

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, 19 SEPTEMBER 2017 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 APOLOGIES

To receive any apologies.

3 - 6

3 ACTION NOTES

To confirm the action notes of the meeting held on the 2nd August 2017.

4 DECLARATIONS OF INTERESTS

Members are reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

7 - 20

5A DELAYED TRANSFERS OF CARE

Graeme Betts, Interim Director of Adult Social Services; Paul Jennings, Interim CEO CCGs, Karen Richards, Associate Director, CrossCity CCG, Andrew McKirgan, Director of Partnerships, UHB.

21 - 22

5B **DELAYED TRANSFERS OF CARE: INTEGRATED ASSESSMENT OF HEALTH AND SOCIAL CARE SYSTEM**

Graeme Betts, Interim Director of Adult Social Care

23 - 54

6 **SURVEY OF ADULT SOCIAL CARERS IN ENGLAND (SACE) 2016-17 BIRMINGHAM COMPARATOR REPORT AUGUST 2017**

Mike Walsh, Head of Service - Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence

55 - 62

7 **WORK PROGRAMME - SEPTEMBER 2017**

For discussion.

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

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

9 **OTHER URGENT BUSINESS**

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

10 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 2 August 2017, Committee Room 2 – Actions

Present:

Councillor John Cotton (Chair)

Councillors: Deirdre Alden, Andrew Hardie, Kath Hartley and Karen McCarthy

Also Present:

Tim Attack, Chief Operating Officer, Birmingham Women's and Children's NHS Foundation Trust

Kieren Caldwell, Head of Service and Supplier Management, West Midlands, NHS England

Sue Eaton, Service Specialist, West Midlands, NHS England

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Jessamy Kinghorn, Regional Head of Communications and Engagement, NHS England

Andrew Pearson, Medical Director, The Royal Orthopaedic Hospital NHS Foundation Trust

Gail Sadler, Research & Policy Officer, Scrutiny Office

1. NOTICE OF RECORDING

The Chairman advised that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (which could be accessed at "www.birminghamnewsroom.com") and members of the press/public may record and take photographs.

The whole of the meeting would be filmed except where there were confidential or exempt items.

2. APOLOGIES

Councillors: Uzma Ahmed, Sue Anderson, Mick Brown, Jayne Francis, Simon Jevon, Rob Pocock and Sharon Thompson.

3. ACTION NOTES/ISSUES ARISING

Action notes of the meeting held on 18th July 2017 were noted.

4. DECLARATIONS OF INTERESTS

Members were reminded that they must declare all relevant interests relating to any items of business to be discussed at the meeting. Councillor Karen McCarthy declared that she was a Governor at the Birmingham Women's and Children's NHS Hospital Trust.

5. PAEDIATRIC SURGERY AT THE ROYAL ORTHOPAEDIC HOSPITAL (ROH)

Kieren Caldwell (Head of Service and Supplier Management, West Midlands); Sue Eaton (Service Specialist, West Midlands); Jessamy Kinghorn (Regional Head of Communications and Engagement) from NHS England along with Andrew Pearson (Medical Director, The Royal Orthopaedic Hospital NHS Foundation Trust) and Tim Attack (Chief Operating Officer, Birmingham Women's and Children's NHS Foundation Trust) presented a paper which set out the background for the decision to cease providing paediatric surgery at ROH and a plan for the transition of services.

RESOLVED:

- That a further report should be brought back to committee in the Autumn covering the issues raised in the meeting i.e.:-
 - Options/Feedback from patients/stakeholders.
 - Clarity around the provision of access in Birmingham and local areas e.g. who will be going where and how far will they have to travel.
 - Further evidence around how the change model will meet requirements on waiting times and patient safeguarding.
 - Assurance that there is capacity at Birmingham Children's Hospital and other providers in the locality.
 - West Birmingham figures – Need to ensure that those are built-in to Birmingham as well.

6. WORK PROGRAMME – AUGUST 2017

RESOLVED:

- Councillor Andrew Hardie said that West Midlands Police had expressed a wish to attend committee to present an item on 'Spit Guards' and health issues. Councillor Cotton acknowledged receipt of an email from Councillor Hardie on the proposal and agreed to address the point in discussions outside of the meeting.
- That the work programme be noted.

7. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS

None

8. OTHER URGENT BUSINESS

None

9. AUTHORITY TO CHAIRMAN AND OFFICERS

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 1110 hours.



Birmingham
City Council

Delayed Transfers of Care (DToC)

**Health and Social Care
Overview & Scrutiny Committee
19th September 2017**

Background

A delayed transfer of care is when a person is put at risk by remaining in an acute hospital when they no longer require acute care.

Nationally there is a focus on:

- Minimising risk to people, particularly older people;
- Encouraging systems to invest together to prevent delays occurring in the first place.
- Stronger partnership working between acute trusts and local authority social care departments.
- Better systems of discharge planning encouraging the development of proactive planning for discharge rather than reactive last minute planning for discharge.

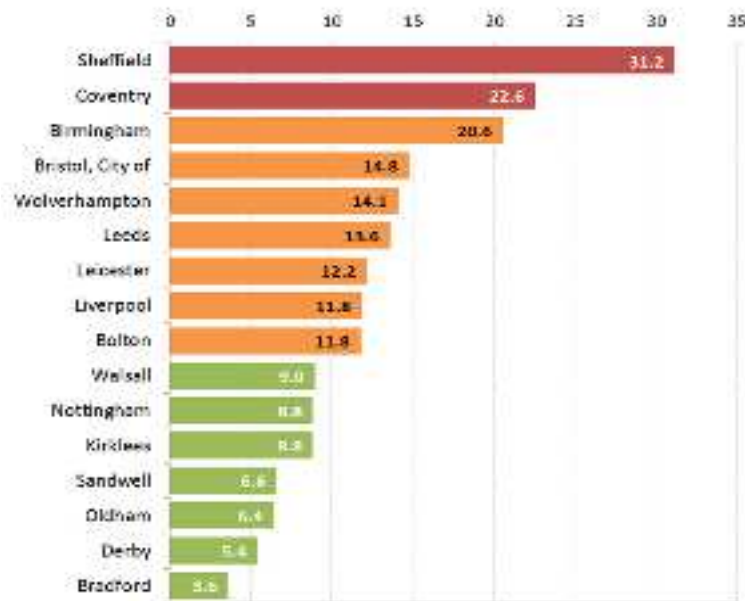
The Care Act 2014 sets out the legal context. The requirements are contained in the Care and Support Statutory Guidance (www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation).

DTOC should be viewed as part of an intra-dependent system.

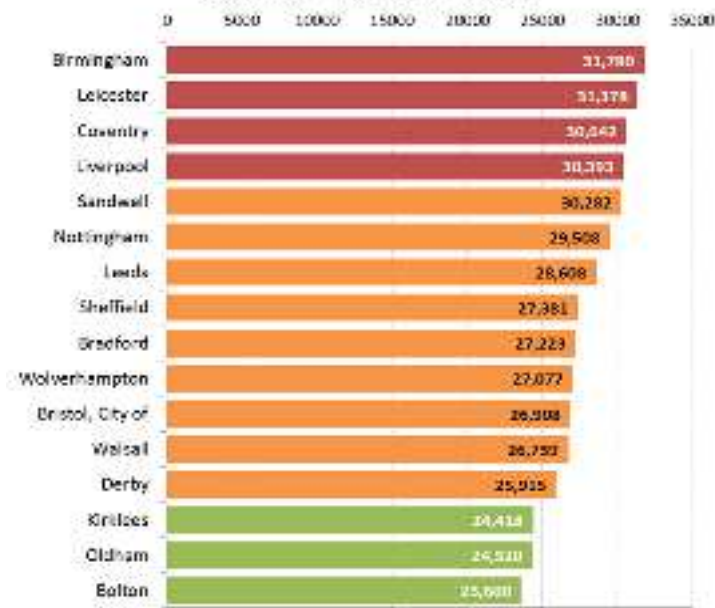
Local Situation

- Birmingham experiences a both a high level of emergency admissions and DToC.
- The recently released NHS Social Care Interface Dashboard shows an average rate of 20.6 delayed days per day per 100k population for Birmingham for all DToC.
- This rate places Birmingham as 134 out of 151 localities for this measure.
- Birmingham is ranked as 14 within our comparator group of 16 local authorities.

