the West Midlands Region. Birmingham is disproportionately affected by poor mental wellbeing. Currently the city has a higher than average prevalence of depression and anxiety in adults and a much greater proportion of people self-reporting a low satisfaction score compared to England. There are also inequalities within certain communities, such as the LGBTQ+ community, who face increased risk of suicide and self-harm.

The Mentally Healthy City Forum Governance is set out below.

Figure 4: Mentally Healthy City Forum Governance

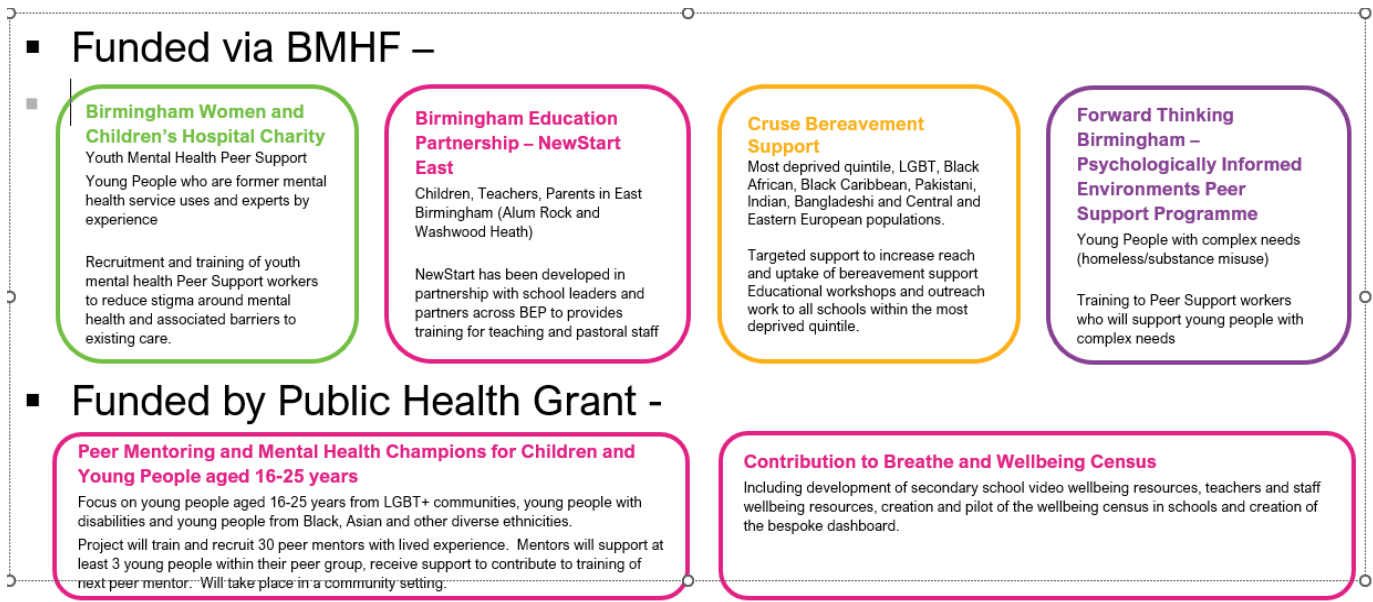


3.22.4 The emerging framework for action is set out below. However, it was noted that public mental health is not a mandatory public health function and does not receive recurrent funding.

- To focus the efforts of the forum on where it adds value by understanding need in the community.
- To guide the work of the forum towards a set of agreed priorities detailed in an action plan.
- Enabling work of the forum via collective action of members of the forum and the wider community.

3.22.5 Public health commissioned activity reported to the Inquiry in February 2023 is set out below.

Figure 5: Public Health Commissioned Activity



3.22.6 In addition to the commissioned activity public health uses intelligence and evidence to influence and advocate for consideration of children and young people’s mental health and wellbeing. This includes across risk factors for example school readiness, school exclusions and behaviour such as smoking and drug taking and protective factors for example encouraging physical activity and healthy eating.

4 Recommendations

- 4.1.1 The Inquiry has made 25 recommendations that relate to a range of organisations / services across the NHS and Birmingham City Council.
- 4.1.2 Recommendations 1-5 are made to Cabinet Members at Birmingham City Council under the local government scrutiny legislation and guidance.
- 4.1.3 Recommendations 5 – 25 are made to NHS organisations in line with the Health Overview and Scrutiny Committee Principles published by the Department of Health and Social Care in July 2022 that sets out the expectations on how health overview and scrutiny committees should work with integrated care systems (ICSs) to ensure they are locally accountable to their communities. Birmingham City Council’s constitution delegates the health scrutiny powers to the Health and Adult Social Care Overview and Scrutiny Committee³. Therefore, City Council is asked to endorse recommendations made to NHS organisations, that will subsequently be considered by the Health and Adult Social Care Overview and Scrutiny Committee.
- 4.1.4 Recommendation 26 sets out the arrangements to monitor and track the response to and implementation of the recommendations, including co-production with young people.

³ Legislation: National Health Service Act 2006 governing the local authority health scrutiny function. The relevant regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”), which came into force on 1st April 2013. They supersede the 2002 Regulations under the Health and Social care Act 2001. Health and Care Act 2022

Ref	Recommendations to Cabinet Members	Responsibility	Completion Date
Support for Parents / Carers			
R01	Recommendation 1: Council asks the Cabinet Member for Adult Social Care to ensure that Birmingham Adult Social Care works, within their resources and capacity, with Forward Thinking Birmingham to undertake a co-produced review of the carers assessment for parents / carers who are caring for a child / young person with mental health need and the support that is available through this process to ensure that the assessment outcomes are effective.	Cabinet Member for Adult Social Care	July 2024
Responding to mental health crisis in the community			
R02	Recommendation 2: Council asks the Cabinet Member for Social Justice, Community, Safety and Equalities obtains evidence from the West Midlands Police and Crime Commissioner that effective mental health training is provided for all police officers.	Cabinet Member for Social Justice, Community, Safety and Equalities	July 2024
Mental Health Act Assessments			
R03	Recommendation 3: Council asks the Cabinet Member for Adult Social Care and Cabinet Member for Children, Young People and Families to ensure that, within their services resources and capacity, the AMPH service, Children's Services, Birmingham Children's Trust, FTB and the Provider Collaborative analyse the pattern of Mental Health Act assessments for patients under 16 and that AMHP assessments meet the needs of children and young people, the requirements of the Children's Act and assessments and recommendations to community based provision are underpinned by an understanding of the system and partnership arrangements needed for successful outcomes.	Cabinet Member for Adult Social Care Cabinet Member for Children, Young People and Families	July 2024
Schools Response to Mental Health			

<p>R04</p>	<p>Recommendation 4: That Council asks the Cabinet Member for Children, Young People and Families to ensure that as part of the Council’s existing funded work with all schools in the City on inclusion, schools are supported to consider the impact of zero tolerance behaviour policies for children and young people with mental health needs, Autism and ADHD and consider how to apply the 8 principles outlined in the report to promote mental health in schools.</p>	<p>Cabinet Member for Children, Young People and Families</p>	<p>July 2024</p>
<p>R05</p>	<p>Recommendation 5: That Council asks the Cabinet Member for Children, Young People and Families to ensure that Children’s Services, within their resources and capacity, work with all schools in the City to understand how many have applied for and used the Department for Education grant funding to train a senior mental health lead and develop and implement a whole school / college approach to mental health and wellbeing. This work should also identify if the mental health lead role is recognised in the job description and the time that is allocated to this work. Examples of good practice should be shared.</p>	<p>Cabinet Member for Children, Young People and Families</p>	<p>July 2024</p>

	Recommendations to NHS Organisations	Responsibility	Completion Date
	Governance and Mental Health Need		
R06	<p>Recommendation 6: Council endorses the recommendations that:</p> <p>c) The role of the Birmingham Place Committee in the CYP mental health system is clarified to ensure that NHS and local authority CYP mental health strategies are aligned to deliver the best outcomes for children and young people and there is an effective system to monitor outcomes.</p> <p>d) That the Birmingham Place Committee agrees a definition of mental health and mental wellbeing that will be used across the mental health system in the city.</p>	ICB	July 2024
R07	<p>Recommendation 7: Council endorses the recommendations that:</p> <p>The ICS / Mental Health Provider Collaborative works with partners including Birmingham Children’s Trust and joins up data sets to develop a shared understanding of the mental health needs of children and young people in Birmingham including early help and intervention, complex need that does not reach the threshold for NHS services and clinical assessment, diagnosis and treatment.</p>	ICB Mental Health Provider Collaborative	July 2024
	Service Provision and Communication		

