

# **BIRMINGHAM CITY COUNCIL**

## **BIRMINGHAM HEALTH AND WELLBEING BOARD**

**TUESDAY, 27 NOVEMBER 2018 AT 15:00 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.civico.net/birmingham](http://www.civico.net/birmingham)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

**2     APOLOGIES**

**3     DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable 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.

**5 - 12**

**4     MINUTES AND MATTERS ARISING**

To confirm the Minutes of the last meeting.

**5     CHAIR'S UPDATE (1505 - 1515)**

To receive an oral update

**13 - 64**

**6     BIRMINGHAM SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18 (1515 -1525)**

Detective Chief Superintendent Claire Bell, Vice-Chair, BSCB will present the item

<b><u>65 - 96</u></b>	7	<b><u>BIRMINGHAM SAFEGUARDING ADULTS BOARD STRATEGY 2 YEAR PLAN (1525 - 1535)</u></b>	<ul style="list-style-type: none"> <li>• Update on Vulnerable Adults</li> <li>• Birmingham Safeguarding Adults Board Annual Report</li> </ul> <p>Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board will present the item.</p>
<b><u>97 - 100</u></b>	8	<b><u>CHILDREN WITH SPECIAL EDUCATIONAL NEED AND DISABILITY (SEND) - JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) (1535 - 1545)</u></b>	<p>Susan Lowe, Service Manager, Intelligence, Adults Social Care and Health and Fiona Grant, Service Manager, Adults Social Care and Health will present the item.</p>
<b><u>101 - 142</u></b>	9	<b><u>DOMESTIC ABUSE PREVENTION STRATEGY 2018-2023 CHANGING ATTITUDES, CHANGING LIVES (1545 - 1555)</u></b>	<p>Councillor Tristan Chatfield, Cabinet Member for Social Inclusion, Community Safety and Equalities will present the item.</p>
	10	<b><u>DISCUSSION ON EMERGING CHILDREN'S AGENDA</u></b>	<p>Professor Graeme Betts, Corporate Director of Adult Social Care and Health Directorate will facilitate the discussion on the item.</p>
<b><u>143 - 156</u></b>	11	<b><u>CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW ACTION PLAN - UPDATE (1615 - 1620)</u></b>	<p>Professor Graeme Betts, Corporate Director of Adult Social Care and Health Directorate will present the item.</p>
	12	<b><u>SUSTAINABILITY TRANSFORMATION PLAN UPDATE (1620 - 1625)</u></b>	<p>Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG will present the item.</p>
<b><u>157 - 232</u></b>	13	<b><u>DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2018 (1625 - 1630)</u></b>	<p>Becky Pollard, Interim Director of Public Health will present the item.</p>
<b><u>233 - 238</u></b>	14	<b><u>JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE (1630 - 1640)</u></b>	<p>Becky Pollard, Interim Director of Public Health will present the item.</p>

15 **ANY OTHER BUSINESS (1640 - 1700)**

- (a) Clean Air Zone (CAZ) Consultation Update  
Nicholas Richards, Principal Infrastructure Delivery Officer, Economy Directorate will give an update on the item.
- (b) Birmingham Public Health Strategy (Green Paper) – Development Update  
Becky Pollard, Interim Director of Public Health will give an update on the item.
- (c) Update on the Early Intervention Workstream  
Mark Lobban, Programme Director, Delayed Transfer of Care, Adults Social Care and Health will give an update on the item.

16 **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.

17 **DATE, TIME AND VENUE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING**

To note that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 18 December 2018, at 1500 hours at Sifa Fireside, 48 - 52 Allcock Street, Birmingham B9 4DY.





# BIRMINGHAM CITY COUNCIL

Item 4

**BIRMINGHAM HEALTH AND  
WELLBEING BOARD  
TUESDAY,  
4 SEPTEMBER 2018**

**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON TUESDAY 4 SEPTEMBER 2018 AT 1500 HOURS AT WEST  
MIDLANDS FIRE SERVICE HEADQUARTERS, 99 VAUXHALL ROAD,  
BIRMINGHAM, B7 4HW**

**PRESENT:** - Councillor Paulette Hamilton in the Chair; Graeme Betts, Councillor Matt Bennett, Councillor Kate Booth, Andy Cave, Dr Peter Ingham, Paul Jennings, Becky Pollard, Stephen Raybould, Peter Richmond and Roger Varley

**ALSO PRESENT:-**

Dr Andrew Dayani, Medical Director, Birmingham Community Healthcare, NHS Foundation Trust  
Jo Carney, Associate Director for Joint Commissioning  
Sean Russell, Implementation Director, WMCA Mental Health Commission  
Marie Reynolds, Committee Services, BCC  
Elaine Ricketts, PSS, BCC  
Channa Payne Williams, Public Health

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**APOLOGY**

283 An apology was submitted on behalf of Antonina Robinson.

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**MINUTES**

284 The Minutes of the Board meeting held on 31 July 2018 were confirmed and signed by the Chair.

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**CHAIR'S UPDATE**

285 The Chair welcomed everyone to the meeting and trusted that all had had a good break.

**Dame Julie Moore - Retirement**

The Chair reported on the retirement of Dame Julie Moore that had taken place during the summer and subsequently submitted a formal vote of appreciation for all her hard work in shaping 'health' in the region.

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**Adult Social Care Green Paper: LGA issues new Consultation Paper**

The Chair reported that the Local Government Association (LGA) had published a consultation paper on the future of social care reform. She stated that Local Authorities had been waiting a decade for the Government's proposals on Adult Social Care funding and that over the years, there had been many indications of white and green papers emerging to address this, however, all had failed to address the issue. She confirmed that in recent years there had been short term fixes in the form of Better Care Funding and improved Better Care Funding to help meet the increasing demand for Adult Social Care Services as services had been at breaking point for several years.

She highlighted that it was time to be honest about the funding and decide who pays for this and shifting the discussions and debates on funding for Adult Social Care to realising the impact and worth of Social Care Services and how through Social Care this reduces the crisis's in hospitals. For far too long the preoccupation has been on hospitals' waiting lists and delays in transfers of care 'bed-blocking'.

At this juncture, the Chair invited all to read the document and requested that the consultation document was sent out to all departments and subsequently highlighted the importance of all participating in order to help shape the service in going forward.

She confirmed that the consultation commenced on 31 July 2018 and runs up until 26 September 2018. Following the consultation, the LGA will produce a response in time to hopefully influence the Government's plans in the eagerly awaited green paper and also hopefully the budget and spending review.

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**Donor City**

The Chair confirmed that the City of Birmingham had shown a commitment to organ donation and transplantation as Host City for the British Transplant Games 2018 and Donor Run in Birmingham. It was noted that Birmingham was home to the largest transplant units in Europe and as a legacy of the Games, the City was pledging to work with stakeholders to raise the position of Birmingham on the Organ Donor Register.

It was highlighted that the aim of the programme was:-

- Increase awareness of organ donation
- Increase the number of registrants living or working in Birmingham
- Improve Birmingham's ranking on the Organ Donor Register

The focus of the City was to increase the number of members of the Black, Asian and other ethnic minority groups (BAME) joining the Organ Donor Register (ODR) over a two-year period.

In addition to raising awareness of organ donation, particularly amongst the BAME communities in Birmingham, the Games will inject £2m into the local economy and generate significant national media profile.

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**HEALTH AND WELLBEING STRATEGY UPDATE – INCREASING  
EMPLOYMENT/MEANINGFUL ACTIVITY MENTAL HEALTH RECOVERY  
AND EMPLOYMENT**

Jo Carney, Associate Director for Joint Commissioning, provided an update on the Individual Placement Support (IPS) element of the Mental Health Recovery and Employment Service (MHRE) by drawing the Board's attention to the information contained in the report.

(See document Nos. 1 and 2)

During the course of the discussion, it was highlighted that as the service was currently in the early stages of delivery and whilst there had been a number of Job starts, sustainable employment figures would not be available until the end of quarter 2. It was reported that once they were able to track the social return on the investment then they could look to broaden the scheme.

Reference was made to the various areas of support that the service provided in order for clients to sustain employment which included the assistance of employment specialists in developing relationships with employers based upon their client's preferences.

The Chair thanked Jo Carney for attending the meeting and presenting the item.

286

**RESOLVED:-**

That the Health and Wellbeing Board note the update.

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**SUSTAINABILITY AND TRANSFORMATION PLAN – UPDATE**

287

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG gave a verbal update on the following:-

**NHSE Approval Process**

The BSol STP Board, which comprises the Chairs, CEOs and accountable officers of the partner organisations, agreed on 6 August that Paul should be the only candidate to be put forward as the next system leader in replacement of Dame Julie Moore, when she retired on 1 September 2018.

The official letter of nomination and CV was sent to NHS England by Councillor Bob Sleight, Chair, STP in order for it to be approved by Simon Stevens, CEO.

Whilst awaiting approval, it was agreed that Paul would take on the role as Interim System Leader to ensure continuity and once approval had been received, the information would be cascaded to Councillor Paulette Hamilton, Chair and the Birmingham Health and Wellbeing Board.

**Consultation on the STP strategy**

Paul referred to the broad summary provided by Dame Julie Moore regarding the key priorities over the next few years whereupon feedback was invited during the extended period of consultation with senior STP figures and the Board. It was noted that the draft strategy had also been uploaded onto the Health and Wellbeing Board website.

With the consultation period over feedback was now being worked into the document to provide the final draft which would then be circulated more widely.

In November (date tbc) there will be a half day conference for the Board, which included elected member colleagues, senior officers, governors, non-executive directors and other key decision-makers from the STP partners.

This will be the first time that there will be the meeting of many key senior stakeholders in one place at one time to hear about, and discuss, the future direction and priorities of the STP as to whether they were all correct and if there were any that needed to be added.

There will be the opportunity to advise as to whether you feel that the broad issues that need to be addressed in health and social care that you are hearing from constituents have been captured. There will also be the opportunity to take place in interactive workshops on the three strategic priorities: Maternity, Childhood and adolescence; Adulthood and work; Ageing and Later Life as well as a session on the enablers (life technology, estates, air quality and workforce).

They will be chaired/co-chaired by the following people and there will be a clinical lead for each Board:-

**Maternity, Childhood and adolescence:** chaired by Sarah Jane March, CEO of Birmingham Women's and Children's Trust and co-chaired by Richard Kirby, CEO of Birmingham Community Healthcare NHS Foundation Trust

**Adulthood and work:** chaired by John Short, CEO of Birmingham and Solihull Mental Health NHS Foundation Trust and co-chaired by Nick Page, CEO of Solihull Metropolitan Borough Council

**Ageing and later life:** chaired by Richard Kirby and co-chaired by Dawn Baxendale, CEO of Birmingham City Council

**Enablers:** chaired by Dr Dave Rosser, CEO of University Hospitals Birmingham NHS Foundation Trust and co-chaired by Dawn Baxendale, CEO of Birmingham City Council

There was deliberately not a stand-alone, separate mental health work stream. Mental health and well-being is an integral part of each area of work.

It was reported that invitations to the Conference will be sent out shortly to the board and colleagues, providing six weeks' notice of the event, and it was, highlighted that all were very welcome to attend. The event will then be repeated for a wider stakeholder group including expert patient and service user groups and the voluntary sector in February 2019.

Once there was more detail around the priorities of each of the Portfolio Boards and some of the initiatives progressed to the planning stage, then they will start involving the wider citizens of Birmingham and Solihull in their development.

During the course of the discussion, Paul made reference to the work that had taken place with regard to collecting, exploring and sharing information with partners and representatives on the STP board explaining that they had not been at a stage to undertake a public consultation.

The Chair reiterated that it would not have been the most appropriate time for a public consultation given the background work that was taking place which also included keeping elected members briefed.

Paul made reference to the fact that they would now begin to firm up and start to translate intentions to what it might look like and with agreed set of priorities, he had asked a number of public health colleagues to design a golden public health thread.

The Chair thanked Paul for updating the Board.

The following were requested at the next meeting:-

Governance structures - update

STP Process – development and delivery – how resources were co-ordinated  
Monthly Update to Board.

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### **CQC LOCAL SYSTEM REVIEW ACTION PLAN – UPDATE**

The following report was submitted:-

(See document No. 3)

Professor Graeme Betts, Corporate Director, Adult Health and Social Care provided a comprehensive breakdown of the report. It was noted that the Neighbourhood networks and community assets work was progressing well and the work stream had secured funding for a pilot relating to social prescribing. A Business Case for external support for locality based enablement pilot had been approved by Cabinet and with the procurement process being in place, the pilot was due to start in September. An additional Business Case for an Enhanced Assessment Bed pilot at the Norman Power Centre had also just been approved.

It was noted that there was a new process for delivery of Continuing Health Care was being developed and a workshop was being held in September to

agree key points around delivery of integrated home support services at locality and neighbourhood levels.

It was noted that the first update against the Action Plan had been submitted to DoH whereby a positive response had been received regarding the detail in the plan and how it was being progressed.

During the discussion it was highlighted that within the action plan where there lacked ratings this needed to be addressed and reference was made to looking to provide more concrete measures.

Strengthening relationship – ensure correct wording in functions – to oversee STP

The Chair thanked Graham for his update.

288

**RESOLVED:-**

That the Health and Wellbeing Board note the progress made against the CQC Local System Review Action Plan.

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**THRIVE UPDATE: MENTAL HEALTH COMMISSION**

289

Sean Russell, WMCA Mental Health Commission Implementation Director reported on the Thrive into Work programme which was a new employment support service for people with a mental health and/or physical health condition in primary and community care.

Reference was made to the Action Plan and that it was supported by all of the partners. Further reference was made to the population that they were looking to work with over the next 3 years and the number of the people they would be assisting into work, highlighting that people qualifying for assistance would need to be unemployed for at least 28 days. It was highlighted the various support that was provided to employees and employers when they entered into the workforce and the number of small and medium businesses they were working with in order to help boost recruitment places.

Sean referred to the work that was taking place with Birmingham and the combined authority relating to the Housing First Programme which supported people living with complex needs. It was highlighted that the programme was aimed at people who were sleeping rough but also related to other issues which included mental health and alcohol. He reported on the other areas of work that was taking place around mental health and proceeded to provide a brief explanation on Mental Health Literacy and Mental Health First Aid which was being trialed, adding that as part of this there was going to be the introduction of a digital platform for work age adults around resilience.

He highlighted the 'Walking Out of Darkness' event that was taking place in October 2018 which was a unique Mental Health Awareness and Suicide Prevention event, which brought together the Public with Businesses, Schools, Universities and many more to assist, inspire and motivate everyone regarding

Mental Health Awareness and work to create zero suicide local and regional communities across the country. It was highlighted that the events had grown over the last number of years and it was helping to raise mental wellbeing to overcome the stigma of mental illnesses in local and regional communities with the support of all involved.

During a brief discussion, Sean referred to the collaborative way of working that was taking place whilst highlighting that locally a new Engagement Manager had been recruited by the Combined Authority' in order to attract opportunities and put a 'voice' out to local communities.

The Chair thanked Sean for his update.

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**PLACE BASED DEVELOPMENT INCLUDING WESTERN BIRMINGHAM**

Paul Jennings, CEO, NHS Birmingham and Solihull CCG gave a slide presentation on the above-mentioned item.

(See document No. 4)

Following the detailed slide presentation and during the discussion the Chair highlighted the importance of the service design being correct and that it needed to work as a 'totality', otherwise it would be a 'no win' situation. Further comments put forward highlighted the importance of all working together (hospitals and primary care) in the redesign whereupon it was stated that they were looking at ways at pulling together a single framework.

The Chair highlighted the importance of building relationships at every level and to communicate as much as possible.

The Chair thanked Paul for his slide presentation and requested feedback in 6 months' time.

290

**RESOLVED:-**

That the Health and Wellbeing Board support a focused workshop on the alignment of Western Birmingham health and care outcomes.

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**ANY OTHER BUSINESS – (A) DONOR CITY PROGRAMME**

Becky Pollard, Interim Director of Public Health presented the following report:-

(See document No. 5)

The report briefed the Health and Wellbeing Board on the proposal and implementation of the Donor City Programme in Birmingham from September 2018 to August 2020.

Becky proposed to come back with a progress report.

291

**RESOLVED:-**

That the Health and Wellbeing Board:-

Raised awareness of organ donation in BAME Communities  
Supported the organ donation strategy  
Supported the work of the steering group.

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**ANY OTHER BUSINESS – (B) DRAFT HEALTH AND WELLBEING BOARD  
CHILDREN’S WORK PROGRAMME**

Becky Pollard, Interim Director of Public Health presented the following work programme:-

(See document No. 6)

The work programmed was proposed over the next 6 months to review more explicit children’s and young people’s health issues.

292 **RESOLVED:-**

That the Health and Wellbeing Board review the children’s and young people’s work programme over the following 6 months.

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**ANY OTHER BUSINESS – (C) UPDATE ON THE HEALTH AND  
WELLBEING DEVELOPMENT SESSION ON THE 2<sup>ND</sup> OCTOBER 2018**

293 Becky Pollard, Interim Director of Public Health, reported that the Local Government Association (LGA) would facilitate the session – Andrew Cozens and Cllr Jonathan McShane to discuss what was working well.

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**DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD  
MEETING**

294 It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday, 27 November 2018 at 1500 hours in Committee Rooms 3&4, Council House, Victoria Square, Birmingham B1 1BB.

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The meeting ended at 1620 hours.

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CHAIRPERSON



	Item 6 <b><u>Agenda Item:6</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>27<sup>th</sup> November 2018</b>
<b>TITLE:</b>	<b>BIRMINGHAM SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18</b>
<b>Organisation</b>	<b>Birmingham Safeguarding Children Board (BSCB)</b>
<b>Presenting Officer</b>	<b>Claire Bell, Vice Chair BSCB</b>

<b>Report Type:</b>	<b>Information</b>
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<b>1. Purpose:</b>
<p>To present to the Health and Wellbeing Board the Birmingham Safeguarding Children Board (BSCB) Annual Report 2017/18 as required by statute.</p> <p>The BSCB Annual Report provides an overview of progress against the strategic safeguarding priorities set out in BSCB Business Improvement Plan 2017/19. The findings to inform the development of the Joint Strategic Needs Assessment and the Health and Wellbeing Board's Strategic Priorities for Children and Young People.</p>

2. <b>Implications:</b> Please indicate Y or N as appropriate]		
BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		N
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

### **3. Recommendation**

To receive the BSCB Annual Report 2017/18 to enable the findings to inform the development of the Joint Strategic Needs Assessment.

### **4. Background**

4.1 There is a statutory requirement for the Local Safeguarding Children Boards to publish an Annual Report evaluating the effectiveness of safeguarding in the local area. The Annual Report is presented to the Health and Wellbeing Board, Chief Executive, Leader of the Council and the local Police and Crime Commissioner to inform the planning and commissioning of services for children and young people in Birmingham.

4.3 The report provides a summary of progress and sets out the transitional arrangements for the development of the new Multi-Agency Safeguarding Arrangements that are required to be in place by September 2019. The full Annual Report appears as Appendix 1 and is available to download on the BSCB website.

4.4 The Birmingham Safeguarding Children Board statutory objectives are:

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- To ensure the effectiveness of what is done by each such person or body for those purposes

4.5 The Annual Report comprises of five sections;

**Part 1** – Context and Key Facts about Birmingham.

**Part 2** – The Effectiveness of Safeguarding Arrangements – An evaluation of progress on eight challenges highlighted in last year's Annual Report.

**Part 3** – Governance, Structure and Accountability - examines how the BSCB has discharged its core statutory functions.

**Part 4** – Spotlight on Agency's Contribution to Safeguarding – Provides an insight to each agency's contribution to safeguarding and promotion the wellbeing of children and young people in Birmingham.

**Part 5** – Conclusion and Priorities for the Years Ahead – Explores the transitional arrangements for the new Multi-Agency Safeguarding Arrangements and child death partner arrangements that will replace Local Safeguarding Children Boards by 29<sup>th</sup> September 2019.

- 4.6 The challenge ahead will be to ensure that the changes do not divert or distract partnership endeavor from safeguarding and protecting children and young people.
- 4.7 In the interim period the BSCB will continues to effectively fulfil all of the statutory functions, whilst working in close collaboration with the three 'Safeguarding Partners' West Midlands Police, NHS Birmingham and Solihull Clinical Commissioning Group and Birmingham City Council to deliver a smooth transition to the new Multi-Agency Safeguarding Arrangements.
- 4.8 The final year of the Business Improvement Plan 2017-19 will continue to focus on same three priorities :

**Priority 1: Strong Leadership & Strong Partnership**

BSCB leads the safeguarding agenda, challenges the work of partner organisations, and commits to an approach that learns lessons, embeds good practice and is continually influenced by the voice and experience of children, young people and their families.

**Priority 2: Continuous Improvement of Child Protection Practice**

BSCB and partner agencies focus on what really matters in local areas – context is key: Children and young people at risk of specific vulnerabilities in Birmingham are seen, heard and helped. They are effectively protected from harm by robust and coordinated multi-agency intervention and support.

**Priority 3: Embedding Early Help & Early Intervention into mainstream partnership activity.**

Children and young people receive effective early help and appropriate interventions when needs are identified and/or problems arise. Partners support each other in providing early help, by sharing information and planning together for best outcomes.

<b>5.</b>	<b>Compliance Issues</b>
<b>5.1</b>	<b><i>Strategy Implications</i></b>
	There is a statutory requirement for the BSCB Annual Report to be presented the Health and Wellbeing Board, Chief Executive, Leader of the Council and the local police and crime commissioner to inform the planning and commissioning of services for children and young people in Birmingham.
<b>5.2</b>	<b><i>Governance &amp; Delivery</i></b>
	The findings from the Annual Report should inform the development of the Joint Strategic Needs Assessment and future joint commissioning arrangements for services targeted at children, young people and families.

### **5.3 Management Responsibility**

Publication and sharing of the BSCB Annual Report is the responsibility of the Independent Chair of the BSCB. Oversight of the implementation of the findings appertaining to the Health and Wellbeing Board is the responsibility of the Chair of the Health and Wellbeing Board.

## **6. Risk Analysis**

- 6.1 The newly established City Board provides a strategic forum that brings together the Chairs of the Health and Wellbeing Board, Birmingham Safeguarding Children Board, Community Safety Partnership and the Adult Safeguarding Board.
- 6.2 The City Board provides an opportunity to further clarify and enhance the coordination and collaboration of partnership intervention on the strategic issues that have the greatest impact on children, young people and families in Birmingham.
- 6.3 It is considered that the Health and Wellbeing Board are better placed to assess the level of risk.

<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>

## **Appendices**

Appendix 1 - Birmingham Safeguarding Children Board Annual Report 2017/18

## **Signatures**

<b>Chair of Health &amp; Wellbeing Board</b>	
<b>Chair of the Birmingham Safeguarding Children Board</b>	Penny Thompson CBE
<b>Date:</b>	13 November 2018

The following people have been involved in the preparation of this board paper:

Penny Thompson CBE, Independent Chair  
Birmingham Safeguarding Children Board  
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# Annual Report 2017/18



Item 6



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## Foreword

This is my second Annual Report as Independent Chair, and as I did last year, I have already shared my Independent Chair's Accountability Report with the Council, Health and Police Chiefs and the Executive Board ([link to report](#)).

The purpose of the Safeguarding Children Board is to bring together the organisations of the City charged with the safety and wellbeing of children and young people. Through a clearly articulated shared commitment, and supported by robust governance arrangements, the Board ensures the availability of sound Policy, Procedure and Practice guidance; an evidence based Training & Development offer; a Board Assurance Framework; a robust Serious Cases and Learning Lessons Review capacity; Early Help partnership arrangements; engagement with users, practitioners and accountable leaders; and an effective Business Improvement Plan.

The Birmingham context for this work is the acknowledged shortcomings in the effectiveness of services to vulnerable children in the City over many years, and an "inadequate" Ofsted judgement. A concerted drive for improvement is underway and the Safeguarding Board has a key role to play as the leading partnership body for safeguarding children.

My role as Independent Chair is to convene the organisations, to bring my professional and leadership experience and knowledge, and provide support and challenge to the safeguarding and wider partnership system and its leadership, in the interests of Birmingham's children and young people.

This past year has been one of organisational and leadership churn. During the year, preparations were underway to form a single Clinical Commissioning Group for the City and Solihull; an independent Children's Trust wholly owned by the Council and a joined up University Hospitals Trust. In addition, the Children's and Women's Hospitals became a single Foundation Trust. There were changes in Council Leader, a new Lead Council member, and new Chief Executives for the Council, Health Commissioning, Community Health Trust and Children's Trust. Inevitably, the main focus has been on getting these new organisations up and running. Additionally, Birmingham has faced the impact of austerity as the rest of the country has done, and the emphasis has been on efficiency and savings, however much the public services have wanted to stress prevention and support. Commendably, the Council has articulated a small number of overriding priorities, including an ambition for the City to be a great place in which to grow up. I hope that over the coming year this ambition will be one formally embraced by all partners and given support in the form of shared strategic leadership and action.