Total Delayed Days per 100,000 18+ population



Emergency Admissions (65+) per 100,000 65+ population - Mar 2016 - Feb 2017

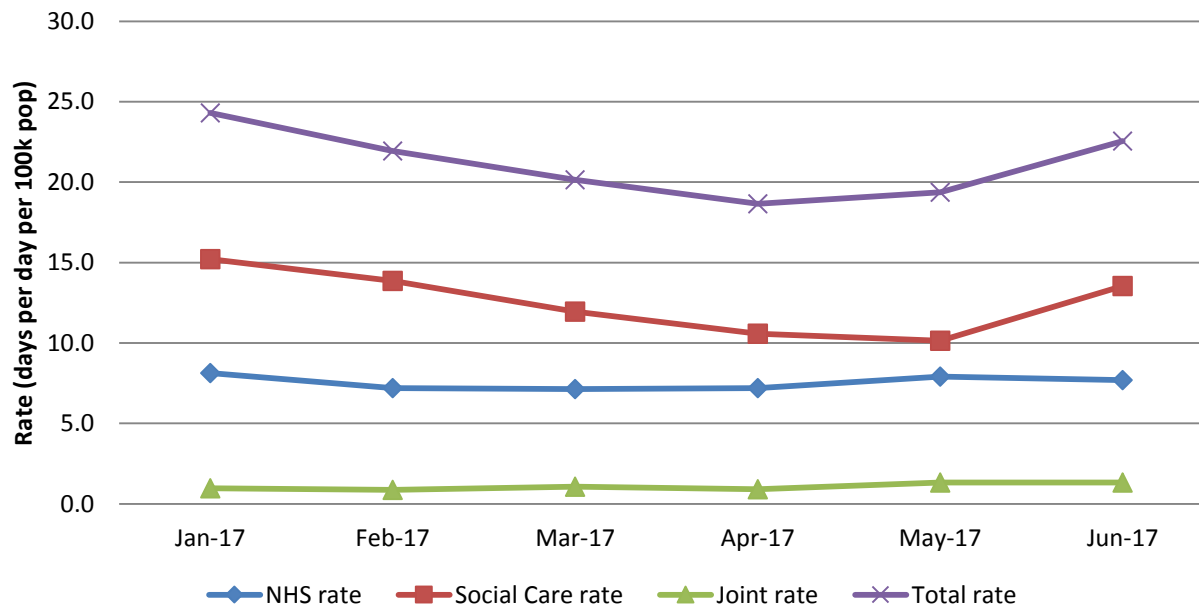


Local Situation 2

DToC are expressed as being:

- Attributable to NHS providers
- Attributable to LA Adult Social Care
- Jointly attributable to both NHS providers and ASC

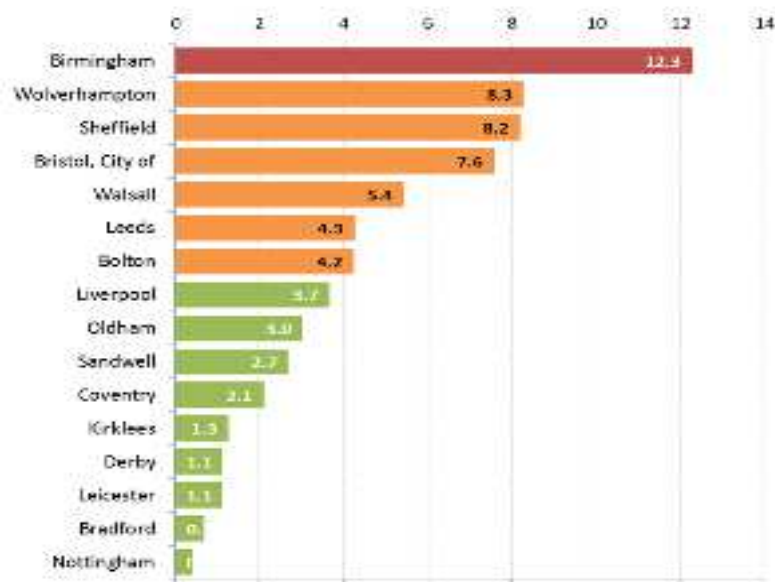
Birmingham DToC Rate Jan 17 - Jun 17



Local Situation 3 – 16/17 performance

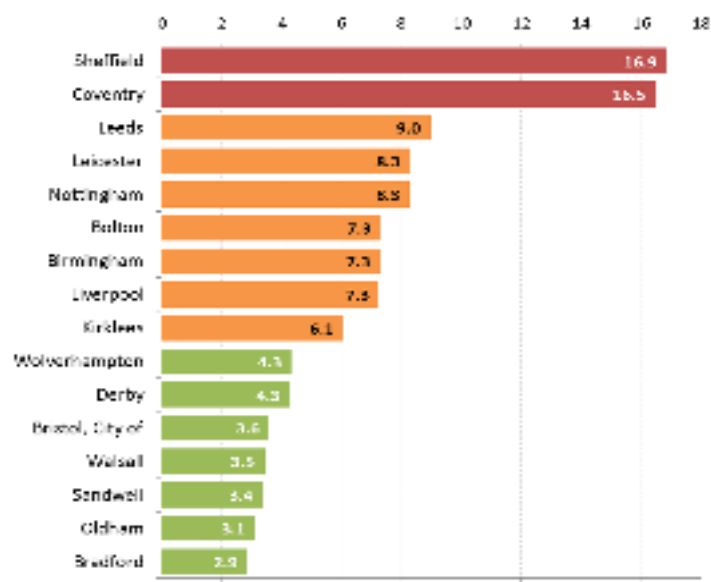
Social Care Delayed Transfer of Care

Total Delayed Days per 100,000 18+
population



NHS Delayed Transfer of Care

Total Delayed Days per 100,000 18+
population

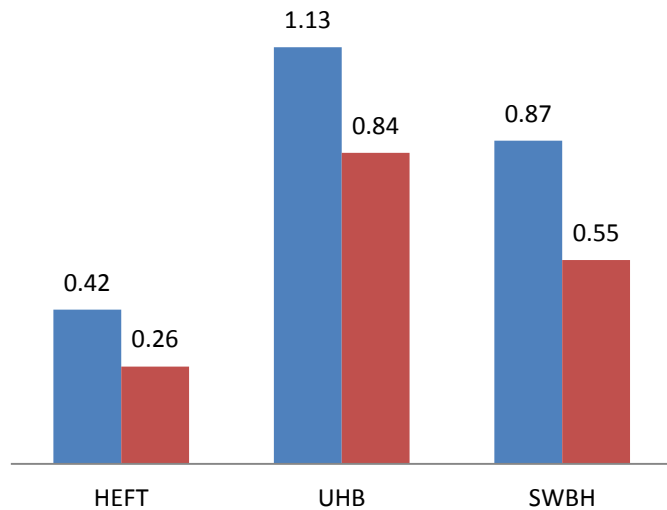
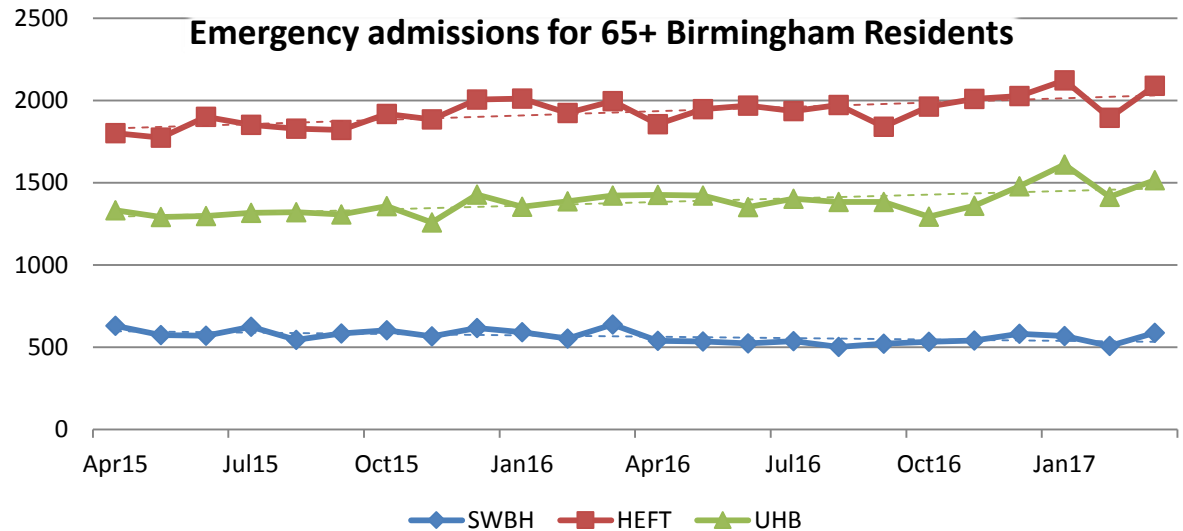


Local Situation 4 – Reasons for Delays (May 2017)

Reason for Delay	NHS DToC	Adult Social Care DToC	Joint DToC
Assessment	260	440	155
Public Funding	73	91	93
Non-acute NHS Care	826	0	0
Residential Care	24	445	0
Nursing Care	240	1161	69
Care Package at Home	27	416	3
Community Equipment/Adaptation	64	11	25
Patient/Family Choice	377	70	0
Disputes	60	20	0
Housing	118	0	0
Other	0	0	0
Grand Total	2069	2654	345

Admissions rates and DTOC

The monthly numbers of emergency admissions have risen over the last 2 years at HEFT and UHB, and have fallen slightly for Sandwell and West Birmingham hospitals.