R08	<p>Recommendation 8 Council endorses the recommendations that:</p> <p>The ICS / Provider Collaborative works with partners to improve CYP mental health and wellbeing service offer and pathways across organisations and sectors to meet the needs of young people who do not currently meet the threshold for NHS mental health services but whose needs are more complex than universal and early help services can support. Young people, parents / carers and staff in other organisations need clear information about the service offer and how to access support. (Link with Rec 7)</p>	ICB / Provider Collaborative	July 2024
Early Intervention			
R09	<p>Recommendation 9 Council endorses the recommendations that:</p> <p>The mental health system for children and young people looks to the work of the Early Intervention Programme for adults to align systems and services to provide patient centred care and support to reduce the demand on acute services.</p>	ICB / Provider Collaborative	July 2024
Resources for Children and Young People's NHS Mental Health Services			
R010	<p>Recommendation 10 Council endorses the recommendations that:</p> <p>The ICB works with NHS England to benchmark ICS spend on children and young people's mental health services per capita served and as a proportion of the total ICS budget.</p>	ICB	July 2024
Quality of NHS Mental Health Services			

R011	Recommendation 11: Council endorses the recommendations that: The response of the Birmingham Women's and Children's Hospital NHS Foundation Trust and Forward Thinking Birmingham's response to the CQC Inspection and action plan to address the areas that were found to be inadequate and require improvement are reports to the Health and Adult Care Overview and Scrutiny Committee.	Birmingham Women's and Children's Hospital NHS Foundation Trust	July 2024
Communication about Access to Services, Diagnosis and Support (for Parents)			
R012	Recommendation 12: Council endorses the recommendations that: The Provider Collaborative provides clear information about how to access services, what diagnosis means and how to support a child / young person that is age appropriate and support transition to adult services. This should be co-produced with parents / carers.	Provider Collaborative	July 2024
Responding to mental health crisis in the community			
R013	Recommendation 13: Council endorses the recommendations that: The Provider Collaborative develops the case to commission an assertive outreach service for children and young people who are known to mental health services and seeks funding to provide this.	Provider Collaborative ICB	July 2024
R014	Recommendation 14: Council endorses the recommendations that: The Provider Collaborative including FTB and WMAS work with West Midlands Police to agree protocols and pathways for children and young people who are experiencing a mental health crisis / severe mental distress in the community, especially out of hours.	Provider Collaborative FTB West Midlands Ambulance Service West Midlands Police	July 2024
Young people admitted to UHB due to lack of beds / placements.			

R015	<p>Recommendation 15: Council endorses the recommendations that: The ICB, Provider Collaborative and UHB review how the funding currently used to provide wrap around care for children with mental health needs but no physical health need in paediatric wards could be used to fund care for children and young people in an appropriate setting.</p>	<p>ICB Provider Collaborative University Hospitals Birmingham NHS Foundation Trust</p>	<p>July 2024</p>
Primary Care / Local Services			
R016	<p>Recommendation 16: Council endorses the recommendations that: The ICB / Provider Collaborative works with Primary Care Networks to:</p> <ul style="list-style-type: none"> • Pilot mental health Peer Support workers for young people in Primary Care. • Extend social prescribing to young people and link with Peer Support and Community Connectors / Navigators. <p>Partners are encouraged to explore how the IBC Fairer Futures Locality Partnership Fund could be used to develop this pilot.</p>	<p>ICB / Provider Collaborative</p>	<p>July 2024</p>
Records, Information Sharing and Confidentiality			
R017	<p>Recommendation 17: Council endorses the recommendations that: The Provider Collaborative ensures that care plans for children and young people with mental health needs are shared with them as appropriate for their age and written in a way that they understand.</p>	<p>Provider Collaborative</p>	<p>July 2024</p>
R018	<p>Recommendation 18: Council endorses the recommendations that: The ICB / Provider Collaborate to develop quality assurance processes to ensure confidentiality is explained to children and young people in a way that they understand, and they know who has access to their information and they will not be expected to repeat their experience to multiple staff.</p>	<p>ICB / Provider Collaborative</p>	<p>July 2024</p>
Place of safety			

R019	Recommendation 19: Council endorses the recommendations that: ICB/ Provider Collaborative works with West Midlands Police to analyse data on the number of young people over 16 who are taken to police custody as a place of safety and based on this data makes arrangements to commission / provide alternative arrangements in anticipation of the Mental Health Act Review	ICB / Provider Collaborative	July 2024
Increase in Referrals for Autism and ADHD			
R020	Recommendation 20: Council endorses the recommendations that: To ensure that this remains a priority for the mental health system the performance measures on autism and ADHD services should be reported regularly to the ICB and the Place Committee.	ICB and Birmingham Place Committee	July 2024
Understanding Individual Need, Identity and Circumstances			
R021	Recommendation 21: Council endorses the recommendations that: The ICB / Provider Collaborative develop a robust service offer for LGBTQ+ young people and this should consider the mental health implications for services of the increase in cases seen in primary care related to gender identity.	ICB / Provider Collaborative	July 2024
R022	Recommendation 22: Council endorses the recommendations that: FTB should work with referring organisations to ensure that the ethnicity is included in referrals and that this is monitored to ensure that the service is reaching and meeting the needs of different communities in the city.	Forward Thinking Birmingham	July 2024
Dual Diagnosis (Mental health and substance misuse)			

R023	<p>Recommendation 23: Council endorses the recommendations that: The ICB / Provider Collaborative Needs Assessment considers the research carried out by Aquarius and Manchester Metropolitan University looking to further resources and an intervention package to further assist staff in managing lower-level intervention for young people with mental health and substance misuse needs.</p>	ICB / Provider Collaborative	July 2024
Workforce			
R024	<p>Recommendation 25: Council endorses the recommendations that: The ICB and Provider Collaborative and providers maximise the use of the Apprenticeship Levy and the underspend of this funding to train and develop the mental health workforce for children and young people services. Ambitious targets should be set to recruit and train staff and develop the career pathways to retain staff.</p>	ICB and Provider Collaborative	July 2024
Tracking			

<p>R025</p>	<p>Recommendation 26:</p> <p>c) Council agrees that the Executive Member reports on progress towards achievement of these recommendations no later than May 2024. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.</p> <p>d) Council endorses that ICB, working with the Provider Collaborative co-ordinates the NHS reports on progress towards achievement of these recommendations no later than May 2024. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.</p> <p>The Committee will want to understand how young people have been involved in the co-production of the response and implementation of the recommendations.</p>	<p>Cabinet Member for Children, Young People and Families</p> <p>Cabinet Member for Adult Social Care</p> <p>Cabinet Member for Social Justice, Community, Safety and Equalities</p> <p>David Melbourne, Chief Executive Birmingham and Solihull ICB.</p>	<p>July 2024</p> <p>July 2024</p>
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5 Appendix 1 Terms of Reference

5.1 Work Outline and Terms of Reference

Children and Young People’s Mental Health Inquiry

Health and Social Care Overview and Scrutiny Committee (Lead) / Education and Children’s Social Care Overview and Scrutiny Committee Task and Finish Group

<p>Our key question:</p>	<p>How well are children with a diagnosed mental health condition supported across the mental health system with timely access to appropriate services and what is the service offer and pathways for children and young people in psychological distress without a diagnosed mental health condition to access appropriate support?</p>
<p>1. How is O&S adding value through this work?</p>	<p>“There were an estimated 220,635 children aged 5 to 18 years in Birmingham in 2018, this equates to 19.3% of the total population of the city.” (from Children and Young People 2019 Joint Strategic Needs Assessment p.28)</p> <p>“The Mental Health of Children and Young People Survey 2017 finds that nationally, one in eight children and young people aged 5 to 19 years have at least one mental disorder. The prevalence of mental health problems rises with age, with 9.5% of children aged 5-10 years experiencing a mental disorder compared to 16.9% of those aged 17-19 years old*. Emotional disorders are the most prevalent type of mental health problem experienced by those aged 5-19 years old (8.1% of all children), followed by behavioural disorders (4.6%) and hyperactivity disorders (1.6%). In Birmingham the estimated prevalence of mental health disorders in children and young people (5-16 years) is 10.3% (England 9.2%, West Midlands 9.7%)</p> <p>Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives. Alarming, however, 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age”.</p> <p>(from Children and Young People 2019 Joint Strategic Needs Assessment p. 34/35)</p> <p>The data above refers to the period prior to the COVID-19 pandemic. The information below highlights the impact the pandemic has had on CYP mental health at a national level.</p>

Mental Health Survey for Children and Young People, 2021 (MHCYP 2021), wave 2 follow up was based on 3,667 children and young people who took part in the MHCYP 2017 survey, with both surveys also drawing on information collected from parents. The survey explored the mental health of children and young people in February/March 2021, during the Coronavirus (COVID-19) pandemic and changes since 2017. Key findings from the survey were:

- Estimated rates of mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%) and in 17 to 19 year olds from one in ten (10.1%) * to one in six (17.4%) Rates in both age groups remained similar between 2020 and 2021.
- 10.6% of 6 to 16 year olds missed more than 15 days of school during 2020 Autumn term. It is estimated that children with a probable mental issue were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental issue (8.8%)
- 39.2% of 6 to 16 year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 -to 23 year olds, 52.5% experience deterioration, and 15.2 % experienced improvement.

