

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

**BIRMINGHAM CITY COUNCIL**

**HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**TUESDAY, 29 SEPTEMBER 2015 AT 10:00 HOURS**  
**IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA**  
**SQUARE, BIRMINGHAM, B1 1BB**

**A G E N D A**

**1 NOTICE OF RECORDING**

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

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

**2 APOLOGIES**

**3 MINUTES**

**3 - 14**

To confirm and sign the Minutes of the meeting held on 21 July 2015.

**4 DECLARATIONS OF INTERESTS**

**5 PRIMARY CARE AND COMMUNITY MENTAL HEALTH REDESIGN**

**15 - 24**

Dr Aqil Chaudary, Mental Health GP Lead for Birmingham, Birmingham CrossCity Clinical Commissioning Group, Joanne Carney, Senior Strategic Commissioning Manager, Ernestine Diedrick, Joint Commissioning Manager

**6 PROGRESS REPORT ON THE 'FALLS PREVENTION' INQUIRY**

**25 - 30**

Dr Adrian Phillips, Director of Public Health

**31 - 38**

7 **TRACKING OF THE 'TACKLING CHILDHOOD OBESITY IN BIRMINGHAM' INQUIRY**

Dr Adrian Phillips, Director of Public Health and Charlene Mulhern, Childhood Obesity & Public Health Engagement Co-ordinator, BCC

**39 - 50**

8 **TRACKING OF THE 'MENTAL HEALTH: WORKING IN PARTNERSHIP WITH CRIMINAL JUSTICE AGENCIES' INQUIRY**

Louise Collett, Service Director, Policy & Commissioning and Michael Kay, Head of Service (Mental Health), BCC

**51 - 56**

9 **WORK PROGRAMME FOR 2015/16**

For discussion

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

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

11 **OTHER URGENT BUSINESS**

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

12 **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".

**MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY  
21 JULY 2015 AT 1300 HOURS IN COMMITTEE ROOMS 3 AND 4  
COUNCIL HOUSE, BIRMINGHAM**

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

**IN ATTENDANCE:-**

Lucy Beare (Lead Petitioner, Birmingham City Council Budget Cuts to Mental Health / Disabilities Floating Support Services), Councillor John Cotton (Cabinet Member for Neighbourhood Management and Homes), Councillor Paulette Hamilton (Cabinet Member for Health and Social Care) and Kalvinder Kohli, Senior Service Manager, Policy and Commissioning

Barbara Skinner, Inspection Manager, Adult Social Care, Care Quality Commission (CQC)

Candy Perry (Interim Chief Executive) and Jacqueline Latty (Children and Young People Engagement Officer), Healthwatch Birmingham

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

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**NOTICE OF RECORDING**

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

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**APOLOGIES**

240 Apologies were submitted on behalf of Councillors Mohammed Idrees and Brett O'Reilly for their inability to attend the meeting.

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**MINUTES**

241 The Minutes of the meeting held on 23 June, 2015 were confirmed and signed by the Chairperson. Page 3 of 56

**DECLARATIONS OF INTERESTS**

- 242 Councillor Andrew Hardie declared that although he had retired as a GP he still worked (in a locum capacity) for a surgery. Councillor Mick Brown declared that he worked for a Third Sector organisation dealing with mental health issues.

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**PETITION – BUDGET CUTS TO SUPPORTING PEOPLE MENTAL HEALTH AND DISABILITIES SERVICES**

The following documents were received:-

(See document No. 1)

Lucy Beare (Lead Petitioner, Birmingham City Council Budget Cuts to Mental Health / Disabilities Floating Support Services), Councillor John Cotton (Cabinet Member for Neighbourhood Management and Homes), Councillor Paulette Hamilton (Cabinet Member for Health and Social Care) and Kalvinder Kohli, Senior Service Manager, Policy and Commissioning were in attendance.

Following initial introductions from the Chair and the Lead Petitioner, the Cabinet Member for Neighbourhood Management and Homes in the course of reporting on the issue referred to the importance of continuing to put resources into prevention and early intervention services. He pointed out that otherwise more pressures would be created further down the line and people would end up in a position where they needed more intensive support and help from statutory services which could have been avoided. He highlighted that after having listened to public opinion, scope had been found earlier in the year not to proceed with the £400,000 in cuts that had been planned for 2015/16. Furthermore, he highlighted that moving forward with the Citizens' Panel / service users there was a need to focus on maximising the "Birmingham pound" as the Council's budget only constituted about ten percent of the total expenditure on mental health services.

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

- a) Members were informed by the Cabinet Member for Health and Social Care that service users were increasingly being involved in the co-design / production of services.
- b) Further to a) above, the Senior Service Manager reported that this did not just take place at tendering stage. She highlighted that in respect of the Supporting People Programme the services had been co-designed with service users / providers since 2005 and also made reference to work undertaken in 2009/10 when the Council had been faced with budget cuts.
- c) The Senior Service Manager referred to the need to identify the most effective customer journey within the context of the much reduced budget for the Supporting People Mental Health and Disabilities Services. It was reported that as a result of discussions that had been taking place the Third Sector Team was talking to the Clinical Commissioning Groups about co-commissioning to bring in more money for the client group. Furthermore, it

was highlighted that there was a wish to influence the way that other monies (e.g. Better Ageing funds) were used so that common outcomes could be delivered. An A4 sheet showing an example customer pathway that had been made available to Members was also drawn to their attention.

- d) The Cabinet Member for Neighbourhood Management and Homes considered that the powerful petition with 6,641 signatures demonstrated the real passionate interest of people in this area of service. He indicated that he understood that the signatories comprised service users, concerned local residents etc.
- e) It was highlighted that in moving forward there would be a need to reflect on the outcome of the Council's Comprehensive Spending Review.
- f) A Member pointed out that the petition had still been received despite work having taken place with service users for some time and considered that there seemed to be a gap in terms of convincing them that the principles and practices being adopted were the right ones for the future. Nonetheless, the Member supported reviews and redesign of services to assess what worked, what didn't etc. It was stressed that it was also important to scrutinise the outcomes of changes made to assess whether service users were happy with them.
- g) The Cabinet Member for Health and Social Care in responding to comments made stated that she could not promise that another petition would not be received in the future. However, she considered that part of the issue was winning over hearts and minds and that it was important that people were brought along when savings were made and different ways of working adopted. In replying to a question the Cabinet Member indicated that she considered that the Council's partners, who delivered the bulk of the service, were being brought along.
- h) Members were advised that the West Midlands Combined Authority was looking at the more specific issue of people who were living with mental health issues gaining employment.
- i) The Senior Service Manager informed the Committee that one of the biggest fears was that people who needed a service might be left without one and she highlighted that this was at the forefront of her and colleagues minds when considering how services should be commissioned. In terms of what might be done really differently in the future it was reported that when talking to service users and providers one of the issues that was continually raised related to how vulnerable people could be empowered to be more resilient, do more for themselves, and support one another in the community. In this context reference was made to work taking place in terms of designing models around peer arrangements that would be low cost to the Local Authority but provide the capacity for early intervention should it be assessed that the needs of a service user were about to escalate.
- j) Further to comments made by a Member, the Cabinet Member for Health and Social Care highlighted that she did not consider that service user groups alone were able to speak for everyone who had a mental health condition or were autistic. Nonetheless, she highlighted that she'd spoken to a very great many people at different events to ascertain views and indicated that by and large similar comments were made but expressed in different ways. She indicated that great efforts were being made to obtain as many views as possible and in referring to the powerful petition received underlined that the message had been heard.

- k) The Senior Service Manager in responding to comments made by a Member concurred with the importance of individual service users being provided with peer support arrangements at the optimal / most appropriate time for them; agreed that returning to work could be frightening and potentially counter-productive for people with mental health conditions unless done in the right way and where support would continue to be provided when required - as their level of need may reduce but would not disappear; and also highlighted that there were many other avenues in terms of building the confidence of individuals e.g. serving as a volunteer, becoming involved in a Citizens' Panel, being a mystery shopper.
- l) In responding to issues raised by a Member, the Senior Service Manager referred to co-design work taking place and scheduled aimed at making services better. Further to the petition received she also advised Members that providers had been asked to bring service users and support workers together to identify what the most important outcomes were that needed to be retained, as part of commissioning arrangements, within the context of a reduced budget. She highlighted that there was time over the summer.
- m) It was reported that there was the potential through match-funding to drawdown £30m-£50m of European funding to enhance the City's activity around employment, training and support for young people which was a key outcome that commissioners hoped to achieve for vulnerable people. She understood that an expression of interest had been submitted to the Government and if successful the Council would be invited to submit a Full Business Case.
- n) Reference was made to £6.4m in additional savings that would have to be made in 2015/16 as a result of mid-year Government funding cuts which the Council had not known about at the start of the year. In response to comments made by a Member on this issue the Cabinet Member for Health and Social Care reported that, although she hoped it would not be the case, she could not give a definite assurance that there would not be any reduction to the Supporting People Mental Health and Disabilities Services budget. Further to comments made by the Chair who understood that a report was scheduled to be submitted to Cabinet in September 2015 it was considered that prior to the report being finalised the Chair should accompany the Cabinet Member at a briefing session on the issue and a briefing note be circulated to the Members.
- o) A Member in thanking the Lead Petitioner for attending the meeting indicated that he considered that there could be a lot more conversations with vulnerable people at an early stage. The Cabinet Member for Health and Social Care concurred that early intervention was so important and also advised the meeting that she believed that service users were being listened to. The Cabinet Member felt that when service users had sight of what was being planned they would be positive about it.
- p) In response to a question from the Chair relating to the petition, the Lead Petitioner advised the meeting that in terms of seeking signatories a multi-method approach had been adopted which including explaining the impact of any budget cuts to a Third Sector mental health organisation that she was involved in; talking to fellow university students and also to lecturers in the field of health and social care; and going out into the community to explain how reductions in services might impact on citizens either now or at some point in the future if they were required.