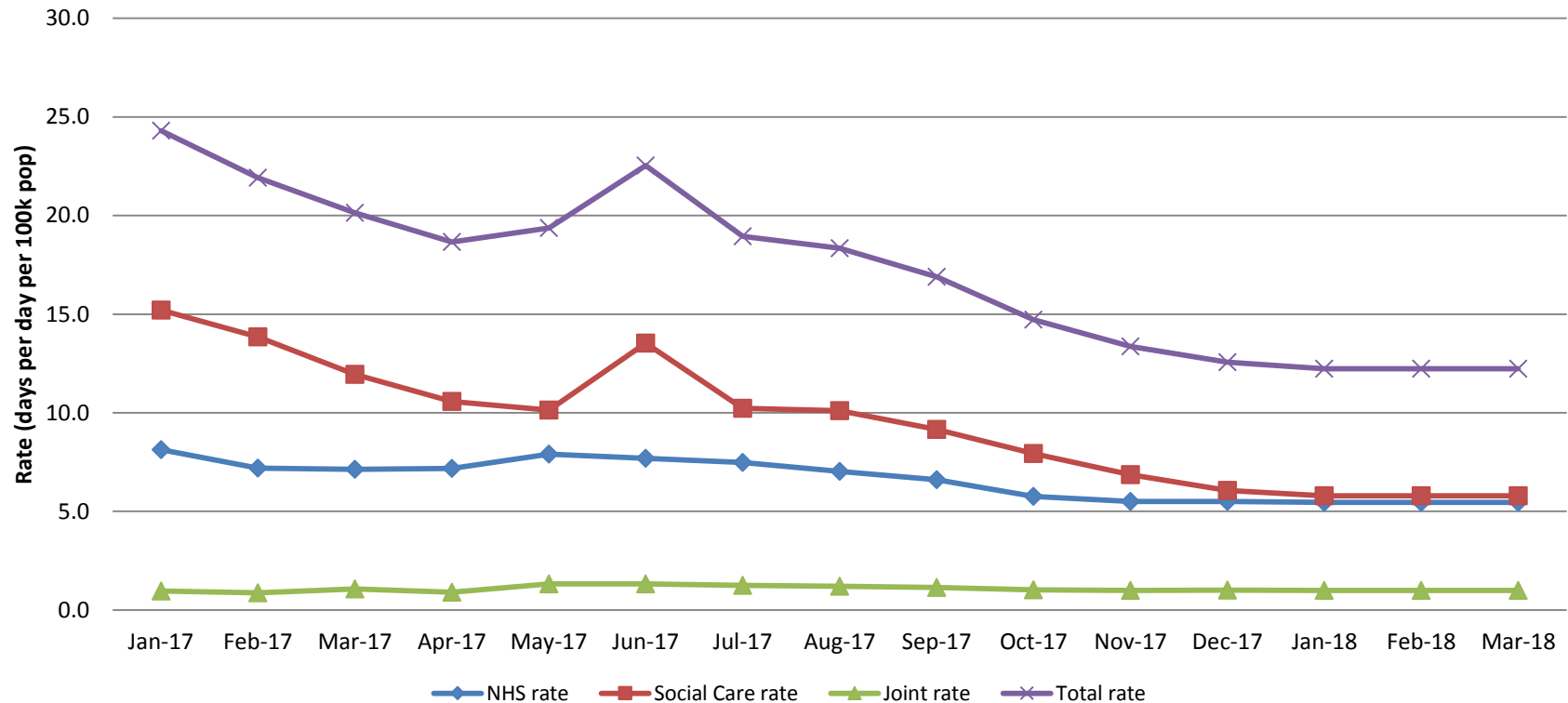
There is considerable variation between acute trusts in terms of the average length of delay per admission.

DToC Target

- The Government has recognised that Adult Social Care services need additional funding to help reduce the pressure on the health system as a result of DToC;
- The Improved Better Care Fund for 2017/18 makes an additional £27m available for social care actions to improve DToC;
- The funding is conditional upon agreeing a trajectory for reducing DToC;
- Birmingham's system has been set a target of 11.2 delayed days per day per 100k (NHS – 5.5; LA – 4.7; Joint – 1);
- In response a trajectory was submitted to NHS England in July 2017.

Forecast Trajectory

Birmingham DToC Rate Trajectory (Jan 17 - Jun 17 actual data)



Making Improvements (ASC): Short Term

- **Implementation of consistent process for counting and validating DToCs** - This involves working closely across organisations to embed national guidance around counting and validating individuals;
- **Implementation of Patient/Family Choice Policy** - Incentivising providers to assess prior to placement offers being made to citizens/family;
- **Implementation of Escalation Process** - Need a consistent system of appropriate escalation. Communication to be sent to relevant managers at all hospitals setting out how issues should be properly escalated
- **Shared understanding of organisation work** – e.g. providing an overview of social work practice for the benefit of clinical staff especially at discharge hubs
- **Better Utilisation of Bed Based Enablement capacity** – To better use the enhanced assessment bed (EAB) resource
- **Brokerage** – additional officers to undertake brokerage activity to reduce delays in securing care packages

Making Improvements (ASC): Medium/Longer Term

- **System Review** – partners are working jointly with Newton Europe Ltd to develop an implementation plan for improving the flow of citizens through the health and social care system (see separate briefing note);
- **Nursing Care** – commission additional capacity of both interim and long term beds to support prompt discharge;
- **7 Day working** – to reduce delays over weekends;
- **Commissioning Framework for Providers** – to address structural issues with the supply of nursing care;
- **Hospital to Home** – work with the voluntary sector to enhance the capacity of Hospital to Home service to provide practical support that people need to return home from hospital;
- **Reconfigure Enablement Services**

CQC Review

Birmingham's health and social care system has been selected as one of the first 12 localities to be reviewed by the Care Quality Commission as part of their new approach to place based reviews;

DToC – and the progress the system is making to reduce levels - will be a key area of the focus for the review team;

Review will take place during December/January – week “on-site” w/c 22 January 2018.

Contact Details

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Adults and Health
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Health and Social Care Overview and Scrutiny Committee – 19th September 2017

Delayed Transfers of Care: Integrated Assessment of Health and Social Care System

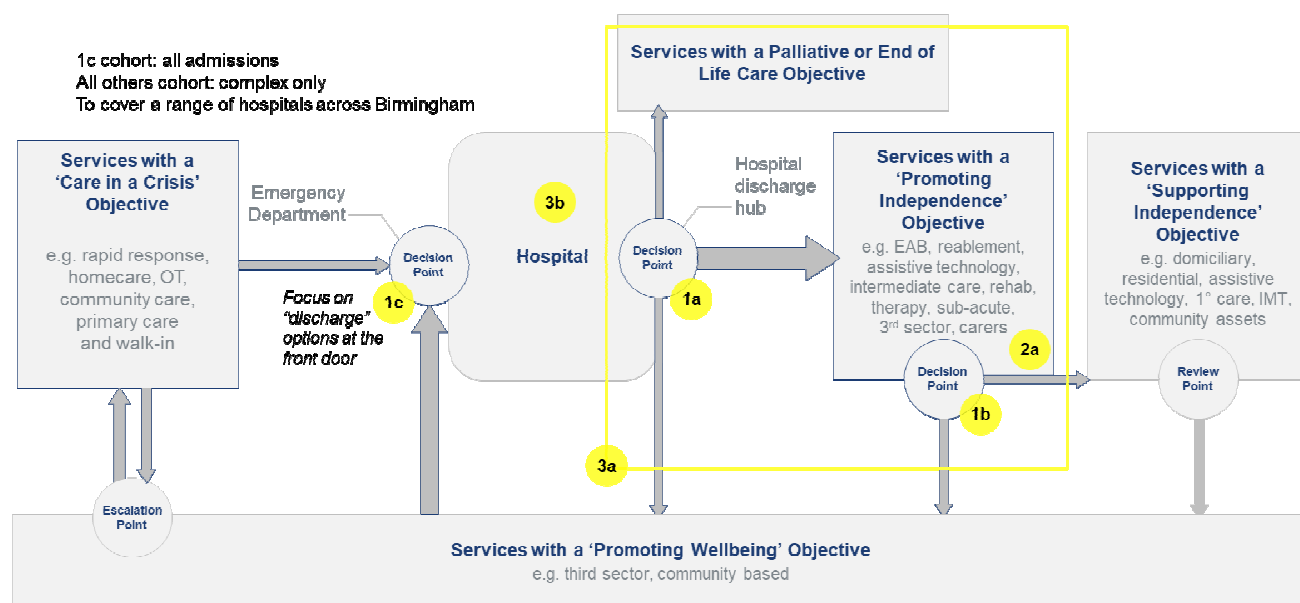
The proposal to conduct an integrated assessment of short and long term opportunities to improve timely access to, and optimise the independence of individuals from recovery, rehabilitation & re-ablement services in Birmingham was developed by partners through the Birmingham Urgent Care Programme Board.

Newton Europe have been commissioned to undertake the assessment.

The assessment will quantify the realistic and deliverable opportunities to improve, along with the associated resource, costs and timescales required to deliver them, in the following focus areas:

1. Decision point variation
 - a. Understanding the variation in which services clients are supported at the point of discharge from hospital, and the reasons for this variation; and therefore the opportunity to improve achievement of the best decision for the person at discharge.
 - b. Understanding the variation in decision making following the delivery of services with the objective of 'promoting independence', and the reasons for this variation; and therefore the opportunity to improve achievement of the best decision for the person after leaving home and bed based recovery, rehabilitation and re-ablement services.
 - c. Understanding the variation in admission rates and in which services patients are supported with upon attendance at the Emergency Department (ED), and the reasons for this variation; and therefore the opportunity to "discharge" patients appropriately at the front door to avoid admission.
2. Outcomes achieved
 - a. Comparing the effectiveness of out-of-hospital pathways in delivering independent outcomes in a timely way; and therefore the opportunity to improve effectiveness at delivering outcomes for people.
3. Service efficiency
 - a. Quantifying capacity vs demand for pathways out-of-hospital and identifying opportunities to improve the effective capacity of home and bed based recovery, rehabilitation and re-ablement services
 - b. Identifying opportunities to improve flow through hospital wards for those with complex needs.