There has continued to be Inspectorate activity which has reinforced the need for system wide improvement and not just Ofsted's focus on Children's Social care, whose monitoring visits have continued to be encouraging. Specifically, the HMIC inspection of Public Protection and CQC inspection of Children's Mental Health services both found inadequacies and the need for improvements. We agreed that a small number of pressing issues should drive our Board's agenda, and first amongst those was to support practice improvement. One practical step was to inaugurate an Annual Practitioners Conference. This was held in June 2017 and took as its focus the voice and influence of young people. Two inspiring Care Leavers addressed the conference with their powerful stories and challenging insights. The day's various workshops and the final panel questions and discussion session were well received. Since the conference was severely oversubscribed, we hired a bigger venue for 2018.

I have continued to host a quarterly Practitioner Forum which is both a sounding board for me and an opportunity for Practitioners to have unfettered access to the Independent Chair. These sessions have been valuable, and were key in contributing to the updated *Right Help, Right Time* guidance which we launched in January 2018. That guidance plainly "sets out how we should all work together, putting the child and the family at the centre, building on strengths and providing effective support to help them."

To encourage visibility, ownership and listening, we have taken Executive Board meetings around the City, hosted by partner organisations, with time dedicated to meeting staff and young people. This has proved valuable and has brought us to a range of places, from Schools and Early Years settings, to Probation and the MASH (Multi-Agency Safeguarding Hub). We have learned that young people are more afraid of dangers from their community streets than from the internet and that primary pupils can provide accessible support to their peers by being in a “safeguarding squad”.

We have come to recognise that criminal exploitation affects children in many ways and requires a joined-up response, using the best of our working together practices.

Practice can be improved by learning what works and garnering lessons from things that have gone wrong. We have agreed that we want ours to be a “learning system”. The emphasis of our Serious Case Reviews this year has been to distil key messages for practice and/or strategic action. The sad deaths of two young children led directly to our campaign: “Safeguarding is Everybody’s Business”. In neither case were Child Protection services alerted to risks to these children. We also conducted a Serious Case Review with the direct involvement of the young person concerned and entitled the resulting Learning Bulletin: “I just wanted someone to ask me”. Our fourth Review this year was a Learning Lessons Review which led to the bulletin: “Asthma can Kill”. Additionally, we have published a Learning Bulletin informed by a themed multi-agency audit on children missing from home (including care). We titled it “Missing, perhaps exploited?”

These Bulletins are all written succinctly, distributed widely, and can be found on our website, as well as gaining exposure through social media. The Board continues to be active on Twitter, benefitting from the experience of other places, sharing, and networking positively. We also systematically examine any “outstanding” reports from across the country, eager to benefit from the proven experience of others. This all contributes to our journey of improvement, with evidence-based practice and system learning at its heart.

Over the past year, I have noticed the talent and commitment of so many people I have encountered in Birmingham. I especially want to thank Co-Chairs of the BSCB Sub-Groups; Board Vice-Chair, Chief Superintendent Claire Bell and Simon Cross, Board Manager, and his Programme and Administrative team for their huge support, hard work and unfailing good humour.

I hope you find this report useful, interesting and most of all, encouraging as to the progress being made in Birmingham.



**Penny Thompson CBE**  
**Independent Chair**  
**Birmingham Safeguarding Children Board**





# Introduction

There is a statutory requirement for the Independent Chair of a Local Safeguarding Children Board to publish an annual report evaluating the effectiveness of partnership arrangements to safeguard and promote the welfare of children in the local area.

Birmingham Safeguarding Children Board (BSCB) is independently chaired by Penny Thompson CBE and consists of the strategic safeguarding leads from those agencies responsible for delivery of its key statutory objectives:

- Co-ordinate local work to safeguard and promote the welfare of children and young people;
- To ensure the effectiveness of that work.

This annual report provides a rigorous and transparent assessment of partnership working in Birmingham in relation to the financial year 1 April 2017 and 31 March 2018. The report also examines how BSCB has discharged its statutory role and functions as defined in the national guidance, *'Working Together to Safeguard Children (2015)'*. The published report is submitted to Birmingham City Council's Chief Executive; the Leader of Birmingham City Council; the Local Police and Crime Commissioner; the Chair of the Health and Wellbeing Board and the Children's Social Care Overview and Scrutiny Committee. The report comprises five sections:

## Part 1 - Context and Key Facts about Birmingham

This section sets out local context and provides statistical information: the foundation for building robust partnership arrangements to protect and safeguard children and young people in the second largest local authority in Europe.

## Part 2 - The Effectiveness of Safeguarding Arrangements

This part of the report focuses on evaluating progress on the eight strategic challenges highlighted in last year's annual report and the realisation of our ambition: 'Birmingham is a family friendly city where children flourish - feel safe, listened to, learn and grow up, able to actively contribute to society' and three priorities set out with the Business Improvement Plan 2017-19:

1. Strong Leadership and Strong Partnership;
2. Continuous Improvement of Child Protection Practice;
3. Embedding Early Help and Early Intervention into mainstream partnership activity.

## Part 3 - Governance, Structure and Accountability

This section examines resource utilisation and the restructuring of BSCB governance arrangements during the transition to the new Multi-Agency Safeguarding Arrangements brought about by the Children and Social Work Act 2017.

## Part 4 - Spotlight on Agency's Contribution to Safeguarding

This section provides a summary of each statutory role in the safeguarding of children, together with an overview of key safeguarding activity undertaken during the year and each organisation's safeguarding priorities for the year ahead.

## Part 5 - Conclusion and Priorities for the Year Ahead

This section reflects on progress made during the last twelve months and sets out the challenges ahead, which have shaped and informed the revision of BSCB's Business Improvement Plan 2018/19.

### Authors:

Penny Thompson CBE, BSCB Independent Chair & Simon Cross, Business Manager

This report can be downloaded from the BSCB website: [www.lscbbirmingham.org.uk](http://www.lscbbirmingham.org.uk)

Alternatively you can email us on: [ContactUs@lscbbirmingham.org.uk](mailto:ContactUs@lscbbirmingham.org.uk);

Call us on 0121 464 2612

or write to us at:

Birmingham Safeguarding Children Board  
PO Box 17340  
Birmingham  
B2 2DR.

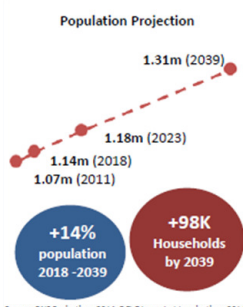
# Part 1 - Context and Key Facts about Birmingham

Birmingham is the second largest city in the UK, with an estimated population of over 1,141,000 residents.

The vibrant heart of the city is home to iconic buildings such as Grand Central, the Library of Birmingham and Selfridges.

The city stretches from Villa Park in the North, to Longbridge Technology Park in the South and is home to the famous Bull Ring Shopping Centre. With accessibility to air and rail transport links to the rest of the UK and beyond, living in Birmingham can be both exciting and challenging.

The population is expected to grow by 14.9% over the next twenty years. This growth will have an impact on public services, such as Education, Housing and Health.



**750 Disabled Children** receive a specialist Social Care Service

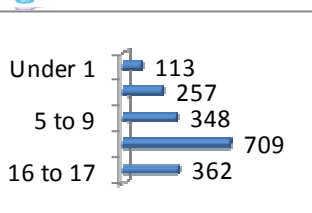
**1211 Children** have a CP Plan.

**1836 families** are supported by Family Support / Think Family

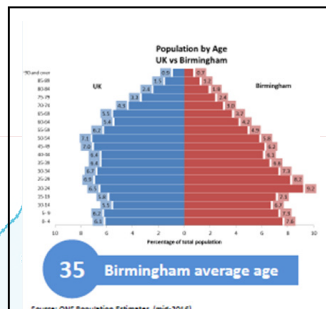
**6% of 16-19 year olds** identify as a Young Carer.

**40.1% of children** at age 11 are obese and overweight, higher than the national average. **24.7% of children** are obese and overweight at age 5 [NCMP 2016-17]

**There are 1789 Children in Care** who are aged:



**31,155 Children** have Special Educational Needs, higher than the national average. **6,780** have Statements or EHCPs and **88%** are educated in mainstream schools [DfE, Statistics: SEN: January 2017].



Birmingham is one of the youngest cities in Europe, with an average age of 35 and 87,000 children under the age of 5.

**86,000 children** are under the age of 5. **78%** of our under 5s live in 40% of the most deprived areas.


**6.9 children per 1,000** are homeless. **12.4%** of households in Birmingham are overcrowded [2016-17, National average: 2.3%].

The majority of Schools in the city have been rated 'Good' or 'Outstanding' by Ofsted.



**31% of Birmingham's children** live in poverty. There is considerable deprivation in Birmingham; the most deprived wards are predominantly in the inner-city areas [PHE fingertips].

Birmingham is a super-diverse city. Around **42%** of residents come from a minority ethnic group (national average 14%), with about 50 languages spoken in the city [ONS Census 2011].

**28%** of Birmingham residents have no qualifications - higher than the national average of 22.5%. **7.4%** of families have an unemployed adult. **10.2%** of young people are not in education, employment or training [England 6%]. **6%** of the population claim JSA, compared with a national figure of 3.7%. 

Birmingham has a **37.4%** Youth re-offending rate—lower than the national average of 42.2% [Ministry of Justice, April 2015—March 2016].



## Part 2— The Effectiveness of Safeguarding Arrangements

Last year's BSCB Annual Report 2016/17 highlighted eight strategic challenges to enhance the effectiveness of partnership working to safeguard children, young people and families in Birmingham. These challenges helped to shape and inform the development of the Business Improvement Plan 2017/19, which sets out the safeguarding priorities for the next two years of the City's improvement journey. (See Figure 1). This section of the report reflects on the progress made on each of the strategic challenges and provides an overview of implementation of the first year of the plan.

**Figure 1**



### Eight Challenges – A Review of Progress

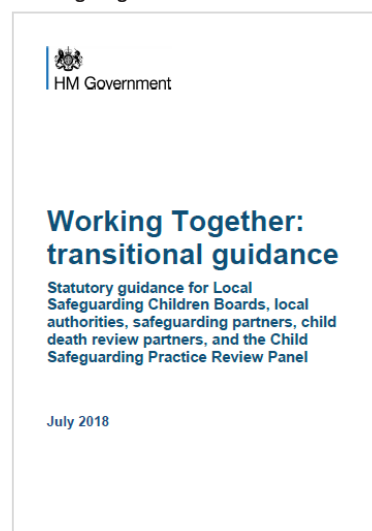
Throughout the year, the Independent Chair and Executive Board have exercised their influence to progress action to address and overcome each of the eight challenges. Detailed below is a summary of progress and an outline of what still needs to be done.

**Challenge 1** - To work closely with the West Midlands Police, Birmingham City Council and Birmingham Solihull Clinical Commissioning Group in the development of the new Multi-Agency Safeguarding Arrangements as prescribed in the Children and Social Work Act 2017.

**Progress** - In July 2018, the government published guidance setting out the transitional arrangements in support of the implementation of the new Multi-Agency Safeguarding Arrangements (MASA), which will replace the current Local Safeguarding Children Board by 2020. Work is already underway, led by the three 'Safeguarding Partners,' West Midlands Police, Birmingham City Council and Birmingham and Solihull Clinical Commissioning Group, working in close collaboration with Birmingham Children's Trust, BSCB and all relevant agencies.

**Figure 2**

**Working Together: Transitional Guidance**



**Challenge 2** - That BSCB is influential in making the aspiration for Birmingham to be a great place to grow up in a reality, with the BSCB fully contributing to the City's improvement agenda and benefitting from the monitoring visits and reports from Ofsted.

**Progress** – BSCB contributed to a Pan-Birmingham Consultation Event held in January 2017, hosted by the Leader of Birmingham City Council. The aim of the event was to engage Partners in identifying the future strategic priorities and aspirations for the City. BSCB has also been actively involved in the ongoing Ofsted Monitoring feedback sessions to ensure that the partnership learning is taken forward.

**Challenge 3** - The need for BSCB to influence the review of strategic partnership arrangements which discharge the functions of Safeguarding Children and Adults, Community Safety and Health and Wellbeing, to clarify lines of accountability, better target finite resources to maximum effect, and lead to improved outcomes.

**Progress** - A 'City Board' has been established by the Council Leader, to focus on key strategic issues for the City and planning for the Commonwealth Games. This strategic forum brings together Chief Officers and Chief Executives from key statutory organisations, and representatives from the West Midlands Combined Authority. Membership will include the Chairs of the Safeguarding Children and Adults Boards, the Community Safety Partnership and the Health and Wellbeing Board.

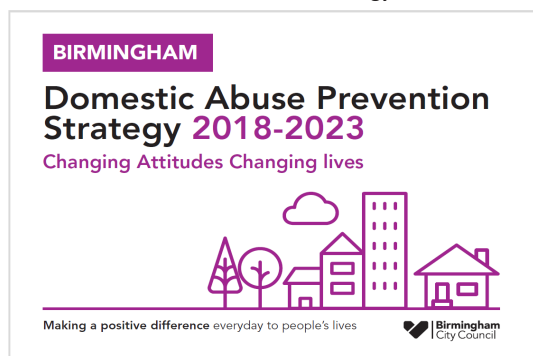
**Challenge 4** - That BSCB endorses the multi-agency Domestic Abuse Prevention Strategy incorporating a whole city, whole system approach and receives a six

month progress report detailing the impact on reducing risk for children living in violent households. (Figure 3).

**Progress** – The Health and Wellbeing Board and Community Safety Partnership have published the Domestic Abuse Prevention Strategy and Implementation Plan 2018/23 ‘*Changing Attitudes, Changing Lives*’ (Figure 3). BSCB has endorsed the strategy and is leading on a number of the key actions incorporated within the implementation plan.

**Figure 3**

Domestic Abuse Prevention Strategy 2018-2023



**Challenge 5** - Ensure that the learning from the LGA Diagnostic conducted in November 2017 informs the development of the City’s strategy, practice and approach to Child Sexual Exploitation and Missing children. That the Local Government Association diagnostic findings are presented to the Executive Board in February 2018.

**Progress** – The findings from the LGA Diagnostic were presented to the Executive Board in February 2018. The Strategic Leads for West Midlands Police and Birmingham Children’s Trust are tasked with embedding the key learning into the development of the City’s locality-based Child Exploitation operating model. The City’s approach to tackling Child Sexual Exploitation takes account of emerging good practice from Joint Targeted Area Inspections of Child Sexual Exploitation and ‘County Lines’.

**Challenge 6** - That the Executive Board seeks assurance of partnership engagement in the ‘Prevent Delivery Plan’ to reduce risk to children and young people exposed to extremist views.

**Progress** – In February 2018, the Prevent Lead was invited to the Executive Board to provide an overview of progress on the ‘Prevent Delivery Plan’. Arrangements are in place to coordinate multi-agency intervention to tackle radicalisation of young people, although further work is required to evaluate the impact of work in this important area.

**Challenge 7** - That the Executive Board oversee a review and refresh of the Early Help Strategy and partner organisations’ ‘Early Help Offer’ following the re-launch of ‘Right Help, Right Time’ threshold guidance in January 2018.

**Progress** – The Executive Board published revised threshold guidance, ‘Right Help, Right Time’, in January 2018 (Figure 4). The launch was supported by a comprehensive training programme. The Early Help and Safeguarding Partnership Board is tasked with overseeing the further development of the city’s Early Help offer, aimed at providing early intervention to children and families.

**Figure 4**



**Challenge 8** - To utilise emerging learning from Joint Targeted Area Inspections and national good practice to inform the development of a multi-agency neglect strategy for Birmingham.

**Progress** – BSCB is overseeing the development of a citywide Neglect Strategy, which is scheduled for presentation to the Executive Board in November 2018, following consultation with key stakeholders.





## Business Improvement Plan 2017/19

The Business Improvement Plan sets out the City's strategic ambition, purpose and principles, which underpin the three key safeguarding priorities:

### Our Ambition

Birmingham is a family friendly city where children flourish; feel safe; listened to; learn and grow up, able to actively contribute to society.

### Our Priorities

#### Priority 1: Strong Leadership & Strong Partnership

BSCB leads the safeguarding agenda, challenges the work of partner organisations, and commits to an approach that learns lessons, embeds good practice and is continually influenced by the voice and experience of children, young people and their families.

#### Priority 2: Continuous Improvement of Child Protection Practice

BSCB and partner agencies focus on what really matters in local areas – context is key: Children and young people at risk of specific vulnerabilities in Birmingham are seen, heard and helped. They are effectively protected from harm by robust and coordinated multi-agency intervention and support.

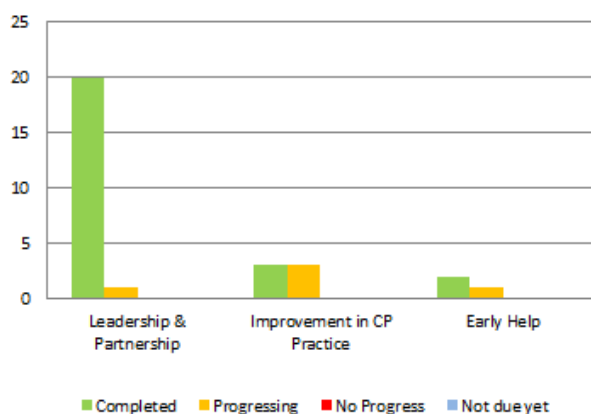
#### Priority 3: Embedding Early Help & Early Intervention into mainstream partnership activity.

Children and young people receive effective early help and appropriate interventions when needs are identified and/or problems arise. Partners support each other in providing early help, by sharing information and planning together for best outcomes.

The Executive Board has directed and monitored progress on 30 specific actions scheduled for completion in the first year of the Business Improvement Plan 2017/19. Detailed below is an overview of progress at the end of the first year. (Figure 5). The chart confirms that 83% (25) have been completed and significant progress has also been made in five (17%) on-going actions which are scheduled for completion in the final year.

Figure 5

Overview of progress against the Business Improvement Plan









Throughout the year, BSCB concentrated on ensuring that during this period of unprecedented change, partnership endeavor was not diverted or distracted from the continuous improvement of safeguarding practice and the development of early help provision for children and families.


Figure 6 provides an overview of progress on fifteen key workstreams undertaken in the first year of the Business Improvement Plan. The first column highlights 'What we set out to achieve' and the second column provides a summary of 'End of year progress'. The final column provides a RAG rating: Green indicates action completed; amber shows that the action is progressing and on schedule for completion within the agreed timescale. Red indicates significant slippage, requiring corrective action. 53% of the workstreams have been completed with the remainder on target for completion in the second year of the plan.

Figure 6

### Priority 1 – Strong Leadership and Strong Partnership

What we set out to achieve	End of year progress	
1. Continue to strengthen the governance interface between the BSCB, Strategic Leaders Forum and other key strategic forums and Chairs.	<ul style="list-style-type: none"> <li>City Board established. BSCB Independent Chair is a member. Inaugural meeting due in September 2018</li> </ul>	
2. To work closely with the West Midlands Police, Birmingham City Council and Birmingham and Solihull Clinical Commission Group to develop the new Multi-Agency Safeguarding arrangements.	<ul style="list-style-type: none"> <li>National Guidance, <i>Working Together to Safeguard Children</i> published in July 2018.</li> <li>Three Safeguarding Partners, supported by the Chief Executive of Birmingham Children's Trust and BSCB's Independent Chair have started developing the future Multi-Agency Safeguarding Arrangements.</li> <li>Initial consultation on proposal to be shared at Safeguarding Leaders Assembly in October 2018.</li> </ul>	
3. Seek assurance that the Strategic Health Forum and Safeguarding in Education Group are effectively utilising key learning from SCRs, LLRs, Child Deaths and Audits to improve safeguarding practice in schools and across the health network.	<ul style="list-style-type: none"> <li>Director of Children's Services chairs the Safeguarding in Education Forum, bringing together representatives from Education, Head Teachers and Designated Safeguarding Leads from Primary, Secondary, Special and Independent schools and academies across the City.</li> <li>BSCB Independent Chair has attended the Strategic Health Forum to seek assurance that learning from Serious Cases and inspections are being embedded across the NHS network.</li> <li>A review of the Strategic Health Forum has been undertaken and the outcome is scheduled for discussion at the Executive Board in September 2018.</li> </ul>	
4. Through the BSCB Quality Assurance Framework; scrutinise and challenge partnership performance; share and disseminate good practice and learning.	<ul style="list-style-type: none"> <li>The Executive Board has an established quality assurance framework supported by a comprehensive audit and scrutiny programme for 2017/18. This work is overseen by a dedicated Sub-Group, co-chaired by the BSCB Independent Chair and Assistant Director of Birmingham Children's Trust.</li> </ul>	
5. Promote and raise community awareness that <i>'Keeping Children Safe is everybody's business'</i>	<ul style="list-style-type: none"> <li>In November 2017, BSCB launched a community-awareness campaign, including a short film highlighting the issue and encouraging members of the public to report safeguarding concerns.</li> <li>A successful Launch Event was held in Grand Central and the campaign has continued throughout the year.</li> </ul>	
6. To consistently promote the importance of effective and swift information sharing, promoting a culture that puts the protection of children before the protection of information.	<ul style="list-style-type: none"> <li>The City has established a multi-agency Children's Advice and Support Service as a focal point for signposting professionals to appropriate services and coordinating effective action in Child Protection cases.</li> <li>A citywide information-sharing protocol is currently being refreshed and will be subject to wider consultation in autumn 2018.</li> </ul>	

### Priority 2 - Continuous Improvement in Child Protection Practice

What we set out to achieve	End of year progress	
1. The Executive Board will prioritise the development and oversight of implementation of strategy to tackle: <ul style="list-style-type: none"> <li>Neglect</li> <li>Child Exploitation</li> <li>Missing Children</li> </ul>	<ul style="list-style-type: none"> <li>The Executive Board is overseeing a programme of consultation to inform the development of Neglect and Child Exploitation strategies for the City. It is anticipated that the strategies will be launched later in 2018.</li> </ul>	
2. Provide a comprehensive programme of Multi-Agency Safeguarding Training that delivers high quality of face to face training, e-learning, master classes and an annual practitioner's conference.	<ul style="list-style-type: none"> <li>The BSCB commissioned a comprehensive programme of multi-agency safeguarding training, delivering 172 courses to 3,452 delegates.</li> <li>In June 2017, BSCB hosted a Practitioners Conference at Villa Park, focusing on 'The Changing Face of Safeguarding.'</li> </ul>	
3. The Executive Board will also seek reassurance of the effectiveness of partnership working on: <ul style="list-style-type: none"> <li>Domestic Abuse</li> <li>Female Genital Mutilation</li> <li>The impact of substance misuse and mental illness on parenting.</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Leads with responsibility for the coordination of partnership activity around Domestic Abuse, Female Genital Mutilation and compromised parenting provide regular updates to the Executive Board and relevant Sub-Groups throughout the year.</li> </ul>	
4. The Executive Board seeks assurance of partnership engagement in the 'Prevent Delivery Plan' to reduce risk to children and young people exposed to extremist views.	<ul style="list-style-type: none"> <li>The Prevent Lead reported on progress on tackling radicalisation to the Executive Board in February 2018.</li> </ul>	

### Priority 3 – Embedding Early Help and Early Intervention into mainstream partnership activity

What we set out to achieve	End of year progress	
1. The BSCB will undertake a review of the Early Help Strategy to evaluate progress and identify next steps.	<ul style="list-style-type: none"> <li>The Early Help strategy is subject to review and due to be presented to the Executive Board in November 2018.</li> </ul>	☹️
2. Agencies review their Service offer against the levels of need set out in 'Right Help, Right Time'.	<ul style="list-style-type: none"> <li>Threshold guidance published in January 2018.</li> <li>The Early Help and Safeguarding Partnership Board continue to oversee the development of the City's Early Help Offer.</li> </ul>	😊
3. Review and develop Early Help Panel model to improve early intervention at a district level.	<ul style="list-style-type: none"> <li>Review of the Early Help Panels completed; they have fulfilled their original purpose, but are no longer required.</li> </ul>	😊
4. Evaluate partnership engagement in the Early Help Assessments and 'Our Family' Plans across the city.	<ul style="list-style-type: none"> <li>Evaluation of Early Help Assessment and Quality of 'Our Family' Plans included in Audit Programme for 2018/19.</li> </ul>	☹️
5. Review and enhance support for the Lead Professional role in coordinating early intervention.	<ul style="list-style-type: none"> <li>This work is scheduled for Year Two of the Business Improvement Plan and will be led by the Early Help and Safeguarding Partnership Board.</li> </ul>	☹️



## Part 3 – Governance, Structure and Accountability

This section provides an overview of the work of the BSCB and Sub-Groups during the last year and looks ahead at the transitional arrangements brought about by the Children and Social Work Act 2017 and publication of the latest government guidance.