Information published by the Health Foundation in February 2022 set out:

- After schools closed due to COVID-19 and ways of accessing GPs changed, new referrals to CYPMHS fell sharply (by 35% in April 2020 compared with the year before). However, about a year later, these reached a new high of 100,000 per month.
- In 2021, 24% more patients were in contact with CYPMHS compared with 2020, and 44% more than in 2019 (based on the January to September period) This includes patients waiting to be seen, suggesting CYPMHS may be struggling to meet demand **
- Data on waiting times for CYPMHS are not routinely published apart from certain services such as eating disorders, where fewer than half of those younger than 18 were seen within the target times in 2021.
- There are signs that the CYPMHS workforce is growing in line with young people in contact: both increased by about 40% between January 2019 and April 2021.

Key points from the Health Foundation's Networked Data Lab about Children and Young People's mental health highlighted three key areas:

- Rapid increases in mental health prescribing and support by GPs.

	<ul style="list-style-type: none"> • The prevalence of mental health issues among adolescent girls and young women • Stark socioeconomic inequalities across the UK <p>Taking a systems approach across health, children’s social care, education and third sector providers the Inquiry will scrutinise the services and planning of partners to ensure the resources for mental health across the system are used effectively and efficiently to meet the needs of young people with mental health needs.</p> <p>Grand Challenges addressed:</p> <ul style="list-style-type: none"> • Health and well-being • Opportunities for children and young people <p>Corporate Plan Priorities:</p> <ul style="list-style-type: none"> • A city that is Healthy and Inclusive
2. What needs to be done?	<p>Key questions:</p> <ul style="list-style-type: none"> • What is the definition of mental health and how does this affect the demand for mental health services? How is this communicated to the public and service users? • What is the known demand for CYP mental health support and what has been the impact of Covid on mental health of children and young people in Birmingham? Which mental health issues / service have seen the greatest increase in demand over the last 4 years? • What funding is available for mental health services and how does this compare to other areas e.g., core cities? • What are the referral routes, assessment processes and support for CYP with psychological distress and those with a diagnosed mental health condition? • What are the expectations of children and young people and their parents and carers in relation to their mental health need? • What support and advice is available to parents / carers? • How are the mental health needs of children and young people in care and care leavers being met? • How well are the needs of children and young people with high end acute mental health met? What are the implications of responding to CYP in crisis on the capacity in the mental health system? • How do services meet the needs of those who experience the disadvantage / barriers to services / are most vulnerable? (Consider case studies / patient stories) • What can we learn from other areas? Examples of best practice • Work force planning to enable continuity of care – NHS, Social Care, Education and third sector. <p>Equalities Impact</p>

	<p>This will be considered at the first meeting of the Task and Finish Group monitored throughout the course of the inquiry.</p> <p>Evidence to be requested from: All Members Cabinet Members Public Call for evidence Birmingham Women’s and Children’s NHS Foundation Trust / Provider Collaborative (Commissioner of Tier 4 beds) Forward Thinking Birmingham (FTB) (HASC Committee October) Integrated Care System Primary Care / GPs / Primary Care Networks Birmingham City Council Education and Children’s Services Birmingham Children’s Trust (Education and Children Social Care Overview and Scrutiny Committee 30/11/22) Acute Trust – UHB University Hospitals Birmingham NHS Foundation Trust Schools (including NHSE Mental Health Support Team Pilots in Bham schools) Birmingham Safeguarding Children’s Partnership (Quality Assurance Group) (Independent Chair attending Education and Children’s Social Care Overview and Scrutiny Committee 30/11/22) Third Sector Providers Mentally Healthy City Forum Lived Experience / views of YP – Census / Healthwatch Report / Fit for Brum (FTB) Previous consultation / engagement Public health Birmingham Community Health Trusts Samaritans MIND Papyrus LGBT Switch Birmingham LGBT Black Mental Health Foundation – Young Black Minds Women’s Aid West Midlands Police West Midlands Ambulance Service Research from Universities / National Mental Health organisations.</p> <p>Committee Meetings planned in work programmes: Forward Thinking Birmingham attending Health and Social Care OSC 18.10.22 Birmingham Children’s Trust and Birmingham Safeguarding Children’s Partnership attending Education and CSC OSC October 22</p>
<p>3. What timescale do we propose to do this in? (TBC)</p>	<p>Report to City Council in June 2023. The Task and Finish Group will review the terms of Reference mid-way through the evidence gathering process to decide if the scope should</p>

	be changes to focus on specific issues based on the initial evidence received.
4. What outcomes are we looking to achieve?	Develop recommendations to Cabinet and ICS that will: Improve access and ensure clear multi-agency pathways / referral routes for CPY with mental health needs. Ensure effective and efficient use of resources across the mental health system and develop the capacity of the mental health system to respond to need and consider work force planning.
5. What is the best way to achieve these outcomes and what routes will we use?	To ensure that there is involvement of members from the Health and Social Care OSC and the Education and Children's Social Care OSC a task and finish group has been established to undertake this inquiry. The Inquiry will gather evidence through reports to Committee meetings (all members of the Task and Finish Group will be invited for this item) and Task and Finish Group meetings

5.2 Member / Officer Leads

Lead Member:	Cllr. Brown Chair of Task and Finish Group Cllr. Tilsley, Deputy Chair of Task and Finish Group
Membership of Task and Finish Group	Cllrs: Brown, Hartley, Moore, Tilsley, Bermingham, Pritchard, Morrall
Lead Officer:	Fiona Bottrill

6 Appendix 2

Summary of Responses to Be Heard Survey

When do children and young people need mental health support? Tick all the words that you think mean that a child or young person has mental health needs:

	Young People (5 responses)	Parents / Carers (25 Responses)	Staff / Volunteers (24 Responses)	Elected Members (2 Responses)
Anxiety	5	23	19	2
Autism	4	21	14	1
ADHD	4	16	15	1
Bipolar Disorder	5	21	20	2
Bullying	5	20	18	2
Crying	1	13	13	1
Cost of Living Crisis	4	12	14	1
Depression	5	24	23	2
Distress	3	18	20	2
Eating Disorder	5	21	23	2
Hearing Voices	5	20	23	2
Isolation	4	17	17	2
Managing Emotions	5	21	18	1
Neurodiversity	4	18	14	1
Not Sleeping Well	4	16	16	2
OCD	4	22	22	2
Personality Disorder	5	21	20	2
PTSD	5	23	23	2
Relationship Problems	3	14	15	2
Sadness	2	13	12	2
Schizophrenia	5	21	20	2
Self-Harm	5	23	22	2
Stress	4	17	19	2
Trauma	5	19	23	2
Upset	2	13	12	1
Worry	2	15	15	1

Responses form Children and Young People (5 Responses)

1. If a young person in Birmingham needs mental health support how easy is it for them to get the help they need?

Very Easy	Quite Easy	Quite Difficult	Very Difficult	Don't know
	1	1	3	

2. Where do young people in Birmingham go to access mental health support? If you needed mental health support, using the list below Top 5 - Rank in order of who you would go to first? (1 = first place you would go for support)

	RANK	1	2	3	4	5
Parent		1	2	1		
Other Family member						
Friend		1	1			
Peer support						
Trusted Adult						
Pause Drop In or booked sessions At Digbeth or Sparkbrook Hubs						
Charity e.g. MIND						
Crisis Support						
Surgery (e.g. GP or Nurse)			1	1		
Someone at school		1				
Online support e.g. Kooth						
Social Media		1				
Accident and Emergency Service at Hospital						
Emergency Service e.g. Police, Ambulance						
Other professional e.g. youth worker, social worker						
Don't know				1		
I wouldn't ask for support			1	1		
I find it difficult to ask for support		1		1		

3. If you have accessed mental health support from an organisation how much did it help you?

Very Helpful	Quite Helpful	Not very Helpful	Not at all Helpful	Don't know /Waiting for Support	I haven't accessed support
	1	1	1	1	1

Responses from Parents / Carers: (25 Responses)

1. How easy is it for parents and carers to find out about the mental health support that is available for children and young people in Birmingham?

Very Easy	Quite Easy	Quite Difficult	Very Difficult	Don't know
1	2	9	11	2

2. How easy was it for your child to get the support they needed?

Very Easy	Quite Easy	Quite Difficult	Very Difficult	Don't know
1		6	15	3

3. If your child has accessed mental health support has this support been helpful?

Very Helpful	Quite Helpful	Not very Helpful	Not at all Helpful	Haven't accessed support	Don't know
2	4	4	10	5	

4. Have you found information, advice or services that supports parents / carers who support a child with mental health needs?

Yes	No
7	18

Workers / Volunteers: (28 responses)

Birmingham City Council 5

NHS 8

from Schools 9

Voluntary and Community Sector 5

Other 1

1. Do children and young people know how to access mental health support?

Yes	Sometimes	No	Don't know
	17	6	1

2. If a young person is experiencing psychological distress and does not have a mental health diagnosis are they able to access the support they need?

Yes	Sometimes	No	Don't know
2	6	12	4

3. If a young person has a diagnosed mental health need are they able to access the support they need?

Yes	Sometimes	No	Don't know
3	13	7	1

4. Do you think parents / carers know how to access mental health support for their children?

Yes	Sometimes	No	Don't know
	17	6	1

5. As a person who works with or volunteers with children and young people, do you know what information / advice to provide to a child or young person to enable them to get the mental health support they need?