The figure below illustrates the focus areas and scope. The yellow outlines and circles indicate points of opportunity to be assessed and relate to the numbering in the list above.



The assessment will follow pathways in to the hospital, through the wards, and out from discharge at a range of hospital sites in Birmingham (at a minimum the Queen Elizabeth Hospital, Heartlands Hospital and Moseley Hall Hospital) and through the services indicated above. It will not carry out detailed reviews of pathways in, through or out of hospital sites outside the agreed range (to contain scope), although comparisons and extrapolations will be made where possible from desk based analysis and high level comparators. The assessment will not, for example, look directly at pathways of people referred into out-of-hospital services from elsewhere in the system.

The scope will include the decision point which follows the delivery of services with a 'promoting independence' objective. The multiple brokerage points through EAB services are also included in scope.

The assessment will quantify the realistic and deliverable opportunities to improve in the areas of scope, along with the associated resource, costs and timescales required to deliver them. This would include a quantification of the opportunities highlighted above, and the primary ways to deliver them. Clear links will be made between the identified opportunities and the Urgent and Emergency Care high impact change model.

The output from this assessment will be an improvement plan and evidence to support a business case, developed in partnership with BCC and NHS teams, to implement operational improvements in order to deliver tangible outcome improvements, improved flow and reduced system cost. The assessment findings and opportunities identified will be summarised and reviewed with the joint team.

**Survey of Adult Carers in England (SACE)
2016-17
Birmingham Comparator Report August 2017**

Introduction

- This report contains findings from the Survey of Adult Carers in England, 2016-17 (SACE).
- SACE is a biennial national survey, conducted by Councils with Adult Social Services Responsibilities (CASSRs), which covers carers aged 18 or over, caring for a person aged 18 or over
- Birmingham does undertake a local survey in intermediate years to a similar methodology
- The fieldwork period was during October and December 2016. The survey is conducted mainly using a postal questionnaire outlined by NHS Digital.
- This report uses data collected from a sample of carers who participated in the survey and these are weighted to make inferences (or estimates) about the whole weighted eligible population of carers in Birmingham

Introduction

- Responses collected for the carers survey are also used to populate five of the measures within the Adult Social Care Outcomes Framework (ASCOF), these are:
 - 1D: Carer-reported quality of life (Q7-12).
 - 1I2: The proportion of carers who reported that they had as much social contact as they would like (Q11).
 - 3B: Overall satisfaction of carers with social services (Q4).
 - 3C: The proportion of carers who report they have been included or consulted in discussions about the person they care for (Q18).
 - 3D2: The proportion of carers who find it easy to find information about support (Q16).

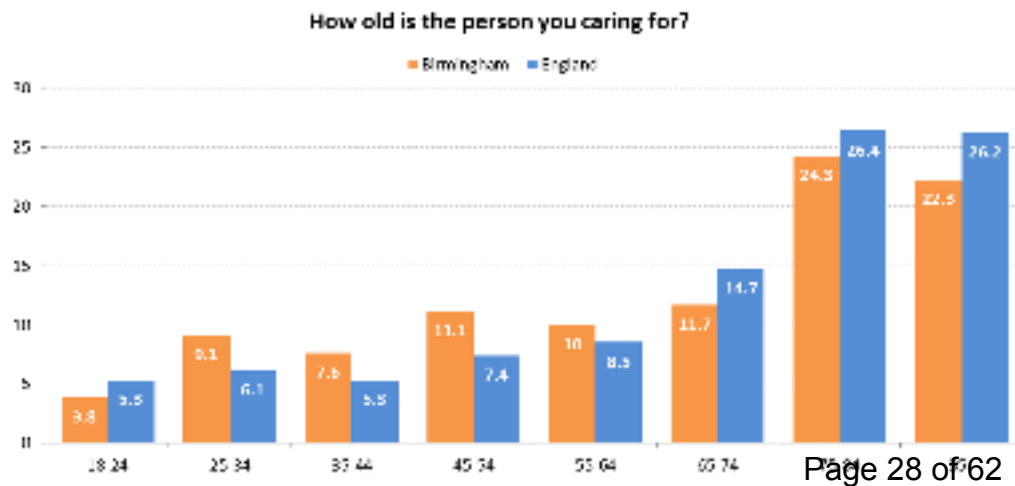
Summary of findings

- Performance against main ASCOF measures is significantly worse than average and deteriorating
- Overall Birmingham seems to be engaging with its carers less than elsewhere.
- In turn a smaller proportion of clients feel engaged or have access to the right information
- This results in below average satisfaction, and higher levels of social isolation

Client/Carer demographics and Overview

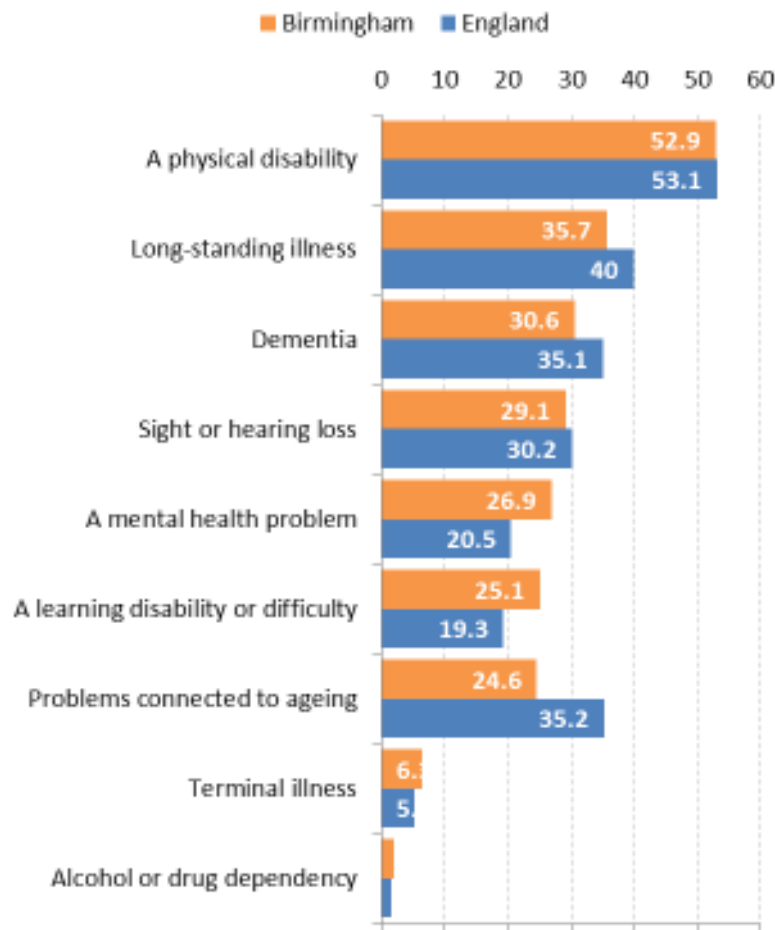
Overview of Clients

- The chart below shows the age profile of the people being cared for by the carers who responded to the survey.
- It shows a younger age profile in Birmingham compared to nationally, reflecting the young age profile of the city generally
- In terms of conditions – Birmingham has a smaller proportion of people caring for people with Dementia, and conditions connected with ageing.



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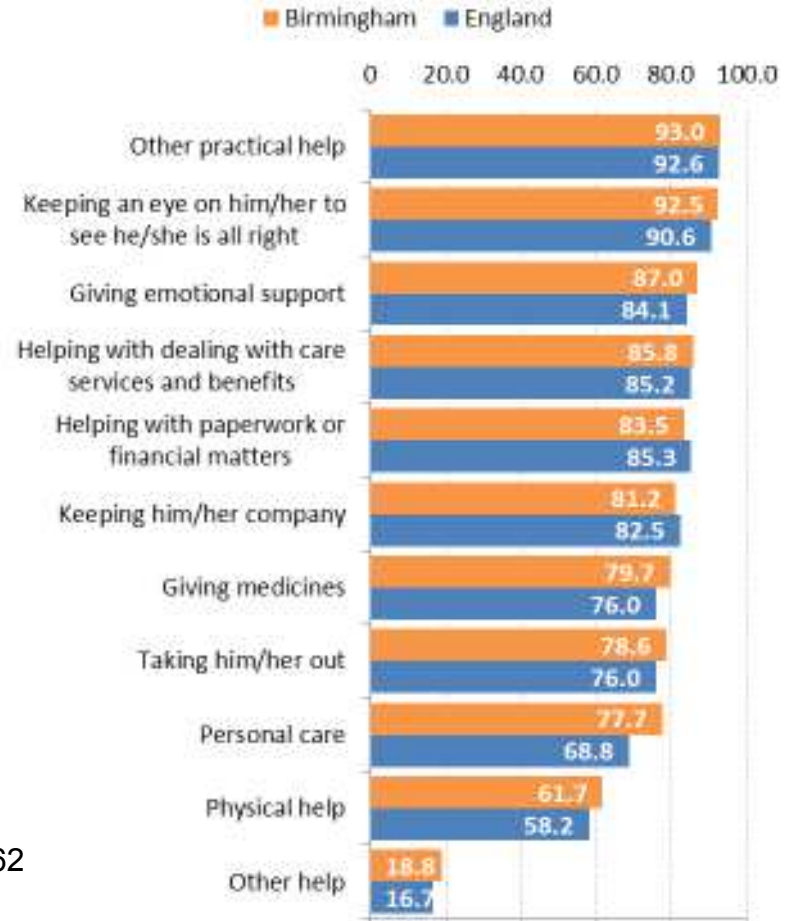
Conditions: Does the person you care for have...?