- q) Further to comments made by a Member, the Cabinet Member for Health and Social Care advised the meeting that the Health and Wellbeing Board was the way in which partners and funding were being brought together and also informed the Committee that mental health services had been identified by the Board as a key priority area.
- r) In supporting greater partnership working a Member nevertheless considered that there was a need to preserve choice for vulnerable individuals so that they could use another service if one did not suit them.
- s) Further to a proposal put forward by the Chair, it was agreed that a legal opinion should be obtained with a view to seeking reassurance that the Council was fulfilling its obligations under the Care Act 2014 and was not absent in its duty of care particularly as otherwise the Local Authority could potentially be faced with a huge bill.
- t) A Member considered that providing a single point of access to services would not be the right approach and, in supporting the earlier comments, stressed the need for there to continue to be a choice of services available. Reference was also made to the importance of ensuring that co-design work did take place and in a proper way.
- u) Following some discussion, Members of the Committee in reflecting the prioritisation given to the budget decisions in the last financial year endorsed the view that the Supporting People Mental Health and Disabilities Services were a priority area.
- v) It was pointed out by the Lead Petitioner that if any cuts were made to the Supporting People Mental Health and Disabilities Services budget the people in need of services would still remain and then probably need to use different and more expensive services.
- w) Following concluding remarks by the Cabinet Member for Health and Social Care, the Lead Petitioner was thanked by the Cabinet Member for Neighbourhood Management and Homes for coming to the meeting and underpinning the logic of preventative services and why they needed to be protected as much as possible so that there were not pressures in other areas at someone else's expense.

The Chair provided a resume of matters that had been agreed as outlined in n), s) and u) above and thanked all the representatives for attending the meeting.

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**RESOLVED:-**

- (i) That in reflecting the prioritisation given to the budget decisions in the last financial year this Committee endorses the view that the Supporting People Mental Health and Disabilities Services are a priority area;
- (ii) that a legal opinion be obtained with a view to seeking reassurance that the Council was fulfilling its obligations under the Care Act 2014 and was not absent in its duty of care;
- (iii) that, further to n) above, support be given to the Chair accompanying the Cabinet Member for Health and Social Case at a briefing session on the £6.4 million additional budget savings to be made this year and a briefing note being circulated to Members of this Committee.

**CARE QUALITY COMMISSION: QUALITY RATINGS REGIME**

244 Barbara Skinner, Inspection Manager, Adult Social Care, Care Quality Commission (CQC) presented the following PowerPoint slides:-

(See document No. 2)

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

- a) The Inspection Manager reported that recruitment had been very successful and that the CQC had enough resources to deliver on their commitments. Furthermore, she considered that the significant changes being made, involving Key Lines of Inquiry, would lead to more accurate judgements and ratings.
- b) Members were advised that if a service provider was rated as inadequate it would be signposted to an improvement agency (e.g. Skills for Care, Social Care Institute for Excellence) as the CQC did not provide improvement services direct.
- c) It was indicated that if there were concerns regarding a service provider but relatives of the people in care did not wish the premises to close the CQC would need to balance their views with how the shortcomings were being addressed and whether anyone was unsafe.
- d) The Inspection Manager reported that she did not know at this stage what the impact of introducing a living wage would have on the viability of some care homes. However, she also highlighted that ensuring that people were safe and there were caring relationships did not cost.
- e) Members were informed that the CQC did not have a mandate to investigate complaints made but that partner agencies were alerted. Furthermore, it was reported that there were really good partner information sharing arrangements in the City and that meetings were held regularly.
- f) Reference was made to there having been a setback in terms of holding regular meetings with Healthwatch Birmingham as a result of personnel changes in that organisation. Nonetheless, Members were informed that through, for example, its Enter and View activity the organisation would alert the CQC to any concerns identified in respect of a service provider.
- g) The CQC had no remit in respect of people's own homes but health and social care professionals had a duty of care to report any safeguarding issues.
- h) Members were informed that the vast majority of CQC visits were unannounced; that experts by experience who were chosen by partner providers remained independent of the CQC; and it was indicated that if issues arose that were DNAR form related these would be raised with Clinical Commissioning Group colleagues.
- i) In terms of service improvement, the Inspection Manager highlighted that through seeking to apply the regulatory framework in the best way possible this helped agencies know where there were deficits in service provision. Furthermore, it was reported that there was a lot of discussion with agencies both nationally and regionally to help improve services.
- j) The meeting was advised that where a service was poor or inadequate or the leadership required improvement it was likely that staff turnover would be more of an issue. The Inspection Manager considered that good service providers engaged staff by actively listening to their opinions and where



those in charge did not go along with those opinions, informing their workers why something different was being tried. It was also highlighted that changes in management could be unsettling for staff and reference made to the need for there to be succession planning.

- k) Members were advised that often service providers did not wish to pay the high costs of using agency workers if there was a staff shortage. It was considered that if their engagement was managed well by, for example, new agency staff being introduced to service users there need not be a negative impact on people in care but all too frequently this was the case.
- l) The Inspection Manager indicated that she was aware that colleagues covering primary care services did bear in mind the impact that not being able to secure an appointment with a GP had on service users and other NHS provision and also highlighted that there was engagement with Patient Partnership Groups that were linked to GP surgeries.

The Chair thanked the representative for attending the meeting and referred to the likelihood of a further session being held later in the Municipal Year.

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### **HEALTHWATCH BIRMINGHAM ANNUAL REPORT**

245 The following Annual Report was received:-

(See document No. 3)

Candy Perry (Interim Chief Executive) and Jacqueline Latty (Children and Young People Engagement Officer), Healthwatch Birmingham were in attendance. In referring to the Annual Report, the Interim Chief Executive provided an outline of their new emerging strategy moving forward and highlighted to Members that it was not yet completed.

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

- a) The meeting was informed that Healthwatch Birmingham was commissioned by the Local Authority and that the Health and Wellbeing Board (upon which Healthwatch Birmingham had a representative) existed to bring health and social care partners together. The Board was chaired by Councillor Paulette Hamilton with the Vice-Chair being a Clinical Commissioning Group representative.
- b) Members were advised that Healthwatch Birmingham had received a thirty per cent reduction in funding this year. In response to a question, the Interim Chief Executive indicated that she was not aware of the precise criteria that had been used to determine the level of funding when the organisation was first established. However, she reported that Healthwatch England was looking at how much it should cost to run an effective Healthwatch.
- c) A Member asked from where the organisation's volunteers originated and whether Healthwatch Birmingham had links with Patient Participation Groups.
- d) The Chair highlighted that none of the fourteen volunteers mentioned in the Annual Report had names of Asian origin and also drew attention to the need to engage with hard to reach groups. He considered that it seemed there was a gap in engaging with some parts of the community.

- e) Further to d) above, Jacqueline Latty (Children and Young People Engagement Officer), Healthwatch Birmingham advised the meeting that they linked-in with many community groups including Birmingham Settlement in Aston and a group, based in the same building as their organisation, which worked very predominantly with the South Asian community. Furthermore, she reported that one of their volunteers was of Asian origin and she acknowledged the importance of working to reach seldom heard / hard to reach groups, which was an issue that they always had in mind. The Interim Chief Executive informed Members that in addition to the Enter and View volunteers listed in the Annual Report there were about thirty community champions and that Healthwatch Birmingham were addressing the issue that had been raised in d) above.
- f) The Chair highlighted that Melas held within the City attracted great numbers of people and he reiterated his concerns over the extent of the level of engagement with Asian communities. Furthermore, he referred to what appeared to be an absence of appropriate engagement by Healthwatch Birmingham through GP surgeries, local libraries, universities, colleges etc and also mentioned providing Ward Healthwatch Champions and making use of Twitter which he and many Members used.
- g) The Interim Chief Executive advised the meeting that Healthwatch Birmingham did not have the resources available to engage with every GP surgery, care home etc. However it was proposed to make the organisation's Feedback Centre / Patient Experience Platform ("Widget") freely available for adoption by health and care commissioners and providers. The Interim Chief Executive highlighted that as she had been requested to report back to the Health and Wellbeing Board with specific proposals / a business case in this regard there was therefore the potential for its use to be promoted more widely in GP surgeries, care homes etc. It was also highlighted that capacity issues and recent management / organisational changes had precluded Healthwatch Birmingham from engaging more with GP surgeries, making use of Twitter etc.
- h) It was stressed by the Children and Young People Engagement Officer that Healthwatch Birmingham did aim to reach out to communities and could target specific groups. Furthermore, it was reported that there had been engagement with residents of Polish descent; that a lot of work had been carried out in GP surgeries; and that she had attended Special Educational Needs conferences. The representative informed Members that they would welcome suggestions regarding additional places to visit.
- i) A Member considered that there was a need for more detailed financial information to gain an understanding of what was happening in Healthwatch Birmingham and, in referring to page 21 of the Annual Report, said that she had been unable to find a list of current and past trustees on their website. In referring to minutes of the Board that she'd read the Member queried why a relatively new organisation had recently needed such a wholesale transformation and enquired whether other Healthwatch organisations had experienced similar problems and this was due to the way that they were originally set-up.
- j) In referring to Muslim and Jewish faiths, the Chair made reference to the issue in the City of relatives not being able to arrange for burials to take place soon after the death of a family member as their faiths required. The Chair indicated that he could put the Interim Chief Executive in contact with some organisations on this issue. Further to i) above, he also considered that there was a need for more financial information to reassure Members

that Council funding was being used to good effect and would continue to be in the future. He also enquired whether the organisation worked with other local Healthwatch organisations.