The BSCB acted decisively by reshaping the safeguarding arrangements to take account of the changing partnership landscape in the city, and the Government’s response to the ‘Wood Review’ on the future role and function of LSCBs, published in March 2016. The BSCB had already streamlined and strengthened the current safeguarding partnership arrangements taking account of the ‘Wood Review’ and emerging good practice from Ofsted Inspections and LGA Peer Review programme of LSCBs.

The BSCB have forging closer links with the Early Help and Safeguarding Partnership Board, enhancing system leadership and partnership collaboration to combat Child Exploitation. We have continued to build capacity concentrating on workforce development and evaluating the quality of safeguarding practice.

### Transitional Safeguarding Arrangements

The Department for Education (DfE) have issued a timetable and transitional guidance on the implementation of the new Multi-Agency Safeguarding Arrangements (MASA) that will replace Local Safeguarding Children Board;

Figure 7

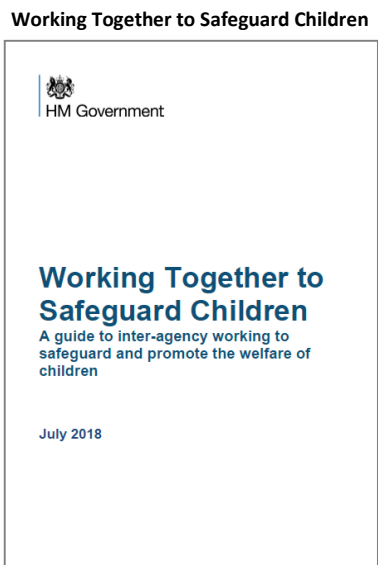


Figure 8



The Department for Education have provided funding to support implementation of the MASA, the BSCB are leading one of the Early Adopter Projects on the regional implementation of Local Child Safeguarding Practice Reviews.

The West Midlands Police, Birmingham Solihull Clinical Commissioning Group and Birmingham City Council assisted by BSCB are already working to develop the Birmingham MASA arrangements that will replace the Local Safeguarding Children Board. By 29th September 2019.

The challenge ahead is to ensure the smooth transition to the new arrangements, whilst the BSCB continues to effectively fulfil all of the statutory functions required to safeguarding and promoting the wellbeing of children and young people in the city.

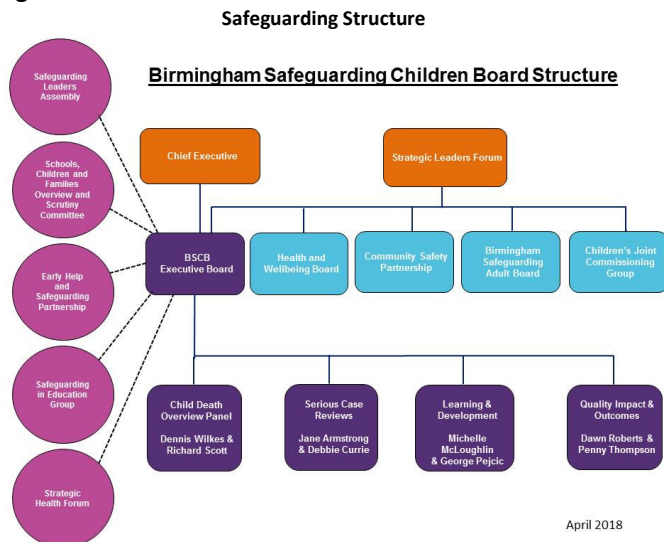
### Executive Board

The Executive Board provides independent oversight of the effectiveness of the safeguarding partnership arrangements. The BSCB provides leadership, co-ordination and appropriate challenge to drive improvement safeguarding practice across all local agencies. However individual agencies are responsible and accountable for the provision of services.

The Executive Board and Sub-Group structure and the key relationship between the BSCB and statutory partnerships is detailed in Figure 9.



Figure 9



### Safeguarding Leaders' Assembly

The BSCB arrangements also incorporate a 'Safeguarding Leaders' Assembly bringing together Chief Executives and safeguarding leaders from all key stakeholders to share good practice and improve the safeguarding of children and young people. This year members focused on partnership working in theory and practice within the context of Birmingham's improvement journey. Andy Couldrick was April's keynote speaker, outlining the launch and objectives of Birmingham Children's Trust.

Figure 10



The BSCB also collaborates in both national and regional initiatives to share good practice and maximise finite resources, particularly on those issues that transcend geographical boundaries. The Regional Safeguarding Procedures Group is great example of effective collaborative working, with nine LSCBs providing front-line professionals with access to up-to-date online policy, procedure and guidance.

The BSCB also plays an active role in leading and participating in cross border initiatives through the Regional Independent LSCB Chairs and Business Managers Forums, Regional Assistant Directors of Children's Services network and the Preventing Violence against Vulnerable People Board, which this year has focused on Child Sexual Exploitation and Female Genital Mutilation.

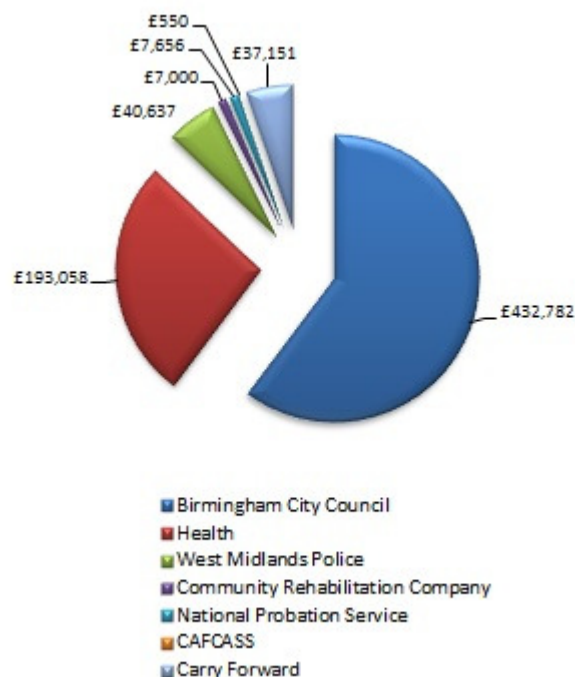
### Finance

The BSCB overall budget for 2017/18 was £718,834, made up of £681,683 in contributions from statutory partners and a carry forward of £37,151 from the previous year. Figure 11 provides a breakdown of the budget and details individual agencies contributions. Figure 12 provides details of expenditure during 2017/18 which concentrated on five core business areas.

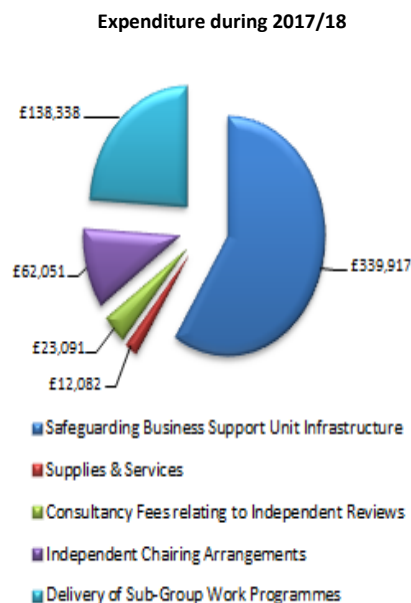
- Safeguarding Business Support Unit infrastructure (63%)
- Supplies and Services (2%)
- Consultancy Fees relating to Independent Reviews (3%)
- Independent chairing arrangements (10%)
- Delivery of Sub-Group Work Programmes (22%)

Figure 11

Breakdown of the budget and details individual agencies contributions



**Figure 12**



Birmingham City Council also continues to make a significant contribution in kind, by the provision of office accommodation, IT, Legal, Financial and HR support for the BSCB Business Support Unit.

### Sub-Group Structure

The Executive Board is supported by a Sub-Group structure to specifically fulfil the statutory functions:

- identifying and embedding learning from child deaths and serious cases;
- providing an evidence base multi-agency training offer that enhances partnership safeguarding practice the provision of a robust assurance framework to challenge and evaluate performance.

The Independent Chair, Executive Board, Sub-Group Chairs and Business Manager oversee the implementation of the Sub-Group Work Programmes, which are inextricably linked to the priorities set out in the Business Improvement Plan 2017-19.

### Learning from Child Deaths – Child Death Overview Panel

The BSCB has a statutory duty to review and enquire into the deaths of all children under the age of eighteen; this important function is carried out by the Child Death Overview Panel (CDOP): an established panel of experts from a range of safeguarding organisations.

Although the responsibility for determining the cause of death rests with the coroner or the doctor who signs the medical certificate of the cause of death, the identification of public health trends, emerging trends and dissemination of learning from the review and analysis of and is not therefore the responsibility of the panel.

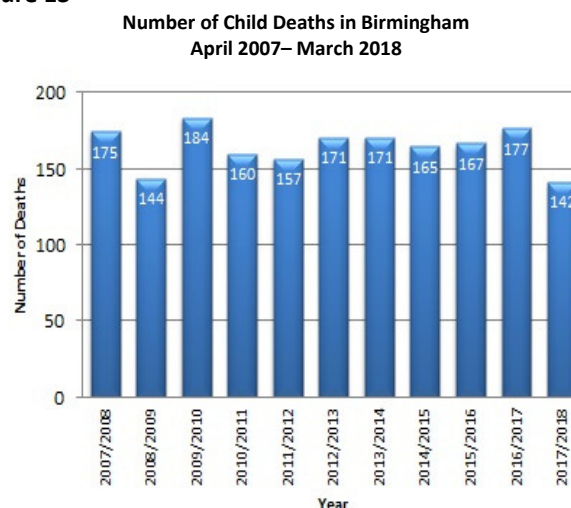
The core functions of CDOP are to:

- Classify the cause of death according to a national categorisation scheme;
- Identify factors in the pathway of death, service/ environmental/behavioural, which if modified would be likely to prevent further such deaths occurring;

- Make recommendations on these factors for action by to the BSCB who ensure appropriate action is undertaken.

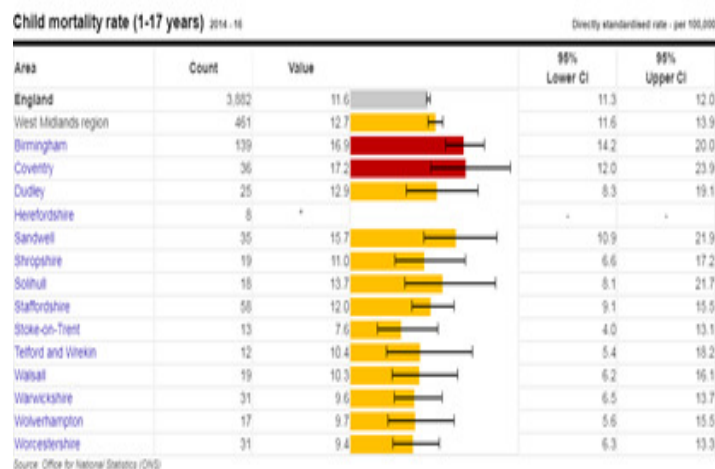
CDOP oversee the review of the 142 deaths which occurred between 1st April 2017 and 31st March 2018 (Figure 13). This large number of deaths is also the highest rate compared to our neighbours in the West Midlands and England (Figure 14). The overview analysis focuses on the six phases of a child's development. The pattern of deaths has remained similar over the years. A child is most vulnerable in the first year of life, this 'infant period' accounts for 71% of deaths in Birmingham with almost two thirds occurring in the first seven days of life. The pattern of the category of deaths in Birmingham reflects this (Figure 15) with 43% being due to events around birth and 33% being due to genetic or congenital anomalies. The cultural diversity of communities in Birmingham is reflected in the patterns of death by age.

**Figure 13**

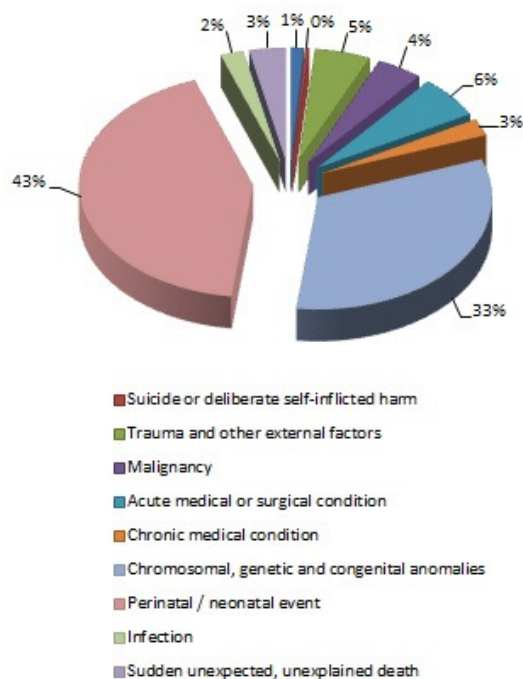


**Figure 14**

**Child Death Rates in Birmingham compared to the West Midlands**



**Figure 15**  
Percentage of Child Deaths by Category between 2015/18



### Embedding the Learning

During the year the BSCB have further invested in e-CDOP an online management system specifically designed to support the recording and analysis of Child Death Notifications. The second phase of the project in 2018/19 will enhance the timeliness and quality of data sharing between key agencies involved in the review and dissemination of learning from child death reviews.

During the year the review process identified a number of modifiable factors, which aid understanding of why children die and inform the continuous development of health intervention and partnership endeavour aimed at reducing child deaths:

- Improving the provision of information for parents of children with epilepsy
- Raising the public awareness of the increased risk, if a parent sleeps in the same bed as their baby
- Improving pathways of care for babies who are failing to thrive
- Raising the public awareness of the increased risk of maternal smoking
- Recognition of increased risk to the unborn child in IVF cases where an expectant mother is considered clinically obese

CDOP published a separate Annual Report providing in-depth analysis of why children die which is published in September 2018. The report incorporates an overview of the work of CDOP and the associated work of the Sudden Unexpected Death in Childhood (SUDIC) Team. The findings from the CDOP Annual Report 2018 are referred to the Director for Public Health and presented to the Health and Wellbeing Board.

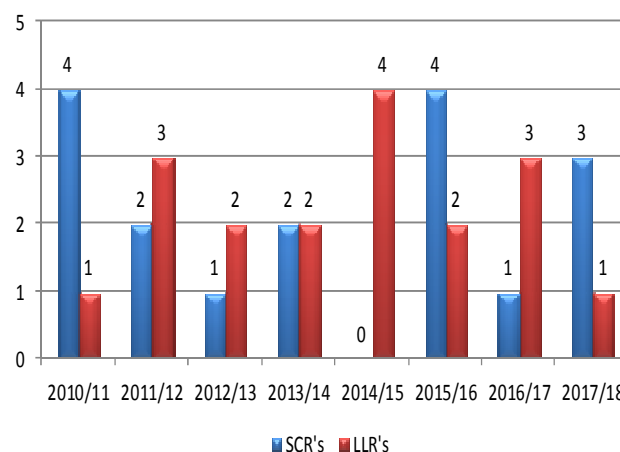
Strategic responsibility for the future review of child death will be transferring to Birmingham and Solihull Clinical Commissioning Group and Birmingham City Council following publication of the 'Wood Review 2016' and ratification of new national guidance on child deaths in September 2018.

### Serious Case Review Sub-Group

The Sub-Group oversees the commissioning of the independent reviews process when a child dies or is seriously injured and child abuse is suspected of being a contributing factor. The aim is to maximise learning from these tragic cases and identify any improvement in individual agency and multi-agency working to effectively safeguard children. The group ensures that the learning and action plans have been fully implemented.

Serious Case Reviews (SCRs) are not inquiries into how a child died or was seriously harmed or about who is culpable. These are matters for the Coroner and criminal courts.

**Figure 16**  
Number of Serious Case Reviews & Learning Lessons Reviews Commissioned (1st April 2010—31st March 2018)



### Publishing Serious Case Reviews

During the year the findings from three SCR's were published. The full reports are available through the Board's website.

- Child S was aged 15 months old died of non-accidental injuries in January 2015. The child was brought to live in the UK by his mother from the Czech Republic and was left in the care of his adult-half sister and her partner. During the three months that the child was in the care of these adults he sustained the injuries that led to his death. The child's half-sister was imprisoned for 5 years for allowing the death of a child and subsequently deported, whilst her partner was sentenced to life imprisonment.
- Child D was born prematurely with complex health needs and tragically died aged 5 months old of non-accidental injuries in April 2015. The child's

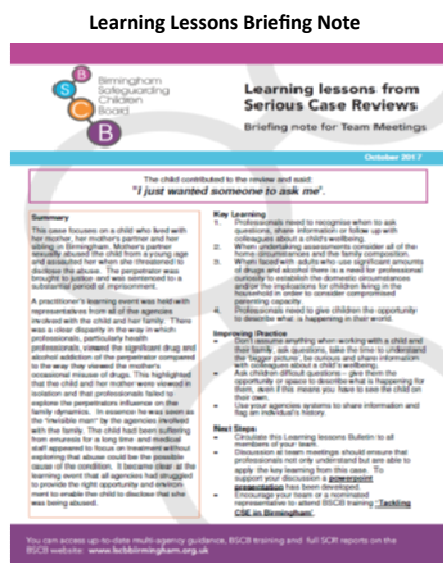
parents originated from Lithuania moving to the UK in 2010. The family had limited family support, but had received services from health organisations. The child's father was convicted of murder.

- Child I was aged 16 years old lived with her mother, her mother's partner and her sibling. Mother's partner sexually abused the child from a young age and assaulted her when she threatened to disclose the abuse. The perpetrator was sentenced to a substantial period of imprisonment. In order to adhere to the young person's wishes the case was anonymised upon publication and the name 'Isobel' used to tell her story.

## Dissemination of Key Learning

The key learning from SCRS and Learning Lessons Reviews (LLRs) inform policy development, training delivery, communication and public engagement and audit activity to evidence learning has been effectively implemented. During 2017/18 the Board published four briefing notes to support the dissemination of learning from SCRs and LLRs (Figure 17). In addition, to support team meeting and supervision sessions a slide presentation for each case is also available through the Board's website. Throughout the year the BSCB hold briefing sessions on Learning Lessons from Serious Case. Last year 368 delegates attended 14 briefings across the city.

Figure 17



The key messages are:

### Discharge Planning:

- When a child is in hospital with complex health needs a discharge planning meeting is essential to focus on the coordination of services to assist parents' in meeting their child's needs.

### Completion of Assessments:

- The importance of having an 'Our Family Plan' in place which involves all professionals working with the family.
- When undertaking assessments consider all of the home circumstances and the family composition.

### Working with parents, recognising children's needs:

- The reasons parents may not regularly visit their children in hospital can be complex and need exploring fully to identify what support they may need to help build attachment with their child. Professionals should regularly review care plans to evaluate progress and identify any change in risks or needs that must be acted upon or escalated if required.

### Recognising the voice of all children in families:

- Professionals need to give children the opportunity to describe what is happening in their world and should involve talking to the child on their own.
- There is a need for practitioners to understand the lived experience of children living within the household when faced with parental mental illness and a history of substance misuse and domestic violence (toxic trio).
- When faced with adults who use significant amounts of drugs and alcohol there is a need for professional curiosity to establish the domestic circumstances and/or the implications for children living in the household in order to consider whether parenting capacity is compromised.

### Taking a holistic view:

- The importance of understanding the role that each parent plays in caring for their children needs to be established to gain an accurate picture of each parent's capacity, particularly where there are significant health needs.
- Professionals need to recognise when to ask questions, share information or follow up with colleagues about a child's wellbeing.

### Professionals' responsibilities:

- The use of interpreters when working with parents and carers whose first language is not English is essential.
- There was a lack of communication between professionals, which left practitioners 'guessing' when expert advice was available to inform and shape effective intervention.
- Effective supervision is crucial in supporting less experienced staff, particularly when they are working with complex cases.

### Awareness-raising:

- Stronger links need to be developed with newly emerging communities. There is a need to raise awareness of services that are available to provide help and support.

## Embedding Learning

The Serious Case Review Sub-Group restructured in November 2017 to expand capacity and strategic membership of a 'Learning to Action Group' responsible for ensuring that the learning from SCRs and LLRs is effectively embedded in front-line safeguarding practice and importantly complements the city improvement journey. From 1<sup>st</sup> January 2018 the new group has met bi-monthly to oversee implementation of learning. Further work was required to expand the membership of this group to secure appropriate representation from the Strategic Health Forum and Birmingham Children's Trust. The Serious Case Review Sub-Group provides the Executive Board with 6 monthly update on the dissemination of learning and progress on implementation of learning in priority areas for improvement.

## Enhancing the quality of reviews

In February 2018 Serious Case Review Sub-Group hosted a training session for professionals within organisations tasked with compiling Key Event Chronologies and Information Reports. The event was well attended by agencies and provided professionals with the opportunity to speak directly to a Lead Reviewer and experienced



Report Writer and gain hands-on experience of using software used to produce a Key Events Chronology.

### Learning & Development Sub-Group

During 2017/2018, 172 multi-agency safeguarding training events were delivered to 3,452 delegates across the Children's workforce. A Practitioners conference which included 6 workshops was also delivered to 174 delegates. L&D Sub-Group oversee an ongoing annual programme of reviewing all training courses to ensure that they remain up-to-date, relevant and focused on improving safeguarding practice.

This year the Sub-Group focused on:

- Ensuring the Training Programme incorporates Practice Standards around the voice and lived experience of the child.
- The delivery of the Multi-agency Training Programme 2017/2018.
- Developing new core modules on Child Sexual Exploitation, Serious Case Review, Strengthening Families Framework and Working in Core Groups.
- The Delivery of a Practitioners Conference on improving child safeguarding practice.
- Embedding a new on-line 'Event Booking and Management System'.
- Further developing the 'train the trainers' concept and Trainers Network to deliver core modules around Early Help and threshold guidance 'Right Help, Right Help'.
- Observing and evaluating training courses delivered during 2016/2017

Demand for multi-agency safeguarding training remained high during 2017/2018 – 3,879 training places were offered of which 3,452 delegates attended equating to a course utilisation rate of 89% . (See Figure 18).

There was a slight increase in the number of training events commissioned during 2017/18 up from 168 to 172 due to an increase in demand for specific courses; such as on Child Sexual Exploitation and Domestic Violence (Figure 19). Action to improve course utilisation is being overseen by the L&D Sub-Group to maximise take up rates for this important training. This includes; use of targeted advertising for specific staff groups, the use of Trainers Network to promote new and existing courses and the constant review of courses material to ensure that it remains relevant and up to date.

**Figure 18**



**Figure 19**



### Priorities for the Forthcoming Year

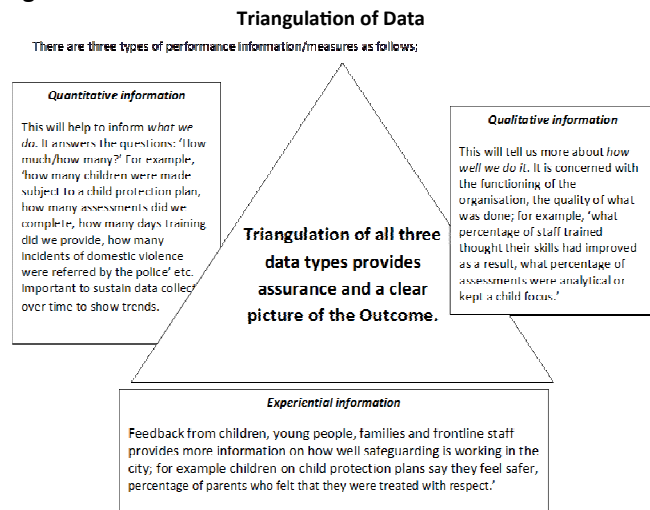
The Training Offer for 2018/19 is structured around three key objectives set out in the Business Improvement Plan, each area is supported by a Task and Finish Group:

- Key learning from SCRs/LLRs is embedded into multi-agency training.
- Review, revise and evaluate existing training courses and use intelligence to inform future commissioning intentions.
- Develop, design and deliver a programme of 'safeguarding master classes'.
- Deliver a suite of e-learning to include: Early Help Module 1, Child Protection Level 1 & 2 and Right Help, Right Time.
- Implementation of 'Early Help and Signs of Safety and Wellbeing' model.

### Quality Impact and Outcomes Sub-Group

The BSCB Assurance Framework focuses on three areas: Quantitative, Qualitative and Experiential. This information is triangulated to provide assurance on safeguarding in the city. (Figure 20).