Proportions of activities usually provided by carer

- There are often multiple support activities provided by the carer, ranging from providing emotional support to ensuring medicines are administered to managing finances.
- The chart right shows the main activities, comparing Birmingham respondents with those across the country.
- A similar breakdown of activities are undertaken by carers in Birmingham compared to nationally.
- Those activities where a higher proportion of Birmingham carers undertake include:
 - Personal Care
 - Giving medicines
 - Giving emotional support
 - Taking him/her out

Over the last 12 months, what kinds of things did you usually do for the person you care for?



ASCOF Summary

ASCOF Related Measures Summary

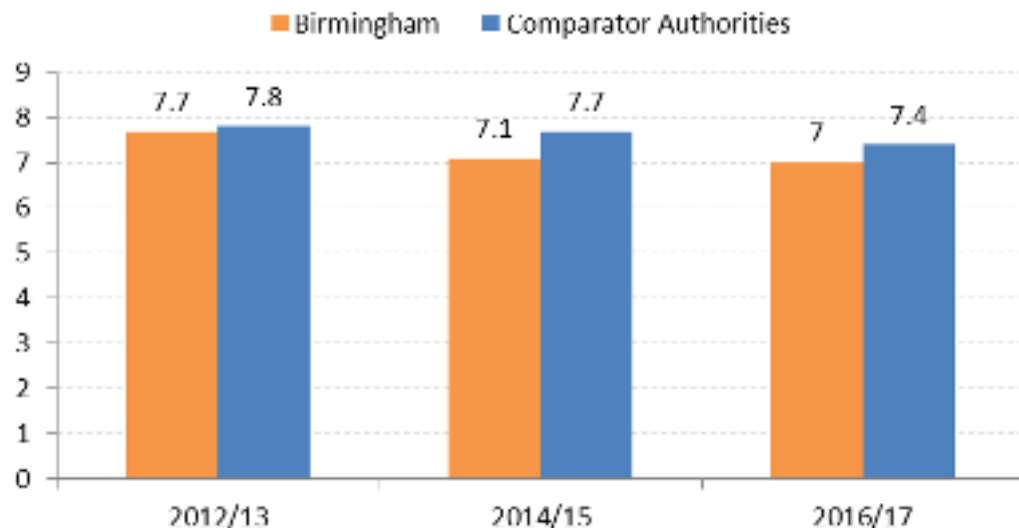
		2012/13	2013/14	2014/15	2015/16	2016/17	Change since 14/15	
10	Carer-reported Quality of life (figure is a score out of 12)	7.7	7.0	7.1	7.6	7.0	▼	
112	Proportion of carers who reported that they had as much social contact as they would like			27.4	32.8	28.3	▲	
30	Overall satisfaction of carers with social services	30.7	27.4	32.2	28.0	25.9	▼	
50	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	66.2	62.1	60.5	63.6	59.0	▼	
502	The proportion carers who find it easy to find information about services			52.1	58.5	47.9	▼	
-	Adjusted quality of life score*			1.74	2.06	1.88	▲	

Carer-reported Quality of life

ASCOF Measure 1D - Carer-reported Quality of life

- The Carer-reported quality of life score gives an overarching view of the quality of life of carers.
- The measure combines individual responses to six questions measuring different outcomes relating to overall quality of life. The outcomes map to six domains; occupation, control, personal care, safety, social participation and encouragement and support.
- The England level quality of life score in 2016-17 was 7.7 out of a maximum score of 12
- In comparison Birmingham's was 7.0. This is below our statistical neighbour average and has reduced over the last three surveys

ASCOF Measure 1D - Carer-reported Quality of Life



Level of services received by Carers

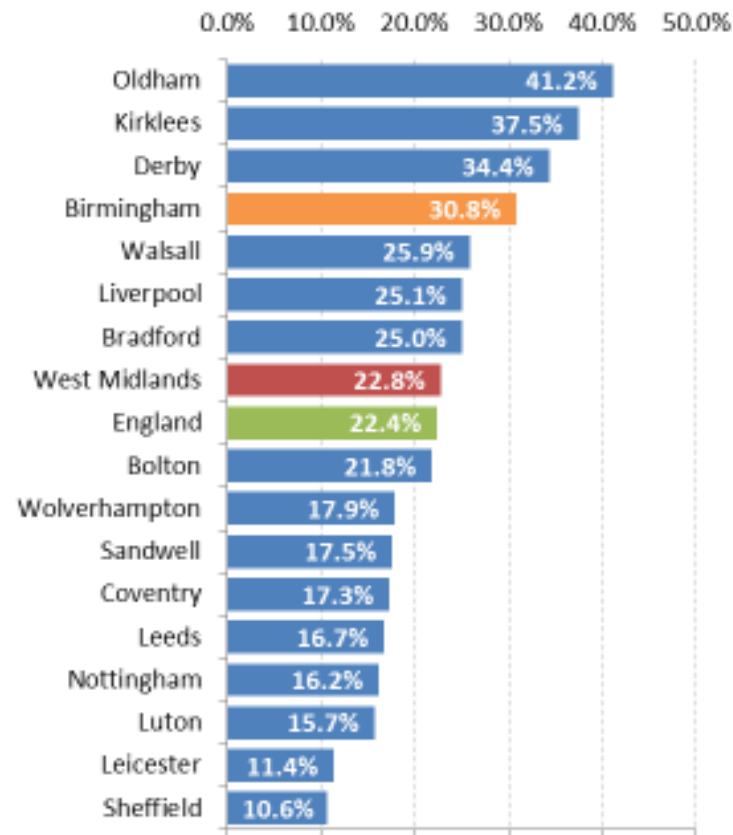
Proportions receiving no services

- To gauge effectively respondents perceptions of services received, one of the main questions asked within the survey was whether they had received support or services in the last 12 months.
- As the chart left indicates a much higher than average proportion of Birmingham carers who responded to the survey stated they did not receive any support in the last 12 months.

31%

Stated they
had not
received any
support or
services in the
last 12 months

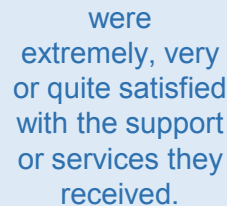
Proportion of respondents who stated they haven't received any support or services from Social Services in the last 12 months



Carer Satisfaction with Services

- Satisfaction with support or services is directly linked to a positive experience of care and support.
- The survey asked carers “Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?”
- Excluding those who stated they had not received any services, the overall satisfaction rate nationally was 71% (those who were extremely, very or quite satisfied with the support or services they received.)
- In Birmingham the proportion was significantly lower at 54%

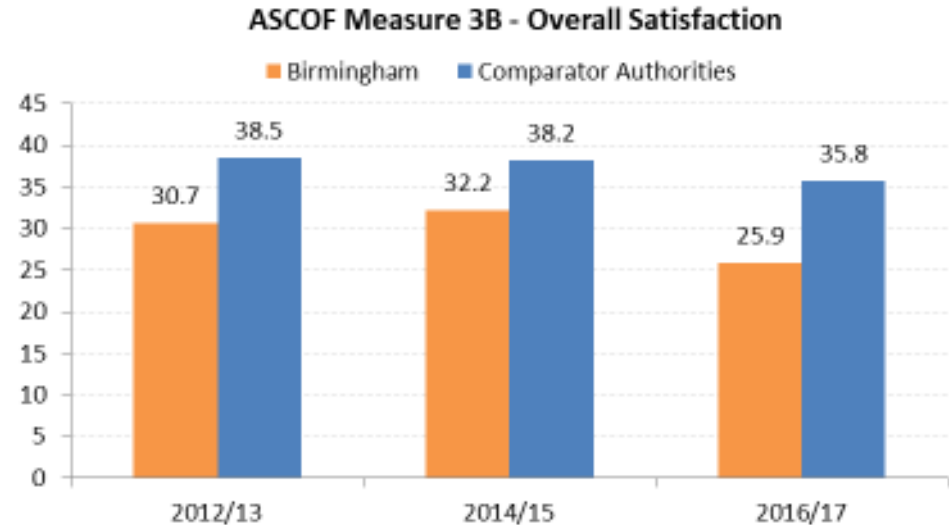
- Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for have received from Social Services in the last 12 months?
-
- A bar chart comparing satisfaction levels across three regions: Northern Ireland (orange), England (blue), and the UK average (green). The y-axis represents the percentage of respondents, ranging from 0 to 55.0. The x-axis shows five satisfaction levels: 'I am extremely satisfied', 'I am very satisfied', 'I am quite satisfied', 'I am neither satisfied nor dissatisfied', and 'I am quite dissatisfied'. The final category, 'I am very dissatisfied', is not represented by bars. Data values are provided above each bar.
- | Satisfaction Level | Northern Ireland (%) | England (%) | UK average (%) |
|---|----------------------|-------------|----------------|
| I am extremely satisfied | 9.1 | 14.8 | 15.4 |
| I am very satisfied | 16.4 | 24.1 | 22.3 |
| I am quite satisfied | 36.2 | 52.0 | 51.4 |
| I am neither satisfied nor dissatisfied | 22.2 | 14.2 | 15.0 |
| I am quite dissatisfied | 8.7 | 7.0 | 7.5 |
| I am very dissatisfied | 8.3 | 3.8 | 4.4 |
- 54% were extremely, very or quite satisfied with the support or services they received.
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Region	Percentage
Nottingham	77.2%
Kirklees	76.7%
Bolton	76.1%
Bradford	74.0%
Leeds	73.1%
Leicester	71.3%
England	71.0%
Walsall	69.9%
West Midlands	69.0%
Oldham	68.9%
Luton	68.3%
Sandwell	67.9%
Coventry	66.6%
Wolverhampton	66.1%
Liverpool	65.7%
Sheffield	64.4%
Derby	57.8%
Birmingham	54.0%