Yes	Sometimes	No	Don't know
12	8	3	1

6. Who would you refer a child / young person to get mental health support?

(Free text response – 15-word limit)

Summary of Responses:

I would refer to	Number of Responses
School Learning mentor, Designated Safeguarding Lead, Learning Mentor, Pastoral Team, MHFA in school	5
NSPCC	1
GP	8
FTB	10
STICK	3
Pause	5
Mind	2
NHS 111	1
A&E In an emergency	2
Ask parents to contact GP	1
Child line	1
Papyrus	2
Children's Society	1
Support for parents	1
NHS	1
Youth Service	1
Social Services	1
Council Mental Health Department	1
Child and Adolescent Mental Health Services	1
Healthy Minds	1

Would refer if had information about how to	1
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9) Please provide any other information to inform this inquiry.

(Free text – 100 word limit)

Summary of Responses:

There is an increase in mental health need.

There is a sharp increase in mental health worries at school, where we have selectively mute children, anxious children, children who refuse to come school, crying every day. Children who are extremely body conscious, panicked, worried all the time, depressed.

There is an increase in tummy aches and minor illnesses where we as a school cannot identify real reason for absence but know there is more happening behind the scenes at home. Cost of living, family breakdowns, bereavements all have contributed to these issues. There are not enough services to support these families.

Early help services are hard to access and serve as a signposting service, so families are on this merry go round of signposting without actually getting any help, and just give up at the end.

Training for school staff on mental health

Long waiting time, Patients wait months, missing school, mood /anxiety deteriorating. Patients wait a long time to get an assessment, before then being put on a second long waiting list

It is difficult for young people with autism to get mental health support.

Children and young people can't get the support they need and organisations 'pass them on' An example was given of a parent has recently visited her GP as her child (6 years old) is self-harming. The GP told the parent to come to school for support. We provide education. Children are bounced from the school to their GP back and forth as there are systemic failures.

GP referrals are rejected or take months to reach appointment. The care is bad even with a suicidal child.

GPs often feel forced into giving anti-depressants as the waiting times are so long and the children/families are desperate.

There needs to be way more funding, clinicians and actual personalised support not just a drop in with a different random person every time.

The acute trust regularly have young people in acute hospital bed waiting for mental health beds.

Mental health services need to be quicker to access so that the impact of mental health difficulties in teenagers does not continue into adulthood.

Young people have no faith in the services that are offered to them as staff turnover is often so high, trusting relationships cannot be built.

Lack of focus on prevention in Children's Services in BCC,. Families are often left in states of crisis, being told that services are at their limits and they need to wait.

Young people have no faith in the services that are offered to them as staff turnover is often so high, trusting relationships cannot be built.

Lack of empathy from staff responding to telephone call when a young person is in a crisis.

Housing is in extreme crisis, which has a direct impact on our children's mental health and wellbeing. Families are living in abhorrent living conditions

Parents also need to access support.

Elected Members (2 Responses)

1. How often is the issue of children and young people's mental health raised with you at your case work?

Never	Rarely	Sometimes	Very Often	Always	Don't Know
		1	2		

2. Do you have the information you need to respond to inquiries regarding CYP mental health?

Yes	No
	2

3. If your case work has involved a child or young person with mental health needs, have they been able to access the support they need?

Yes	Sometimes	No	Don't Know
	1	1	

4. Please provide any other information to inform this inquiry (Free text 100 word limit)

Summary of Responses

There should be more facilities for mental health patients.

Sometimes patients get sent to far away hospitals where its difficult for the families to visit them and offer support.

Whilst I believe mental health services for children are improving across the city, I do feel that waiting lists and severity of need do have an impact on what children can have access to these services.

I feel that early intervention services are needed, with greater training opportunities for front line workers to be trained in supporting early well-being/mental health concerns for children/young people to try and alleviate services being overrun with long waiting lists.

I feel that educational settings need to be better equipped to support children who are facing adverse child experiences (ACEs) to attempt to reduce the impact on these children. Educational settings see each child more than any other service and therefore funding into pastoral workers, emotional well-

being sessions, extra curricula activities- with a focus on overall well-being etc. I think would be a great investment into the children of Birmingham's future.

7 Appendix 3: Contributors

Aquarius

Birmingham and Solihull ICB

Birmingham Children's Trust

Birmingham City Council Approved Mental Health Practitioners Service

Birmingham City Council Public Health

Birmingham Education Partnership

Birmingham Educational Psychology Service

Birmingham Voluntary Sector Council

Birmingham Women's and Children's NHS Foundation Trust

Children and Young People

Community Connectors

Forward Thinking Birmingham

Mental Health Provider Collaborative

Parents and Carers

Primary Care

University Hospital Birmingham NHS Foundation Trust

University of Birmingham

West Midlands Police

West Midlands Ambulance Service

8 Appendix 4: Mental Health Support for Young People

If you or a young person you know needs urgent mental health support, you can call 0300 300 0099 and you will be able to speak to someone. You can also contact the Birmingham and Solihull 24/7 crisis number 0800 915 9292.

Other support is available from:

Crisis Café: The Crisis Café is run by MIND and is currently available through the Birmingham and Solihull 24/7 helpline: 0800 915 9292

Message a test line: If you do not want to talk to someone over the phone, these test lines are open 24 hours a day every day.

Shout Crisis Test Line – for everyone: Text 'SHOUT' to 85258

Youngminds Crisis Messenger for people under 19: Text 'YM' to 85258

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Birmingham City Council

Health and Adult Social Care Overview and Scrutiny Committee

Date: 23rd January 2024



Subject: Health and Adult Social Care Overview and Scrutiny Committee's Work Programme

Report of: Christian Scade, Head of Scrutiny and Committee Services

Report author: Fiona Bottrill, Senior Overview and Scrutiny Manager
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 07395884487

1 Purpose.

- 1.1 This report sets out the proposed work programme for the Health and Adult Social Care Overview and Scrutiny Committee for 2023-24, based on the Committee's meeting in December. Appendix 1 outlines the topics identified, aims and objectives and the preferred method of scrutiny to achieve these objectives. The report also refers to other topics, which the Committee has identified, for future consideration, and will be continuously updated during the year.
- 1.2 At Co-ordinating Committee Overview and Scrutiny Committee on 13 October 2023 it was acknowledged that Overview and Scrutiny work programmes will need to refocus, giving priority on issues responding to the Council's improvement journey. At the meeting of Co-ordinating OSC on 15 December it was agreed that all Overview and Scrutiny Committees would review their work programme early in the New Year to align to the Governance Review Stabilisation Action Plan.

2 Recommendations.

- 2.1 That the Committee:
- Notes the information set out in Appendix 1 and notes Recommendation 5 of the Governance Review regarding Scrutiny's role in assurance and improvement as set out in Section 4 of the report below.
 - Confirms arrangements for the workshop on 20 February to review the work programme in line with Recommendation 5 of the Governance Stabilisation Action Plan.
 - Notes, subject to further input from the Chair and Deputy Chair outside of the meeting, its proposed work programme will be submitted to Co-

ordinating O&S to enable work to be planned and co-ordinated throughout the year.

3 Background.

3.1 The [statutory guidance for local government overview and scrutiny](#) sets out the role it can play in holding an authority's decision makers to account. This makes it fundamentally important to the successful functioning of local democracy.

3.2 Effective Overview and Scrutiny should:

- Provide constructive 'critical friend' challenge.
- Amplify the voices and concerns of the public.
- Be led by independent people who take responsibility for their role.
- Drive improvements in public services.

3.3 The role and functions of Overview and Scrutiny Committees are outlined in [The City Council's Constitution | Birmingham City Council](#) They will:

- Make reports and/or recommendations to the full Council, the Executive and/or other organisations in connection with the discharge of the functions specified in their terms of reference.
- Consider any matter covered in their terms of reference that may affect or be likely to have an effect on the citizens of Birmingham; relevant to the Council's strategic objectives; relevant to major issues faced by officers in managing a function of the Council; and likely to make contribution to moving the Council forward and achieving key performance targets.

3.4 Effective scrutiny needs to add value. A well planned and timely work programme enables Overview and Scrutiny Committees to be involved at the right time and in the right way, and ensure their involvement is meaningful and can influence the outcome.

3.5 Members often have a number of topics suggested to them and are therefore required to **prioritise** matters for consideration. The Scrutiny Framework sets out the following factors to be considered:

- *Public interest*: concerns of local people should influence the issues chosen.
- *Ability to change*: priority should be given to issues that the Committee can realistically influence.
- *Performance*: priority should be given to areas in which the Council and Partners are not performing well.
- *Extent*: priority should be given to issues that are relevant to all or a large part of the city.
- *Replication*: work programme must take account of what else is happening to avoid duplication.

Looking Ahead.

- 3.6 Overview and Scrutiny Committees will identify a 'menu' of issues (including policy development, policy review, issues of accountability and statutory functions) at the start of the year. Each Committee should then regularly review their 'menu' and decide which issues need to be examined further, and how that work would be undertaken. Scrutiny activities should be thorough and undertaken in a timely manner.

Scrutiny Methods.