**Figure 20**



### Quantitative Data

A performance dashboard enabled regular scrutiny, which identified trends which informed the audit and scrutiny programme:

- An audit of 'Requests for Support' received by the Children's Advice and Support Service (CASS) identified concerns about the quality of the referrals. The Assistant Director responsible for CASS and Multi-Agency Safeguarding Hub (MASH) was invited to the Sub-Group to provide assurance on how the audit findings would be acted upon.
- Concerns had been raised about the increase in the number of families in temporary accommodation and the impact this is having on their education, poor attendance due to the distance children had to travel to school. This has resulted in better allocation of temporary accommodation and changes to the way travel passes are provided for children who are made homeless.
- A low take-up of free nursery places for under 2 year-olds in the city was identified; this resulted in partners being tasked with identifying families eligible for this free service.
- Referrals data by category of abuse was presented to the group and this highlighted that the highest category for referral is Neglect. This is being incorporated into the work on a new Neglect Strategy for the city.
- Concerns over a lack of robust data for Child Sexual Exploitation (CSE), Missing Children and Gangs (Criminal Exploitation) led to the development of a multi-agency scorecard.

### Qualitative Data

Audits were undertaken to in the following areas:

- A rise in pupil exclusions led to the commissioning of analysis by Public Health to inform work being led by the Head of the Virtual School to reduce exclusions.
- Birmingham Community Healthcare Trust (BCHC) has been commissioned to carry out an audit of healthcare provision for children subject to Special Guardianship Orders, acting upon the learning from a Serious Case Review. The findings are to be

presented to the Sub-Group.

- An audit of CSE cases was undertaken as part of a Local Government Association Peer Review in November 2017. The findings highlighted good practice locally and nationally and potential barriers to effective partnership working which have been acted upon.
- An audit of 'Missing from home' cases was undertaken which reaffirmed the heightened risk of criminal exploitation and the vulnerability for boys with poor school attendance. A learning lessons bulletin was published in May 2018 to disseminate the findings.
- The BSCB commissioned agencies to undertake a self-assessment of cases involving neglect. The findings highlighted the importance of early intervention and have helped inform the development of a new citywide neglect strategy.
- The BSCB supported Birmingham South Clinical Commissioning Group's audit of GP referrals. The findings identified that the majority of referrals were appropriate, but further work is required on communication with patients and ensuring the child's lived experience is captured.
- A schedule of monthly audits of both Early Help Assessments and 'Our Family' Plans enable the Sub-Group to be able to monitor the quality and impact of partnership early help intervention.
- A Section 11 Safeguarding Peer Review was carried out in April 2017, facilitating independent challenge and moderation of judgements and creating an opportunity to discuss and share some areas of good practice.
- During the year 99% of schools completed a review of progress on their Safeguarding Self-Assessment (Section 175), with only 1 school not completing the process and a further 4 only partially completing the review. The analysis of the 2017/18 self-assessment is scheduled to be the QIO Sub-Group in July 2018.

### Experiential

We received feedback from partner agencies on engagement with children and families which includes:

- Parents' feedback from Child Protection Conferences showed that 89% of parents felt they were treated with respect, included and listened to in the Child Protection Conference.
- West Midlands Police held an event for young people, supported by teachers and counsellors. The aim of the event was to identify the young people's concerns. Two main areas of concern were identified: knife crime and being bullied on social media. Police also asked how young people thought police could better engage with them and how police could best support them. The resounding response was for police to be in schools more and to help young people to understand how to protect themselves better. The police are looking at how best to respond to feedback from the young people.

- An online CSE Survey has been rolled out to schools in the city. 454 children have responded which highlighted the need for further development of Personal Social and Health Education curriculum. The Survey has been extended to allow more children from secondary schools the opportunity to participate in the survey.

The BSCB have led the regional development of a Section 11 Safeguarding Self-Assessment Audit Tool. The second phase of the project is focusing on developing online support to enhance regional analysis and management audit process.

#### Communications and Public Engagement

The BSCB launched a year-long campaign '*Keeping children safe is everybody's business*' focused on preventing child abuse and neglect. The key aim was to raise community awareness of 'what to do if' you are worried about a child and most importantly to encourage members of the public to telephone Birmingham City Council's CASS to report their concerns. Following an evaluation in 2017 the campaign has been extended for a further year.



**Figure 21**

Keeping children safe is everybody's business



## Keeping children safe is everybody's business

**If you have any concerns about the safety and/or welfare of a child or young person, telephone the Children's Advice & Support Service (CASS) Telephone 0121 303 1888**

**Opening Hours: Monday to Thursday - 08:45 to 17:15 Friday - 08:45 to 16:15**

**Outside of these hours contact the Emergency Duty Team on 0121 675 4806**

**In an emergency where a child's safety is at immediate risk of significant harm, contact West Midlands Police on 999**

## Part 4 - Spotlight on each Agency's Contribution to Safeguarding

This section focuses on the crucial role that each statutory organisation plays in safeguarding and promoting the wellbeing of children and young people in Birmingham. The BSCB Independent Chair hosts a Safeguarding Leaders Assembly twice a year, bringing together the strategic safeguarding leaders and key stakeholders to ensure that they are full committed and engaged in achieving the priorities set out in the BSCB Business Improvement Plan.

A brief overview of each organisation's statutory role is followed by a summary of the key safeguarding activity they have undertaken during the financial year 2017/18, together with the safeguarding priorities they have identified for the next twelve months.

### Birmingham Community Healthcare NHS Foundation Trust (BCHC)

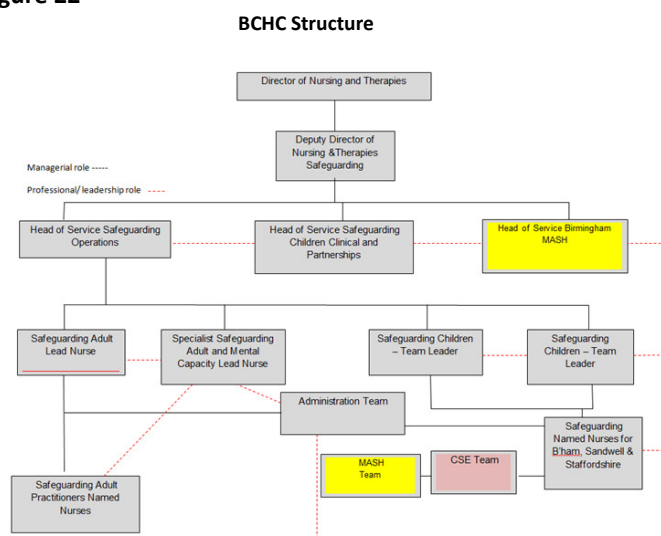
BCHC provides a wide range of high quality, accessible and responsive community and specialist health services across Birmingham and the West Midlands. The Trust delivers over 100 clinical services, out in people's homes and from over 300 premises. It provides services for adults, children, people with learning disabilities, those with rehabilitation needs and also dental services. BCHC became an NHS Foundation Trust in March 2016.

BCHC, in common with all health organisations, has a statutory responsibility to Safeguard and promote the welfare of children under Section 11 of the Children Act (2004). These responsibilities were reinforced in the revised publication of *'Working Together to Safeguard Children – A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children'* (July 2018).

Safeguarding Children and Adults is recognised as a priority at executive level within the organisation. The Director of Nursing and Therapies is the representative at the BSCB Executive Board and members of the Safeguarding Team support the BSCB Sub-Groups and associated Work Programmes.

Messages from BSCB are cascaded to frontline practitioners through briefings, supervision and training sessions and a Safeguarding intranet page.

Figure 22



### Our Safeguarding Priorities for 2017/18

Safeguarding Children within BCHC is underpinned by a practice model :

Figure 23



### Training

BCHC has a structured Safeguarding training programme that outlines roles responsibilities and associated required levels of training. The training is evaluated in terms of measuring impact upon practice.

### Early Help Offer

BCHC adopted an innovative approach to developing an Early Help Offer. Early Help training was delivered in partnership between BCHC Safeguarding Team and the Early Help Support Team from the Local Authority, demonstrating a model of best practice and joint working.

The training aims to help the practitioner to understand their own agency response and obligations in Early Help and the process and tools available to them to support them doing this. Further workshop-style training has also been

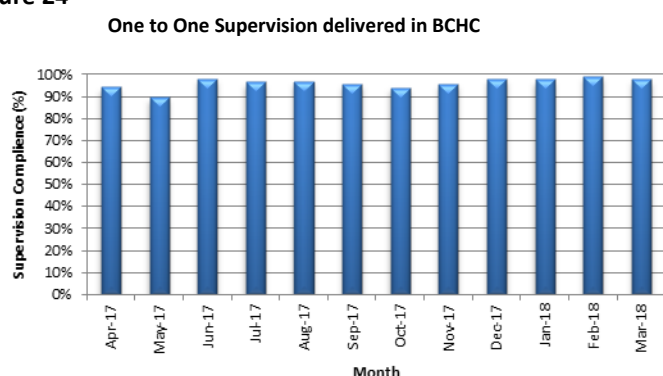


offered, including additional content around engagement and practical exercises using *Right Help, Right Time* and *Early Help Tools*.

## Supervision

Health Visitors and School Nurses receive regular 1:1 Safeguarding supervision in line with the BCHC Safeguarding Supervision Policy. This is complimented by a schedule of group-based supervision, offered to support staff working with children and families. All supervision is facilitated by a Named Nurse for Safeguarding Children. The model of supervision is underpinned by specialist training from NSPCC. The following graph illustrates the high level of engagement with Safeguarding Supervision throughout 2017/18:

**Figure 24**



## Quality Assurance / Audit

BCHC has a formal process of robustly monitoring audits and outcomes through the Safeguarding Children Committee and the Clinical Governance Committee.

Internal and partnership-wide learning from Serious Case Reviews, incidents and audit is routinely disseminated across the workforce. This is further supported by an annual safeguarding audit programme, which includes monitoring the implementation of learning from Serious Case Reviews and Learning Lesson Reviews.

## Partnership

BCHC manages the Health component of Birmingham's Multi-Agency Safeguarding Hub, working collaboratively on a daily basis with Health partners to ensure effective information sharing with Police and Social Care. This model also applies to Child Exploitation Nurses who are hosted within the Safeguarding Team of BCHC.

Multi-agency partnership work is embedded through the organisation's link to BSCB and its Sub-Groups.

## Practice Development

Dedicated support is accessible within the organisation, ensuring that each Practitioner working with Children and Families has access to:

- A programme of role-specific Safeguarding training in line with requirements of the Intercollegiate Document: *Safeguarding Children and Young People; roles and competencies for healthcare staff* (Royal

*College of Paediatrics and Child Health 2014*). This includes bespoke training and workshops around CSE, Early Help and Patient Stories.

- Protected time for regular 1:1 Safeguarding Supervision.
- Access to advice and support from the Safeguarding Children Named Nurse Team and Safeguarding Adult Team as part of the established on call system.
- The Named Nurse Team provides advice, case reflection, training and quality assurance for Practitioners on completion of court reports.

## Measuring Our Progress – What we have Achieved

- Formalised processes around Audit & Review are robustly monitored through the governance structure in BCHC.
- Safeguarding Supervision: Practitioners are engaged in this process and offer positive feedback on the impact on practice and learning.
- Innovative styles of learning through capturing and responding to the child's voice. This is achieved through workshops focused on learning from patient stories, as part of a Commissioning for Quality and Innovation (CQUINN) initiative. The stories are presented across the Trust and discussed within the Safeguarding Children Sub-Committee, recognising children as key partners in shaping services.

## Looking Ahead — Challenges and Focus for 2018/19

Figure 25 illustrates BCHC's key areas for focus in Safeguarding Children for 2018/19

**Figure 25**

Key areas for Focus in Safeguarding Children 2018/19



**Birmingham Women's and Children's NHS Foundation Trust (BWC)**

The Trust (BWC) brings together the expertise of Birmingham Children's and Birmingham Women's Hospitals and is the first Trust of its type in the UK.

**Our mission** is to provide outstanding care and treatment, to share and spread new knowledge and practice, and to always be at the forefront of what is possible.

**Our vision** is to be a world-leading team, providing world-leading care.

**Our goal** is to be the best place to work and be cared for, where research and innovation thrives, creating a global impact.

With more than 384,000 visits each year, we pride ourselves on the commitment of our 6,000 strong team, working tirelessly to provide the very best treatment and support to our women, children and families.

In collaboration with agencies across Birmingham, we fully recognise our safeguarding responsibility and statutory duties, as defined by Section 11 of the Children Act 2004.

### **Our Safeguarding Priorities for 2017/18**

Over the last 12 months we have brought together Adult and Children's Safeguarding Practitioners from the Children's Hospital, Women's Hospital and Forward Thinking Birmingham (FTB) into one integrated team, providing an opportunity for shared learning, access to a wider pool of knowledge, and enhanced skills, expertise and flexibility. We also recruited a Head of Safeguarding in 2017, to set out our future safeguarding priorities.

We have incorporated the Birmingham Women's and Children's Early Help Lead into the Safeguarding Team to reflect the city-wide agenda and the BSCB's stipulation for all agencies to recognise when Early Help is needed, complete Early Help assessments and provide support as part of a coordinated Early Help plan.

We now want to develop the role further by improving pathways from BWC to external organisations, working collaboratively to ensure children are benefitting from a seamless service across the Birmingham footprint.

A process has been effectively developed to identify those children and young people who attend our Emergency Department who would benefit from having attendance information shared with their Health Visitor or School Nurse.

The BWC Safeguarding Team now includes Adult Safeguarding Practitioners providing broader expertise to support families across the safeguarding agenda, including vulnerable adults. We have reviewed the way we work with colleagues in the Multi-Agency Safeguarding Hub to improve our service

offer, providing information quickly to help partners make the right decision about the support a child might need.

The Safeguarding Team has taken responsibility for partnership working to prevent radicalisation and the Head of Safeguarding is the BWC Prevent Lead. This is aligned to other organisations and recognises Prevent as part of the wider safeguarding agenda.

### **Measuring Our Progress – What we have Achieved**

We have reviewed our safeguarding governance during the last 12 months and made changes to make sure we have a safe process to monitor what we do, how we do it and what impact it has.

We have worked with our colleagues in FTB to address concerns about safeguarding training, referrals and documentation, offering bespoke and flexible training and supervision sessions. We are seeing the impact of this through increased numbers of trained staff but recognise we still need to improve these figures.

Over the last 12 months we have:

- Put a new safeguarding organisational structure in place;
- Improved communication between our Women's Hospital Neonatal Unit and our Children's Hospital Neonatal Surgical Unit, to ensure good information sharing about babies transferred between the two units;
- Improved the safeguarding supervision offer to Women's Hospital Neonatal Unit staff, with supervision offered routinely to all staff;
- Developed a domestic abuse pathway and offer domestic abuse training across the whole Trust.

We monitor our performance against key indicators - as agreed with our commissioners - on a monthly basis. This regular review helps us to identify areas of good practice and areas of improvement.

We continue to work closely with our colleagues in the Patient Advice and Liaison and Complaints teams to support early intervention and resolution if parents or carers are concerned about safeguarding practice. We make ourselves visible and accessible to our own staff, patients and partners from other organisations to provide opportunity for feedback so we understand how to improve our service.

We have received 8 safeguarding complaints during the last 12 months and have recognised that we can sometimes get it wrong. We have addressed this in our training plan, to help staff feel more confident to have difficult conversations about safeguarding concerns in the right way.

### **Quality of Request for Support and Early Help referrals**

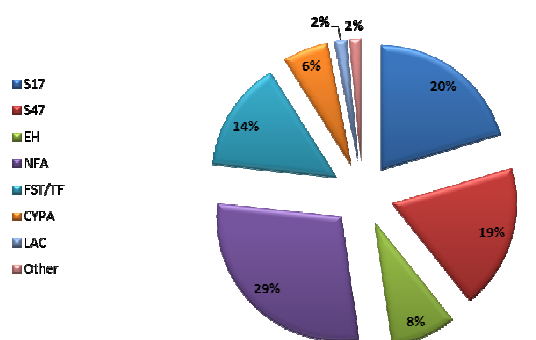
We ensure staff know how to identify a safeguarding concern, how to discuss the concern with a family or carer and what to do to ensure the child's needs are met. We work with the BSCB *Right Help, Right Time* guidance to

support staff in knowing the level of need and what support is required.

Our Request for Support referral outcome data suggests we are able to recognise when a child needs help, as 59% of our referrals are accepted for support by Children's Social Care and 8% go on to have an Early Help assessment.

**Figure 26**

**BWC Request for Support Referral Outcomes  
1st April 2017 to 31st March 2018**



**BWC Request for Support Referral Outcomes  
1st April 2017 to 31st March 2018**

### Looking Ahead — Challenges and Focus for 2018/19

Developing Early Help practice remains a priority for 2018/19. We want to see an increase in Early Help assessments completed, with associated Early Help plans as needed. If we effectively identify children requiring additional support as per *Right Help, Right Time* and initiate Early Help assessments, we should see a reduction in the number of Request for Support referrals with the outcome for an Early Help assessment.

We have recognised an emerging issue for some of our most vulnerable children who are brought to our Emergency Department, often by the police, as it is recognised as a place of safety. This issue has been highlighted to commissioners and the BSCB Independent Chair with the intention of establishing the scale of the issue and how it can be addressed.

Over the summer of 2018, we plan to ask staff to complete a survey to understand how well our service is currently working, what issues there are and what we need to do to improve.

### Birmingham City Council (BCC)

BCC has responsibility for a wide range of services to children and their families, including system leadership for Early Years, Education, Public Health, Safeguarding and Community Safety.

### Children's Social Care

Our primary purpose is to ensure that children are protected from significant harm and their development

and wellbeing are promoted. We do this by working openly with children and families and collaboratively with partners (especially schools, Health and Police) across the city. We work to bring about change in solution-focused ways, building on strengths so that parents and carers are able to provide good parenting, consistent boundaries and emotional warmth, allowing children to develop life skills and resilience.

We are committed to supporting children to remain within their family wherever possible. We value the importance of direct social work and family support work with families as a means of enabling change. Where care at home is not possible, we seek to provide high quality substitute care within family settings, wherever possible within the city. We have a specific responsibility to ensure that children in our care and care leavers receive stability through high quality support and care planning from us as corporate parents.

### Our Safeguarding Priorities for 2017/18

Birmingham Children's Service has a history of service failure. However, since 2015, the service has had stable management, reduced staff turnover, an adequate budget and manageable caseloads. In May 2016, the City Council announced that it would create a Children's Trust as a vehicle to continue and add pace to our improvement. In October 2016, Ofsted judged that the Council remained inadequate overall, but with three areas of improvement rated as requires improvement (Children in Care, Care Leavers and Adoption).

In 2017/18, Ofsted carried out four monitoring visits and in each visit noted continuing improvement in front-door systems and in Social Work practice in Disability, Assessment, Safeguarding and Children in Care teams. However, Ofsted remarked that practice continued to be too variable and good practice was not yet embedded. Another area of concern was the need to improve partnership working across the system with more Early Help work with families by all agencies and better working with partners for Children in Need and children subject to Child Protection plans. Ofsted also stated that we need to move from a concern with process to a much stronger focus on impact and outcomes for the child – making sure that what we with partners do makes a real difference for the child's quality of life and development.

In November 2017 we arranged a multi-agency Peer Review from the LGA on CSE. This provided useful insights and a strong set of recommendations. We have also continued to work with our DfE funded improvement partners, Essex Children's Services, to support our continuous learning and improvement. We have focused on providing systemic supervision training to managers and developing a series of learning bulletins for staff based on our quality assurance activities.

We recognise that to bring about change and build resilience in families who are often very disadvantaged is difficult and challenging work, requiring skilled and

confident Social and Family Workers, who need to be supported by good leadership and management, supervision and learning opportunities.

On April 1<sup>st</sup> 2018, Birmingham Children's Services moved from the Council to a separate organisation, **Birmingham Children's Trust**, a company wholly owned by the Council but operationally independent, whose sole focus will be driving up the quality of social work and family support practice and partnership working so that outcomes for children and young people are improved.

#### Looking Ahead — Challenges and Focus for 2018/19

- The consistency of the quality of our practice remains an area of development, within a stronger quality of practice strategy that supports learning and improvement. Linked to this is an aligned learning and development offer for practitioners and managers.
- Improving our placement matching for children in care, including recruiting and offering more local foster placements with support so that the needs of older children and those with special needs received family based care.
- Strengthen our collective approaches to vulnerable adolescents, those at risk of CSE, those who go missing, those exploited in gangs and criminal activity, those who are self-harming, those at risk of extremism. This includes improving intelligence sharing and disruption of perpetrators, and more local partnership working to support these vulnerable young people back into home and school.
- Developing a stronger approach to Neglect, identifying children not receiving good care earlier and using our family support and social work interventions working with partners to improve the lived experience of these children.
- Working closely with colleagues in Education, Health and Adult Services to support children with special needs through Early Help and good Education Health and Care (EHC) plans that improve outcomes and support transition to adulthood.
- Extend our support to all care leavers up to the age of 25.
- Working with schools and Education, reduce the number of children not in full-time education, who are excluded or off roll or in alternative provision that is not supporting their achievement.

#### Public Health

The specialist Public Health function was integrated into the City Council in 2013 and seeks to influence and shape the strategic priorities of all parts of the Council and all the partners of the safeguarding family. All staff have level 1 safeguarding training as a part of their mandatory training which is renewed annually.

Public Health provides subject matter expertise to support the commissioners of the 0-5 years Early Years Health & Wellbeing offer and the 5-16 years School Health Support. At the heart of both of these commissioned offers is a

commitment to support the identification of children and families for Early support or more formal support, i.e. children in need/in care/protection. The Early Years system was procured in 2017 and is in the mobilisation phase. The School Health Advisory Service was commissioned in 2015 and is being re-commissioned in 2018.

An Assistant Director of Public Health chairs the Child Death Overview Panel, providing support to the overview processes and the thematic analysis to identify opportunities for preventing deaths in the future. A particular focus is still on the high Birmingham Infant Mortality rate compared to England and other core cities.

Members of the Public Health function also support the development of other vulnerable children strategies, most recently SEND, Domestic Violence, Homelessness, and preventing the impact of Adverse Experiences in Childhood.

#### Education

Designated Safeguarding Leads expressed that our **Education Safeguarding** conferences represented informative days with good opportunities for cross-sector networking. The cross phase input was highlighted as partially helpful in supporting whole family approaches and vulnerable pupils with an additional SEND need. Coupled with the additional support and training delivered by the Education Early Help and Safeguarding Team, DSLs expressed that things in the city had improved and that they felt supported in their role.

The impact of the support delivered can be measured in the high level of effective safeguarding evidence through Ofsted inspections. In 2017/18 Ofsted conducted 132 inspections in Birmingham schools; of these 98% were rated either effective or highly effective.

Schools continue to complete the **Section 175 safeguarding self-assessment** with the majority completing the audit on time. The findings of the are shared at DSL Safeguarding Briefings.

Schools have been supported to implement an evidence-based approach to **Early Help** in line with *Right Help, Right Time*. This year, for the first time schools have been asked to provide data on the episodes of direct Early Help support delivered to children, young people and families and the numbers of Early Help Assessments completed where other agencies have been drawn into the support package offered to families.

The main focus of **Alternative Education Provision (AP)** this year has been to develop a robust quality assessment tool to ensure that our SEND children placed in AP are safe, attend school regularly and are receiving the best value for money education possible. This quality assurance focus will continue into the 2018/19 academic until all AP and independent settings used have been assessed. Thereafter, an annual assessment cycle will be maintained. Our expectation remains that all children of statutory school age have a right to a place in their community mainstream

school and we will only place children in AP under mutually agreed exceptional circumstances.

The **Children Missing Education (CME) Service** continues to streamline its processes and procedures. Policies and processes are routinely reviewed to adopt a responsive approach to emerging areas of concern, e.g. Child Trafficking and Homelessness. Schools and Academies are now much clearer on the distinctions between missing from view and /or home and missing from education ([www.birmingham.gov.uk/cme](http://www.birmingham.gov.uk/cme)).

Core cities across England are currently battling with demands on social housing and Birmingham is no exception. With over 2,300 households currently in **temporary accommodation**, the CME Service began to notice a change of events in October last year. Schools increasingly became concerned about children who were no longer able to attend their schools due to being placed in temporary accommodation, sometimes out of the City. In a bid to support Birmingham's schools, the CME service receives regular data reports on temporary accommodation from the Housing Department. CME Officers liaise with CME Officers across England to ensure that displaced families in temporary accommodation are safe and well. Children are promptly placed into schools on their return to Birmingham.

The **Special Educational Needs Assessment and Review Service** is responsible for carrying out the statutory duty of the LA to undertake assessments of those children and young people (CYP) with complex special educational needs or disabilities (SEND) between the ages of 0-25 years, which may lead to an Education, Health and Care Plan (EHCP). It also manages funding for High Needs provision and placement in mainstream schools, resource bases, special schools, AP and independent settings for over 9100 CYP with EHCPs.