ASCOF Measure 3B - Overall satisfaction of carers with social services

- Question 4 of the survey responses received are used as the underlying data to calculate ASCOF measure 3B, "Overall satisfaction of carers with social services".
- This measure identifies the proportion of carers who are extremely or very satisfied with the support or services they and the person they care for received from Social Services in the year. It is expressed as a percentage of all carers who submitted a valid response to Carers' Survey Question 4.
- As with the wider measure of satisfaction, Birmingham again under performs, and has seen the gap with comparator authorities increase



Other points around satisfaction

National research indicates:

- Carers who were very or extremely dissatisfied also:
 - do not have enough time to care for the other people they have caring responsibilities for
 - have had a lot of financial difficulties caused by their caring responsibilities

Social Isolation

Social Isolation

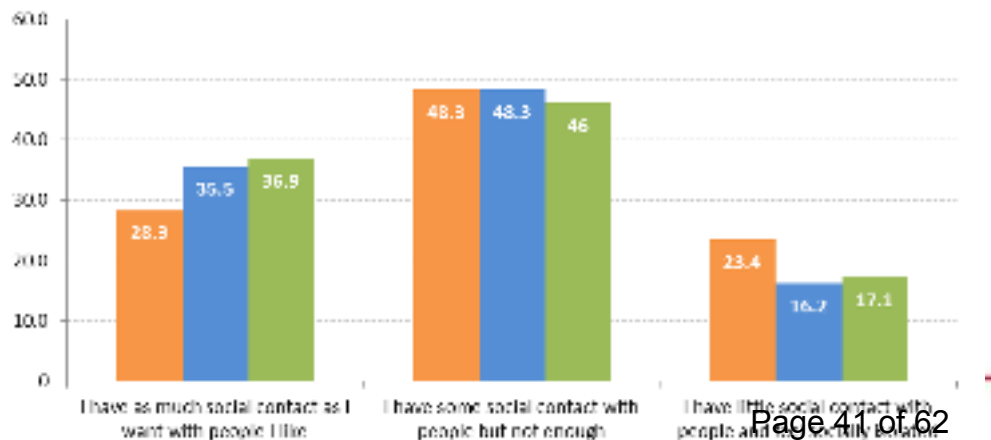
23%

feel
socially isolated

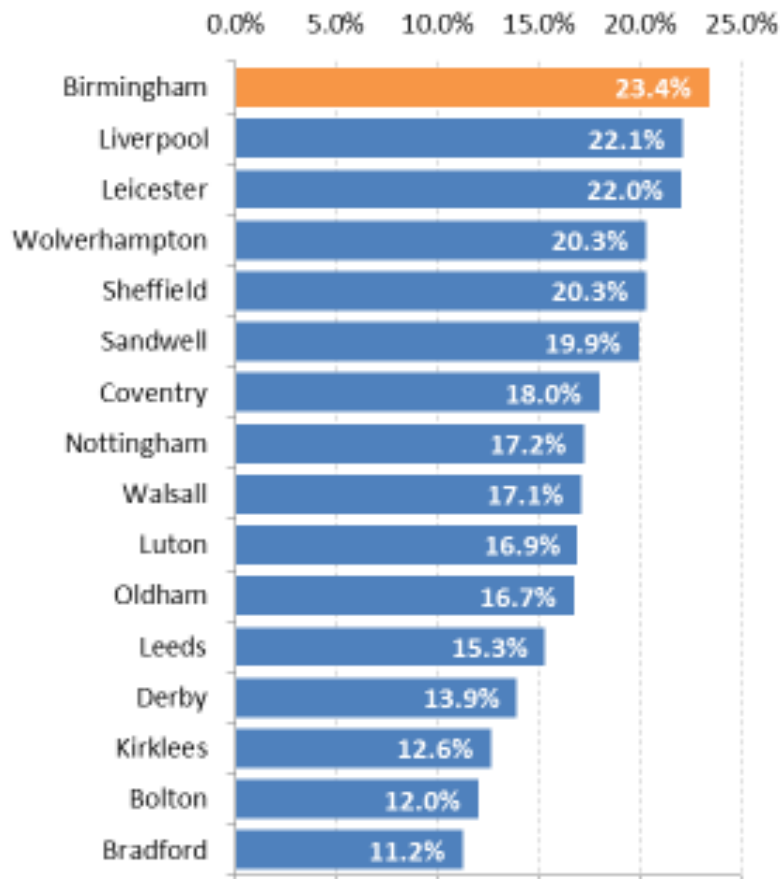
- Loneliness is linked to poor mental and physical health. A key aspect for social care is for it to tackle loneliness and social isolation.
- The survey asked carers "Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation".

Social Contact - which of the following statements best describes your social situation".

■ Birmingham ■ England ■ West Midlands



I have little social contact with people and feel socially isolated



Other points around social isolation

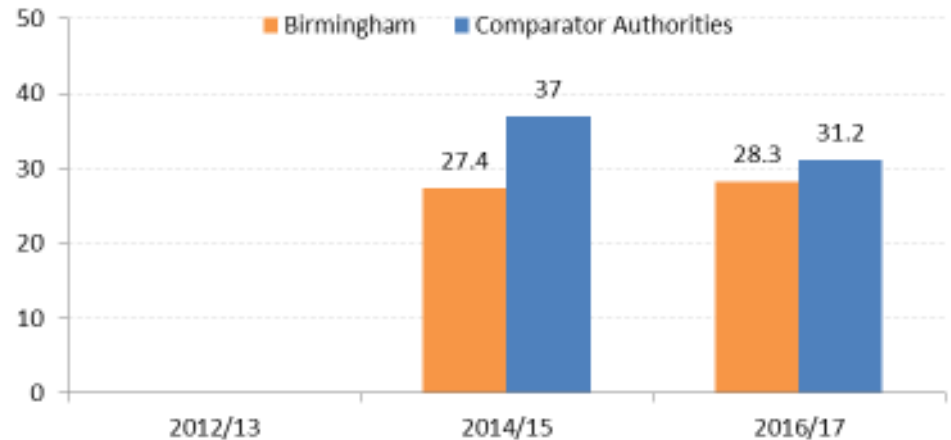
National research indicates that there was high correlation between carers reporting little social contact or feeling socially isolated and:

- Carers who have had a lot of financial difficulties caused by their caring responsibilities
- Carers who report the highest number of hours spent a week looking after or helping the person they care for

ASCOF measure 1|2 - Proportion of carers who reported that they had as much social contact as they would

- Question 11 of the survey responses received are used as the underlying data to calculate ASCOF measure 1|2, the “Proportion of carers who reported that they had as much social contact as they would like”.
- The measure is defined by determining the percentage of and carers choosing “I have as much contact as I want”. These responses have been chosen to focus the measure on individuals achieving the best outcomes, to allow for better use in benchmarking. .
- As with the wider measure of satisfaction, Birmingham again under performs, however the gap with national levels has reduced between the last two surveys

ASCOF Measure 1|2 - Proportion of carers who reported that they had as much social contact as they would like.