- k) The Interim Chief Executive informed the meeting that there was a West Midlands Healthwatch network and also a supportive national network. Furthermore, she undertook to arrange for financial and trustee information to be provided and advised Members that the organisation's Human Resources strategy was due to be signed-off by its Board the following week.
- l) Further to i) above, in referring to work that had been carried out by The Kings Fund, the Interim Chief Executive indicated that she considered that Healthwatch Birmingham was not alone and that in Year 3 of their operation the majority of them were still looking to become more fully established.
- m) In response to a question concerning the GP Survey referred to in the Annual Report, the Interim Chief Executive indicated that she did not have information to hand on what percentage the 187 GP practices visited by Healthwatch Birmingham constituted of the total number in the area covered by the organisation but could provide details, if required. In relation to Key Performance Indicators, she referred to negotiations that were taking place with the Council aimed at making these more impact focused rather than solely quantity based (e.g. number of community events held) and also reported that Healthwatch England had recently launched some quality standards that could be adopted locally with the Council's support.
- n) In referring to predecessor organisations to Healthwatch Birmingham a Member considered that the community connection and ability to engage with local services on the ground had been lost and that a city-wide database sounded too detached. He believed that there was a design flaw and that activity needed to be re-mapped at a more local level.
- o) The Interim Chief Executive in the course of responding to n) above advised the Committee of outreach work in Coventry where there were locally based community connectors.
- p) A Member considered that it would be helpful if there was a Healthwatch Champion for each Ward that could be a point of contact.
- q) Further to p) above, the meeting was informed that the Districts were looking at appropriate Healthwatch partnership models.
- r) In response to a question, it was reported that moving forward Enter and View visits to GP practices might be arranged based on the collection of aggregated data or due to a one-off 'red flag'. Discussions would take place with the GP practice in the first instance where there were issues of concern and it would be looked to see if there might be a problem at a wider system level that needed to be addressed. Furthermore, it was indicated that in the future, through a new post, Healthwatch Birmingham would also have the capacity to undertake a randomised sampling approach if required.
- s) Members were informed that many of their volunteers were employed or retired professionals. Reference was also made to a CQC national tender that Healthwatch Birmingham was involved in through Healthwatch Staffordshire aimed at increasing the number of experts by experience and these would be engaged in a paid capacity. However, the Interim Chief Executive reported that at the moment Healthwatch Birmingham's volunteers were not paid. The representative indicated that she considered that this was the only way that the organisation would achieve the kind of impact required in a City the size of Birmingham.

- t) In relation to Healthwatch partnership models at a more local level the Interim Chief Executive highlighted that she would welcome the opportunity of being able to speak to Chairs of the District Committees.

In the course of summing-up the Chair referred to the need for something like a leaflet or boarding in GP surgeries in all areas of the City inviting people to put in a review of their visit; considered that the issue of identifying Ward Healthwatch Champions should be pursued through work in the Districts; felt that it would be useful if all elected Members could be contacted inviting them to suggest community events where they felt that the presence of Healthwatch Birmingham would be beneficial; considered that it should be left to District Committees to decide whether the organisation should be invited as a guest to talk about their work; underlined the need for detailed information around expenditure (including job titles, roles and remuneration of people under Healthwatch Birmingham) and a breakdown of former and current trustees, together with the criteria used to invite people onto their Board; asked for some further feedback on Key Performance Indicators with a view to work taking place with the Cabinet Member to improve them; and, further to comments made by another Member, also referred to the need once they were available for financial details showing how the organisation's required budget savings would be made.

The Chair thanked the representatives for attending the meeting.

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### **WORK PROGRAMME**

The following Work Programme was submitted:-

(See document No. 4)

A Member asked that the Chair consider requesting a joint report from Licensing and Public Health on the issue of Smoking Cessation (including e-cigarettes and shisha lounges). In addition she suggested holding the first inquiry session on prostate cancer and health inequalities. The Chair advised Members that he had been looking to hold an inquiry on infant mortality as the City had one of the highest rates in the country and indicated that it might be appropriate to hold one major inquiry and the other as a short inquiry.

In referring to the petition discussed earlier in the meeting, a Member considered that from amongst the suggested items in the Work Programme, Adult Social Care: Performance, Budget and Progress on Savings needed to be scheduled as an item of business and also felt that People with Learning Disabilities: Support with Employment and Housing was a particularly important issue that should be programmed.

The Chair indicated that as there were more potential items than time available additional meetings could also be convened subject to Members' agreement and the necessary resources being available.

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### **RESOLVED:-**

That the Work Programme be noted.

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**AUTHORITY TO ACT BETWEEN MEETINGS**

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**RESOLVED:-**

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

The meeting ended at 1625 hours

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CHAIRPERSON



# Information briefing

**Report from:** Strategic Director for People

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

**Date:** Tuesday 29<sup>th</sup> September 2015

**Title:** Primary Care & Community Mental Health Transformation

## Background

The Joint Commissioning team for mental health have been working with lead clinicians from Birmingham Clinical Commissioning Groups to outline and describe a programme of work to transform and develop primary care mental health services.

In Birmingham the CCGs recognise that we have made many changes to mental health services since the launch of the 'Better Mental Health for Birmingham' Mental Health Strategy (2011- 2016); however, the evidence is clear that we still have some further work to do to;

- Improve people's experience of services
- Increase support for people when they no longer require specialist mental health services and are discharged back to their GP practice
- Promote wellbeing
- Help people to recover and live fulfilling lives
- Make access to mental health services in the community easier
- Increase access to services
- Improve access to information about the availability of mental health services in Birmingham
- Improve partnership working between service providers to make things better for people

## The scope of services included:

- Improving Access to Psychological therapies (IAPT)  
The IAPT service is accessible for people who are experiencing depression and/or anxiety disorders.
- Counselling Services  
Counselling services are accessible for people who may be distressed in connection with current or past life challenges and may experience depression, stress or anxiety.
- Community Mental Health Teams (CMHTs)  
A community mental health team coordinates your care if you receive community-based mental health care.

- Recovery, Enablement and Prevention services

These services support people who may be recovering from a mental health condition, people who may have developed a mental health condition but may not require specialist mental health care, and provide information to the general public.

Purpose of this report:

The purpose of this report is to provide an update in relation to the progress that has been made in relation to the redesign programmes and outline the next steps. (Please see attached presentation).

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Excellence in Commissioning  
Through Excellent Primary Care

**NHS**  
**Birmingham CrossCity**  
**Clinical Commissioning Group**

# Primary Care & Community Mental Health Transformation update Joint Commissioning Team

# What services are we talking about?

## **Improving Access to Psychological therapies (IAPT)**

- The IAPT service is accessible for people who are experiencing depression and/or anxiety disorders

## **Counselling Services**

- Counselling services are accessible for people who may be distressed in connection with current or past life challenges and may experience depression, stress or anxiety

## **Community Mental Health Teams (CMHTs)**

- A community mental health team coordinates your care if you receive community-based mental health care

## **Recovery, Enablement and Prevention services**

- These services support people who may be recovering from a mental health condition, people who may have developed a mental health condition but may not require specialist mental health care, and provide information to the general public.

# Shared objectives of the GP mental health leads

1. Improved physical health for people with severe and enduring mental illness
2. Better support for people with complex psychological problems and personality disorder
3. Better support for people suffering with Medically Unexplained Symptoms
4. Improved access to interventions for people suffering with long-term conditions
5. Clearer pathways for service users, carers and referrers
6. Improved access to talking therapies (or psychological therapies) and improving the range of therapies available
7. People will be better informed and will feel more able to manage their condition
8. The right care at the right time
9. People feel more supported in their community
10. Integrated support, incorporating wellbeing as well as treatment
11. Localised services enabling recovery
12. Greater financial efficiency, resources are directed appropriately and to those in need.

# Consultation summary feedback (March – June 2014)

Theme	Feedback
<b>Training and development</b>	<ul style="list-style-type: none"> <li>• More <b>staff empathy</b> required towards patients</li> <li>• GPs (in particular) to receive more training on mental health issues</li> </ul>
<b>Ease of access</b>	<p>A requirement for <b>speedier access</b> to mental healthcare services in general, by reducing waiting list times and giving faster access for patients in urgent situations.</p> <p>The <b>single point of access</b> was welcomed and it was felt that this should be staffed by clinical and non-clinical people.</p> <p><b>Different languages</b> are acting as a barrier to patient access to services.</p> <p>The <b>location of services</b> needs to be considered for patients who require consistency of venue and also for those patients who have problems travelling too far to access services</p>
<b>Improved partnership working and inter-organisational links</b>	<p>Issues and concerns raised highlighted a need for better working relationships and communication to be fostered and established between organisations working with mental health care patients. For example, between GPs and mental healthcare teams and voluntary sector organisations.</p>
<b>Services on offer</b>	<p>The services at present are limited and inflexible and do not appropriately provide for all service users' needs and requirements due to referral criteria for services and the range of interventions available.</p> <p>Systems processes and procedures do not assist clients with their recovery and treatment. A mixture of localised approaches is required to deliver more effective primary care and community mental health services.</p> <p>Services and professionals need to make further effort to involve family members and carers more where appropriate.</p>
<b>Where to access information</b>	<p>Whilst the majority of people access information via their GP or through the internet, people often found that the system was difficult to access and navigate and staff's knowledge of mental health services varied.</p>

# Current position within each CCG

Development of the following areas or enhancing what already exists:

- Mental health and wellbeing models
- Talking therapies
- Training and education; to up skill the primary care workforce
- General Practice enhanced/quality schemes

## Next steps:

In light of the current planned activity within in each CCG and differences in milestones there is added value by adopting a jointly commissioned approach with the three Birmingham CCGs and the Local Authority. Taking into account the plans within the Five Year Forward View, including the new emerging models of community care, ensuring service user and carer involvement within the new governance structures in Mental Health in Birmingham, we plan to:

- Align CCG Commissioning Plans with forthcoming strategic outcomes by the end of December 2015
- Initiate Talking Therapies (non-IAPT) Commissioning Plan with newly commissioned/procured services to be in place by 1st January 2017
- Initiate Wellbeing Services Commissioning & Strategy Plan with newly commission/procured services to be in place by 1st August 2017

Thank you

Questions?