We have an **Inclusion Strategy** for 2017 – 2020 designed to make a positive difference for all our CYP with SEND. Work is underway to deliver our three key priorities: to develop a framework of SEND assessment and planning that results in CYP having their views and circumstances taken fully into account; to ensure a sufficiency of quality provision to improve outcomes for CYP; and to develop a unified system of allocating resources that maximises their impact for individual CYP.

Despite increases in requests for statutory assessment, the service has in 2017/18 completed over 94% of assessments within the statutory timescale of 20 weeks. Processes for the coordination of these assessments with health providers have been improved. In addition, the figure for those CYP with EHCPs who are not accessing school provision has been steadily reduced.

The dialogue around developing a strategic response to year-on-year increases in **Permanent Exclusions** has grown significantly over the last two years. At the Secondary phase, an Operational Lead Group has met on a monthly basis to review, refine and develop proactive approaches to

reduce the number of permanent exclusions. This collective work has seen positive developments across Secondary networks. There has been a clear commitment by Head Teachers to investigate alternative pathways for young people who have reached the point where it is not possible to stay in their current educational placement. This has resulted in:

- a current 25% reduction in permanent exclusions,
- a 38% increase in revoked permanent exclusions, and
- a reduction in the number of schools excluding.

At Primary phase, this approach has recently commenced. There remains an upward trend in permanent exclusions in this age group. At both phases, the work has started to connect Education to Health and Social Care, helping to support schools, the pupils and their families.

### **Domestic Abuse**

Six Domestic Abuse Officers were appointed within Housing Management to support tenancy sustainment within BCC tenancies by acting as a single point of contact for all matters relating to the support of victims of domestic abuse. This will include legal and civil intervention, to support the victim and prevent homeless applications being made and take action against the offenders. These Officers have received training to understand the impact of domestic abuse on children within the home and their interventions will help to keep children safe. This has prevented homelessness of children.

### **Prevent**

The Birmingham Prevent Executive Board provides strategic oversight of the Birmingham Prevent Programme, delivering a comprehensive programme of multi-agency work. During 2017/18 the Prevent team worked across the Local Authority and partners to embed and mainstream Prevent training. In February 2018, the Home Office conducted a Peer Review of the Prevent programme in Birmingham and reported that Birmingham has a strong approach to Prevent with deep understanding across the partnership at all levels. Birmingham's Prevent work with schools was recognised as leading in this area. Birmingham's work with schools is also recognised as good practice nationally, with 100% of schools having undertaken Prevent training and continue to receive Prevent awareness via DSL training.

Birmingham is also a leading authority in delivering the UNICEF Rights to Respect School Award, with over 220 Schools engaged; the programme has helped to increase the resilience and confidence of children through the promotion of children's rights.

The Channel Panel continues to provide support for vulnerable individuals in a multi-agency setting and Birmingham currently also facilitates the regional Channel Chairs' Forum that enables the sharing of practice and learning across the West Midlands. Birmingham Children's Social Care colleagues have been leading practice



arrangements in the Social Care sector looking at recent work and case studies supporting families where radicalisation has been identified and a Social Care response required.

The Prevent Duty is incorporated into both Children's and Adults' safeguarding procedures, with referral processes in place which are understood across partner agencies, along with practice guidance and a screening tool.

### **Homelessness**

The Housing Options Service is committed to safeguarding children in the city and plays a key role in ensuring that children have a safe and stable environment to live in. The service is working collaboratively with the Children's Trust and Education to ensure that families experiencing homelessness are effectively supported. The service is working hard to implement the new Homelessness Reduction Act that came into effect on 3 April 2018 which prioritises prevention of homelessness. The service has been working to embed a new prevention model which includes each person threatened with or already homeless receiving a personal housing plan. This plan identifies the real underlying causes of homelessness and risks associated with the family and works to provide support and help to address these issues and prevent escalation.

Through the Homelessness Partnership Board there is a comprehensive programme in place to improve the prevention of homelessness and the support families and individuals receive when they have a housing need. The plan focuses on improving how we work in partnership and how we will reduce the use of Temporary Accommodation and more importantly Bed and Breakfast usage over the next two years. The reduction in placement of families in Bed and Breakfast and out of city is a key priority.

Initial data is showing that Domestic Abuse is the third most common issue that people present with. The service is working with Birmingham and Solihull Women's Aid to set up a pilot programme where people who are presenting with domestic abuse issues will be supported by professionals who will be able to tailor their support to their specific needs at the same time as ensuring that we are providing housing support.

### **Birmingham Community Safety Partnership (BCSP)**

The responsible authorities of the BCSP work together and with the Third Sector and the community to protect children from harm through interventions and projects delivered under four agreed priority areas. Some examples of work undertaken in 2017/18 are given below.

#### **Priority 1 - Continuous Scoping and Partnership**

**Development:** The establishment of a Civil Orders Partnership has enabled injunctions to be brought against both car cruisers and gang members. One particular operation involved 17 injunctions and in each case the individual, their family and siblings were assessed for support and appropriate referrals.

**Priority 2 – Deterrence and Prevention:** The BCSP ensured partner collaboration and funding for specific projects to protect young people from victimisation and involvement in violent crime; reduce youth offending and youth re-offending in the city; and reduce gang violence within the city. This included: reducing anti-social behaviour (ASB) through working with young people aged between 10-17 years subject to an ASB sanction; a robbery and crime intervention programme; and specialist intensive support to provide mentoring to young people at risk of criminality and gang involvement.

**Priority 3 – Supporting the Vulnerable:** Within this priority there has been collaboration to protect young people from crime and substance misuse and to prevent of domestic abuse. BCSP has funded a comprehensive package of interventions to address domestic abuse. Key components include: providing the Birmingham Domestic Abuse Helpline which takes over 2,500 calls per year; providing an independent domestic abuse advisor and an administrator for the MARAC process (Multi-Agency Risk Assessment Conferences for women at the highest risk of serious harm); and delivering the statutory duty to carry out Domestic Homicide Reviews and ensure learning from these across all partners.

**Priority 4 – Crime and the Community:** Work within this priority is focused on reducing crime, violence and ASB within the community, seeking to support victims, communities and businesses in this process. This work has a positive impact in providing safe environments in which to grow up.

### **Local Community Safety Partnerships (LCSPs)**

There are four LCSPs who work at a local level within Birmingham to deliver bespoke interventions to safeguard communities and children. The work they have done in 2017/18 included: training events and counselling services related to domestic abuse; road safety in schools; support packages in schools for children exposed to domestic abuse, violence and or substance misuse; holding regular Safer Communities Group meetings to monitor and intervene in cases of young people involved in gang activity; providing targeted programmes working with children and young people to help improve mental health, social wellbeing, behavioural skills, healthy relationships, building confidence and raising aspirations by means of early intervention and prevention.

### **Youth Service**

Birmingham Youth Service currently has a full time Senior Youth Worker who is working around the engagement of young people in Prevent. The worker engages with individuals and organisations both statutory and Third Sector that work with young people. We offer workshops for young people to raise their awareness around the dangers of radicalisation and extremism, either via a one-off workshop or ongoing work, signposting young people for more in-depth one-to-one mentoring, supporting, raising awareness and offering staff training. The aim is to rebuild the communities' trust of Prevent. The Youth Service works

with partners in a variety of different ways to support the Community Safety priorities including ASB and CSE. We also offer Third Sector organisations support and training on delivering youth provision. The Youth Service offers a wide range of diversionary activities as well as signposting young people to diversionary activities. We encourage the involvement and engagement of young people and offer a route to engage young people in activities that can lead to other opportunities, e.g. college, work experience, employment and training. Fundamentally, we provide opportunities, activities, experiences and education to keep young people safe, help prevent them from getting involved in crime or coming to harm. We provide local youth centres and services as a safe space, increasing confidence and skills as well as having fun.

### **Birmingham & Solihull Clinical Commissioning Group (BSOL CCG)**

BSOL CCG became the largest clinically-led commissioning organisation in England on 1 April 2018. BSOL CCG was created following approval by NHS England for a merger between Birmingham CrossCity, Birmingham South Central and Solihull CCGs.

BSOL CCG looks after a population of around 1.3 million people and the budget is in excess of £1.8 billion – almost 2% of the total NHS resource. This a membership organisation, with 177 GP practices, as well as a clinically-led Governing Body.

During 2017/18, all three CCGs worked closely together to define outcomes, set quality standards and services across a defined population whilst keeping vulnerable children and adults at the heart of decision making.

From a safeguarding perspective, business continuity has been maintained during the system change. This includes:

- Promoting and delivering safeguarding learning and development across member practices.
- Active participation with multi-agency safeguarding audits that have tested whether or not the system has maintained sustained changes following lessons arising from Serious Case Reviews and other reviews.
- Supporting, continued monitoring and reporting around the [NHS Standard Service Specification](#) (see section SC32: Safeguarding). CCGs have monitored providers via the contract review meetings, and this has included reporting around patient experience (children and adults with care and support needs), patient stories and providing real life examples of good practice and situations where learning can be identified for professionals.

#### **Our Safeguarding Priorities for 2017/18**

- To be a strong statutory safeguarding partner for safeguarding and for child death reviews to ensure we have sound arrangements in place that best suits the local area.
- To commission safe and effective services and to support and monitor the delivery of safeguarding

duties within these health services (large provider NHS Trusts and Third Sector organisations).

- To maintain a strong safeguarding culture within the CCG itself, ensuring all staff and member practices are aware of their responsibilities and are committed to supporting best practice in safeguarding both adults and children.
- To support and contribute to the strategic city and borough local authorities safeguarding and child death reviews agenda, based on a sound knowledge of the healthcare needs of the local population for adults and children.

#### **Performance Analysis – Measuring our Progress**

BSOL CCG undertakes an annual Section 11 audit for BSCB. In addition, all regional CCGs have been asked by NHS England to complete a detailed Safeguarding Audit Tool (SAT).

As a new organisation we are establishing internal governance processes, ensuring that key findings from both the Section 11 and SAT audits, alongside findings from internal assurance processes, are reported through the BSOL CCG Safeguarding Assurance Group, reporting by exception to the Quality and Safety Committee (QSC) and Governing Body.

During substantial organisational change, we are confident that BSOL CCG has continued to deliver statutory safeguarding responsibilities, in line with national legislation and the NHS frameworks. We have supported the local strategic agenda, maintained a strong safeguarding culture within the CCG, and have systems in place for oversight of the delivery of safeguarding responsibilities in commissioned services.

#### **Key Achievements**

##### **Domestic Abuse**

The IRIS (Identification and Referral to Improve Safety) Programme is a General Practice based approach to domestic violence and abuse. A training, support and referral programme has been implemented since 2014 across Birmingham. Joint working between the CCG and Birmingham & Solihull Women's Aid (BSWAID) has enabled specialist workers to be linked directly with GP practices. This year, further funding has enabled IRIS to be available to all Birmingham & Solihull Practices. Between 2014 and the end of March 2018, over 500 women had been identified as victims of domestic abuse and offered support services.

##### **Modern Day Slavery**

BSOL CCG has continued to work in partnership with strategic partners and has been actively engaged in the fight against modern day slavery. We have been the lead author for the multi-agency policy and continue to be an active member of the Regional Modern Slavery and Human Trafficking Board. Following a successful bid for funding from NHS England (September 2017), a campaign to increase public awareness about Modern Slavery across the city and the West Midlands was launched. The aim of the

CCG campaign was to work with multi-agency partners, using the “Liberate” brand of multi-agency and community partnership to raise awareness of Modern Slavery through a targeted approach.

The campaign launch event was held on 23rd March 2018 outside Grand Central in Birmingham City Centre and was a huge success, featuring on local media news channels. It is estimated that the total audience reach was over 3 million people.

### FGM

BSOL CCG submitted a successful bid for funds from NHS England to conduct an FGM pilot project to develop further skills, knowledge and abilities of Primary Care staff to identify victims and girls at risk of FGM. The project will benefit GP practices by training them to engage with prevalent communities and give them the confidence to talk about FGM with their patients and the community, acknowledging the cultural sensitivity of what is a hidden crime. The project is in collaboration with BSWAID, who will support Primary Care staff, and offer support, counselling and sign posting to victims and their families, within the Primary Care networks.

### CSE

BSOL CCG has continued to support work to combat CSE in several ways across local authorities’ boundaries: by facilitating the CSE Health Link Sub-Group which runs bi-monthly at the CCG. This is well attended by provider leads from Birmingham and Sandwell. The group has identified and addressed emerging themes on boys and young men, peer on peer issues and issues around county lines. The Designate Nurses are actively involved in both the BSCB and Solihull Safeguarding Children’s Boards audit programme in relation to CSE and Missing and are keen to continue to work with partners in order to address growing themes and recognition around ‘exploitation’ as a whole.

### Children in Care

The children in care population for Birmingham and Solihull continues to grow (at time of writing Birmingham: 2,137 Solihull: 435), and the added vulnerabilities of these children and young people remain a priority area of focus within health services. In the past year, we have actively sought the views and experiences of young people, in respect of Primary Care, Mental Health and health services, health assessments and their understanding of their own health histories. We have used this information to develop a health passport, held by the child and young person, to drive improvement in the quality of health assessments, to improve the notification process and to influence the improved delivery of services to this group. The needs and risk factors attached to our children in care and care leaving population has been recognised by the CCG, and the resource of the Designated Children in Care function has been significantly increased to four nurses from one nurse. This should ensure the continuation of high quality responses to improving the outcomes of our young people in care and allow us as a partner to meet and exceed our statutory responsibilities.

**Birmingham & Solihull Mental Health NHS Foundation**

## Trust (BSMHFT)

BSMHFT offers a range of specialist mental health services for children and young people in Birmingham. BSMHFT works closely with BSCB and other local partners to fulfil its statutory duty to promote the welfare of children and young people and to protect them from harm in accordance with the Children Act, 2004 (Section 11) and as set out in *Working Together to Safeguard Children* (July 2018). BSMHFT employs a corporate Safeguarding Team to support frontline staff and the wider organisation in its execution of safeguarding requirements.

### Our Safeguarding Priorities for 2017/18

BSMHFT has a clear strategy which identifies the organisation’s safeguarding priorities:

1. Effective safeguarding structures and processes;
2. Mainstream safeguarding;
3. Development of knowledge and skills;
4. Learning through experience;
5. Engaging with service users and external agencies.

During 2017/18, the following areas were targeted for specific action in response to our Section 11 audit and Peer Challenge.

### Early Help

As BSMHFT is predominantly an adult-focused service, the adoption of Birmingham’s Early Help model is not straightforward. During 2017/18, we developed a Practice Guide which sets out how each mental health team within BSMHFT will provide an Early Help offer. The aim of the guide is to clarify BSMHFT’s participation in Early Help Assessment plans and their provision of mental health services within such plans. The Practice Guide has been produced with support from Birmingham Children’s Trust’s Head of Service for Early Help and is due to be presented to the Early Help Partnership Board in May 2018. It is being rolled out across the trust alongside the *Right Help, Right Time* workshops.



### Child Sexual Exploitation

Our Section 11 audit indicated that BSMHFT could do more to ensure that the workforce is skilled at recognising and responding to CSE. We have therefore improved our training package by introducing content provided by a CSE survivor from Rotherham and we have endorsed the CSE



superhero training as fundamental for staff that have with regular contact with children. We now provide regular representation at CMOG by safeguarding and addiction service staff. Our Liaison and Diversion Team (situated within police custody suites and in court) are actively involved in working with CSE victims and perpetrators who have been flagged on our alert system. We contribute to the CSE Health Link Group.

### Measuring our Progress

**Training** - BSMHFT produces an annual Training Needs Analysis which is reported on through internal governance and to our commissioners quarterly. We are on track with our Key Performance Indicators and we have improved the quality of our training by including lived experience via service user stories, learning from reviews and participation by survivors.

**Figure 27**

Training Figures for Quarter 4, 2017/18:

Safeguarding Children	Training compliance
Level 1 (all staff)	95.50%
Level 2 (clinical staff)	87.40%
Level 3 (clinical staff)	87.40%
Female Genital Mutilation	100
Child Sexual Exploitation	201

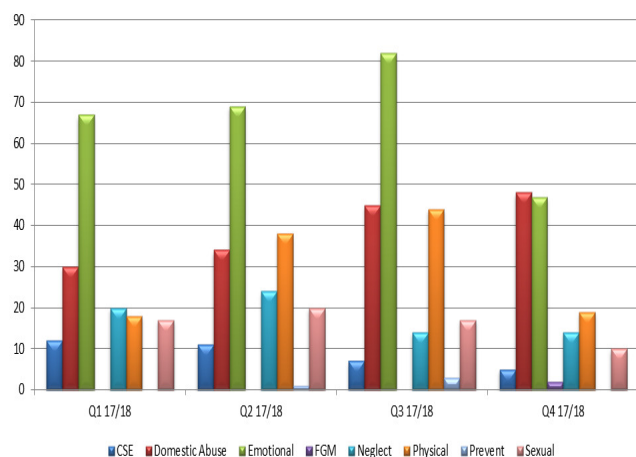
### Safeguarding Activity

Quarterly dashboard reports indicate our performance regarding safeguarding referrals and advice.

Concerns about emotional abuse and domestic violence remain our most frequent recorded requests for advice. We note an increase in referrals from our children's mental health services which correlates with additional locally offered support from corporate safeguarding staff. We note a reduction in referrals from our primary care service, Birmingham Health Minds. This seems to indicate a better understanding and implementation of *Right Help, Right Time* categories and appropriate utilisation of early help.

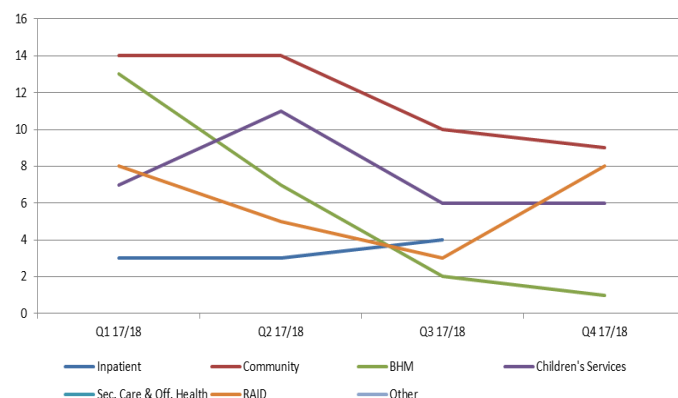
**Figure 28**

Safeguarding Children Advice Calls by Category



**Figure 29**

Safeguarding Children Referrals per Service Area



### Audit and Inspection

BSMHFT has an audit programme. During 2017/18, we audited the quality of Requests for Support / MASH referrals and they had improved specifically in gaining parental consent and in completing CSE screening tools. We have produced a practice guide to improve the quality of making referrals, which appears to be successful. We have participated in external audits regarding CSE. Our Child and Adolescent Mental Health Service (Solar) has been CQC inspected which resulted in an improvement programme being implemented. Re-inspection resulted in a CQC rating of Good.

### Impact and Outcomes for Children and Young People

During 2017/18, BSMHFT Safeguarding Team considered the impact of adverse childhood experiences (ACE) on our adult service users and upon their children. Evidence from ongoing local reviews suggests that more consideration of ACEs and the use of trauma informed practice would improve outcomes for families. This is an area we would like to develop next year. The Trust continues to use the friends and family test to measure outcomes and recent sampling is very positive in child specific services. The Safeguarding Team collects service user's stories to elicit the views of children and young people. These are used to inform training and service development.

### Looking Ahead — Challenges and Focus for 2018/19

#### Priority One - Whole Family Focus:

Supporting the Early Help and Safeguarding agenda remains a challenge for adult services. During 2017/18 the Trust considered how to "prompt" clinical staff to consider children routinely within adult consultations. This remains an area to focus on during 2018-19 and we plan to develop this alongside the proposed work regarding ACEs. The Trust is working on IT improvements to help staff to identify parents more easily and we plan to audit how the "voice of the child" is demonstrated in care plans, risk assessment and demographic information.

#### Priority Two – Better outcomes for Children and Young People:

BSMHFT would like to gauge how our attendance at multi-agency meetings such as child protection conferences and core groups impacts on the outcome for families. We

have asked the Children's Trust for support in obtaining figures regarding attendance and plan to conduct a quality audit. We also want to better understand the experiences of children and young people in contact with mental health services across the *Right Help, Right Time* spectrum.

#### Priority Three - Supervision:

We are in the process of improving our supervision provision and are piloting a new approach in three key areas. Our new model offers three levels of supervision:

Level One - All types of supervision offered within the trust must include safeguarding support.

Level Two – The Safeguarding Team offers a daily advice and support function.

Level Three – Targeted staff groups have mandatory face to face supervision using a signs of safety model.

In addition to this, managers are specifically targeted for bespoke supervision in order to promote good leadership and oversight of safeguarding processes.

#### Priority Four- Learning from Reviews:

During 2017/18 we circulated Learning Bulletins and slides to all teams for reflective practice sessions. Learning from reviews is incorporated into all our training programmes. However, we have more work to do in order to evidence that learning is really impacting on care delivery and we are planning to review how we mobilise recommendations more effectively. The Safeguarding Team will introduce a new monitoring system for review recommendations in July 2018 which seeks to hold operational services to account more robustly for the implementation and evaluation of recommendation and learning. The team is currently delivering a "roadshow" relating to themes coming from Domestic Homicide Reviews. We are also introducing "Safeguarding Message of the Month" to promote key learning points.

#### Priority Five – Engaging with Service Users:

In 2017/18, BSMHFT endeavoured to promote engagement with Service Users and co-produced our annual learning event with "Experts by Experience". During 2018-19 we hope to devote more time and energy to meeting and hearing from children with the support of our Named Doctor for Safeguarding Children who is working directly with young people within our Forensic Child and Adolescent Mental Health Service.



## Change Grow Live Birmingham (CGL)

CGL is the single provider of adult substance misuse treatment services in Birmingham. We deliver an integrated service to support adults to understand the impact their drug or alcohol use has on their health and wellbeing, family and community, and support them to reduce or stop their use safely. Our integrated services address the needs of the whole person and encompass housing, education, training and employment, as well as psycho-social and clinical substance misuse treatment. We have a specialist Women and Families Team who work with our complex cases which include pregnancy, parenting, domestic abuse and mental health.

We work with the families and friends of people affected by drug or alcohol use to help develop and maintain strong, loving and stable relationships critical to successful recovery. Our Safeguarding Children's Policy has been revised with renewed focus on the most vulnerable service users and the children they have substantive contact with.

CGL has developed and implemented a family-focused Prescribing Policy to promote safer prescribing for people with children under five. The policy was developed in response to research from Adfam, which identified a high number of incidents, including deaths, involving children who have ingested methadone. Our policy seeks to improve child safety through measures such as education about medicines storage, more supervised prescribing and encouraging service users to move to safe forms of medication, such as buprenorphine.

Figure 30

CGL Safeguarding Analysis - March 2018	
Project: Birmingham Service	
Summary	Current Caseload
	5910
	Safeguarding Currently
	1165
	Safeguarding Previously
	278
Children Breakdown	Total Safeguarding
	1443
	Safeguarding % of Caseload
	24.42%
	Number of recorded children in Birmingham (open cases)
	2571
Children Breakdown	Children on Child Protection Plan
	331
	Children on Child In Need
	156
	Children on Family Support
	25
Children Breakdown	Children on Early Help
	32
Children Breakdown	Number of Pregnant Service Users
	48

## Our Safeguarding Priorities for 2017/18

Our safeguarding priorities form part of our service quality improvement plan which is reviewed on a fortnightly basis. All service users with identifiable safeguarding concerns should have a clear risk management plan in place, which is accurately recorded on our Children and Families page. To support compliance, Team Leaders review safeguarding cases through monthly supervisions and the Quality Team audits case records in line with CGL standards. Outcomes of audits are provided to Deputy Service Managers and Team Leaders and an overall summary report is provided to the monthly management board.

All staff and volunteers must complete safeguarding children e-learning within 12 weeks of commencing employment with CGL and all operational staff and volunteers complete CGL or LSCB safeguarding children classroom based learning within twelve months of commencing employment with CGL. (Figure 31)

**Figure 31**

Percentage of staff who have completed mandatory training.

Training Module	% Completed
Safeguarding Adults (Online)	96%
Safeguarding Adults (Classroom)	72%
Safeguarding Children (Online)	97%
Safeguarding Children (Classroom)	88%
Mental Capacity Act Module 1	83%
Mental Capacity Act Module 2	82%

Our Safeguarding Lead provides safeguarding supervision to the 16 teams across the service to embed the understanding of the wider risk factors when dealing with parental substance misuse and the impact on service user's children and family members. Following this, clear case management action plans are put in place with reference to policy, including referrals to and liaison with relevant agencies, escalation and ongoing engagement of service users. The Safeguarding Lead works closely with the quality lead to distil learning and embed lessons learned from Serious Case Reviews, Domestic Homicide Reviews and Death Investigations through our monthly Integrated Governance Team Meetings. These meetings provide an open learning environment in order to increase staff engagement, improve service user experience and reduce mortality.