- 3.7 There are a range of ways to undertake scrutiny. The approach for 2023-24 enables flexible scrutiny and outlines a shift from monthly formal meetings to a combination of approaches. The Committee will choose the most effective scrutiny method to achieve the desired aims and objectives for each topic.
- 3.8 Based on Statutory Guidance published in 2019, different scrutiny methods include (but are not limited to):
- A single item, or items, on a committee agenda – this method fits more closely with the “overview” aspect of the Scrutiny function and provides limited opportunity for effective scrutiny. It is most appropriate for specific issues where the committee wants to maintain a watching brief.
 - A single item meeting, either as the committee or a more limited number of Members. It has the capacity to enhance the previous option by taking evidence from a number of witnesses.
 - A task and finish day - provided that these are properly focused, they ensure Councillors can swiftly reach conclusions and make recommendations and are effective even for complex topics.
 - A task and finish review – this is an enhancement of the previous option being held over four or six meetings spread over a limited number of months.

Health and Adult Social Care Overview and Scrutiny Committee.

- 3.9 The Committee's Terms of Reference is to fulfil its functions as they relate to any policies, services and activities concerning the development of Health and Wellbeing Board and relationship with NHS and private providers; social care services and safeguarding for adults; public health services; healthy living, and discharge of the relevant overview and scrutiny role set out in the National Health Service Act (2006) as amended by the Health and Social Care Act (2012) including:
- The appointment of Joint Overview and Scrutiny Committees with neighbouring authorities
 - The exercise of the power to make referrals of contested service reconfigurations to the Secretary of State as previously delegated to the Health and Social Care Overview and Scrutiny Committee by the Council.

3.10 The Committee is chaired by Councillor Mick Brown, and its membership comprises Councillors Shabina Bano, Kath Hartley, Amar Khan, Gareth Moore, Julien Pritchard, Kath Scott and Paul Tilsey.

4 Work Programme 2023-24

4.1 Appendix 1 sets out the topics the Committee previously agreed to be included in the Committee’s work programme for the year.

4.2 The Governance Review of Birmingham City Council by the Centre for Public Scrutiny will be considered by Cabinet at the meeting on 12 December. The full report is available from [CMIS > Meetings](#). Recommendation 5 of the report sets out the need to reframe the scrutiny work programme to focus on the Council’s improvement and recovery priorities:

- Having an active part in the 2024/25 budget development process.
- The safe and effective delivery of key services supporting vulnerable people.
- Critical performance issues emerging “by exception”.
- Equality and equity issues arising from the development of the 24/25 Budget, the Emergency Budget (to be identified by exception), and other priority scrutiny activity relating to the Budget.
- Culture, behaviour change and organisational development.

4.3 It was agreed at the committee meeting on 19 December that an informal meeting will be held on 20 February to review the work programme and also to consider the updated Health Scrutiny Regulations due to be published by the end of January 2024.

4.4 The Council’s latest Forward Plan: [January 2024 Forward Plan \(cmis.uk.com\)](#) may assist Members in identifying future topics. The following reports are of particular relevance to this Overview and Scrutiny Committee:

ID Number	Title	Proposed Date of Decision
012031/2023	Grant Funding: Acceptance of Grant Funding from National Institute for Health and Care Research for Health Determinants Research Collaborative	14/11/2023
012250/2024	Birmingham and Solihull Sexual Health Treatment & Prevention Service – Contract Award	16/01/2024
012295/2024	Section 151 Officer Update on the Financial Position of the Council – January 2024	16/01/2024

- 4.5 Overview and Scrutiny Chairs are advised to maintain regular engagement with Cabinet Members to enable flexibility to be built into the Overview and Scrutiny work programme, in order to respond to the Council's policy priorities in a timely way.
- 4.6 The work programme attached as Appendix 1 also cross references the work of the Scrutiny Committee with the Council's Corporate Priorities 2022-26. During the June 2023 – January 2024 the work of the Health and Adult Care Overview and Scrutiny Committee will contribute to 8 Corporate Priorities.
- 4.7 The Scrutiny Inquiry on Children and Young People's Mental Health will be considered at the meeting of City Council on 9 January. The report will also be considered at the January meeting of the Health and Adult Social Care OSC which has the responsibility for the Health Scrutiny function to make recommendations to the NHS.

5 Any Finance Implications

- 5.1 There are no financial implications arising from the recommendations set out in this report.

6 Any Legal Implications

- 6.1 There are no legal implications arising from the recommendations set out in this report.

7 Any Equalities Implications

- 7.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.2 The protected characteristics and groups outlined in the Equality Act are Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion and Belief; Sex, and Sexual Orientation.
- 7.3 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering how policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; whether the impact on particular groups is fair and proportionate; whether there is equality of access to services and fair representation of all groups within Birmingham; and whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

7.4 The Committee should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

8 Appendices

8.1 Appendix 1: Health and Adult Social Care Overview and Scrutiny Committee Work Programme 2023-24 - December

9 Background Papers

9.1 [Birmingham City Council Constitution](#)

9.2 Birmingham City Council Overview and Scrutiny Framework April 2021

9.3 Cabinet Report 12 December: Governance Review of Birmingham City Council by Centre for Governance and Scrutiny [CMIS > Meetings](#)

Health and Adult Social Care Overview and Scrutiny Committee Work Programme 2023 / 24

Month	Item/Topic Link with Corporate Priorities	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
July 2023	CQC Pilot Inspection Corporate Priority: 16	To update the Scrutiny Committee on the pilot CQC Inspection of Adult Social Care Services including Adult Social Care performance. To enable the Committee to provide assurance / recommendations to inform the preparation for the pilot inspection. To understand how the performance of adult social care will be overseen in future and how the role of the HASC relates to the work of the CQC to inform the Committee's work programme	Committee Meeting single item: Agenda item for OSC meeting on 4 July 2023. 10.00am Deadline for reports: 23 June Venue: Council House, Committee Rooms 3 and 4	Professor Graeme Betts CBE Strategic Director Adult Social Care	Andy Cave, Chief Executive, Healthwatch Birmingham	Outcomes: 3 recommendations were made to Strategic Director Adult Social Care following discussion at Committee. The recommendations are captured in the Committee Action Tracker HASC Chair contributed to CQC pilot inspection
July 2023	Integrated Care System Governance: Place Committee and decision-making powers. Corporate Priority: 16	To inform the Committee of the Governance arrangements of the ICS and the role and responsibilities of the Birmingham Place Board.	Committee Meeting single item: Agenda item for OSC meeting on 4 July 2023. 10.00am	Professor Graeme Betts CBE Strategic Director Adult Social Care	Andy Cave, Chief Executive, Healthwatch Birmingham	Outcomes: 3 recommendations were made by the Chief Executive of the ICS following discussion at Committee.

		<p>This will include how the principle of subsidiarity will be implemented in practice, the governance arrangements and how this links with Primary Care Networks and Local Authority locality working.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Deadline for reports: 23 June</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>			<p>The recommendations are captured in the Committee Action Tracker.</p> <p>Response to recommendation has been circulated to Committee members.</p>
July 2023	<p>Scrutiny Work Programme</p> <p>Statutory Health Scrutiny Function</p>	<p>To review the Committee's work programme, agree work to be undertaken during August – November and issues for future consideration.</p> <p>To consider the Council's Corporate Risk Register to inform the Committee's work programme.</p>	<p>Committee Meeting single item: Agenda item for OSC meeting on 4 July 2023. 10.00am</p> <p>Deadline for reports: 23 June</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	Fiona Bottrill Senior Overview and Scrutiny Manager		<p>Outcome:</p> <p>Comments submitted to inform commissioning of sexual health services based on report and discussion at HASC meeting February 23.</p>
July 2023	<p>Inquiry: Children and young people's mental health</p> <p>Corporate Priority: 15</p>	<p>Review evidence and develop draft recommendations</p>	<p>Task and Finish Group meeting w/c 18 July</p>	Fiona Bottrill, Senior Overview and Scrutiny Manager	Task & Finish Group members.	<p>Outcome:</p> <p>Draft recommendations agreed</p>

July 2023	Inquiry: Children and young people's mental health Corporate Priority: 15	Meeting with key partners to discuss draft recommendations	Task and Finish Group meeting 26 July	Fiona Bottrill, Senior Overview and Scrutiny Manager	Task & Finish Group members.	Outcome: Draft recommendations discussed.
September 2023	Inquiry: Children and young people's mental health Corporate Priority: 15	Sign off draft Inquiry report	Task and Finish Group meeting 6 September	Fiona Bottrill, Senior Overview and Scrutiny Manager	Task & Finish Group members.	Outcome: Draft report agreed
September 2023	Primary Care Enabling Strategy Corporate Priorities: 8, 13, 16	To receive a report on the NHS/ICB Primary Care Enabling Strategy setting out how primary care will be prioritised in the delivery of health and social care in Birmingham	Committee Meeting single item: Agenda item for OSC meeting on 19 September 10.00am Deadline for reports: 8 th September Venue: Council House, Committee Rooms 3 and 4	Anna Hammond, Director of GP Provider Support and Dr Sunando Ghosh, Primary Care Medical Services Board Partner Member		Outcome: Issues identified by Committee to be considered by ICB in further development of the strategy. Birmingham Community Healthcare Trust (BCHT) identified as able to provide information on Health Visiting can be part of a system-wide model working with GPs to improve child care.
September 2023	Scrutiny Contribution to the Budget Savings and Recovery Plan Corporate Priorities: 10, 16	To consider the implications of Equal Pay and the Medium-Term Financial Plan for the Committee's work programme including agreed savings for 2023/24.	Committee Meeting single item: Agenda item for OSC meeting on 19 September 10.00am.	Cllr. Khan, Cabinet Member, Adult Social Care Professor Graeme Betts CBE Strategic Director Adult Social Care	TBC	Outcome: Recommendation to Finance and Resources OSC regarding council income and invoicing on Oracle finance system.