Access to Information

Accessing Information

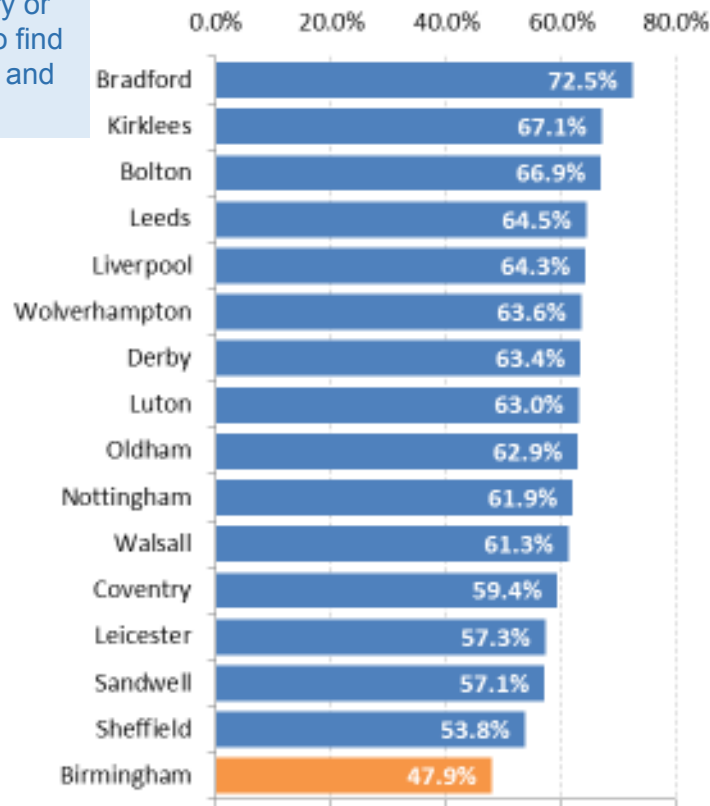
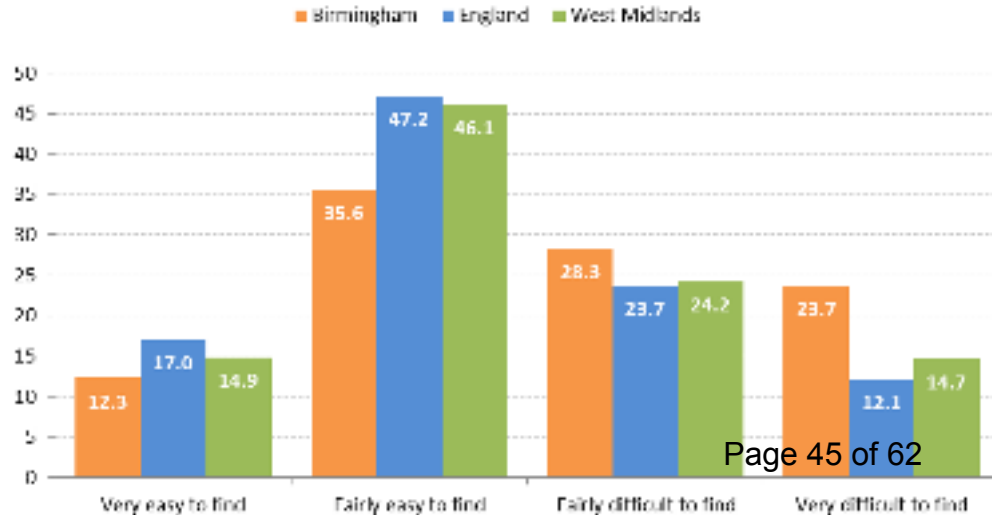
- Access to information benefits carers and the people they support by helping them to have greater choice and control over their lives.
- The survey asked carers "In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits?"

47.9%

found it very or fairly easy to find Information and advice

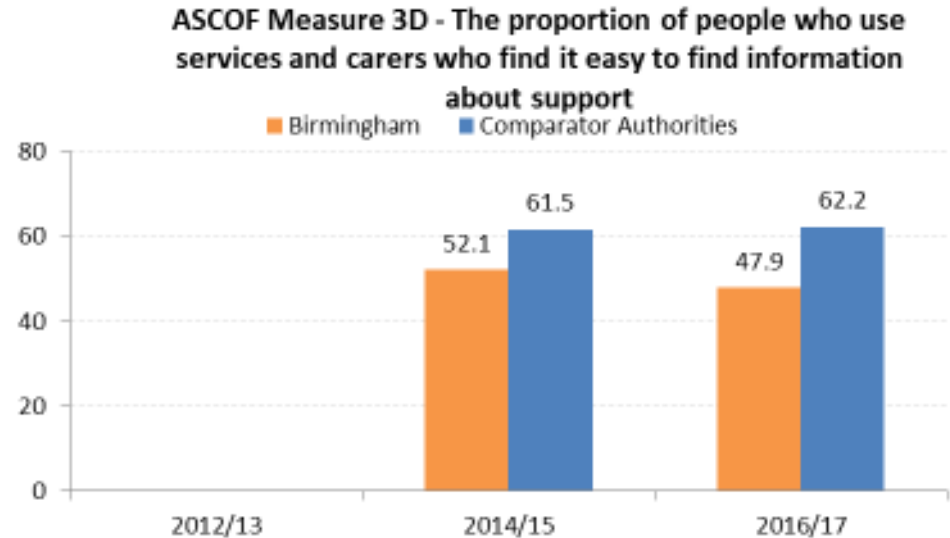
Very or fairly easy to find information and advice about support, services or benefits.

Social Contact - which of the following statements best describes your social situation".



ASCOF Measure 3D - The proportion of people who use services and carers who find it easy to find information about support

- Question 16 of the survey responses received is used as the underlying data to calculate ASCOF measure 3D, “The proportion of people who use services and carers who find it easy to find information about support”
- This measure identifies the proportion of carers who select the response “very easy to find” and “fairly easy to find”.
- As with the wider measure of satisfaction, Birmingham again under-performs, and has seen the gap with comparator authorities increase



Other points around accessing information

National research indicates:

- Carers who are extremely or very dissatisfied with services also were those who also found it very difficult to find information and advice about support, services or benefits
- Carers who found it very difficult to find information also had the highest proportion that reported they had lots of financial difficulties in the last 12 months caused by their caring responsibilities

Involving and Discussions with clients

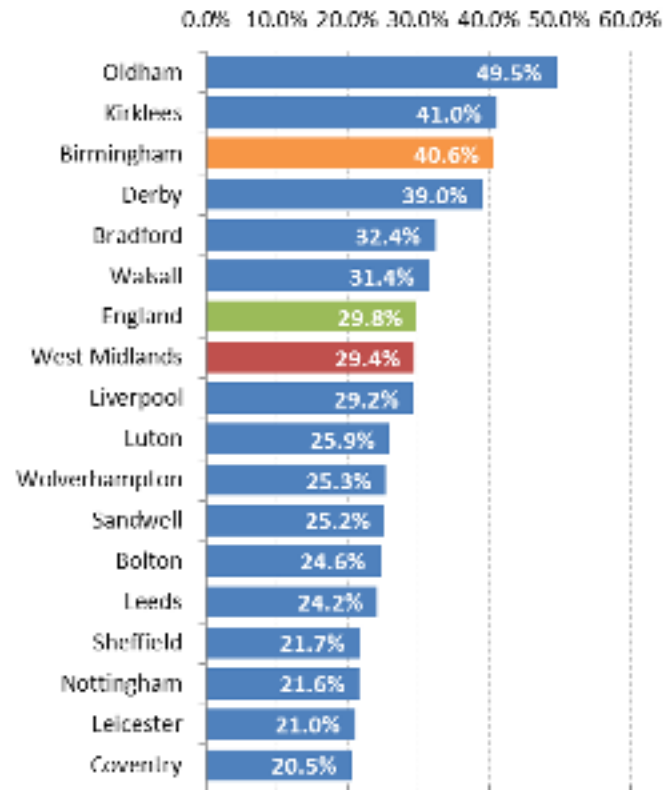
Discussions about the support or services provided to the person cared for

- Carers should be respected as equal partners in service design for the individuals for whom they care for, this improves outcomes for both the carer and the cared for person.
- The survey asked carers “In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?”

40.6%

Stated they had
no discussion
about their
support or
services in last
12 months

Proportion of respondents who stated that
there had been no discussion of their
support or services in last 12 months



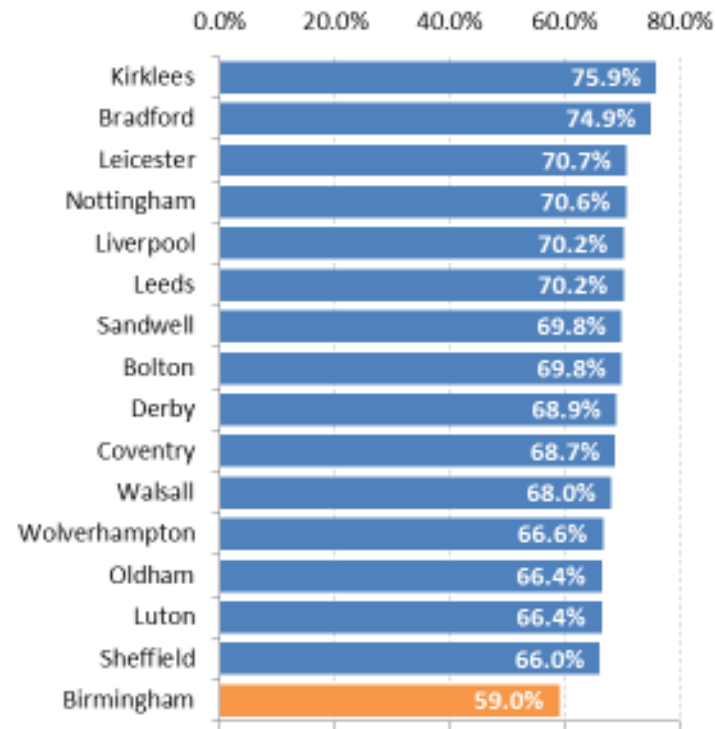
Discussions about the support or services provided to the person cared for

- Excluding carers that reported there had been no discussions that there were aware of, 28.3 per cent reported they always felt involved or consulted, 30.7 per cent usually felt involved or consulted, 26.3 per cent sometime felt involved or consulted and 14.6 per cent never felt involved or consulted.