The processes for the management of cases when a worker is off long term sick and internal case transfers have been reviewed and agreed with senior managers and implemented.

The management of case closures has been reviewed and all staff are aware of the need for a full review prior to closure with consideration of safeguarding concerns and liaison with professionals involved.

## Measuring Our Progress – What we have Achieved

CGL appointed a Safeguarding Lead for Birmingham in July 2017. The Safeguarding Lead is part of the Senior Management Team and this role includes embedding safeguarding practice within the teams, alongside working with partnership organisations to improve communication, appropriate referrals, better identification of safeguarding concerns and embed local safeguarding policies and processes. This has included the delivery of training to all staff regarding the *Right Help, Right Time* guidance so staff are better equipped to assess the needs of families and effectively involve and work alongside appropriate agencies. Our Team Leaders work collaboratively with CASS to inform joint assessments and improve knowledge and understanding of substance misuse and impact on family members and children. We provide regular updates through the CASS and MASH partnership forum and the safeguarding lead delivered substance misuse training to frontline CASS staff. We provide a representative at the Early Help Strategic Partnership Forum and Domestic Homicide Review Forum. We sit on the MARAC governance group and have four MARAC representatives who attend MARACs across the city.

We have delivered Domestic Homicide training to all frontline staff in partnership with the Children's Trust to improve outcomes for victims and the families experiencing domestic abuse.

We monitor performance through National Quality Audits which include safeguarding governance. The Safeguarding Lead and Quality Team regularly audit case notes in order to identify themes and implement immediate and long term actions.

**Figure 32**

Safeguarding Quality Assurance and Audit Activity 2017/18:

Safeguarding Audit Theme or Quality Assurance Activity we have undertaken by Topic/Title	Summary of Methodology i.e. Employee Survey, dip sample, case file audit, Customer Survey etc.	Outcome (Summary of key findings / learning)	Have the findings been acted upon? (Yes or No)
Risk Assessment and Planning including case closures, consent, management of missed appointments and liaison with partnership agencies.	Case file audit – Dip sample of 200 open cases and 100 closed cases.	General improvement in the management of cases. It has been identified that some team members would benefit from extra support.	Yes – outcomes fed into management board and service quality improvement plan. Workshops offered and key learning discussed in Integrated Governance Team Meetings.

## Looking Ahead — Challenges and Focus for 2018/19

Across the Birmingham service we will continue to look at ways of improving outcomes for our service users and their families.

We will continue to provide effective safeguarding supervision across all teams and ensure accurate recording of safeguarding concerns through ongoing audits.

The safeguarding and quality team will continue to identify and develop appropriate training that meets the needs of our staff and service users, including key emerging safeguarding issues such as Domestic Abuse, Criminal Exploitation, Adverse Childhood Experiences and County Lines in conjunction with our national safeguarding lead.

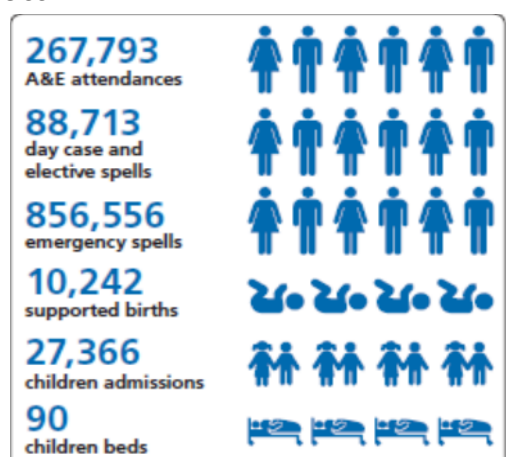
Nationally, our organisation has made a commitment to review our supervision and appraisal format which will improve staff and service user engagement alongside other strategic objectives. Our current organisational strategic priorities include improving our response to Domestic Abuse, improving our ability to identify and respond to Child Sexual Exploitation, and we are currently working collaboratively with the Child Sexual Abuse Centre of Expertise to develop and integrate a trauma informed offer for service users who are survivors of current and historic sexual abuse.

## Heart of England NHS Foundation Trust (HEFT)

Heart of England NHS Foundation Trust has a workforce of 10,565, working across a number of sites, providing health care to the population of Birmingham, Solihull and South Staffordshire. On 1 April 2018, the Trust was acquired by University Hospitals Birmingham and ceased to exist as an independent organisation. This report details safeguarding arrangements at HEFT during the financial year 2017/18. Provision of health care for HEFT included (Figure 33):

- Emergency care
- Maternity services
- In-patient care for adults and children
- Out patients services
- Community Services

Figure 33



The Trust acknowledges fully its statutory responsibilities to safeguard and promote the wellbeing of children. The Chief Nurse oversees the safeguarding arrangements in the Trust and line manages the Head of Safeguarding. The Safeguarding Team is responsible for:

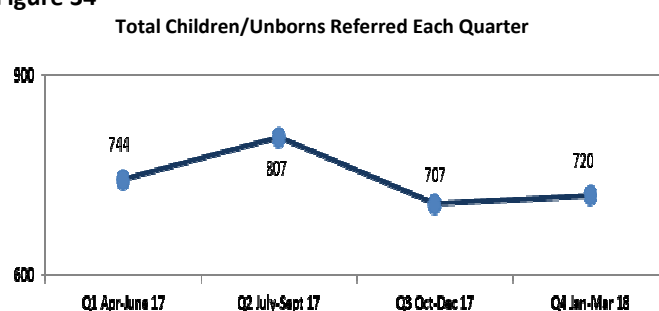
- Advice, support and supervision;
- Education, staff development and engagement in relation to safeguarding;
- Ensuring that policies and procedures are in place and kept up to date;
- Audit of the effectiveness of arrangements;
- Completion of internal reviews as required with statutory Serious Case Reviews;
- Working with partners and ensuring they have access to specialist health advice as required.

The Safeguarding Team is an active partner in local MASH arrangements in both Birmingham and Solihull.

## Safeguarding Activity

The Trust generated requests for support for an average of **745** children each quarter during 2017/18. Figure 34 illustrates data over four consecutive quarters.

Figure 34



The average numbers of requests for support referrals each quarter for the previous years are illustrated in Figure 35.

Figure 35

2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
150	445	446	601	653	610	732	745

## Our Safeguarding Priorities for 2017/18.

### Increasing the feedback in relation to requests for social work service.

During quarter 4 the number of 'outcomes unknown' from requests for support referrals reduced from over **50% to 16.7 %**. This was achieved with substantial time investment from the Safeguarding Team. Consideration of how to sustain this within current staffing constraints is underway. Figure 36 illustrates the data held in relation to outcomes from Request for Support forms completed in quarter 4.

Figure 36

Outcome	%age of Total Request for support
<b>Assessment led by a SW</b>	<b>40.4%</b>
See further breakdown below:	
Already open to a SW and sent to them for further assessment	6.1%
Section 47	4.7%
Allocated for Single assessment	29.7%
<b>Early Help Recommended</b>	<b>10.4%</b>
See further breakdown below:	
Early Help to be provided supported by LA staff	6.3%
Early Help team (LA) already have the case open	1.1%
Early Help assessment to be completed by HEFT	0.1 %
Early Help Assessment to be completed by other provider	2.9%
<b>No further action</b>	<b>26.9%</b>
<b>No further action with advice to parents provided by the LA</b>	<b>6.7%</b>
<b>Outcome unknown</b>	<b>16.7%</b>

#### Ensuring access to early help for children and families

- Increase in training and supervision for staff and focused audit of infants with long stays in NNU.
- The Trust employs midwives who contribute hugely to the early help offer for pregnant women who suffer from mental health issues, substance misuse issues, social exclusion, FGM and domestic abuse. Data in relation to early help in maternity during 2017/18 has proved difficult to collate due to changes in the early help documentation (previous measure was the numbers of CAF assessments initiated).
- The Trust provided *Right Service, Right Time* training for **94%** of the relevant cohort of staff during 2017/18.

#### Increasing staff knowledge and confidence in relation to restraint / clinical holding.

- An e-learning package in relation to clinical holding in paediatrics was introduced and the compliance with this at the end of quarter 4 was 74%.
- There are plans for de-escalation training for paediatric staff which will be provided by a specialist trainer during 2018-19.

#### Improving the quality of safeguarding assessments for 16-18 year olds.

- Changes to the IT system in ED ensure that a child safeguarding assessment is automatically generated for 16-18 year olds. There are 6 monthly audits of this cohort to assess how well this group are safeguarded.

#### Improving the quality of information shared as part of the Request for Support Referral process.

- Targeted campaign to improve the quality of information shared on Request for Support forms. This has included training; workshops; one to one feedback and continuous audit (every single form is audited against set criteria).
- 94% of referrals generated meet required standards and there is continued support to areas that continue to find this challenging. Figure 37 illustrates the results of the quality of referral audit in quarter 4 2017/18.

Figure 37



#### Measuring Our Progress – What we have Achieved

- **Section 11** — The Trust benchmarks against all aspects of Section 11 and participates in peer review processes.
- **Education and Development** — The Trust has an annual safeguarding needs analysis and reports quarterly against it both internally and to the CCG as part of the contractual arrangements. The Trust is compliant with Safeguarding Training at Level 1,2 and 3 and with Prevent. All training is evaluated. All Level 3 Safeguarding Training was reviewed and comprehensively refreshed during 2017/18 and a new domestic abuse training module was introduced.
- **Safeguarding Supervision** — This is provided for key staff groups in the Trust (including maternity, neonates, paediatrics, emergency department staff and safeguarding staff) and monitored quarterly as a key performance indicator. Year on year the number of staff receiving supervision has increased. The rate of compliance with safeguarding supervision is **96%** for the year.
- **Systematic Safeguards** — The Trust has fully implemented the CP-IS (Child Protection Information Sharing) in its Emergency Departments and in the Maternity setting. Audit demonstrates that this is embedded and is reliably checked. There are further plans to implement in the PAU and CAU settings. In addition, children who have previously had requests for Social Work services completed by HEFT staff or been subject to CP Plans have this flagged in their records to assist staff in their assessments.



- **Audit** — An annual safeguarding audit programme is in place which provides assurance and focus for on-going improvements to services. Audit activity is driven by learning from incidents, IMRs and is heavily focused on transitional points in a child's journey.
- **Patient Experience** — The Trust continues to produce patient stories that focus on the perspective of the child and to work with the complaints and patient experience team to learn more about what children and families have to say about the safeguarding process. A series of patient and family leaflets were introduced during 2017/18, based on feedback from families regarding the need to be kept informed about what happens during safeguarding processes.
- **Escalation** — The Trust measures the numbers of cases that are in escalation due to professional disagreements between agencies and is working closely with senior staff members in Birmingham Children's Social Care to increase opportunities for front line Health and Social Care staff to come together for case discussions.

#### Looking Ahead — Challenges and Focus for 2018/19 Priorities for 2018-19 include:

- Establishment of a new safeguarding staffing structure based on the needs of the new organisation;
- Establishment of a refined governance structure to support safeguarding in the new organisation;
- Harmonisation of Safeguarding Policies, Procedures and Processes;
- Maintenance of all safeguarding improvement plans, cascade of learning, audit and achievement of Key Performance Indicators and services during the period of change;
- Improving CP systems: Introduction of the FGM-IS (Female Genital Mutilation Information Sharing) Project in maternity services / rolling out CP-IS in the Paediatric assessment areas;
- Maintenance and development of all key partnerships at a time of change (health re-organisation and new arrangements for provision of Children's Social Work services)

#### National Probation Service (NPS)

The National Probation Service is a public-sector organisation, which is part of the Ministry of Justice. Our role is to provide advice to the criminal courts on appropriate sentences for offenders appearing before them. We also provide supervision to higher risk offenders after they have been sentenced. This relates to offenders sentenced to community supervision, but also those who are sentenced to custody, where we work with them during the prison phase of their sentence, and then more intensively when they are released on licence afterwards, typically at the halfway point of their sentence. In Birmingham, we have a caseload of approximately 3,500 individuals. At any time, a little over 50% of that number will be in custody, and the remainder in the community. The

caseload contains a high proportion of people who have committed sexual and violent offences, including matters of domestic violence. We are managing, therefore, a high level of potential risk to the public, which includes risk to children. A small percentage of our caseload will have offended directly against children, either sexually, or through violence or neglect. A greater percentage pose risk to children through their broader offending behaviour. This will include children witnessing domestic abuse, becoming inadvertently caught up in gang-related violence, being affected by the impact of substance abuse or mental health issues, or, in a small number of cases, being at risk of radicalisation.

In addition to our offender management function, we also provide a statutory victim liaison service to victims of sexual or violent offences where the perpetrator receives a sentence of 12 months or more imprisonment. This entails keeping victims informed of key milestones of prisoners' sentences and also giving victims the opportunity to request additional conditions (including exclusion zones) in post-release licences. This service equally applies when the victims are children, though it is generally delivered via their guardians, with participation of the child dependent on maturity.

#### Our Safeguarding Priorities for 2017/18

Our broader organisational priorities are protecting the public, preventing victims and reducing reoffending. We do not have children as direct service users, unless they are clients of the victim liaison service. We do, however, second probation officers into the Youth Offending Service, where they work directly with 16 and 17 year olds sentenced to custody or community supervision. In all of our case work, however, we are required specifically to assess whether those subject to our supervision pose a risk of harm to children. If that risk does exist, it is a requirement that sentence plans include measures to mitigate that risk. This may include referrals into Children's Social Care, but can also include our ability to apply for restrictive conditions in licences and community sentences that directly protect children.

When we are supervising parents of children who are subject to Child Protection or Children in Need procedures, there is an expectation that Probation Officers participate fully in Conferences and Core Groups, as we can provide a rich source of information relating to parental behaviour and circumstances.

NPS also seconds a full-time member of staff into the city's CASS / MASH team, to ensure the Probation perspective, and access to information on the risks to children posed by offenders, is fed into the initial assessment of child safeguarding referrals.

Early in 2018, NPS produced new practitioner guidance around child safeguarding, incorporating *Right Help, Right Time*. This enabled us to deliver a single briefing, across the workforce, combining national agency imperatives with

local multi-agency guidance.

### Performance analysis

In common with most public-sector agencies, we are subject to a broad range of performance measurements. None of the numeric targets relate specifically to our role in protecting children but several relate to our broader public protection responsibilities. For those offenders whose increasing risk meant they were no longer deemed safe to remain on post release licence, we completed reports to secure their immediate return to custody within the 24 hour time limit in 98.4% of cases. For those who had breached the terms of their community orders, we issued summonses for their return to court, within the 10 day target, in 94.1% of cases. Even more important, though, is the way we have amended our practice when people under our supervision go on to commit further offences. All learning from Serious Case Reviews, Domestic Homicide Reviews and our own internal Serious Further Offence Reviews has been incorporated into a range of themed bulletins, which are regular agenda items at divisional management team and local team meetings.

### Looking Ahead — Challenges and Focus for 2018/19

For some time, NPS lacked an audit capacity. A new Quality Development Officer role was introduced in the latter part of 2017/18, however, and we are continuing to develop this to re-establish a stronger audit theme in our work. We are also rolling out a new suite of specialist programmes to work with sex offenders in terms of reducing the risk they pose to children and other potential victims. We are also looking forward, in 2018, to our first inspection under the new programme developed by Her Majesty's Inspectorate of Probation. This will include a central focus on how we discharge our responsibility to manage risk.

### Staffordshire & West Midlands Community Rehabilitation Company (SWM CRC)

SWM CRC provides prison based 'through the gate' services and supervises offenders subject to Court Orders and those released from prison on a licence or under post sentence supervision.

SWM CRC is part of the Reducing Reoffending Partnership (RRP), contracted to provide Probation Services for two of the 21 CRCs in England and Wales—RRP is a partnership, made up of:

- Ingeus (main equity owner and a leading provider of the government's Work Programme).
- St Giles Trust (A charity working with offenders in prisons and communities).
- Change Grow Live (GCL – a large substance misuse charity).

Together with CRC staff, this partnership has vast experience of social rehabilitation in criminal justice, which includes better outcomes for children by addressing adult criminal behaviour. Our Vision is:

***A safer society, where people who have committed crimes***

***are empowered to change, rebuild their lives and thrive.***

Our mission is to **reduce reoffending** and **protect the public**. We work with people to assess their needs, manage risk and **drive behavioural change**, creating powerful rehabilitation journeys that **reduce crime** and help people **transform their lives**.

SWM CRC is responsible for supervising over 5,000 offenders in Birmingham. This is made up of men and women (approximately 13% of our caseload) over the age of 18, assessed as posing a medium or low risk of serious harm. We have one office for supervising offenders, Centre City, in the heart of Birmingham, and another for Community Payback, in Nechells. CRCs work under contract to Her Majesty's Prison & Probation Service (HMPPS), part of the Ministry of Justice (MOJ). As well as supervising offenders, we provide dedicated rehabilitative interventions (some of these via our supply chain) to offenders supervised by the National Probation Service (NPS) and other organisations.

### Our Safeguarding Priorities for 2017/18

This last year has continued to be one of challenge in the difficult financial context under which we all operate. A new leadership team has been in place since January 2018 and our business plan is focused on improving the quality of the work we do to protect the public, strengthen our Safeguarding and risk practice and reducing reoffending.

### Review Team Structures & Balance Caseload

We are currently introducing a dedicated Young Adults Team, exclusively focused on rehabilitating 18-24 year olds as well as the transition journey from Children's to Adults' services. This team will be in place by August 2018 and will work closely with YOS and other partners on specific safeguarding issues for this age group. We are also introducing a dedicated Pathway Intervention Team who will deliver all our group-work interventions aimed at reducing criminal behaviour and safeguarding risks. We are currently externally recruiting significant numbers of new practitioners to provide resilience and help to manage our caseload.

### Improvement in Public Protection Practice

We have identified a clear requirement to improve the quality of our practice this year. An SWM audit was recently undertaken by our contract managers, identifying areas of good practice, but also areas where we need to improve. A full action plan is in place to implement and assess these improvements. A number of initiatives are underway which will drive improvement in our risk management and safeguarding practice including:

- Manager-led briefings on the *Right Help, Right Time* process;
- Reintroduction of Practitioner Forums to focus on team discussion and problem solving around risk issues. The first two themes were improvements around home visits and safeguarding children practice. These forums are also utilised to

disseminate learning from SCRs, DHRs and SFOs (Serious Further Offences) into front line practice;

- Monthly manager risk days to review child protection and safeguarding flags and practice;
- Full implementation of our Performance Management Framework to include regular reflective reviews of risk cases between the manager and practitioner and drive up performance;
- Development of a new Domestic Violence Programme called “Spectrum” in conjunction with the MOJ;
- Implementation of Quality Days where managers undertake full & detailed case audits – at least 1 for every practitioner every quarter – and Senior Manager Audits every month;
- Improved the use of our Management Information enabling priority focus on Safeguarding Cases;
- Implementation of our gang-strategy alongside our partners.

The Head of Birmingham Probation is a member of BSCB’s Executive Board and now attends the BEHSP Board. We remain committed to being a strong partner in the local safeguarding arrangements.

Training remains an issue with only small numbers of staff having undertaken multi-agency and single agency training in the last year. Our Learning & Development team have recently undertaken a restructure, moving to a Business Partnering approach. The Head and Deputy Head are planning, with our Business Partner, how we best deliver single agency training due for delivery later this year. The Head of Probation met with BSCB’s Learning & Development Programme Manager to maximise multi-agency training for practitioners. This is currently being moved forwards with team managers.

We continue to meet our Prevent duties and a number of staff received enhanced training in May to act as local champions.

#### **Measuring Our Progress – What we have Achieved**

SWM CRC and Birmingham have improved and sustained its performance against the key contractual service level measures since this time last year. Whilst none are specific to child protection, achieving these means we are doing what is required contractually to assess and plan how to manage associated risks.

We monitor and measure the number of home visits we undertake for safeguarding and domestic violence related cases. Whilst these have improved, we still require further focus to ensure that timing targets are met.

We have received no complaints in relation to safeguarding issues in the last year. Our processes involving our Customer Service Centre requesting police call out and safeguarding information are working well with performance exceeding our internal service levels of 90%. We have not been made aware of specific issues raised in

relation to attendance at Child Protection conferences.

#### **Looking Ahead – Challenges and Focus for 2018/19**

Our key challenges for next year will be:

- Embedding our new structures to be able to better prioritise and manage safeguarding and other risk cases;
- Implementing recommendations from the Internal Safeguarding Audit;
- Implement, measure and improve our quality of practice in line with our Business Plan;
- Ensure all practitioners attend relevant training and update their safeguarding knowledge where required;
- Continuing to work closely with partners around all safeguarding matters, including implementation of our gang strategy;
- Improve financial stability by identifying opportunities to provide commissioned services utilising our expertise and experience, e.g. Gang interventions/ Peer Mentoring/ Domestic Violence courses.

#### **Sandwell & West Birmingham Hospitals NHS Trust (SWBHT)**

SWBHT is an integrated care organisation dedicated to improving the lives of 530,000 local people from across North-West Birmingham and towns within Sandwell employing 7,200. SWBHT provides community and acute services in a range of settings: Adult and Paediatric Care, Emergency Care, Maternity and Neonatal Care. Last year 30,640 children under 18 years attended our Emergency Departments and there were 5,954 new births. Safeguarding children remains a key priority for SWBHT and it fulfils its statutory obligations within Section 11 of the Children Act (2004) by submitting an annual update of self-audit (Section 11 audit tool) and attendance at BSCB’s Scrutiny Panel. A strong commitment to safeguarding children is demonstrated by our accountability and reporting structure; the Chief Nurse is the Executive Lead for Safeguarding Children. Assurance and quality is demonstrated through our internal and accountability structures with a programme of review via internal committees. This includes compliance with Care Quality Commission and Audit recommendations following internal inspection, safeguarding children training and supervision. There is a Safeguarding Children Operational Group chaired by the Safeguarding Children Lead and a joint Adult and Children Safeguarding Steering Group chaired by the Chief Nurse.

Our established Safeguarding Children Team with Named and Lead professionals support our workforce offering advice, support and training; the team was expanded in October 2017 when the Looked after Children Service transferred from Sandwell and West Birmingham Clinical Commissioning Group to SWBHT. The ‘voice of the child’ is actively sought and demonstrated by regular audit undertaken in service areas to both influence service



development and individual decisions which includes Looked after Children and their view of the statutory health assessment process.

### Safeguarding Priorities

During 2017/18 we delivered a number of training sessions on Child Sexual Exploitation (CSE) and remain an active participant in Birmingham's CSE Health Group. We also provide health information to Birmingham's CSE Team when children at risk of CSE are discussed and may have received services from SWBHT. In March 2018, to acknowledge CSE Awareness Day, we held CSE stalls across both hospital sites attracting interest from our frontline staff and visitors.

The Emergency Department (ED) Domestic Abuse Advocacy Project (joint partnership with Black Country Women's Aid) continues to show positive outcomes by increasing awareness and visibility of domestic violence and abuse (DVA) in ED and across SWBHT; in the last twelve months 224 individuals were identified as victims of DVA — an increase of 71% on 2016/17 figures. Data continues to demonstrate that victims from Black and Minority Ethnic groups are more likely to access DVA support via ED (Figure 38).

Figure 38



Our Domestic Abuse Lead Nurse team has been instrumental in working closely with the Independent Domestic Violence Advocates (IDVAs) to develop posters and leaflets promoting SWBHT as a 'Domestic Abuse Awareness Hospital'; this has included training within a variety of settings across SWBHT and introduction of routine enquiry across paediatric and additional adult based services (Neurophysiology and Occupational Health).

We continue to embed the Child Protection Information Sharing Project (CP-IS) into systems in unscheduled care settings across the Trust and are working closely with Maternity Services to implement the FGM-IS.

### Quality Assurance/Performance

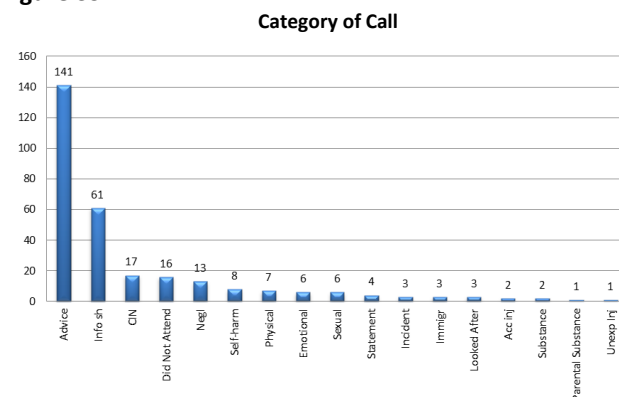
#### Section 11 Compliance

During 2017/18 SWBHT completed the Section 11 audit for BSCB and attended the Peer Review session earlier in the year.

#### Advice and Support

The Named Nurses and Safeguarding Team provides advice and support to SWBHT when there are concerns. In 2017/18, there were 294 advice calls as detailed in Figure 39.