**RECOMMENDATIONS ASSESSED AS OUTSTANDING/CLOSED (BUT NOT ACHIEVED)**

<b>FALLS PREVENTION UPDATE – HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE</b>			
<b>No.</b>	<b>Recommendation</b>	<b>Responsibility</b>	<b>Evidence of Progress presented to HOSC on 18<sup>th</sup> September 2015</b>
R01	That the Birmingham and Solihull Frail Elderly Programme Board report progress towards a pan-Birmingham Falls and Fracture Prevention Strategy, which includes details of future funding arrangements.	Birmingham and Solihull Frail Elderly Programme Board	<p>Progress made since initial report to August 2015</p> <p>The Falls and Fracture Prevention Programme has been led by Birmingham Public Health Since April 2014. The initial Strategy of a multi- agency steering group model required review following key members moving positions or retiring, this led to a reduction in the numbers of participants to the group. There was a lack of engagement to the groups from partners; a position statement on the strategy was presented to the Better Care Fund. Public Health have continued to move the work stream forward, whilst engaging with the key sectors and individuals on a targeted basis for the differing elements of the Falls and Fracture Model.</p> <p>It was felt that there should be a greater consultation to understand the value of existing services and to understand the barriers and challenges and opportunities to improve services. These surveys have been developed for the citizen, service user of falls and fracture services; General Practitioners, Domiciliary care providers, Care Homes, Pharmacists, Therapists, paramedics and Fire service personnel. This consultation is ongoing and there some of the groups where it is complete and some remain out in the consultation period. The views of the service user are paramount in developing the new model of care.</p> <p>There is a new strategic model for falls and fracture prevention with an understanding of the potential numbers of citizens that may use each element; this work is ongoing.</p> <p>Delivering services in a different way are been explored and there are pilot models that are being developed and tested before a whole system change is implemented.</p> <p>The Public Health Team have engaged in regional and National work streams, working</p>

**RECOMMENDATIONS ASSESSED AS OUTSTANDING/CLOSED (BUT NOT ACHIEVED)**

			<p>with Public Health England, NHS England, Falls and Fracture Alliance and Royal College of Physicians. This was to scope what services are offered in other areas and to contribute what Birmingham team have learnt.</p> <p>Anticipated completion April 2016</p>
R04	<p>Those services are developed so that no matter where older people live in the City, specialist postural stability groups and community health falls rehabilitation services are available and that transport to these activities is considered as part of any offer.</p>	<p>Cabinet Member for Health &amp; Wellbeing and District Chairs</p>	<p>In order to understand what other exercise options there are available to refer citizens to, PH Team have surveyed Therapy staff within Birmingham in addition to undertaking a formal consultation as part of the Lifestyle service redesign. There will also be a wider review to see what other organisations are delivering and what these are. This is to ensure that if a citizen is referred for falls prevention intervention it reflects the clinical guidance and minimum standards identified by NICE.</p> <p>To date Public Health have continued to invest £4.4million into the Wellbeing service with a ring fenced allocation of £390,000 specifically targeting older people and those at risk of falls; this includes a pilot Postural Stability programme. This pilot was due to start in November 2014 following the training of two members of staff to deliver the service with the intention of training a further 8 staff by March 2015. The Wellbeing service have to date been unable to commence delivery of this pilot due to them not having the appropriately qualified staff in place and priority has been focused on the roll out of the new Wellbeing Centres, which has resulted in a gap in the resources for this population.</p> <p>Progress to date by the wellbeing Service includes:</p> <ul style="list-style-type: none"> <li>• Review of those staff that undertook the original training</li> <li>• 8 new members of staff have now been identified and are undertaking the Level 4 Postural Stability Instructor course, run by Laterlife Training.</li> <li>• It is proposed that the programme will be implemented in the following sites over the next 6-12mths with a view to rolling out across more sites subsequently:</li> </ul>

**RECOMMENDATIONS ASSESSED AS OUTSTANDING/CLOSED (BUT NOT ACHIEVED)**

			<ul style="list-style-type: none"> <li>▪ Shard End</li> <li>▪ Saltley</li> <li>▪ Handsworth</li> <li>▪ Small Heath</li> <li>▪ Kingstanding</li> </ul> <p>This will be reviewed as part on the Contract/performance meetings</p> <ul style="list-style-type: none"> <li>• Over the coming months stronger partnerships will be established with Therapy Services team at Heart of England Acute Trust to work in partnership for community based falls prevention services and developing pathways into such services.</li> <li>• In addition, work on key programmes (Wellbeing Sites, Active Parks) is underway to include provision specifically for older people. Sites are currently reprogramming their activities now that the Wellbeing Service has gone live to have a focus on older people and falls prevention and a number of additional activities and hours are now being introduced at wellbeing centres: <ul style="list-style-type: none"> <li>• Seated Yoga</li> <li>• 50+ Extend</li> <li>• 50+ Swimming</li> <li>• Curling</li> <li>• Bowls</li> <li>• Easy Gym</li> <li>• Toning Tables</li> <li>• 50+ Fitness Classes</li> <li>• 50+ Gym</li> <li>• Line dancing</li> <li>• Sequence dancing</li> <li>• Ballroom dancing</li> </ul> </li> </ul>
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**RECOMMENDATIONS ASSESSED AS OUTSTANDING/CLOSED (BUT NOT ACHIEVED)**

			<ul style="list-style-type: none"> <li>• Tai Chi</li> <li>• Conservation</li> </ul> <ul style="list-style-type: none"> <li>• Working is also ongoing with Age Concern, Alzheimer's and Sense to develop a project that encourages older people to get active and tackle social exclusion that will include: <ul style="list-style-type: none"> <li>• Historical Walks</li> <li>• Memory Walks and Cafes</li> </ul> </li> </ul> <p>Priority will now be focused on developing the Postural Stability programme that is recognised as a commissioning priority from Public Health and a service that is recognised in the National guidance for Falls prevention as an important component of any Fall Pathway.</p>
R05	That the three Birmingham Clinical Commissioning Groups report to the Health and Wellbeing Board how GPs in Birmingham are taking forward the Falls Pathways approach outlined by Birmingham and Solihull Frail Elderly Programme Board.	Cabinet Member for Health and Wellbeing in his capacity as Chair of Health & Wellbeing Board	<p>The Clinical Commissioning Groups have been an integral partner in the development of the new Falls and Fracture Model.</p> <p>Birmingham Cross City CCG has commissioned a Fracture Liaison Service at University Hospital Birmingham and a pilot model continues at HEFT. The team are working with the Sandwell and West Birmingham Commissioning team to understand existing services to cover the gap to West Birmingham Citizens.</p> <p>As a new development since the original business case , the PH team are piloting a new risk stratification utilising existing G.P. practice information to risk stratify for frailty, the three CCG's have identified a practice and G.Ps to work with the PH team; CLARCH research is also a partner in the pilot.</p>
R06	That the Director of Public Health co-ordinates a Falls Prevention awareness raising campaign which signposts to the	Cabinet Member for Health and Wellbeing	The Public Health program lead, a Consultant Geriatrician and Clinical lead from Equipment BCC have appeared on NOOR T.V in August 2015 to talk about falls and fracture prevention with simple interventions to live more safely and how to obtain

**RECOMMENDATIONS ASSESSED AS OUTSTANDING/CLOSED (BUT NOT ACHIEVED)**

	<p>Falls Prevention Service and promotes:</p> <ul style="list-style-type: none"><li>- Regular eye tests.</li><li>- Good nail care.</li><li>- The reduction of hazards in the home.</li><li>- Good diet.</li></ul>		<p>further advice.</p> <p>Public Health have identified key individuals to work with District Councillors, as part of this work we are working together to enable Districts to host their local information on older persons services on the Public Health Website.</p> <p>PH England have a National Falls campaign on the 1<sup>st</sup> October 2015, the PH Birmingham Team are arranging events to promote this locally. PH Birmingham are keen to continue this with the Flu Campaign this year.</p>
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<b>Report of:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>To:</b>	<b>Health and Social Care Overview and Scrutiny Committee</b>
<b>Date:</b>	<b>29<sup>th</sup> September 2015</b>

## **Progress Report on Implementation: Tackling Childhood Obesity in Birmingham Inquiry**

### **Review Information**

Date approved at City Council:	8 <sup>th</sup> April 2014
Member who led the original review:	Councillor Susan Barnett
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	26 <sup>th</sup> November 2014

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

### **Appendices**

<b>1</b>	<b>Scrutiny Office guidance on the tracking process</b>
<b>2</b>	<b>Recommendations you are tracking today</b>
<b>3</b>	<b>Recommendations tracked previously and concluded</b>

### **For more information about this report, please contact**

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## Appendix I: The Tracking Process

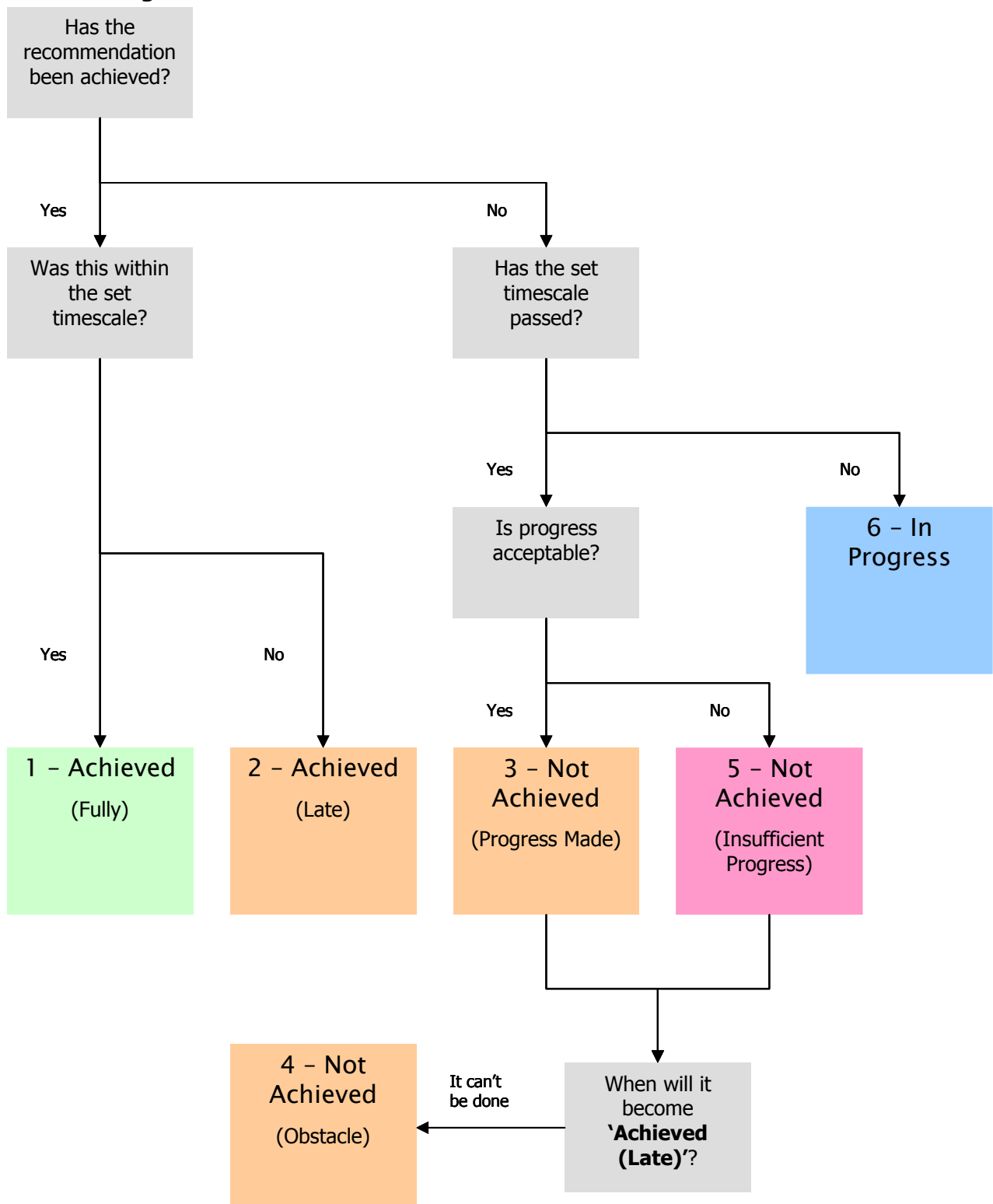
In making its assessment, the Committee may wish to consider:

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

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



## The Tracking Process



## Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R02	That the Chair of the Education and Vulnerable Children Overview and Scrutiny Committee meet with the Chair of the Birmingham Educational Partnership (BEP) to explore how the recommendations of the Health and Social Care Overview & Scrutiny Committee can be supported by the School Food Plan 2013 and also to develop more systematic engagement with all schools including free schools and academies on school food standards, healthy lifestyle options such as increasing walking and other healthy eating initiatives commissioned by Public Health.	Chair of Education and Vulnerable Children Overview and Scrutiny Committee	September 2014	3

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

Director of Public Health (DPH) and Childhood Obesity Strategic Lead met with BCC CEO on 16<sup>th</sup> June '15 to discuss childhood obesity and how we create conditions to improve the health and wellbeing of children. Following a positive conversation it was recommended that the team spoke to the Interim Executive Director for Education with a view to looking at the curriculum entitlement.

A meeting was held on 7<sup>th</sup> July with BEP CEO, BEP board member, DPH, Interim Executive Director for Education, Childhood Obesity Strategic Lead and Public Health team to discuss proposal further. The aim of the meeting was to promote health and wellbeing. Joint working with the BEP will be ongoing. Actions agreed;

- Interim Executive Director for Education agreed to include health and wellbeing in the BEP service specification under the relation to District based service
- BEP CEO agreed to disseminate 6 key health themed messages to schools during the academic year
- DPH offered staff resource to BEP to further reinforce the health and wellbeing importance to BEP District structures
- The BEP agreed a further conversation following transition would be useful to look at options for expanding the offer

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That the approach described by Birmingham Children's Hospital (BCH) as a stakeholder in the wider health and wellbeing of children and in starting to build a wider commitment by provider trusts to contribute to the public health agenda including the possibility of establishing a health promoting network for hospitals in Birmingham be supported and that BCH be requested to update the Health and Social Care Overview and Scrutiny Committee on progress.	Birmingham Children's Hospital Consultant in Public Health Medicine	April 2015	3

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

- Birmingham Children's Hospital (BCH) presented the idea of a network at the regional CEO forum – broad agreement. Health Education West Midlands were extremely interested in the idea and have now taken on the idea of co-ordinating a set of workshops to bring providers together to look at specific areas, such as preventing obesity
- BCH continue to work with their current catering provider to improve the food offer for current patients. They will be retendering this service in the next couple of years, and are beginning preparatory work to outline how this can support further improvements in their offer
- BCH have put themselves forward to be a health and wellbeing pilot site with NHS England for next year
- BCH are now working in much closer partnership with Birmingham Women's Hospital, progressing the

Strategic Outline Case to test if an integrated Women's and Children's hospital for Birmingham is the right choice for the future of both organisations. This includes articulating a wider vision around our aspirations to support the whole family in Birmingham.

- BCH continue to participate in the national provider public health network

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R05	That through the Childhood Obesity Care Pathway, a children's service offer is developed which includes diet and behaviour, as well as physical activity, and that all services have the flexibility to offer family based interventions if appropriate.	Birmingham South Central, Birmingham Cross City and Sandwell and West Birmingham Clinical Commissioning Groups	April 2015	3
<b>Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')</b>				
Referral pathway for Children's Weight Management is in place and was promoted to clinicians at workshop in July 2014. Work is ongoing to achieve a more comprehensive pathway which includes access to family physical activity through a Be Active Children's Offer which is still in the development phase. Remodelling Lifestyle Services including childhood obesity prevention and treatment services is a priority for Public Health.				

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R06	That the Health and Wellbeing Board through the Third Sector Assembly and the three Birmingham Clinical Commissioning Groups examine the best way to develop stronger strategic links between GPs and the Third Sector which may have the potential to facilitate further and better engagement with, and delivery of the childhood obesity agenda.	Cabinet Member for Health and Social Care as Chair of Health and Wellbeing Board	April 2015	1
<b>Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')</b>				
<p>On 1<sup>st</sup> July 2014, the Birmingham Childhood Obesity Strategic Steering Group hosted a workshop to engage clinicians on this critical agenda. The workshop focused on their role as a GP in tackling Childhood Obesity and the risk of not doing so, clarification around factors which might indicate obesity secondary to an underlying condition, effects of physical inactivity as well as support on raising the issue with families. Guest speakers included; Dr Rachel Pryke, <i>RCGP clinical lead for nutrition and Worcestershire GP</i>, Dr Chizo Agwu, <i>Clinical Director Paediatric services Sandwell and West Birmingham NHS Trust</i> and Dr William Bird, <i>GP and Founder &amp; CEO of intelligent Health</i>.</p> <p>While the impact of the child healthy weight care pathway cannot be measured at this stage feedback from the event and responses from clinicians has been very positive</p> <p>Two additional clinical CPD events were held for Birmingham midwives in November 2014 and January 2015 to support them on raising the issue of obesity and health weight gain during pregnancy.</p> <p>District childhood obesity workshops have been held in Perry Barr, Northfield and Yardley during 2014.</p> <p>A Representative of the Third Sector has been chosen to sit on steering group</p>				

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R08	That the Planning Committee start discussions with a view to adopting a policy development approach which commits to design out the obesogenic environment by following a process similar to the one that was followed when putting together Birmingham's Green Commission. Through this approach an environment can be designed that encourages physical activity,	Chair of the Planning Committee	April 2015	2

	active travel and healthy lifestyle choices.			
<b>Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')</b>				
<p>There has been some conversations with the Director of Planning and Regeneration and the Director of Public Health around establishing a new Supplementary Planning Document to encompass a) limiting Hot food takeaway's near schools and will be concerned with A5's with the potential to include A1 and A3's if viable and/or b) applications for Hot food takeaway's within close proximity to residential units/schools could be refused where it is considered that there may be significant adverse impacts on school/residential amenity in terms of noise, vibrations, odours, traffic disturbance, litter or hours of operation as a result of the proposed premises. An options appraisal has been completed and further discussions are to take place.</p> <p>There is the potential for the current Hot food takeaway policy to be included in the Birmingham Development Plan which is a positive step forward.</p> <p>Public Health and the Smart City Alliance are working together to deliver a Smart City Alliance Workshop which will involve businesses taking part and potentially considering 'Crowd Funder' as a model to identify obesity/food related projects that the public are interested in and opportunities for co-funding. This is seen as an exciting opportunity to work with business to create a healthier environment in Birmingham.</p> <p>Continuing from last year's Planning and Health Workshop work is ongoing to develop and implement a Developer's toolkit which aims to ensure that planning authorities, developers, master planners and architects are engaged at the earliest opportunity in the planning and development process. The developer toolkit covers 11 distinct themes including; housing quality and design, access to healthcare services and other social infrastructure, access to open space and nature etc</p> <p>The planning department are currently working up a submission for the Healthy New Towns and Neighbourhoods Initiative being promoted by NHS England</p>				

<b>No.</b>	<b>Recommendation</b>	<b>Responsibility</b>	<b>Original Date For Completion</b>	<b>Cabinet Member's Assessment</b>
R09	That the Partnerships, Engagement and Communication Group, as an integral part of their work on developing and implementing a communications strategy, establish what advertising the Council and other stakeholders have control or influence over with a view to using this influence to promote healthy eating and physical activity.	Cabinet Member for Health and Social Care	April 2015	1

<b>Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')</b>				
<p>Public Health are having conversations around including the nutrition information on all food and beverage street side advertising controlled by Birmingham City Council. Public health are proposing that they create their own Birmingham Standard for displaying nutrition information (which commuters would be able to read driving passed). We are currently speaking to Department of Health and BCC Legal team to ensure whatever standard is developed is free from challenge by the market e.g. traffic light labelling per portion or 100g and/or health warning messages. The contract is due to commence Dec 2015 and will be in place for 15 years. The contract document will also include that the Council reserves the right to enter into negotiation about restricting the content of food and beverage advertising in particular that which is categorised as unhealthy.</p>				