59%

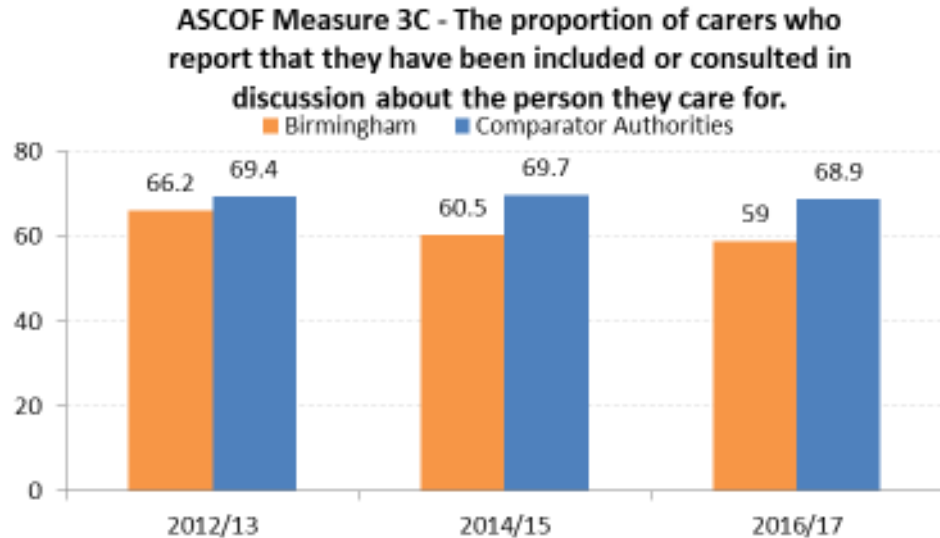
Felt involved
in the support
or services

Reported they usually or always felt involved or consulted in discussion about the support or services provided to the person they care for..



ASCOF Measure 3C -The proportion of carers who report that they have been included or consulted in discussion about the person they care for

- Question 18 of the survey responses received are used as the underlying data to calculate ASCOF measure 3C, the “The proportion of carers who report that they have been included or consulted in discussion about the person they care for”
- The measure is defined by determining the percentage of all those responding who choose the answer “I always felt involved or consulted” and “I usually felt involved or consulted”.
- As with the wider measure of satisfaction, Birmingham again under performs, and has seen the gap with comparator authorities increase



Other points around discussions

National research indicates:

- Carers that felt they were never involved or consulted in discussions about the support or services provided to the person they care were also :
- More likely to be dissatisfied
- More likely to have little social contact with people and feel socially isolated.
- More likely to report they never have enough time to care for the other people they have caring responsibilities for.

Planned Improvements

- Integral part of new Vision and Strategy for Adult Social Care;
- Transfer of social work assessments of carers to the Birmingham Carers' Hub;
- Proposed ending of Carers' Short Breaks Grant (Cabinet 13/9/17) and replacement with service based on carers assessments undertaken by Birmingham Carers' Hub.

Planned improvements

- Use iBCF to create a wrap-around carers service which ensures:
 - an assessment and support plan;
 - income is maximised;
 - access to assistive technology;
 - links to local support groups and best use of community assets;
 - health check with their GP.



20 th June 2017	Informal Session Briefings and Background Documents	<p>Carol Herity, Associate Director of Partnerships / Gemma Coldicott, Senior External Communications & Engagement Manager, CrossCity CCG</p> <p>John Denley, Assistant Director, Commissioning Centre of Excellence</p> <p>Graeme Betts, Interim Director of Adult Social Services</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>
18 th July 2017	<p>Forward Thinking Birmingham: One Year On</p> <p>Proposals for the use of the Improved Better Care Fund (IBCF)</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> Adults Service Scorecard 2017/18 – Month 2 	<p>Elaine Kirwan, Associate Director of Nursing, Forward Thinking Birmingham</p> <p>Margaret Ashton-Gray, Head of City Finance</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>
2 nd August 2017	Paediatric Surgery at the Royal Orthopaedic Hospital	Kieren Caldwell, NHS England



19 th September 2017	<p>Delayed Transfers of Care – Position Statement</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> • Carers Survey • Delayed Transfers of Care (dashboard) • Adults Services Scorecard 2017/18 	<p>Graeme Betts, Interim Director of Adult Social Services; Paul Jennings, Interim CEO, CCGs; Karen Richards, Associate Director, CrossCity CCG; Andrew McKirgan, Director of Partnerships, UHB.</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>
17 th October 2017	<p>Birmingham Substance Misuse Recovery System (CGL)</p> <p>Paediatric Surgery at the Royal Orthopaedic Hospital</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> • Service Users Survey <p>Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry</p>	<p>Max Vaughan, Head of Service, Universal and Prevention</p> <p>Kieren Caldwell, NHS England</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p> <p>Dennis Wilkes, Assistant Director, Public Health</p>
21 st November 2017	<p>Sustainability & Transformation Partnership Update</p> <p>Cabinet Member for Health and Social Care</p> <p>Birmingham Adult Safeguarding Annual Report 2015-17</p> <p>Tracking of the 'Living Life to the full with Dementia' Inquiry</p>	<p>Kathryn Hudson, BSol STP Programme Director; Graham Betts, Interim Director of Adult Social Services.</p> <p>Suman McCartney, Cabinet Support Officer</p> <p>Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board</p> <p>Mary Latter, Joint Commissioning Manager Dementia</p>



19 th December 2017		
23 rd January 2018		
20 th February 2018		
20 th March 2018	Forward Thinking Birmingham	Elaine Kirwan, Associate Director of Nursing, Forward Thinking Birmingham
24 th April 2018		

Items to be scheduled in Work Programme

- Framework Agreement with Domiciliary Care Providers
- Progress report against the West Midlands ADASS Peer Challenge Action Plan (Mike Walsh/John Denley)
- Performance Monitoring and the Impact of Budget Savings Report (Mike Walsh/John Denley)
- Youth Promise Plus – Young People with Learning Disabilities
- Birmingham Business Charter for Social Responsibility – Employment/training offered to people with learning/physical disabilities
- Tracking Report on Homeless Health (John Hardy)
- Joint Commissioning arrangements and Accountable Care Organisations
- Outcomes from Mental Health Recovery and Employment procurement process (Sept/Oct 2017)
- Wellbeing Services – Steve Hollingworth
- Social Work Community Model
- Spit Guards – West Midlands Police
- Re-commissioning of Advocacy Services – Charles Ashton-Gray



Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Deirdre Alden, Sue Anderson, Jayne Francis and Kath Hartley	
Meeting Date	Key Topics	Contacts
12 th July @ 2.00pm in Sandwell	<ul style="list-style-type: none"> Prescriptions and Medicines Consultation 	Dr Gwyn Harris, Clinical Lead for Medicines Quality; Liz Walker, Head of Medicines Quality, SWBCCG
28 th September@ 2.00pm in Birmingham	<ul style="list-style-type: none"> Update Report on the Midland Metropolitan Hospital Commissioning New Ways of Working Oncology Services at Sandwell General Hospital 	Alan Kenny, Director of Estates and New Hospitals, Sandwell and West Birmingham Hospitals Andy Williams, Accountable Officer, SWBCCG Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust



Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Uzma Ahmed, Mick Brown, Andrew Hardie, Simon Jevon, Rob Pocock and Sharon Thompson	
Meeting Date	Key Topics	Contacts
27 th July at 5.00pm in Birmingham	<ul style="list-style-type: none"> University Hospital Birmingham/HoEFT Merger Birmingham and Solihull CCGs: Proposed Merger Update:- <ul style="list-style-type: none"> Risk Register for the merger Transparency and clarity around the budget implications for Birmingham and Solihull 	<p>Dame Julie Moore, Interim Chief Executive, HoEFT / Jacqui Smith, Chair, HoEFT</p> <p>Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG</p>
30 th August at 6.00pm in Solihull	<ul style="list-style-type: none"> Birmingham and Solihull CCGs Proposed Transition Post Consultation Outcomes Birmingham and Solihull Mental Health Trust performance and planned service changes – feedback from CQC Inspection 	<p>Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG</p> <p>John Short, Chief Executive, BSMHFT</p>
Late September/early October	<ul style="list-style-type: none"> University Hospitals Birmingham/Heart of England NHS Foundation Trust Merger Update Birmingham and Solihull CCGs Proposed Transition Update 	<p>Dame Julie Moore, Interim chief Executive, Heart of England NHS Foundation Trust (HoEFT); Jacqui Smith, Chair, HoEFT</p> <p>Paul Jennings, Interim CEO, BSol CCGs; Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG</p>
TBA	<ul style="list-style-type: none"> NHS Procedures of Lower Clinical Value – next suite of indicators Sustainability & Transformation Plan Update:- <ul style="list-style-type: none"> Public engagement and involvement Multi-Speciality Providers Governance and leadership Birmingham and Solihull Mental Health Trust – Update from CQC Inspection 	<p>Kathryn Hudson, BSol STP Programme Director</p> <p>John Short, Chief Executive, BSMHFT</p>



CHAIR & COMMITTEE VISITS

Date	Organisation	Contact
6 TH September 2017 @ 10.30am – CANCELLED To be rearranged	Modality Partnership – GP led NHS vanguard site developing a new Multi-speciality Community Provider (MCP) model of care	Dr Naresh Rati, Executive Director, Modality
TBA	District Neighbourhood Challenge – Dementia. Visit to Sutton Coldfield District.	John Mole, District Community Support and Development Unit

INQUIRY:

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

Councillor Call for Action requests

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

Item no.	Item Name	Portfolio	Proposed date
003259/2017	Birmingham Domestic Abuse Prevention Strategy 2017-2020	Health & Social Care	12 Dec 17
004084/2017	Carers' Grants Consultation Feedback 13 Sep 17	Health & Social Care	13 Sep 17