Figure 39



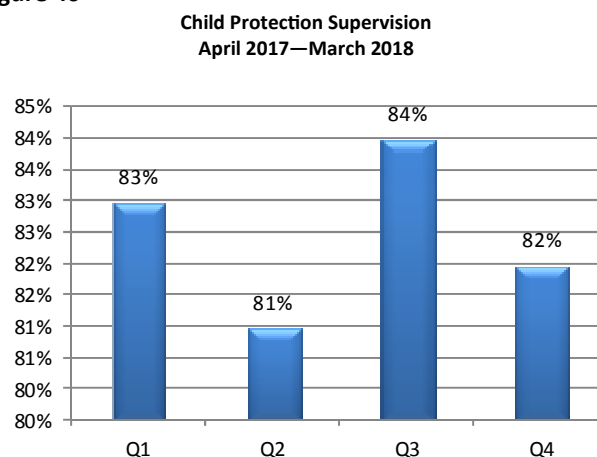
### Safeguarding Single Agency Children Training

We have seen a significant increase in compliance with Safeguarding Children Training over the year with Level 2 at 89.45% and Level 3 92.72%. 'Right Help, Right Time' is embedded into our single agency safeguarding children training and audit has demonstrated that staff are utilising and applying thresholds appropriately when completing a Request for Support Form.

### Safeguarding Children Supervision

The Safeguarding Team delivers a programme of supervision for health visitors and midwives; for paediatric and ED areas this is on an 'ad hoc' basis. This has remained area of challenge due to competing priorities and team vacancies; however steady improvement has been achieved with percentages remaining over 80% (Figure 40).

Figure 40



### Single Agency Audit

We have delivered a programme of audit throughout the year which included:

- Audit of the paediatric ED assessment card for compliance with guidance to review CP-IS information on the Summary Care Record;
- Audit compliance with the Faltering Growth Policy;
- Compliance with viewing CSE alert in ED and actions taken;
- Audit of adult ED card for DVA routine enquiry question completion;

- Audit of HV Record to establish their contribution to safeguarding children following DVA notification (Sandwell MASH);
- MARF audit for quality of information and threshold application;
- Compliance with the DNA/WNB Policy;
- Audit of the maternity/health visitor liaison form for compliance with policy and information sharing when a concern is identified;
- Compliance with Faltering Growth Policy.

#### Focus for 2018/19

- Maintain effective partnerships and representation at BSCB and its associated Sub-Groups;
- Secure substantive funding for the IDVA ED project post March 2019;
- Embed CP-IS across unscheduled care settings and ensure information is linked following introduction of a new Electronic Patient Record in November 2018;
- Full Implementation of FGM-IS in Maternity settings;
- Continue to improve SWBHT single agency training compliance;
- Continue to review service delivery through a programme of audit, data capture and evaluation.

#### The Royal Orthopaedic Hospital NHS Trust (ROH)

The ROH is a single speciality orthopaedic hospital which provides routine elective surgery and specialist treatment, including spinal and oncology services to adults, children and young people from the local population, across the UK and internationally. In 2017/18, the Trust admitted 1,607 children and young people for treatment.

Following reviews by CQC in 2015 and subsequent review in 2017 by the West Midlands Quality Review Service, questions were raised around the sustainability of our service model and long term clinical outcome for children and young people undergoing surgery at the Trust. With this in mind the Board took the decision to transfer Paediatric surgery at the ROH to a setting where there is greater access to the range of centralised medical services needed to ensure a sustainable and resilient service. There have been many discussions with regulators, commissioners to finalise the timetable for this movement of service, however given the complexity of the action, work is still underway to finalise the plan. The Trust has Named Professionals who lead on issues in relation to safeguarding, ensuring that Safeguarding practice within the Trust is in line with local and national standards and guidance.

The Trust Safeguarding Strategy for 2017 – 2019 has committed to:

- Hear the voice of the child and young person;
- Be proactive in taking learning disabilities forward;
- Ensure Safeguarding is given high priority;
- Improve awareness and care with regarding to Domestic Abuse, Female Genital Mutilation and Child Sexual Exploitation;

- Work in partnership to deliver effective safeguarding externally and internally;
- Have safe and effective reporting and work force.

The Executive Director of Patient Services is the accountable Director for Safeguarding. The Trust Board is provided with updates to identify requirements to develop and improve children and young people's protection. The Trust Safeguarding Committee meets bi-monthly with its overall duty being to promote the welfare of children and ensure they are protected from harm.

The Trust's Safeguarding Champions forum is held quarterly and has a range of members, including clinical and non-clinical staff, to provide greater influence on change and improve safeguarding knowledge and practice.

#### Our Safeguarding Priorities for 2017/18

- **WNB** - Strengthening the WNB procedure to ensure that all children who are not brought to appointments are safe.
- **Dissemination and implementation of lessons learned and safeguarding messages from the Trust and Local and National Reviews** – Ensuring that learning is shared via Trust Boards and Committees, Trust Communications including Safeguarding Newsletter, review and changes to safeguarding training, improvement in noticeboards, patients stories and internal reporting from the Trust Safeguarding database.
- **Safeguarding Supervision** - Provision of Safeguarding Supervision to staff providing care and treatment to children and young people. The Safeguarding Supervision Policy is awaiting ratification by the Trust Executive Team.
- **Domestic Abuse** - To equip key members of staff with the knowledge, skills and confidence to identify and support individuals experiencing domestic abuse and understand the risks domestic abuse poses to children's safety and wellbeing.
- **Early Identification of Safeguarding Concerns** - Following analysis of emerging themes in the Trust Safeguarding Notifications, key work has been undertaken to identify early on that children have support from other agencies due to safeguarding concerns or additional needs.
- **FGM & CSE** – Raising staff awareness of identifying FGM and CSE, actions needed and the internal and external policies and procedures that support their actions.
- **Learning Disabilities** - In April 2017, the Trust employed a Learning Disability (LD) Nurse, placed within the Safeguarding Team and supports the Named Nurse.
- **Training and Education** - All levels of Safeguarding Children Training have been reviewed and updated.
- **Voice of the Child** – Work continues to ensure the wishes and feelings of the child are listened to and acted upon.

## What we have Achieved

- The renewed WNB process has identified children at risk or in need of early help, improved communication with other agencies, gained a wider picture of the child's lived experience and how this can be improved;
- Introduction of the First Contact Sheet in Paediatric Outpatients Clinic has enabled staff to identify safeguarding or early help needs at an earlier stage including the identification of children in care;
- Changes to the Level 3 Safeguarding Training have received positive evaluations;
- Domestic Abuse training was attended by local partners from other Trusts and received positive feedback;
- Following bespoke work around FGM and CSE with the Outpatients Department, a spot-check audit identified an improved awareness of these issues and how staff would identify and support children and adults;
- An assurance visit by the CCG identified that staff knew who to ask for support around safeguarding issues and how to escalate these concerns if the Trust Safeguarding Team was not available.

## Looking Ahead — Challenges and Focus for 2018/19

- **Children in Care** – ensuring our practice protects children in care including access to their health appointments, ensuring they are being listened to, liaison with other agencies and consideration of their vulnerability to exploitation;
- **Safeguarding Supervision** – Implementation and evaluation;
- **Child and Young Person's Voice** - Ensuring the child's voice is documented at each contact and their wishes and feelings acted upon;
- **Outcomes for Children and Young People** – Improved evidence of the impact of safeguarding action on the outcome for the child or young person;
- **Mental Health;**
- **FGM.**

## University Hospitals Birmingham NHS Foundation Trust (UHB)

UHB is one of the highest performing NHS organisations in Europe with a proven international reputation for its quality of care, information technology, clinical education and training and research. The Trust manages the Queen Elizabeth Hospital (QEH) in Edgbaston, Birmingham, as well as a number of satellite clinics, including sexual health clinics, across the West Midlands; the hospital and its satellite services employ over 9,000 staff. The Hospital treats over 1 million patients per year.

QEH has continued to ensure that the safeguarding of children remains a high priority within the Trust, with the provision of a robust policy, with supporting procedural documents, allowing a consistent approach to the delivery

of 'Birmingham Basics' across the Trust. The policy provides a framework, reinforced by training and support, to enable all clinical staff to recognise and to provide a positive experience in relation to safeguarding.

The Safeguarding Team for the QEH and Umbrella Sexual Health Services is structured to work as a united team across all services. This facilitates robust provision throughout the year.

## In the context of safeguarding children, in 2017/18:

- Of the 117,000 ED attendances, a total of **6,128** children were seen; 3,548 were 0-15 year olds and 2,580 were aged 16-17 years;
- Inpatients – **1,492** 16-17 year olds were admitted;
- Sexual health clinics saw **3,466** children (0-15 years - 602 children and 16-17 years – 2,864);
- Outpatient services saw **9,763** children (0-15 years - 2026 and 7,737 16-17 years old).

## Our Safeguarding Priorities for 2017/18

The Safeguarding Team receives and processes all referrals made to the CASS.

The training of staff and the raising of safeguarding awareness, continued to be a strength for the Safeguarding Team in 2017/18. The team attended *Right Help, Right Time* training and this is a priority for delivery to relevant staff in 2018/19. Following a recognised need in 2016/17, during 2017/18, 83% of outpatient staff received 'Early Help' and '*Right Service, Right Time*' training. The teaching of Children's Level 2 Safeguarding training within the Trust remained mandatory and is reviewed annually to include emerging themes. This, in turn, has increased staff awareness and professional curiosity, with an overall training attendance compliance of 94% at the end of March 2018.

QEH has an effective Young Persons' Council (YPC) and Young Persons' Steering Group. The YPC is dedicated to capturing the voice of teenagers and young adults to improve the standards of service provided to that age group. In exploring ways to improve the experience of teenagers and young adults, the YPC, in their volunteer uniforms, now undertake monthly 'Social Saturdays'. The primary aim of these ward visits is to find out what matters to young patients while they are in hospital. They invite the young patients to complete surveys on their stay, give them some small gifts and vouchers provided by the hospital's charity, or simply chat and provide a listening ear.

The development of the YPC and Young Persons' Steering Group, together with the robust risk assessments for all children attending the Emergency Department, training in relation to Domestic Abuse and formalised supervision for staff, were recognised as strengths during a Section 11 Peer Review carried out by BSCB in April 2017.

## Performance Analysis – Measuring Our Progress

The Safeguarding Team reviews the notes of all under 18

year olds who attend the Emergency Department and sexual health services. This ensures that all children within these services are subject of a robust process and any concerns addressed.

The Lead Nurse for Safeguarding ensures that a quarterly 'dip-sample' audit is carried out in relation to CASS referral forms. Further staff training-is being carried out-regarding the completion of forms, to ensure the highest quality of submission. Outcomes from referrals are shared with the staff who submitted the referral, so that they are able to reflect on the case and share any learning.

Action plans are utilised to address safeguarding issues raised to, or by, the Safeguarding Team to ensure that identified improvements are completed within a realistic timescale.

A comprehensive risk assessment is used for all children under 18 years of age who attend QEH's Emergency Department; this identifies to medics and nurses those children who require safeguarding and further support.

All children who visit sexual health clinics, up to the age of 18 years, have a risk assessment completed to identify signs of sexual exploitation.

Children aged 16 and 17 years old, who are inpatients in the Trust, are visited by the Safeguarding Team to ensure they and their families feel supported; this is deemed exemplar practice.

Safeguarding factsheets on types of abuse, identification, referral pathways and support have been reviewed and developed and are available for all staff within clinical areas.

The CP-IS system is now embedded into practice and there is a flow chart available to staff to explain its use. This has positively impacted on the assessment of children, enabling the sharing of information to allocated Social Workers to occur in a timely manner.

There has been a continued caseload of CSE with the increased awareness by staff due to bespoke training packages and supervision. The Safeguarding Team is in a unique position in having oversight of the majority of sexual health services in the city and is therefore able to assist the Local Authority and Police colleagues working in the field of CSE. The team has strong links with the CSE Named Nurses in the city, with monthly meetings to discuss cases; the mapping of linked patients is often instrumental in safeguarding vulnerable children.

An emerging theme throughout 2017/18 was the experiences of Looked after Children (LAC) treated by QEH. The Safeguarding Team has forged links with the Birmingham Community Healthcare (BCHC) Children in Care Team to work in partnership and safeguard these vulnerable children and young people. An information sharing pathway has now been created, highlighted by the Designated Nurse for Children in Care as good practice and

innovative in that no other Hospital is working in this way with the Children in Care team.

### Looking Ahead — Challenges and Focus for 2018/19

The types of referrals and patient groups that the Safeguarding Team encounters indicate the current emerging themes shown below. These are included in the shaping of our priorities:

- CSE;
- Parenting Capacity and Neglect;
- Vulnerable adolescents;
- Violent / Gang-related crime.

Areas for improvement have also been identified for 2018/2019:

- Review current safeguarding training packages at Levels 1, 2 and 3 in line with national guidance;
- Collate patient feedback from 16 – 24 year olds ensuring the voice of the child is heard, and influences our priorities;
- Continue to appraise service delivery through a robust programme of audit and evaluation.

### West Midlands Ambulance Service NHS Foundation Trust (WMAS)

In 2017/18 West Midlands Ambulance Service NHS Foundation Trust (WMAS) continued to ensure that the safeguarding of Children, Young People and Adults is a priority in accordance with *Working Together to Safeguard Children 2015* and the Care Act 2014.

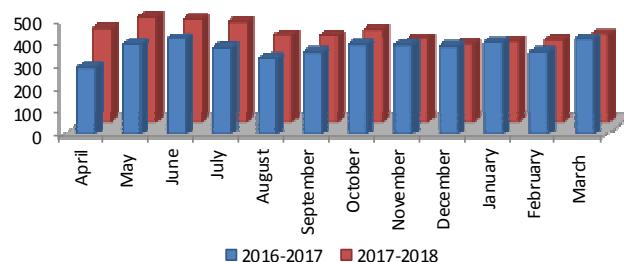
WMAS serves a population of 5.36 million people, covering an area of more than 5,000 square miles made up of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull and Black Country conurbation.

As a service, we respond to between 3,500— 4,000 999 calls every day and around 2,000 Patient Transport movements a day.

In the 2017/18 reporting year, 4,756 child safeguarding concerns were completed by WMAS staff. This is a 4.8% increase from 4,534 in 2016/2017. 1,169 of these were in the Birmingham area.

Figure 41

Child Safeguarding Referral Activity  
2016/17 & 2017/18 Comparison





	April	May	June	July	August	September	October	November	December	January	February	March	YTD
2016-2017	291	334	420	373	336	362	393	392	385	402	363	417	4534
2017-2018	415	460	451	440	384	382	410	370	344	354	359	387	4756
% Variance	43%	17%	7%	16%	14%	6%	4%	-6%	-11%	-12%	-1%	-1%	5%

By the end of 2017/18, WMAS had been involved in 433 CDOPs; a 35.7% increase on the previous year.

### Quality Assurance

The Safeguarding Team provides quality assurance to the board via the Head of Compliance & Corporate and Clinical Effectiveness and the Director of Corporate and Clinical Services / Deputy CEO. The Safeguarding Team also produces Section 11 audits as well as completing Safeguarding Adults Self-Assessment and Assurance framework for the Strategic Health authority along with a Learning Disability and Mental Health Self-Assessment. The majority of areas were rated as effective and some were rated as excellent. The Safeguarding Team also undertook a number of small audits with local authorities to ensure referrals are appropriate and address any areas which may require improvement.

The Safeguarding Team monitors learning, progress and any outstanding cases through the internal safeguarding action log which is updated weekly by the team.

### Our Safeguarding Priorities & Key Achievements

#### Key Achievements in 2017/18

- The Safeguarding Team produced Safer Sleep guidance to give parents advice on reducing the risk of SIDS through safer sleep, which is now on all front line vehicles and will be shared with parents of children under 12 months.
- WMAS consistently achieved Level 1 in our Prevent responsibilities, evidenced in reporting via NHS England.
- Introduction of Safeguarding app on Electronic Patient Record, which can be utilized by clinicians for advice.
- The Safeguarding Team has undertaken a number of small audits with local authorities, with larger internal audits planned for quality of referral and staff knowledge checks.
- The Safeguarding Team continued to receive positive feedback around the engagement invested with Safeguarding boards, local authorities and other agencies.
- Introduction of a monthly 'Safeguarding Newsletter' covering a variety of safeguarding subjects such as Domestic Abuse, CSE and FGM.

#### Domestic Abuse, Female Genital Mutilation (FGM)

Extensive engagement with representatives from the above areas have assisted in developing some excellent resources for WMAS staff to ensure that all members of the community, and in particular those from known vulnerable groups continue to receive the highest level of care.

Domestic abuse was included in the 2015-2018 mandatory training for all clinical staff. This will also be complimented by a domestic abuse question set for the WMAS Safeguarding Referral line enabling staff to appropriately refer concerns. Close ties with the all West Midlands Police forces have also been developed for reporting domestic abuse.

### Looking Ahead — Challenges and Focus for 2018/19

Over the next year, WMAS will:

- Continue to invest in engagement with adult, children boards, CDOPs and other partner agencies, building on existing relationships;
- Ensure focus remains on quality assurance, including further audits on staff knowledge and quality of referrals;
- Continue collaboration with NHS England to deliver the Prevent strategy, ensuring Level 3 WRAP training for frontline staff, targeted training for specific staff groups such as mental health triage car and engagement with local universities delivering Student Paramedic Programme;
- Continue to learn lessons from SCR's, DHR's, SAR's and CDOP's and share with wider organisation through dissemination via internal Learning Review Group;
- Increased engagement of Safeguarding Team with staff both face to face and via social media to enable discussion and advice.

### West Midlands Police (WMP)

WMP's Vision is 'Preventing crime, protecting the public and helping those in need'. The Police and Crime Plan identifies a number of objectives to tackle crime related to children and young people including under-reported, and often hidden crimes, such as Child Sexual Abuse, Child Maltreatment, CSE, Modern Slavery and Trafficking and FGM. The force has invested in a dedicated and specialist Public Protection Unit that leads on all such investigations as well as Neighbourhood Policing Units who lead on early intervention, prevention and engagement. This includes a focus on intervening early to prevent future offending. WMP makes it clear to all staff that safeguarding is the responsibility of everybody.

#### Our Safeguarding Priorities for 2017/18

WMP is involved in a wide variety of activity, throughout Birmingham and indeed the force area that is focused on the safety and welfare of children and young people.

A selection of examples includes:

- Early Help – the work started in 2016/17 continues. Dedicated Early Help police officers have been in place now for over 6 months. Initially, the process for case-allocation was a little disjointed, but there is now a process which allows us to identify and track case allocation - at last report, there were circa 53 cases. To understand impact, an evaluation is currently being undertaken. Based on that evaluation, consideration will be given to expansion of the pilot in terms of time and coverage. Working

with partners, we are also exploring more innovative ways of working to focus on the earliest possible intervention opportunities. Consideration is currently being given to the delivery of ACE trauma-recovery sessions using Family Support Workers or social work/criminology students.

- We have developed an external communications campaign aimed at children and young people so that the police are seen as 'safe' and not to be 'feared'. Twitter; a rolling video for police buildings; school visits and blogs have been used. Examples include:
    - We launched a new FGM campaign in 2017: 'Female Genital Mutilation. No voice. No Choice' and worked closely with local Bordesley Green Girls' School, with Year 9 pupils entering a competition to design their own FGM campaign.
    - As part of our 2017 Stalking campaign, we created an advert for Snapchat, in order to get our key messages out to a much younger audience, as we know this is a platform that is currently very popular with young people.
  - WMP works closely with the elected Youth Commissioners who represent the Police Crime Commissioner (PCC) and are an essential part of the WMP and the PCC youth engagement strategy. They undertake project work looking at key areas of policing that affect young people and are involved in various consultations feeding back the voice of young people.
  - Operation Sentinel is a long term police initiative that was implemented in 2013. Its aim is to 'make hidden suffering of children and vulnerable people everybody's business'. Feedback informs us that Sentinel is now embedded locally and nationally and is recognised as a brand in its own right in relation to hidden crime. The initiative is aimed at enhancing the service provided by WMP and its partners to victims across the force area, who remain hidden and silent for a number of reasons. These reasons can include mistrust of statutory agencies, fear for personal safety and the influence of family, cultural beliefs and behaviour. Through Operation Sentinel, a dedicated week of action ran in October 2017 focused on hidden crime. It included all departments and Neighbourhood Policing Units within WMP. In Birmingham, work took place with local landlords to identify trafficking and modern slavery.
  - A Stalking and Harassment event ran in March 2018 and the current theme is 'vulnerability in volume crime'. This particular focus is aimed at raising the awareness of staff when they are attending volume crime incidents, entering the private space of a family, and in a position to identify the signs of vulnerability for children and vulnerable adults and take appropriate action. A training package is currently being delivered to frontline staff to support this theme.
  - FGM - WMP continues to be actively involved with Operation Limelight, an initiative at Birmingham
- Airport which involves intercepting passengers on incoming and outgoing flights which are bound or returning from areas of the world where FGM is conducted. The operation has proved extremely informative for police, partners and the public with regard to prevention and raising awareness. The MASH FGM process in Birmingham has been improved and 'light bite' training sessions have been delivered for all agencies (in the MASH) over the last 12 months.
- WMP has a focus around Road Safety, something that we know from young people in Birmingham is an area of concern. Initiatives include:
    - WMP launched the Road Harm Reduction Team in 2017 to focus on road safety. Promote best practice and develop interventions in collaboration with partners. 20m.p.h speed limits are being further rolled out across Birmingham following the 'Twenty is Plenty' campaign last year.
    - 'Kids Court' is an initiative that seeks to educate motorists about the dangers of speeding, by offering them an opportunity to sit in the front of a panel of local school children who discuss with the offending driver the impact speeding has on them and their families.
    - #Operationparksafe – working with local neighbourhood policing teams, and utilising the power of social media to empower local communities to report unlawful and dangerous parking.
    - The Child Safety Bridge tours primary schools to educate children and their families in child seat and seatbelt laws.
  - WMP is currently at the end of Year 1 of a comprehensive 3-year CSE strategy, which focuses on:
    - Recognising that every WMP employee has a role when it comes to child protection, so as well as our many trained staff we now also have a dedicated core of over 300 WMP employees across all departments who are committed CSE ambassadors enabling us to tackle CSE as one. They have additional specialist CSE training and inputs which they cascade to their colleagues. CSE Ambassadors also look to share any CSE appropriate information externally. The network of Ambassadors has vastly improved the WMP awareness and understanding around CSE.
    - The WMP Cadets are being trained in CSE by the police and Local Authority CSE coordinators to develop their knowledge and understanding of CSE and impacts in order for them to become youth representatives (CSE Champions) and assist in campaigning events and delivering workshops to other young people in the region.
  - A plethora of work takes place with children and young people who are on the edge of the various forms of gang and criminal exploitation. These include mentoring programmes, Princes Trust

Programmes and a specific vulnerable female diversion programme.

## Performance Analysis – Measuring our Progress

**Section 11 Audit** - WMP is in the process of completing its annual return in line with the new regional Section 11 audit tool. As a result of last year's Section 11 Peer Review event there were no identified outstanding actions for WMP to progress.

**Initial Child Protection Conferences** - WMP continues to resource a team of Police Case Support Officers; the primary role of the team is to provide police reports and to attend all Initial Child Protection Conferences (ICPCs). The team is supervised by an experienced Child Abuse Detective Sergeant who reviews the quality and timeliness of the reports submitted. This dedicated resource has improved police attendance and contribution to ICPC's significantly. We continue to acknowledge that improvements are still required in relation to WMP attendance at CP conferences. This has resulted in WMP working alongside Children's Services and other partners to review present processes, in an attempt to identify more efficient ways of working and work smarter in this core area of business. WMP is providing business analysis support to the partnership to assist in this work. The findings of this piece of work will be shared in the summer of 2018.

**Feedback**—This forms an important element of improving operational practice. WMP takes part in multi-agency and single agency audits. Dip sampling of investigations, team peer reviews and performance review within a monthly meeting with Inspectors ensures consistency of practice and continues to drive improved performance. In addition, close relationships with CPS, independent scrutiny panels and structured partnership debriefs also contribute to internal reviews to improve practice and deliver a consistent service.

**Learning** - WMP has a dedicated investigative review team to manage and complete all aspects of work relating to statutory reviews including Serious Case Reviews. The Review Team maintains the strategic overview of all learning and key themes. This is then embedded throughout all strands of training delivered within WMP, including new recruit, promotion and investigative training. Furthermore, the Head of PPU and Review Team supervision are core members of the Organisational Learning & Risk Board which maintains overall responsibility for governance and implementation of recommendations generated from statutory reviews.