## Appendix ③: Concluded Recommendations

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

**concluded**

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R01	That letters be sent to: (a) the Secretary of State for Health to lobby for a stronger UK wide response towards childhood obesity with particular reference to addressing the food industry and producers, the role of education and schools and in relation to strengthening planning policy with a view to giving stronger planning powers to local Councils to enable them to deal more effectively with the proliferation of hot food takeaways; (b) the Secretary of State for Communities and Local Government to lobby for a change in policy guidance which would allow planning applications for inappropriate schemes to be refused on health grounds; and (c) Birmingham MPs to ask them to campaign in the House of Commons and lobby the Secretary of State for Health in relation to these issues.	Cabinet Member for Health and Social Care Chair of Health and Social Care Overview and Scrutiny Committee	November 2014	2
R03	That the Chair of the Education and Vulnerable Children Overview and Scrutiny Committee meets with the Chair of the Birmingham Governors Network to ensure that governors: (a) are systematically engaged and well informed in relation to the resourcing and funding decisions needed to support initiatives to tackle childhood obesity; and (b) are aware that they have the power to object to planning applications especially in relation to proposed hot food takeaways near schools and of the appropriate planning grounds they should consider whilst recognising that an objection in itself does not necessarily lead to refusal; and (c) understand their responsibility as school governors around meeting the school food guidelines.	Chair of Education and Vulnerable Children Overview and Scrutiny Committee	November 2014	2
R07	That the Street Trading Consultation Process be amended to include the Director of Public Health as a consultee where Street Trading Consents are being sought for food outlets so that any representation made by the Director of Public Health can be taken into consideration before any decision is made.	Director of Regulation and Enforcement with Cabinet Member for Health and Social Care as Chair of Health and Wellbeing Board	November 2014	1

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

**Concluded**

<b>No.</b>	<b>Recommendation</b>	<b>Responsibility</b>	<b>Date Concluded by Overview and Scrutiny Committee</b>	<b>Tracking Assessment</b>
R10	That an assessment of progress against the recommendations and suggestions made in this report should be presented to the Health and Social Care Overview and Scrutiny Committee.	Cabinet Member for Health and Social Care	November 2014	2

<b>Report of:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>To:</b>	<b>Health and Social Care Overview and Scrutiny Committee</b>
<b>Date:</b>	<b>29<sup>th</sup> September 2015</b>

## **Progress Report on Implementation: Mental Health – Working in Partnership with Criminal Justice Agencies**

### **Review Information**

Date approved at City Council:	7 <sup>th</sup> January 2014
Member who led the original review:	Councillor Waseem Zaffar MBE JP
Lead Officer for the review:	Rose Kiely/Baseema Begum
Date progress last tracked:	11 <sup>th</sup> November 2014

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

### **Appendices**

<b>1</b>	<b>Scrutiny Office guidance on the tracking process</b>
<b>2</b>	<b>Recommendations you are tracking today</b>
<b>3</b>	<b>Recommendations tracked previously and concluded</b>

### **For more information about this report, please contact**

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## Appendix I: The Tracking Process

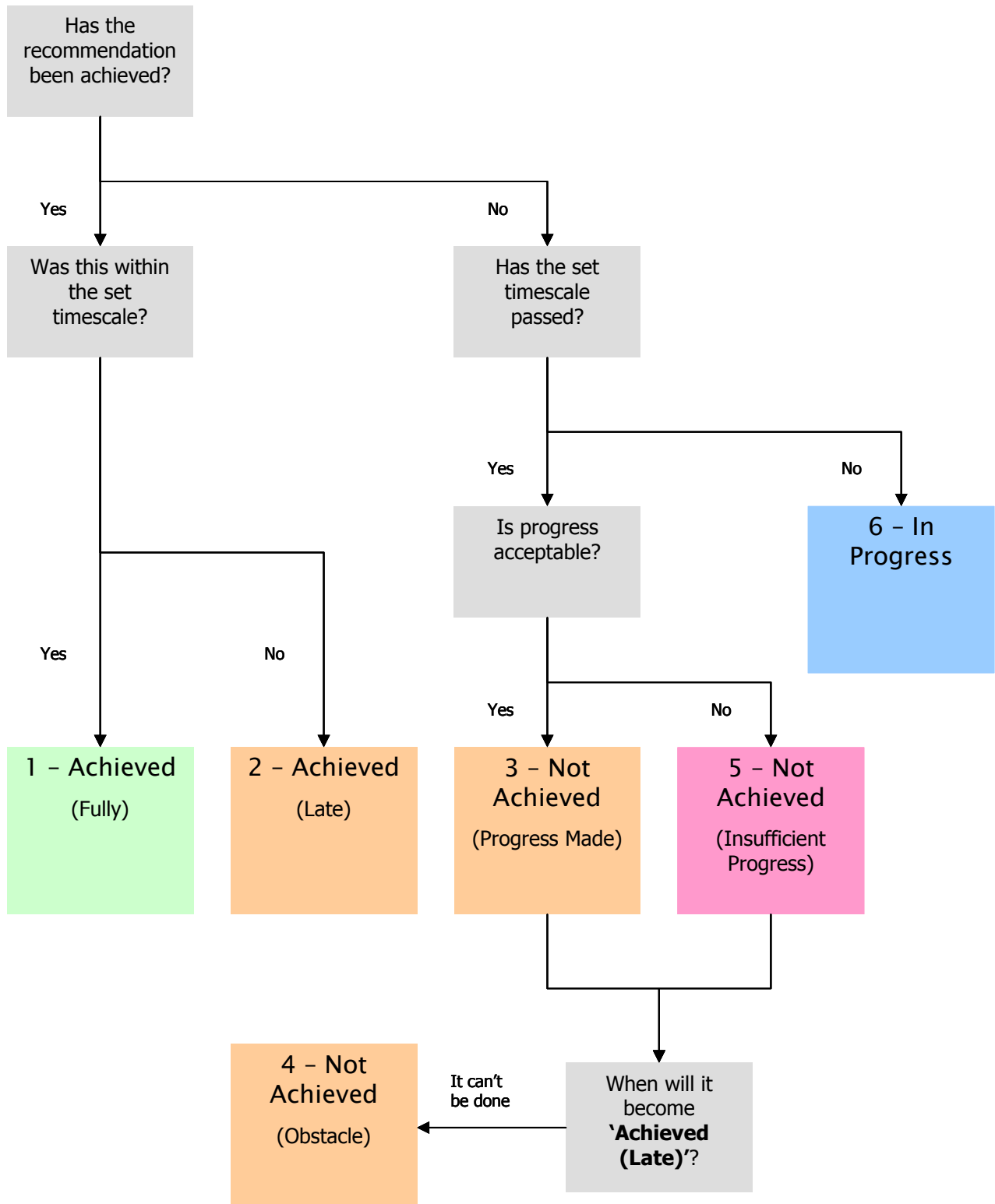
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<b>6: In Progress</b>	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.



## The Tracking Process



## Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R01	That the Birmingham Joint Commissioning Team for Mental Health and NHS England (who commission Tier 4 CAMHS services) should be responsible for and take urgent action to commission age appropriate mental health inpatient and community services for young people aged 16 and 17.	Cabinet Member for Health and Social Care working with Cabinet Member for Children Services, Birmingham Integrated Commissioning Board (ICB) and Childrens Strategic Partnership Board (CSPB)	July 2014	1

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

(November 2014 report: CAM: 1 –

**"Services for young people aged 16-17 have been part of a wider review of services to young people up to the age of 25. There is currently procurement in process for a mental health service to cover all young people in Birmingham under the age of 25. This is an NHS procurement led by Birmingham South Central CCG. The outcome will be announced in January 2015**

**The Joint Commissioning Team has been part of the planning, consultation and procurement. The new service will provide a more age appropriate service, and will mean that there is no need to transition from children's to adult services at 18, which will mean continuity of service during thus vulnerable time."**

**Update: Services for young people under 25 have been re-procured, the tender has been won by Forward Thinking Birmingham (a consortium led by Birmingham Children's Hospital). Services will transfer from the existing provider in a stepped fashion between October 2015 and March 2016.**

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R03	That, if proven to be successful, the coordinated trial multi-agency response as exemplified by the Street Triage Pilot currently being piloted by West Midlands Police, be mainstreamed across Birmingham and made permanent.	West Midlands Police West Midlands Ambulance Service BSMHFT Joint Commissioning Board	January 2015	1

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

(November 2014 report: CMA 3 –

**"The street triage scheme has been in operation since January 2014 and is Department of Health funded to 31<sup>st</sup> December 2014. It provides a crisis response service for 999 calls which involve mental health. It can help prevent admission to psychiatric hospital and divert people from A&E departments, as well as putting people in touch with mental health teams and other sources of support. It has been reviewed by the three agencies which provide it (West Midlands Police, West Midlands Ambulance Service and Birmingham & Solihull Mental Health NHS Foundation Trust) and the Mental Health Joint Commissioning Team. The outcome was positive support by all for the scheme. A bid will therefore be put to WMP, WMAS, and the Clinical Commissioning Groups for Birmingham to request that the scheme can be continued into 2015. There is agreement among commissioners and providers that street triage has been an important development in the management of urgent care. People who have received the**

service have said how it is a more personal , individual response which they have welcomed. West Midlands Police - A business case is currently being formulated to provide a roll out of the Triage in to a commissioned service. The evidence has proved positive with improved outcomes and reduced demands on acute health and police / ambulance resources. The wider health benefits are still under review however from a patient experience perspective and improved quality of care it links directly to the Crisis Care Concordat principles.”)

**Update:** The scheme is funded to 31<sup>st</sup> March 2016. Meetings are taking place in September to finalise the business case for 2016-17.

The figures for January-July 2015 are: total referrals to street triage 1659. Of these, 969 were seen face to face, 679 dealt with by phone. 562 were seen in a public place, 1088 on private premises, which shows a development of the scheme in this direction. Without the scheme, police would have taken 259 to the Place of Safety under the Mental Health Act, the actual figure was 80. Ambulance staff diverted 484 away from Accident & Emergency departments. Ambulances would have been called out on 963 occasions, police on 629 occasions. The scheme uses a car rather than an ambulance. 108 people were taken to the new Psychiatric Decision Unit.

There is also now a dedicated Homeless Street Triage (HOST) car, introduced on a trial basis on 17<sup>th</sup> August. It will respond to calls re homelessness, begging and anti-social drinking in the city centre. The car is provided by Midland Heart, and will carry a plain clothes police officer and two outreach workers, including a substance abuse specialist, and will operate from 9 am to 9 pm Monday-Friday. In its first two weeks it dealt with 69 calls.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That, in order to support the work of the West Midlands Strategy Group, the Mental Health Champion reviews arrangements to provide patient, carer and third sector oversight of the implementation of the Mental Health and Learning Disabilities Summit Action Plan. This oversight should be extended to recommendations contained within this report.	Cabinet Member for Health and Social Care BCC Mental Health Champion	To report back on progress July 2014	2

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

(November 2014 report: CAM: 2 –

“The Mental Health Partnership Forum has representatives from patient and third sector organisations and would be a natural focus for the work. The Forum is chaired by Councillor Paulette Hamilton. Stonham is the voluntary organisation providing support to carers for mental health, and Mencap has the council contract for support to all carers. These organisations can be used to identify carers to participate.