			<p>Deadline for reports: 8 September.</p> <p>Venue: Council House, Committee Rooms 3 and 4.</p>			<p>It was agreed at Co-ordinating in July that all Scrutiny Committees would consider the implications of Equal Pay and the Medium-Term Financial Plan at the September Committee Meetings.</p>
September 2023	<p>Work Programme report to include Health and Adult Social Care OSC and Joint Health Overview and Scrutiny Committee role in NHS quality assurance.</p> <p>Statutory Health Scrutiny Function</p>	<p>To agree a 2-3 year schedule of reports from NHS Trust based in / serving Birmingham and Joint HOSC areas including:</p> <p>CQC report Quality Account Analysis of complaints and how this has driven service improvement. Key risks / issues for the Trust and plans to address these.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Agenda at HASC OSC Committee Meeting 19 September 10.00am</p> <p>Deadline for reports: 8 September.</p> <p>Venue: Council House, Committee Rooms 3 and 4.</p>	Fiona Bottrill, Senior Overview and Scrutiny Manager		<p>Outcome: Committee agreed approach to scrutiny of healthcare systems to be reported to the HASC.</p> <p>NHS Trusts based in / serving Birmingham: UHB BWCT NHS FT Sandwell and West Birmingham Birmingham CHT BSMHFT Royal Orthopaedic NHS FT WMAS</p>
October 2023	<p>Inquiry: Children and young people's mental health</p> <p>Corporate Priorities: 15</p>	<p>Task and Finish Group to agree consider comments received on draft report</p>	<p>Task and Finish Group meeting on 4th October.</p>	Fiona Bottrill, Senior Overview and Scrutiny Manager		<p>All Members of the Committee will be invited to this meeting to be informed of issues and recommendations.</p>

<p>October 2023</p>	<p>Scrutiny Contribution to the Budget Savings and Recovery Plan</p> <p>Corporate Priorities: 10, 16</p>	<p>To consider the implications of Equal Pay and the Medium-Term Financial Plan for the Committee's work programme including agreed savings for 2023/24.</p>	<p>Committee Meeting single item: Agenda item for OSC meeting on 17th October 10.00am.</p> <p>Deadline for reports: 5th October.</p> <p>Venue: Council House, Committee Rooms 3 and 4.</p>	<p>S.151 Officer or senior member from Finance Dept (Mohammed Sajid TBC)</p> <p>Cabinet Member TBC</p> <p>Adult Social Care- Prof. Graeme Betts or Senior member of ASC team (TBC).</p>	<p>TBC</p>	<p>Outcome:</p> <p>Further scrutiny of the delivery of savings through the adult transformation programme</p> <p>It was agreed at Co-ordinating in July that all Scrutiny Committees would have this item on agenda for all meetings until further notice. To be a standing agenda item all HASC meetings going forward.</p>
<p>October 2023</p>	<p>Monitoring implementation recommendation R01 from Scrutiny Inquiry on Legacy of Commonwealth Games</p> <p>Corporate Priorities: 4 & 14</p>	<p>To update on the development of the inclusive Sports Strategy and Activity City Strategy.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Committee Meeting single item: Agenda at HASC OSC Committee Meeting 17 October, 10.00am.</p> <p>Deadline for reports: 5th October.</p> <p>Venue: Council House, Committee Rooms 3 and 4, 10am.</p>	<p>Lynda Bradford, Interim Service Lead, Physical Activity, and Dave Wagg, Head of Sport & Physical Activity.</p>		<p>Inquiry report available from: Document.ashx (cmis.uk.com)</p> <p>Recommendations to be completed by October 2024 R01: b) Provide an outline of how the insight and experience of disabled citizens will inform the new Sport and Physical Activity strategies.</p> <p>d) Continue to build upon the new partnerships developed through the CWG, and work with the Birmingham Disability Sports Forum to maximise</p>

						the impact of the strategy and understanding the range of activity on-going in the city
October 2023	<p>Access to community dental services.</p> <p>Corporate Priorities: 13, 14</p>	<p>To receive a report from the ICS to understand the issues relating to access to dental services in Birmingham and the impact this has on oral health.</p> <p>Based on this information the Committee may decide to undertake further work through a Task and Finish Group.</p> <p>The Committee to agree any comments / recommendations.</p>	<p>Committee Meeting single item: Agenda at HASC OSC Committee Meeting 17 October, 10.00am</p> <p>Deadline for reports: 5th October.</p> <p>Venue: Council House, Committee Rooms 3 and 4.</p>	<p>Paul Sherriff, Chief Officer, Partnerships & Integration, B/Sol ICB and Alastair McIntyre, Managing Director, Office of the West Midlands.</p>	<p>Andy Cave, Healthwatch (TBC)</p>	<p>Outcome:</p> <p>The Committee to be provided with data on health equity and</p> <p>This is regional service and timescale dependent on ongoing work at BSOL and regional level.</p> <p>Link to Healthwatch report on accessing dentistry services: Impact report: Changes to accessing NHS dentistry in Birmingham and Solihull - Healthwatch Birmingham</p>
November 2023	<p>Scrutiny of delivery of 23/24 Budget Savings & Financial Recovery plans.</p> <p>Corporate Priorities 10, 16</p>	<p>To update HASC Committee on the progress in delivering the 23/24 savings agreed in the MTFS 2023-26 that fall</p>	<p>Committee meeting single item: Agenda at HASC OSC Committee 21st</p>	<p>Samantha Bloomfield, Finance Partner, Adult & Social Care (ASC).</p>	<p>Prof. Graeme Betts, Strategic Director, Adult & Social Care.</p>	<p>Outcome:</p> <p>Committee updated on delivery of savings within adult transformation programme.</p>

		under this committee's portfolio.	November 2023, 10.00am Deadline for report: 6 th November			At the Committee meeting on 17 October members requested that greater detail be provided on the savings on the Adult Social Care Transformation Programme. A Task and Finish Group to be led by Finance and Resources OSC has been established by Co-ordinating OSC and will look at budget and savings across the council in further detail. Two meetings of T& F Finance & Resource Group scheduled for December. HASC to be updated (possibly on Team before the formal HASC meeting in Jan. '24)
November 2023	Urgent Treatment Centres (UTC) in Birmingham Corporate Priority: 13	Report to Committee on access and availability of UTCs city-wide, including functionality and purpose, and quality of buildings.	Committee meeting single item: Agenda at HASC OSC Committee 21st November 2023, 10.00am	Mandy Nagra, ICB B/Sol, Chief Delivery Officer.	Alan Butler, ICB Associate Director of Delivery, Improvement and UEC. B/Sol Engagement Lead Officer Emma McKinney.	Outcome: Committee feedback on report was taking into consideration by ICB and it is now reviewing its engagement plans on UTCs. ICB to come back to HASC on January 2024 with

			Deadline for report 6 th November			feedback report on engagement plans on UTCs.
November 2023	Quality Report from ICB Corporate Priorities: 13,15,16	To inform the Committee of the Quality Assurance processes across the ICB systems and enable the Committee to prioritise system focussed quality reports to future meetings.	Committee Meeting single item: Agenda at HASC OSC. Committee 21st November 2023 10.00am Deadline for reports: 6 th Nov Venue: Council House, Committee Rooms 3 and 4	Lisa Stalley-Green, Deputy CEO & Chief Nursing Officer, NHS ICB Birmingham and Solihull.	Paul Sherriff, Chief Officer, Partnerships & Integration B/Sol ICB.	Outcome: Committee updated on actions to mitigate key area of concerns highlighted in report which will inform the development of the HASC and Join HOSC work programme.
December 2023.	Adult & Social Care Q2 Performance Monitoring Corporate Priority: 16	Report on red rated performance indicators; 5 performance indicators chosen by HASC for in-depth examination and the complete set of Adult Social Care (ASC) performance indicators Update on pilot CQC Inspection	Committee Meeting single item: Agenda at HASC OSC Committee 19th December 2023 10.00am Deadline for reports: 7th Dec. Venue: Council House, Committee Rooms 3 and 4	Maria Gavin, AD, ASC.		Outcome: Committee noted recent CQC inspection of ASC, and the rating of 'Good' awarded to service. HASC was involved in the CQC inspection process.