Work is now under way to agree the people/groups who will participate, and this is expected to be achieved by the end of November 2014.”)

**Update:** Attendance at the Mental Health Partnership Forum has been agreed. Governance of mental health is now headed by the Systems Strategy Board, with senior representation from CCGs, local authority, third sector, police and probation. Service User representatives are currently being selected.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R05	That BSMHFT work with the Police, the City Council, the Clinical Commissioning Groups, the Joint Commissioning Team and the Third sector to: (1) Map what mental health support services are currently available for ethnic minority groups in Birmingham; and (2) investigate best practice provision	Birmingham and Solihull Mental Health Foundation Trust	Report back on progress July 2014	6

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	of community outreach to ethnic minority groups and commission a culturally sensitive early mental health support service in Birmingham.			
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>(November 2014 report: CMA: 2 –</p> <p><b>"Mapping is currently taking place as part of the work to review mental health support to primary care, and this will involve helping third sector organisations, including those for BME communities, to align more accurately across the city. This work is being done by commissioners in partnership with Birmingham &amp; Solihull Mental Health Foundation Trust and other partners. Birmingham &amp; Solihull MH Trust provides an Early Intervention Service aimed at those who are having a first episode of serious mental illness, primarily working with young adults. The council's review of its third sector funding will also take into account the support to the city's diverse communities."</b>)</p> <p><b>Update: The work undertaken by Birmingham City Council and the CCGs in relation to support for third sector funding will lead to changes and possible re-procurement of services. The emphasis will be on prevention and recovery, resilience/maintenance for people with long-term conditions, and ensuring better access to service for people from all ethnic groups. BSMHFT's plans in the "New Dawn" proposals include strengthening the access to services and links with primary care, and greater involvement of service users in planning their care. BSMHFT's Healthy Minds service has created specific talking therapies aimed at people from ethnic minorities.</b></p>				

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R06	That consideration be given as to how existing provision in the community can best be utilised to provide more community focused intervention across the city to support the hospital based places of safety.	Chair of Birmingham Community Safety Partnership in their capacity as relevant member of the Health and Wellbeing Board Birmingham Integrated Commissioning Board (ICB) Childrens Strategic Partnership Board (CSPB)	January 2015	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>(November 2014 report: CMA: 6 –</p> <p><b>"The urgent care pathways for mental health are currently under review. This includes the use of the Place of Safety, which has diverted those with mental health problems from police custody. The review will also cover the liaison service in acute hospitals, street triage, and the use of psychiatric acute beds. The development of Street Triage has been done in conjunction with the Place of Safety, and has resulted in people being diverted into community alternatives. The PoS remains for those who come to police attention and are needing a route to acute psychiatric hospital admission."</b>)</p> <p><b>Update: A business case will be submitted to continue the street triage scheme in 2016-17. The Psychiatric Decision Unit is being reviewed and a decision will be made whether to continue it. Birmingham &amp; Solihull Mental Health Trust has published plans to re-design its services (the "New Dawn" proposals) which included strengthening the links between the Trust and primary care, social care and third sector.</b></p>				

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R08	That frontline local authority staff who have face to face dealings with people who may be experiencing mental health difficulties receive additional basic training to enable them to recognise where mental health issues exist and to make an appropriate referral.	Cabinet Member for Inclusion and Community Safety	January 2015	6

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

**(November 2014 report: CMA: 6 –**

**"There is a training programme through Birmingham Care Development Agency, which offers training, action learning sets, e-learning and other ways to enhance the skills of those working in the care field, and who will be working with vulnerable people. Details of the training programme are circulated on the council's global email. Managers can include training requirements in the Personal Development Reviews.")**

**Update: A 2-day course is planned for February 2016 covering adult and children's social care, Housing, Youth Justice, Probation, police and NHS staff. Additional training is provided on gangs and substance misuse.**

**The Birmingham Community Safety Partnership's Vulnerable People Delivery Group has commissioned Birmingham MIND (Birmingham Association for Mental Health) to deliver First Aid Mental Health Training to frontline professionals within public and third sector organisations .**

**The training has been re-commissioned following a huge demand by frontline workers to rerun the series of sessions that took place in 2014 - 15.**

**MIND will provide accredited mental health first aid trainers to deliver a series of 2 day training courses and half day training courses from October 2015 to March 2016 at the Bond, Digbeth. These sessions will be available to frontline officers from across the City.**

**Objectives of the course:**

- **Train practitioners who work with people experiencing mental health, raising their awareness on how to identify problems to provide best possible responses and services.**
- **Recognise the crucial warning signs of mental ill health and make referrals to appropriate agencies.**
- **Practitioners to recognise that mental health can be the primary factor leading to anti-social behaviour.**

**The two day training course will include:**

- **Mental Health First Aid**
- **Suicide and depressions**
- **Anxiety Disorders**
- **Psychosis**

**Mental Health First Aid LITE: Half Day course**

**Mental health awareness introductory session includes:**

- **Identifying discrimination around mental health**
- **Defining of mental health and some Common mental health issues**
- **Relating to peoples experiences**
- **Looking after your own mental health**

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R09	That the Birmingham Integrated Commissioning Board should explore the best way of establishing a single telephone service for the whole of Birmingham. It should provide a single point of access which people experiencing mental health issues, family members, Councillors and other individuals who come into contact with mental health patients, can use to access advice, referral or signposting to specialised services and assessment by a mental health professional.	Birmingham Integrated Commissioning Board (ICB) working with Chairs of Clinical Commissioning Groups	January 2015	2

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

(November 2014 report: CMA: 6 –

**"Birmingham & Solihull Mental Health Foundation Trust - We have had some local discussions within the Trust about the development of a 'crisis line' we have developed a Single Point Of Access for the GPs to refer to. The 'crisis line' will be available to all people known to services who need to access support out of hours. Patients known to the Trust are given contact details for Home Treatment Teams out of hours.**

**The work on primary care mental health is considering how the single point can be widened to those using primary care. This work will then be discussed with Birmingham & Solihull Mental Health Foundation Trust, with a view to having arrangements which provide an agreed care pathway, and which provides access to those in crisis."**

**Update: The 111 NHS service now covers mental health, and is available to all citizens.**

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R10	That BSMHFT promote and further develop the Community Forensic Mental Health Team and replicate this service on a wider basis, to divert people with mental health issues from the criminal justice system towards appropriate support and interventions in the community.	Birmingham and Solihull Mental Health Foundation Trust	January 2015	6

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

(November 2014 report: CMA: 6 –

**"Birmingham & Solihull Mental Health Foundation Trust - The completion date for this recommendation is January 2015**

**BSMHFT is committed to the provision of a Forensic Community Mental Health Service consistent across the whole of our catchment area. However the national specification produced by NHS England only covers Forensic Outreach services and local CCGs have not as yet commissioned any specific community services for these patients over and above the outreach service commissioned by NHS England. NHS England have only partially funded the forensic outreach service in 14/15, limiting the investment for the additional part of the service required by the opening of the new Tamarind Medium**

**Secure Unit, although for 13/14 the service has run as a cost pressure to the Trust. NHS England & BSMHFT have agreed funding for a reduced caseload for Forensic Outreach Services, recognising the need to continue to provide a service that assists in diverting people away from the CJS and into appropriate care pathways and recovery. There has been a recent communiqué describing the requirement to reduce caseloads to a manageable level given the current financial envelope. This is being worked through and where appropriate, transfers to local services are occurring. BSMHFT has begun dialogue internally and with local CCGs to work out the logistics of potential transfer of Forensic Outpatients into Assertive Outreach Teams and CMHTs across the City. The Trust has prepared and considered a Clinical Quality, Equality Impact assessment relating to the changes to the service.”)**

**Update: Forensic mental health services are commissioned by NHS England. We are awaiting the latest position from BSMHFT.**

<b>No.</b>	<b>Recommendation</b>	<b>Responsibility</b>	<b>Original Date For Completion</b>	<b>Cabinet Member's Assessment</b>
R11	That statutory agencies should support third sector organisations by: (1) examining opportunities to commission primary care services which can be delivered by small third sector organisations where appropriate capacity and expertise already exists within the third sector; and by (2) providing support in areas where statutory agencies have expertise such as bid writing and signposting to potential sources of funding.	Birmingham Integrated Commissioning Board (ICB)  Birmingham and Solihull Mental Health Foundation Trust	July 2014	6

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

**(November 2014 report: CMA: 3 –**

**“(1) Birmingham City Council is reviewing its work with third sector organisations as part of its service reviews.**

**The Joint Commissioning Team is reviewing the use of third sector organisations, with a view to improving how they relate to primary care services. This includes organisations which provide counselling, day services, help with employment and benefits. A public consultation has told us that people want services which are more accessible and which are able to serve across very diverse communities.**

**The Joint Commissioning Team holds regular meetings and reviews of third sector contracts, and advises third sector organisations about (i) council and NHS strategies/plans which affect third sector activity, including how the third sector works with both primary and secondary care (ii) review and discuss contracted activity (iii) advice on sources of funding and bids.**

**West Midlands Police – 1) West Midlands Police as part of their response to Disability Hate Crime (DHC) have a Disability Hate Crime reference group. The group consists of key members of organisations who represent people with a wide range of disabilities such as visual, hearing & physical disability.**

**The group has been running for two years & meet quarterly, their aim is to raise awareness & reporting of crime and non crime incidents. The group have been recognised by a Tri Service HMIC inspection for their ground breaking work partnering with an NHS Trust to raise awareness of DHC.**

**The group are planning a major new awareness campaign of DHC to link in with the new Anti Social Behaviour Powers. The group also review any concerns/issues raised by service users in relation to poor service/issues with case progression.**

**(2) Birmingham Voluntary Service Council provides advice and assistance to third sector organisations, including ways of accessing funding and writing bid applications.**