January 2024	HASC Committee members' visit to Warren Farm Urgent Treatment Centre (UTC)	To inform members of issues relating to Warren Farm UTC, and to inform discussion at Committee meeting on 23 rd January.	On location	Mandy Nagra, Chief Delivery Officer, ICB		HASC Members' visit scheduled for Thursday 11 th January '24.
January 2024	Scrutiny Inquiry on Children and Young People's Mental Health. Corporate Priority: 15	To approve the report and agree the recommendations of the Children's and Young People's Scrutiny Inquiry and note any recommendations to go to City Council in January '24	Committee Meeting single item: Agenda at HASC OSC Committee 23rd January 10.00am Deadline for reports: 8th January. Venue: Council House, Committee Rooms 3 and 4.	Cllr. Mick Brown, Chair of Inquiry Task and Finish Group	Fiona Bottrill, Senior Overview and Scrutiny Committee Manager.	The Health and Adult Care OSC has the delegated Health Scrutiny power to make recommendations to NHS organisations. Report scheduled to go to Council in January '24.
Jan 2024.	Birmingham Safeguarding Adult Board (BSAB) Annual Report 2022/23. Corporate Priority: 10, 16	To update the Committee on the adult safeguarding arrangements in the city.	Committee meeting single item: 23rd January 2024. Presentation/Paper Deadline: 8th January 2024 Venue: Council House, Committee Rooms 3 and 4 at 10am	Dr Carolyn Kus, BSAB Chair www.bsab.org		Birmingham Safeguarding Adult Board (BSAB) Annual Report 2022/23 Recommendation from Co-ordinating OSC that all OSCs consider relevant aspects of Domestic Abuse in the work programme. To consider Adult Safeguarding Issues related to Domestic Abuse.

						The Neighbourhoods OSC work programme includes informing the development of the new Domestic Abuse Prevention Strategy
January 2024.	Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR). Corporate Priority: 13	To report on impact of implementation activity and actions within the ICS and BCC.	Committee meeting single item: 23rd January 2024. Presentation/Paper Deadline: 8th Jan 2024 Venue: Council House, Committee Rooms 3 and 4 at 10am	Nonso Nwaiwu Senior Public Health Officer (BLACHIR).	Justin Varney, Director of Public Health.	
January 2024	Urgent Treatment Centres (UTC) in Birmingham update. Corporate Priority: 13	To report to committee on update on consultation and engagement activity with communities on UTCs Warren Farm.	Committee meeting single item: 23rd January 2024. Presentation/Paper Deadline: 8th Jan 2024 Venue: Council House, Committee Rooms 3 and 4 at 10am	Mandy Nagra, Chief Delivery Officer ICB Alan Butler, ICB Associate Director of Delivery, Improvement and UEC		Further from meeting on 21st November, Committee has asked that ICB come back to January '24 meeting with feedback report on community engagement on UTCs in line with statutory consultation process.
February 2024.	Informal HASC O&S Committee meeting to review current	To consider matters raised in the Review on	Informal review meeting. Single	Maria Gavin, AD, Adult & Social Care		To include discussions on the proposed Statutory

	work programme in the context of the recent Governance Review	para 4.2.3 ('Level of Assurance & Compliance'; 'Member scrutiny as a mechanism for assurance and improvement).	item: 20th February 2024. Deadline for reports: TBC Venue: Council House, Committee Rooms 3 and 4 at 10am			Health Scrutiny regulations (due to be published by January '24). To revise and agree work programme from now until the end of the Municipal Year 23/24.
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*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

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Birmingham and Sandwell Joint Health Overview and Scrutiny Committee

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
Sept 2023	Midland Metropolitan Hospital update Statutory Health Scrutiny Function	To receive an update on the development of the Midland Metropolitan University Hospital (MMUH)	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.		Jayne Ilic Director of Communication and Engagement, MMUH Programme Company.	Invitation from NHS Sandwell & West Birmingham for a potential visit (Dates proposed; 16/2, 1/3 & 15/3 2024)
Sept 2023	Update on Changes to Day Surgery at Sandwell and West Birmingham Hospitals NHS Trust.	To provide an update to the Committee on the ongoing work to implement the changes from the formal	Committee meeting single item: 27th Sept. Venue: Council	Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell		Members to be kept updated at future meetings

	Statutory Health Scrutiny Function	conversation to Changes to Day Surgery held between March 2022 and April 2022.	House, Sandwell Council, Oldbury.	and West Birmingham Hospitals NHS Trust.		
Sept 23	Patient Experience at Sandwell and West Birmingham Hospitals NHS Trust. Statutory Health Scrutiny Function	To update the Committee about Sandwell and West Birmingham Hospitals NHS Trust's (SWB) approach to patient experience	Committee meeting single item: 27th Sept. Venue: Council House, Sandwell Council, Oldbury.	Jamie Emery, Patient Insight, and Involvement		Members to be kept updated at future meetings
October 2023	An informal briefing for JHOSC Chairs with MMUH Delivery Director and our Group Director of Operations Primary Care, Communities Statutory Health Scrutiny Function	To talk through our rationale and approach to the decoupling of Stroke services to deliver high quality, safe rehabilitation outside the acute hospital environment and seek their opinion and advise on our direction of travel.	MS TEAMS JHOSC Chairs briefing. 31st October 2023 1.30pm	Jayne Salter-Scott, Head of Communities and Engagement, Sandwell and West Birmingham NHS Trust.		
	Scrutiny and Quality Assurance. Statutory Health Scrutiny Function.	To agree a 2–3-year schedule of reports on services within the Joint HOSC area including: CQC report Quality Account Analysis of complaints and how this has driven service improvement. Key risks / issues for the Trust.	TBC			

*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

Birmingham and Solihull Joint Health Overview and Scrutiny Committee

Month	Item/Topic	Aims and Objectives	Scrutiny Method	Cabinet Member/ Lead Officer	Other Witnesses	Additional Information and Outcome*
July 2023	<p>Report on 3 Independent Reviews of University Hospital Birmingham NHS Foundation Trust: Patient Safety Review Culture Review Well Led Review of Leadership and Governance</p> <p>Statutory Health Scrutiny Function</p>	<p>To provide assurance to the Committee on the outcome of the Well Led and progress on the Culture review and timescales and implementation of the recommendations of the Patient Safety Review.</p> <p>To consider the Healthwatch ground rules for the 3 Reviews and if these have been met.</p>	<p>Committee Meeting single item: Agenda item at Joint HOSC meeting 25th July 23</p> <p>Deadline for reports 14th July 23</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	David Melbourne, BSOL ICB Chief Executive.	<p>Prof. Mike Bewick, IQ4U Consultants</p> <p>Jonathan Brotherton, CEO UHB.</p> <p>Andy Cave, Healthwatch Birmingham.</p>	<p>Information requested on April 23 Joint HOSC: To receive a copy of the ICS analysis of the UHB Trust's <i>Standardised Hospital Mortality Ratio</i> (SHMR);</p> <p>To receive an annual summary of the learning that had taken place over the course of the year across UHB be brought forward and submitted to the JHOSC in future;</p> <p>To receive a roadmap for the remaining reviews in terms of how they will report, expected dates/timescales/milestones.</p> <p>Outcome: Update provided on reviews</p> <p>Public Engagement / Citizen voice: Engagement between</p>

						<p>patients families and UHB following deputation at meeting</p> <p>Assurance provided regarding Healthwatch ground rules.</p>
July 2023	<p>BSol ICS update on performance against finance and recovery plans</p> <p>Statutory Health Scrutiny Function</p> <p>Corporate Priority: 8, 13 & 16</p>	To update the members on the ICS financial position and recovery of healthcare services following the impact of the covid pandemic.	<p>Committee Meeting single item: Agenda item at Joint HOSC meeting 25 July 23</p> <p>Deadline for reports 14 July 23</p> <p>Venue: Council House, Committee Rooms 3 and 4</p>	Paul Athey, BSOL ICS Chief Finance Officer		<p>Outcomes: Update provided on ICS financial position and recovery of healthcare services.</p>
October 2023	<p>Maternity Services at Heartlands Hospital</p> <p>Statutory Health Scrutiny Function</p> <p>Corporate Priority 13</p>	To consider the CQC report findings and actions to be taken by the Trust.	<p>Committee Meeting: Agenda item at Joint HOSC meeting 5th October '23.</p> <p>Venue: Council House, Solihull</p>	<p>Lisa Stanley-Green; ICB Chief Nurse/Deputy CEO.</p> <p>Angela Hughes: BSOL ICB Senior Quality Lead Maternity</p>		<p>Outcome: Resolution from the October meeting: To come back to future meeting in 24/25 (June or July) with update on actions from CQC findings.</p>

October 2023.	Birmingham and Solihull ICS Performance on Finance & Recovery plans. Statutory Health Scrutiny Function Corporate Priority 8, 13 & 16	To provide a summary of key performance and deliverables (as at end of July).	Committee Meeting: Standard agenda item at Joint HOSC meetings. 5th October '23. Venue: Council House, Solihull	Paul Athey, Chief Finance Officer		Standing agenda item: Next update at next JHOSC meeting in February 2024.
Oct. 2023	West Midlands Ambulance Service Delivery Statutory Health Scrutiny Function	To consider the West Midlands Ambulance Service activities such as conveyance to hospitals, lost hours to handover delays, response time by call category, profile of Serious Incidents, actions taken by WMAS, high impact actions to make a difference, outcomes from a WMAS perspective	Committee Meeting: Agenda item at Joint HOSC meeting 5th October '23. Venue: Council House, Solihull	Vivek Khashu: Strategy and Engagement Director, West Midlands Ambulance Service		WMAS rep unable to attend October meeting although supplementary note and report was tabled at meeting for consideration. WMAS to come back to the next JHOSC meeting to update on latest performance.
Oct. 2023	Winter Pressure Update Statutory Health Scrutiny Function Corporate Priority 8, 13 & 16	To discuss the wider topic of winter pressures as part of A&E pressures and ambulance issues to be considered by Committee. A&E pressures were a perennial problem in winter. To discuss at October meeting ahead of winter.	Committee Meeting: Agenda item at Joint HOSC meeting 5th October '23. Venue: Council House, Solihull	Mandy Nagra, Integrated Care Board/ ICS Executive Chief Delivery Officer, BSol ICB. Alan Butler, Associate Director of Delivery, Improvement and UEC, BSol ICB.		Outcome: Some progress made with Solihull. Resolution from October meeting: To receive as part of the JHOSC Work Program for 2024/25 a report addressing winter pressure preparations for 2024/25. Mental health services workforce planning identified as an issue in the workforce impacting on

						Winter pressures. Resolution at October meeting: To receive update of mental health services as part of 24/25 JHOSC work programme
November 2023	JHSOC member briefing on UHB Culture Review Report with Jonathan Brotherton, CEO, UHB. Statutory Health Function	To provide committee members with update on actions and recommendations from the recently published Culture Review independent report.	Briefing with CEO of UHB scheduled for 10th November 9.00am on TEAMS.	Jonathan Brotherton, CEO UHB.	David Melbourne, CEO, ICB.	Outcome: Update on actions and implementation provided to JHOSC members. New Operating model launched in October.
Feb.2024	ICS Work Force Planning. Statutory Health Scrutiny Function.	Update on ICS workforce planning in health and social care sectors.	Committee Meeting: Agenda item at JHOSC meeting in February 7 th 24. Report deadline 23 rd Jan. 2024 Venue: Committee Room 6 Council House	Lisa Stalley- Green; ICB Chief Nurse/Deputy CEO.		
Feb. 2024	Monitoring of implementation of Recommendations from UHB Reviews. Statutory Health Scrutiny Function.	The ICS and UHB to report on the implementation of the recommendations from the UHB reviews.	Committee Meeting: Agenda item at JHOSC meeting in February 7 th 24. Report deadline 23 rd Jan.	Jonathan Brotherton, CEO, University Hospitals, Birmingham (UHB)	David Melbourne, CEO, ICB.	Informal session between UHB CEO & JHOSC held in November 2023. Update on actions and implementation provided to JHOSC members. New Operating model launched in October 2023.

			Venue: Committee Room 6 Council House			Update to be received at Feb. '24 meeting.
Feb. 2024	Birmingham and Solihull ICS Performance on Finance & Recovery plans. Statutory Health Scrutiny Function	To provide the latest summary of key performance and deliverables.	Committee Meeting: Agenda item at JHOSC meeting in February 7 th 2024 . Report deadline 23rd Jan. Venue: Committee Room 6 Council House	Paul Athey, Chief Finance Officer		Standing agenda item:
Feb. 2024	West Midlands Ambulance Service Delivery (TBC) Statutory Health Scrutiny Function	To consider the West Midlands Ambulance Service activities such as conveyance to hospitals, lost hours to handover delays, response time by call category, profile of Serious Incidents, actions taken by WMAS, high impact actions to make a difference, outcomes from a WMAS perspective	Committee Meeting: Agenda item at JHOSC meeting in February 7 th 2024 . Report deadline 23rd Jan. Venue: Committee Room 6 Council House	Vivek Khashu: Strategy and Engagement Director, West Midlands Ambulance Service	West Midlands Ambulance Service Delivery Statutory Health Scrutiny Function	WMAS rep to attend February meeting to provide update on activities.

TBC	CQC report Birmingham & Solihull Mental Health Trust (BSMHST) Statutory Health Scrutiny Function	To update the Scrutiny Committee on the CQC Inspection of BSMHST performance, including any progress on recommendations for action.	TBC (in 2024/25).			Resolution at October JHOSC meeting that as part of the JHOSC Work Programme for 2024/25, a future Update Report on Mental Health Services, be brought to committee.
TBC (24/25)	Winter Pressure Update Statutory Health Scrutiny Function Corporate Priority 8, 13 & 16	To discuss the wider topic of winter pressures as part of A&E pressures and ambulance issues to be considered by Committee. A&E pressures were a perennial problem in winter. To discuss at October meeting ahead of winter.	24/25	Winter Pressure Update.		Resolution from October meeting: To receive as part of the JHOSC Work Program for 2024/25 a report addressing winter pressure preparations for 2024/25.
TBC	Update on post-covid syndrome / Long covid and rehabilitation. Statutory Health Scrutiny Function	To understand the impact of post covid syndrome / long covid and the services / support that is available.	TBC			To be considered for 24/25 work programme.

*Outcome: This will be populated once the item/topic has been completed. It will identify the added value and impact.

Menu of Issues for Consideration

The following items had been identified as potential topics for future consideration. This approach enables the Overview and Scrutiny Committee to remain flexible and respond in a timely manner to emerging issues.

This is a live work programme work programme. New items may be added, or items removed during the course of the year. Proposed aims and objectives as well as scrutiny methodology may also be subject to change.

Item/ Topic	Proposed Aims and Objectives	Proposed Scrutiny Method	Additional Information
Day Opportunities Review Corporate Priorities: 16	Examining the use of Day Opportunities services and the effect on service users/carers and their families. A review is currently being undertaken with involvement of service users, with a view to developing proposals to present to cabinet.	HASC	Review currently on hold pending assessment of financial implications due to current financial/budgetary issues. To come to HASC for further scrutiny at a date TBA prior to cabinet decision
Immunisation and vaccinations. Corporate Priorities: 13 & 16	Immunisations and vaccinations for children under 5 Implications of covid immunisations rates for health and care staff	Task and Finish Group	This work could commence following the completion of the CYP mental health inquiry.
Primary Care Access Corporate Priorities: 13 & 14	To report back on Final Draft of the Enabling Primary Care strategy	HASC.	Follow-up from presentation of draft strategy at September HASC meeting. Link to National GP recovery plan Suggested timescales to update on plan TBC.
ICS 10-year strategy. Corporate Priorities: 8, 13 & 16	Highlights vision for the future and the conditions we need for change, so that people who live, work and receive care in Birmingham and Solihull can live longer, happier and healthier lives by 2033.	HASC/JHOSC.	Annual review of key strategic priorities. Suggested timescale April 24
Birmingham City Council Commissioned Services: <ul style="list-style-type: none"> Birmingham Sexual Health Services 	Report to come to Health and Adult Care OSC prior to recommissioning of the service to enable the Committee to inform Cabinet decisions.	HASC.	Comments submitted to Commissioners to inform tendering of Sexual Health Services during Autumn. Contract to start service in January 23.

<ul style="list-style-type: none"> • Birmingham Substance Misuse Services • Forward Thinking Birmingham <p>Corporate Priorities: 8, 13, & 15</p>			Contract for Substance Misuse Service to end March 2025. Health and Adult Social Care OSC to engage in process July 2024 to inform commissioning of service.
Engaging with Third Sector providers of Adult Social Care	TBC	TBC	
Obesity and Food Strategy	What actions have been implemented as part of the Food Strategy and what impact have these had? How will the medium and long terms impact be demonstrated? How has the strategy helped to reduce inequalities and food poverty?	TBC	Link to Food Strategy: Birmingham Food System Strategy Birmingham City Council
Population health and inequalities		Task and Finish Group	How health has changed in your area - Office for National Statistics (ons.gov.uk)
Corporate Priority: 13			

Scrutiny Method Options:

Committee meeting - single item

Committee meeting - single theme

Task and Finish Group (outline number of meetings)

On location

Other - (describe)

Corporate Priorities, Performance and Outcomes

Corporate Priorities 2022 – 26:

- | | |
|--|---|
| 1 Support inclusive economic growth | 11 Increase affordable, safe, green housing |
| 2 Tackle unemployment | 12 Tackle homelessness |
| 3 Attract inward investment and infrastructure | 13 Tackle health inequalities |
| 4 Maximise the benefits of the Commonwealth Games | 14 Encourage and enable physical activity and healthy living |
| 5 Tackle poverty and inequalities | 15 Champion mental health |
| 6 Empower citizens and enable citizen voice | 16 Improve outcomes for adults with disabilities and older people |
| 7 Promote and champion diversity, civic pride and culture | 17 Improve street cleanliness |
| 8 Support and enable all children and young people to thrive | 18 Improve air quality |
| 9 Make the city safer | 19 Continue on the Route to Zero |
| 10 Protect and safeguard vulnerable citizens | 20 Be a City of Nature |
| | 21 Delivering a Bold Best in Class Council |

Information on the Corporate Priorities, Performance and City Outcomes was reported to the Health and Adult Social Care OSC in June 23: [Document.ashx \(cmis.uk.com\)](https://cmis.uk.com)