**Birmingham & Solihull Mental Health Foundation Trust has worked with voluntary organisations on joint funding bids.”)**

**Birmingham City Council has conducted a public consultation on its third sector funding, and further work is under way as a result. Third sector mental health services funded by the NHS have continued to receive funding during 2015-16. The CCGs continue to review how the services can be more firmly linked to primary care. The Joint Commissioning team will continue to ensure that health and social care funding works in a joined up fashion, and meets regularly with third sector providers.**

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R12	That (1) The West Midlands Police explore how to increase the reporting of disability hate crime and ensure a structured approach to identifying and progressing cases; and (2) BSMHFT consider how best to educate the public and raise awareness about mental health issues with a view to changing cultural perceptions and reducing the stigma associated with mental ill health.	West Midlands Police BSMHFT	July 2014	2

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

(November 2014 report: CMA: 3 –

**"West Midlands Police - work is on going with 300 voices to increase awareness. Triage have been busy attending community events across the city to improve awareness. CI Russell has taken the project to the BBC One Show to reduce the stigma associated with Mental health and is currently in dialogue with Channel 4 to commission a two part series relating to the police response to mental health crisis. Internally WMP has seen a significant shift in the reduction of stigma associated with MH since the deployment of the triage team.**

**Birmingham & Solihull Mental Health Foundation Trust works with local groups and with families of people with mental health problems to promote better understanding of mental health, and the ways in which people can get help for mental distress."**)

**Update: The work outlined in November 20124 is continuing. The 300 Voices project has put on a number of public events to increase awareness about mental health, including services to black and ethnic minorities.**



## Appendix ③: Concluded Recommendations

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

**concluded**

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R02	That Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust provide local named contacts for Local Policing Units and the Birmingham Community Safety Partnership Safer Communities Groups that undertake case work on serious and persistent Anti-Social Behaviour cases.	Birmingham Community Safety Partnership to pursue directly with Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust	November 2014	1
R07	That the lessons learnt from Serious Case Reviews, Domestic Homicide Reviews and other parallel processes in relation to the offences committed by mental health patients are reviewed.	Birmingham Community Safety Partnership support officers to co-summarise these by approaching relevant Safeguarding Board/Domestic Homicide Reviews leads.	November 2014	1
R13	That an assessment of progress against the recommendations and suggestions made in this report should be presented to the Social Cohesion and Community Safety Overview and Scrutiny Committee.	Cabinet Member for Health and Wellbeing	November 2014	2





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

### Committee Members: Chair: Cllr Majid Mahmood

Cllr Mohammed Aikhlaq  
Cllr Sue Anderson  
Cllr Mick Brown  
Cllr Maureen Cornish

Cllr Andrew Hardie  
Cllr Mohammed Idrees  
Cllr Karen McCarthy  
Cllr Brett O'Reilly

Cllr Robert Pocock  
Cllr Sharon Thompson  
Cllr Margaret Waddington

### Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Gail Sadler (303 1901) / Jayne Power (303 4810)

Committee Manager: Paul Holden (464 4243)

### Schedule of Work

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



<p>20 October 2015 10.00am</p>	<p>Congenital Heart Disease Review – outcome from consultation on standards and service specification and next steps</p> <p>Birmingham Substance Misuse Recovery System, CRI (Crime Reduction Initiative) – 6 months into new contract</p> <p>Customer Care &amp; Citizen Involvement Team Comments, Compliments and Complaints Annual Report 2014-15</p> <p>Tracking of the 'Homeless Health' Inquiry</p>	<p>Rachel O'Connor, Head of Specialised Commissioning</p> <p>Max Vaughan, Commissioning Manager – Substance Misuse</p> <p>Charles Ashton-Gray, Strategic Performance &amp; Engagement Manager</p> <p>Louise Collett, Service Director – Policy &amp; Commissioning</p>
<p>24 November 2015 10.00am</p>	<p>Better Care Fund Update</p> <p>2014/15 Safeguarding Adults Annual Report</p> <p>Tracking of 'Living Life to the Full with Dementia' Inquiry</p> <p>Progress Report on the 'Adults with Autism and the Criminal Justice System' Inquiry</p>	<p>Alan Lotinga, Service Director, Health and Wellbeing</p> <p>Cllr Paulette Hamilton/Suman McCartney, Cabinet Support Officer</p> <p>Louise Collett, Service Director – Policy &amp; Commissioning</p> <p>Martin Keating, West Midlands Police</p>
<p>15 December 2015 10.00am</p>	<p>Local Performance Account 2014-15 (Adult Social Care Services) including an update on the West Midlands Peer Review Action Plan.</p> <p>Adult Social Care: Performance, Budget and Progress on Savings Plans</p> <p>People with Learning Disabilities: Support with Employment and Housing</p> <p>Cabinet Member – Health and Social Care</p>	<p>Alan Lotinga, Service Director, Health and Wellbeing</p> <p>David Waller, AD</p> <p>Charles Ashton-Gray, Strategic Performance and Engagement Manager</p> <p>Louise Collett, Service Director – Policy &amp; Commissioning</p> <p>Cllr Paulette Hamilton/Suman McCartney, Cabinet Support Officer</p>



19 January 2016 10.00am	Healthwatch Update (Including implementation of new strategic approach and HWE Quality Standards)  Smoking Cessation including e-cigarettes ( <b>TO BE CONFIRMED</b> )  Infant Mortality in Birmingham - Intelligence Update ( <b>TO BE CONFIRMED</b> )	Candy Perry, Interim CEO/ Brian Carr, Acting Chair  Dr Adrian Phillips, Director of Public Health  Dr Adrian Phillips, Director of Public Health
23 February 2016 10.00am		
22 March 2016 10.00am		
26 April 2016 10.00am		

### Items to be scheduled in Work Programme

- Delayed Transfers of Care (Progress Report)
- The Future of Specialist Care Services

### Suggested items

- Home Adaptations
- Independent Living
- Younger Adult Consultation
- Diabetes
- Prostate Cancer and Health Inequalities
- Personal Health Budgets
- Sexually Transmitted Diseases
- Direct Payments
- Move of health visitors to local authority (Autumn 2015)

### Link to Council Priority

### Joint Birmingham & Sandwell Health Scrutiny Committee Work

<b>Members</b>	Cllrs Majid Mahmood, Karen McCarthy, Sharon Thompson, Andrew Hardie, Sue Anderson	
<b>Meeting Date</b>	<b>Key Topics</b>	<b>Contacts</b>
1 July 2015 2.00pm in Birmingham	<ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• Cardiology and Acute Services</li> <li>• End of Life Care</li> </ul>	Jayne Salter-Scott, Andy Williams
22 <sup>nd</sup> September 2015 2.00pm in Sandwell	<ul style="list-style-type: none"> <li>• Urgent Care</li> <li>• End of Life Care</li> <li>• Primary Care Listening Exercise</li> </ul>	Jayne Salter-Scott, Senior Commissioning Manager, Sandwell & West Birmingham CCG



## Joint Birmingham and Solihull Health Scrutiny Committee Work

Members	Cllrs Majid Mahmood, Mohammed Idrees, Mick Brown, Robert Pocock, Andrew Hardie, Margaret Waddington, Sue Anderson	
Meeting Date	Key Topics	Contacts
21 July 2015 5.30pm in Birmingham	<ul style="list-style-type: none"> <li>Non-Emergency Patient Transport</li> <li>HoEFT CQC Inspection Report</li> </ul>	Carol Herity, CrossCity CCG  Sam Foster, Chief Nurse, HoEFT
6 <sup>th</sup> October 2015 5.00pm tea 5.30pm start in Solihull	<ul style="list-style-type: none"> <li>Non-Emergency Patient Transport – results of consultation and proposed model</li> <li>HoEFT Surgery Reconfiguration Update – Site Plans for all 3 Trust Hospitals and update on CQC inspection issues.</li> <li>CCGs on Surgery Reconfiguration public consultation</li> </ul>	Carol Herity, CrossCity CCG Ruth Paulin, Lisa Thompson, Richard Steyn
March 2016	<ul style="list-style-type: none"> <li>BSMHFT – Provision of Young People Emotional Wellbeing Services one year on from implementation.</li> </ul>	John Short, Sue Hartley, Peter Hughes

## West Midlands Regional Health Scrutiny Chairs Network

1 July 2015	<ul style="list-style-type: none"> <li>NHS England – West Midlands Neonatal Service Review</li> <li>Integrating Health and Social Care</li> <li>CQC – Update on Primary Medical Services</li> </ul>	
7 October 2015 9.30am	<ul style="list-style-type: none"> <li>NHS 111 Contract – Dr Anthony March, CEO WMAS, Mr Jon Dicken, Chief Officer SWBCCG (Lead Commissioners for NHS 111)</li> <li>NHS England – Updates on Specialised Commissioning and Neonatal Review</li> </ul>	Dr Anthony Marsh, CEO of WMAS, Jon Dicken, Chief Officer SWBCCG  Christine Richardson, AD Dr Geraldine Linehan, Regional Clinical Director

## CHAIR & COMMITTEE VISITS

Date	Organisation	Contact

## INQUIRY:

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

## Councillor Call for Action requests

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

Item no.	Item Name	Portfolio	Proposed date
000541/2015	Public Report – Direct Payments in Birmingham – Consultation Findings	Health & Social Care	21 September 2015
000355/2015	Public Report - Purchase of a Home Support Visit Monitoring System Full Business Case and Contract Award	Health & Social Care	19 October 2015
000542/2015	Policy for the Use of Private Rented Sector to Meet Housing Needs	Health & Social Care	19 October 2015
000579/2015	Public Report – Deprivation of Liberty Safeguard (DOLS) Assessment	Health & Social Care	19 October 2015
000581/2015	Integrated Commissioning of Universal Prevention and Housing Related Support Services	Health & Social Care	19 October 2015
000582/2015	Independent Living Fund	Health & Social Care	19 October 2015
000298/2015	Public Health Grant Reduction	Health & Social Care	16 November 2015
000545/2015	Lifestyles Re-design Commissioning and Procurement Programme	Health & Social Care	7 December 2015
000546/2016	Public Report – Contract Award for School Health Advisory Service	Health & Social Care	25 January 2016