**Safeguarding Performance** – In 2017/18 there were 3,352 recorded crimes across Birmingham, investigated by WMP specialist child abuse investigation team (CAIU), which was a 23% increase on the previous reporting year. New working practices, including the introduction of a specialist team looking at low level interventions, has resulted in a more timely response to such crimes. 25% of all offences that the CAIU investigated resulted in a positive outcome, which was

a 6% increase on the previous reporting year.

## Looking Ahead — Challenges and Focus for 2018/19

**'Redesigning Public Protection'** - WMP has recognised the need to explore how the Public Protection Unit and the broader WMP can better manage the growing demand and complexity in the areas of Child Abuse, Domestic Abuse, Sexual offending and Vulnerable Adults Abuse, including new and emerging threats, such as Online Child Abuse, Modern Slavery, Trafficking and County Lines. We are also keen to explore and improve how we manage the threat of exploitation of children, young people and vulnerable adults, in a more cohesive and collaborative way – both internally but also externally with partners and the public. In order to do this we have embarked on a change programme to explore how we can achieve this as well as our overarching ambitions of:

- Increasing the protection offered to vulnerable victims;
- Continuing to improve the 'justice' and alternative (to justice) routes that we offer to victims and their families;
- Being more preventative and seeking greater opportunities to intervene earlier— recognising the risk abuse poses to the next generation;
- Placing greater focus on offenders to take responsibility for their offending rather just on victims to keep themselves safe.

**Early Help** – We await the evaluation of the use of dedicated Early Help police officers; in particular, maintaining the distinction between police officers and Family Support Workers. We continue to bed in the new Domestic Abuse triage arrangements and continue to strive for smarter ways of working within the CASS space. We continue to work with BCC on a Neglect strategy for the city.

**CSE** - The first Youth Cadet CSE Ambassadors will be introduced from June 2018, starting in EAST Birmingham, where the objective is to engage the East Birmingham youth community in relation to Child Sexual Exploitation. This will then be rolled out force-wide across all seven local authorities. These Youth Ambassadors will link in with the local neighbourhood teams across Birmingham working in collaboration to prevent CSE.

**Modern Slavery and Trafficking** – Recognising those subject to criminal exploitation remains a challenge for frontline staff. In response, an awareness campaign, internally and with partners (via the Panel for the Protection of Trafficked Children), is focusing on this area. A number of events are taking place to up-skill staff in identifying and then dealing with this emerging threat. This includes training with NRM first responders in June, CPS in July, Crown court judiciary in September and Magistrates in November.

**Youth Offending Service (YOS)**

The principal aim of the Youth Justice System (YJS), established by Section 37 of the Crime and Disorder Act 1998, is to prevent offending and re-offending by children and young people aged 10 -17 years. Local Youth Justice Services are delivered and managed through Youth Offending Services (YOS), which are multi-agency partnerships with statutory representation from local authorities (specifically Social Care and Education), the Police, Probation and Health. The majority of the services are prescribed by statute or policy.

Birmingham YOS is the largest metropolitan YOS in the country, and is identified as the most complex by the Youth Justice Board given its urban context. The Service works in partnership to achieve the national Youth Justice strategic objectives which are to: prevent offending; reduce re-offending; reduce anti-social behaviour; increase victim and public confidence and ensure the safe and effective use of custody. The Service provides the main supervisory elements of statutory Youth Justice Services, which are assessment and management of risk and safeguarding and effective interventions.

### **Our Safeguarding Priorities for 2017/18**

YOS continued to execute its duties under Section 11 of the Children Act (2004), which places a number of duties on it (and the services it contracts out to other organisations) to ensure that it takes into account the need to safeguard and promote the welfare of children.

Safeguarding training has been offered across the Service via BSCB, as well as internal development and external training provision across a range of vulnerabilities including: Safeguarding for Senior Managers; Child Protection and Early Help; Child Sexual Exploitation, Missing and Trafficked Children; WRAP3 and Prevent; ASSET Plus training Speech and Language training and Gangs.

YOS provides two part-time Senior Social Workers within the CASS environment, which has seen an improvement in: timeliness and quality of YOS safeguarding referrals; a greater understanding of remands to Local Authority Accommodation and Youth Detention Accommodation; an increase in early referrals to the Harmful Sexual Behaviour Team; and ensures YOS attendance at peer on peer abuse strategy discussions.

Within YOS, all young people are screened for issues of safety and wellbeing. Between 1 April 2017 and 31 March 2018, 95 young people were assessed for safety and wellbeing, compared with 93 young people in the previous year. 359 (42.0%) young people were identified as at a greater than 'Low' risk, requiring an increased response to mitigate that risk compared with 36.6% in the previous year. Responses include referrals to Children's Safeguarding Services, Child and Adolescent Mental Health and substance misuse and alcohol treatment services.

The Head of Service has named responsibility for attending and supporting the work of key BSCB Sub-Groups: the Child Death Overview Panel; Quality Impact & Outcomes and CSE

and Missing Operational Groups.

Addressing youth violence is a key target of YOS and its partners; understanding Risk and Protective factors is fundamental to our approach. YOS has worked closely with partners in developing new multi-agency arrangements in relation to gangs and produced a new Birmingham Guns, Gangs and Organised Criminality Strategy.

A new governance structure has been put in place comprising of a Strategic Board jointly chaired by a West Midlands Police Superintendent and Assistant Director, Children's Services, to focus on reducing the harm relating to Serious Organised Crime and gang activity, including criminal exploitation. This Board reports into the BCSP Board. An operational group (jointly chaired by YOS Head of Service and a Police Superintendent) has been developed alongside a Criminal Exploitation Panel that both adopt the 4P (Prevent, Prepare, Pursue, Protect) approach to addressing the risk relating to organised crime groups.

Relationship-based practice with young people and their families; effective parenting interventions; early childhood development; school-based life and social skills training; therapeutic approaches (such as cognitive behaviour therapies) and policies to reduce access to alcohol and illegal substances have all shown promise in preventing youth violence.

### **Performance Analysis – Measuring our Progress**

Birmingham has maintained good performance against two of the three national youth justice indicators: reducing re-offending and reducing the use of the Secure Estate. Nationally there has been a rise in the frequency rate for re-offending. However, Birmingham currently has the lowest re-offending rate (3.59) of all core cities for the 12 month cohort July 2015 June 2016 and is below the national average (3.78); similar to the West Midlands average (3.41). Within this cohort were 1,082 young offenders; the largest across the core cities, with 36.5% re-offending, which is the lowest percentage of re-offenders of all core cities and compared favourably with 40.2% (West Midlands) and 41.9% nationally.

Birmingham's rate per 100,000 10-17 year population has fallen to 466 (553 young people) between January and December 2017. Birmingham performs in the top quartile when compared with other core cities, however is above the national average (292) and the West Midlands region (444).

Between 1 April 2017 and 31 March 2018, the number of custodial sentences was 105: a custody rate of 0.88 per 1,000 of the 10-17 population. This is average for the core cities however it is above the national (0.38) and west midlands (0.76) average. The three main offences that resulted in a custodial sentence in Birmingham over the period were Robbery; Violence against the Person and Breach of Statutory Order. Black or dual heritage young



people remain over-represented in the custodial population in relation to the number of black young people aged 10-17 in the general population.

YOS continues to lead and chair local Risk and Vulnerability panels in each of the five area teams to discuss those young people assessed at medium to high risk of reoffending, harm and vulnerability. This allows the YOS to co-ordinate services.

#### **Looking Ahead — Challenges and Focus for 2018/19**

The Youth Offending Service Management Board is in the process of setting priorities for 2018/19, which will take into account emerging safeguarding risks:

- Develop partnership understanding of the young people entering the YJS for the first time;
- Utilise the improving quality of information to ensure that our assessments are accurate and that interventions are timely, targeted and focused on the areas of identified risk;
- Ensure that the highest risk young people receive our most intensive interventions and risk management arrangements;
- Review current partnership actions to reduce disproportionality;
- Continue to invest resources to improve ETE provision to YOS NEET young people;
- Continue to work with partners to develop and commission services that prevent youth violence and involvement in gang affiliation;
- Continue delivering the YOS 'Think Family' model, building resilience and ensuring that young offenders are viewed in the context of their families and that the needs of other family members are identified and managed;
- Continual review and analysis of young people remanded or sentenced to the Secure Estate with YOS Management Board partners for shared ownership.



## Part 5 - Conclusion and Looking Forward

BSCB has now bedded in its reshaped governance arrangements. A smaller Executive Board, supported by a small number of essential Sub-Groups and the vital Schools, Health and Early Help partnerships, works well. Our investment in the Annual Practitioners Conference and two Safeguarding Leaders Assemblies each year is proving good value.

The Department for Education published the revised 'Working Together to Safeguard Children' guidance in July 2018. This guidance sets out the transitional arrangements for the new Multi-Agency Safeguarding Arrangements which need to be in place by September 2020.

We are already operating in line with the spirit of the changes by promoting shared leadership and ownership of safeguarding; emphasising Early Help and building on strengths; supporting and improving evidence-based practice; having the voice and experience of children and families at the heart of what we do, and acting quickly and inclusively to learn from events and from research.

We have made significant progress during the last twelve months, as follows:

- Launch of new threshold guidance; 'Right Help, Right Time' in January 2018
- The development of a joined-up approach to Child Exploitation, including sexual, criminal, gangs and radicalisation
- Endorsing the Domestic Abuse Prevention Strategy and Action Plan
- Establishing a 'City Board' to coordinate strategic partnership action

In its final year, BSCB will play a crucial role in supporting the three 'Safeguarding Partners,' consult and engage all relevant agencies in helping to develop the new Multi-Agency Safeguarding Arrangements (MASA) and manage the smooth transition to the new model of working, whilst ensuring that the changes do not divert or distract partnership endeavor from safeguarding and protecting the children and young people of Birmingham.

The priorities which we all agreed at the start of 2017 have stood the test of time. They remain absolutely the right priorities as for the second and final year of the Business Improvement Plan 2017-19. They support our improvement agenda.

### Priority 1: Strong Leadership & Strong Partnership

BSCB leads the safeguarding agenda, challenges the work of partner organisations, and commits to an approach that learns lessons, embeds good practice and is continually influenced by the voice and experience of children, young people and their families.

### Priority 2: Continuous Improvement of Child Protection Practice

BSCB and partner agencies focus on what really matters in local areas – context is key: Children and young people at risk of specific vulnerabilities in Birmingham are seen, heard and helped. They are effectively protected from harm by robust and coordinated multi-agency intervention and support.

### Priority 3: Embedding Early Help & Early Intervention into mainstream partnership activity.

Children and young people receive effective early help and appropriate interventions when needs are identified and/or problems arise. Partners support each other in providing early help, by sharing information and planning together for best outcomes.



## Glossary of Terms

<b>ACE</b>	Adverse Childhood Experiences
<b>AP</b>	Alternative Education Provision
<b>BCC</b>	Birmingham City Council
<b>BCHC</b>	Birmingham Community Healthcare NHS Foundation Trust
<b>BCSP</b>	Birmingham Community Safety Partnership
<b>BSCB</b>	Birmingham Safeguarding Children Board
<b>BSMHFT</b>	Birmingham & Solihull Mental Health NHS Foundation Trust
<b>BSOL CCG</b>	Birmingham & Solihull Clinical Commissioning Group
<b>BWC</b>	Birmingham Women's and Children's NHS Foundation Trust
<b>CASS</b>	Children's Advice and Support Service
<b>CCG</b>	Clinical Commissioning Group
<b>CDOP</b>	Child Death Overview Panel
<b>CGL</b>	Change Grow Live Birmingham
<b>CP-IS</b>	Child Protection Information Service
<b>CME</b>	Children Missing Education (CME)
<b>CSE</b>	Child Sexual Exploitation
<b>CQC</b>	Care Quality Commission
<b>DHR</b>	Domestic Homicide Review
<b>DNA</b>	Did Not Attend
<b>ED</b>	Emergency Department
<b>ETE</b>	Education, Training and Employment
<b>FGM</b>	Female Genital Mutilation
<b>FGM-IS</b>	Female Genital Mutilation Information Sharing
<b>GP</b>	General Practitioner
<b>HEFT</b>	Heart of England NHS Foundation Trust
<b>IDVA's</b>	Independent Domestic Violence Advocates
<b>LD</b>	Learning Disability
<b>LGA</b>	Local Government Association
<b>MARAC</b>	Multi-Agency Risk Assessment Conference
<b>MASA</b>	Multi-Agency Safeguarding Arrangements
<b>MASH</b>	Multi-Agency Safeguarding Hub
<b>MOJ</b>	Ministry of Justice
<b>NSPCC</b>	National Society for the Prevention of Cruelty to Children
<b>PCC</b>	Police Crime Commissioner
<b>RHRT</b>	Right Help, Right Time
<b>RRP</b>	Reducing Reoffending Partnership
<b>SAR</b>	Safeguarding Adults Review
<b>SCR</b>	Serious Case Reviews
<b>SWBHT</b>	Sandwell & West Birmingham Hospitals NHS Trust
<b>SWM CRC</b>	Staffordshire & West Midlands Community Rehabilitation Company
<b>UHB</b>	University Hospitals Birmingham NHS Foundation Trust
<b>WMAS</b>	West Midlands Ambulance Service NHS Foundation Trust
<b>WMP</b>	West Midlands Police
<b>WNB</b>	Was not bought
<b>WRAP</b>	Workshop to Raise Awareness of Prevent
<b>YOS</b>	Youth Offending Service
<b>YJS</b>	Youth Justice Service



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	Item 7 <b>Agenda Item: 7</b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>27 November 2018</b>
<b>TITLE:</b>	<b><u>BIRMINGHAM SAFEGUARDING ADULT STRATEGY 2 YEAR PLAN</u></b>  <b>which will cover:</b> <ul style="list-style-type: none"> <li>• Verbal update on Vulnerable Adults</li> <li>• Overview on BSAB Annual Report</li> </ul>
<b>Organisation</b>	<b>Birmingham Safeguarding Adults Board</b>
<b>Presenting Officer</b>	<b>Cherry Dale, Independent Chair</b>

<b>Report Type:</b>	<b>Strategy Update</b>
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<b>1. Purpose:</b>
To update the Board on year 2 strategy

<b>2. Implications:</b>		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	x
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning	

	disability	
	Improve the wellbeing of those with multiple complex needs	x
	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		x
Early Intervention		x
Prevention		x

### **3. Recommendations**

To note the updated year 2 strategy

To seek the Board's support with its priorities

To seek the Board's support for a joint position statement on supporting vulnerable people within Birmingham – with the ambition to prevent exploitation, neglect and abuse

To note the BSAB Annual Report 2017-18

### **4. Background**

This is year 2 of a 2-year BSAB strategy.

This strategy and The Annual Report are two of 3 statutory requirements for all Safeguarding Adults Boards, placed on them by the Care Act 2014.



<b>5. Future development</b>
The BSAB strategy for 2019-21 will be developed with partner organisations over the next 5 months.

<b>6. Compliance Issues</b>
<b>6.1 Strategy Implications</b>
<b>6.2 Governance &amp; Delivery</b>
<b>6.3 Management Responsibility</b>

6. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#

<b>Appendices</b>
1. BSAB Strategic Plan 2018-19 2. BSAB Action Plan Year 2 2017-2019

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	





# Birmingham Safeguarding Adults Board

## Strategic Plan 2018/2019



## About our Strategic Plan

### Ambition

**As a first and overriding ambition, BSAB is committed to listening to the voice of the citizens of Birmingham.**

We will ensure that, wherever possible, safeguarding responsibilities across the city are delivered in a way that empowers the community and its individual citizens, that supports defensible decision making and risk enablement.

**A city free from harm and neglect, of our most vulnerable citizens will always be an ultimate aim** and the Birmingham Safeguarding Board is working hard with all of our Partners towards this goal. In 2018-19 we will **focus our energy on empowering our communities and citizens.**

Our focus is on developing effective **preventative and early intervention strategies** that minimize the risk of abuse and neglect occurring, by working to establish **safer communities for people with care and support needs**. To enable this, we will also support the work of the West Midlands Combined Authority on region wide awareness of the impact of early traumatic experiences.

**This will include areas such as unregulated housing, transition from children to adults' services, domestic abuse and the impact of social isolation.**

The Care Act 2014 set out a new legal framework for the delivery of care and support services in England and a new way of working for Adults Safeguarding Boards that we have welcomed and used to our best advantage over the last 3 years to create an **innovative, dynamic and collaborative adult safeguarding culture**. We have reduced bureaucracy and empowered many organisations to make safeguarding personal and everybody's business and are keen to remove the fear of safeguarding only being a specialism.

The Act also established the “**wellbeing principle**”, making promoting wellbeing the core purpose of local authorities' exercise of their care and support functions. Wellbeing relates to a range of factors including social wellbeing, contribution to society (self-worth/value) and personal and family relationships. Given what we know about the functioning of the human mind and emotional needs, there are clear links between loneliness and poor wellbeing. We also know through national and international research that there are emerging links between social isolation and the propensity for abuse and neglect, therefore it is also deemed to be the responsibility of Safeguarding Adults Boards.

## Achieving through Partnerships

**As you know our Board is committed to ensuring there is a far broader partnership of agencies engaged in championing safeguarding principles and ways of working across the city.** We want this to include full engagement with third sector, carer and user groups. We are committed to being inclusive recognising the vital contribution non-statutory bodies have to offer in delivering effective safeguarding in Birmingham. This last 12 months have seen our **Partner organisations grow to record numbers and record levels of involvement** in delivering on our priorities.

**It is our ambition in 2018-19 to reach even further** and encourage organisations of all sizes and shapes to work with us **to roll out our social movement.** We feel we are **stronger together and** have a much greater opportunity to create real change if we **work in partnership.**

**Safer Communities is a priority for BSAB.** A wide ranging partnership has been developed around vulnerable adults who use the Private Rented Sector in the city. Over 2017 a number of works streams were developed to respond to immediate concerns about safety and wellbeing and to consider how best the experience of citizens who access this type of accommodation and professional who support them can be used most effectively to shape supported accommodation quality and referral systems in the years ahead.

Over this year, we have achieved a number of successful multi-agency responses to providers in the city who were considered not to be meeting the physical and support requirements for vulnerable adults in their properties. The approach led by West Midlands Fire Service, Birmingham City Council Social Work and Commissioning teams allowed for a holistic set of visits that engaged and supported landlords as well as checking on any safeguarding issues that may have arisen.

Going forward into 2018-2019, partners working with the support of BSAB are developing a forum to share intelligence about good practise and poor or risky provision with both voluntary support organisation and our statutory colleagues such as the Probation Service, the Mental Health Trust and Commissioning.

We also support and encourage a number of our partners who have already joined forces to create solutions or place joint funding bids for specific projects that would never have worked together if they hadn't realised their joint ambitions through the Safeguarding Partnership meetings.

We have developed **an innovation fund** to encourage more partner organisations to come forward to support us in achieving our priorities and ambitions. **You will see more of this in 2018-19.**

We will also introduce our **Peer to Peer audits in 2018-19** that will add great value to our plans for changing of the shape of our assurance processes.

We will **continue to rise to the challenge of leading the culture change in Birmingham** and to make sure that **our collective vision, values and culture translate into our frontline practice**. I would urge you to complete a Memorandum of Understanding and join the work of the Safeguarding Board.



## **Safeguarding Adults Reviews**

**A Safeguarding Adults Review or SAR** may be held when an adult with care and support needs dies or has experienced serious abuse or neglect and there is concern that partner agencies could have worked together more effectively to support and protect the person who suffered harm.

These reviews are to identify whether any lessons can be learned about the way organisations worked together and to consider how the learning can be used to improve practice in the future.

A SAR is not an enquiry into the cause of an individual death or injury. It does not look for someone to blame and it is completely separate from any investigation being undertaken by the police or a coroner. The SAR concentrates instead on whether professionals can learn anything from what happened.

**Any individual (including members of the public) may put forward a case for consideration for a Safeguarding Adults Review.**

A staff member in a partner agency who believes a SAR is warranted should discuss their concerns in relation to the case in question within their organisation before submitting the request.

Requests for Safeguarding Adults Reviews are made to the Safeguarding Adults Board. Requests are considered by the SAR group; who meet to consider whether the SAR threshold is met. Requests are considered on a case-by-case basis. After consideration, the recommendation from the group will be passed to the Independent Chair of The Safeguarding Board and will either be (a) dealt with as a SAR, or (b) the criteria is not met and the issues may be addressed through other routes.

**Priorities for the SAR group for 2018-2019 will be:**

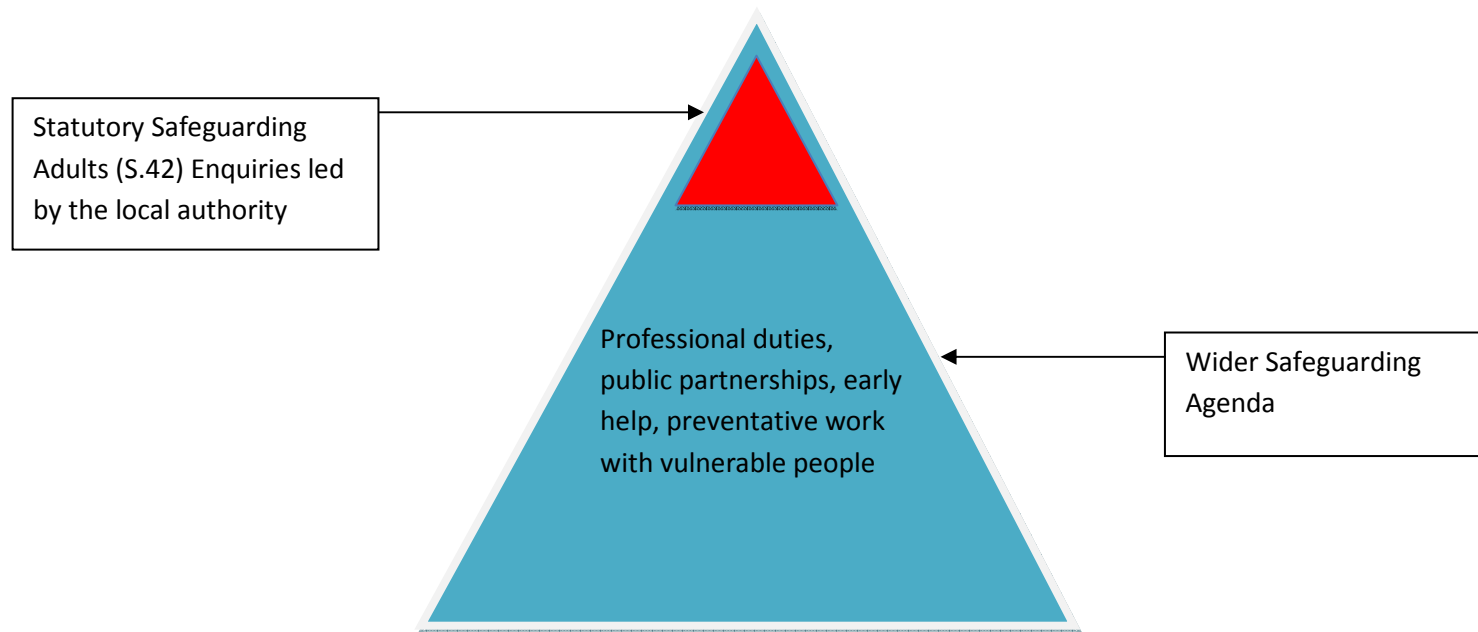
- **Reviewing and implementing the Terms of Reference including the expansion of the membership to include Housing and Drug, Domestic Abuse and Drug & Alcohol Misuse Services.**
- **Focusing on the dissemination of learning from local SAR referrals and from regional and national SAR themes for improving practise.**

## Our Safeguarding Principles

Safeguarding duties apply to any adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

**‘Care and Support’ means the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers.** It can include an assessment of a person’s needs, the provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, personal assistants, day services, or the provision of aids and adaptations.



## Making Safeguarding Personal (MSP)

Making Safeguarding Personal is the model and framework we use when working with the citizens of Birmingham.

Making Safeguarding Personal is a shift in culture and practise in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is having conversations with people about how we might respond in safeguarding situations in a way that **enhances involvement, choice and control as well as improving quality of life, wellbeing and safety**. It is about seeing people as **experts in their own lives and working alongside them**. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process. (LGA Making Safeguarding Personal Guide 2014)

As partners we work in a variety of settings, with adults of all ages, whose situations are all very different. We therefore deliver our safeguarding responsibilities in a range of different ways. In 2017 partners from a wide range of provision came together to produce **'Making Safeguarding Personal' – What good person-centred adult safeguarding practice looks like in Birmingham**. The booklet outlines what we as partners consider being the best basic practise standards for MSP. **This is what we have agreed we will measure ourselves against and will form part of the partner Assurance Statements from 2017-2018 onwards.**

The standards are 'We' statements under the following themes:

- **Hearing the Person**
- **Respecting the Persons Choice's**
- **Understanding the Person**
- **Being honest with the Person**

## **Risk Enablement** - *Balancing wellbeing and Risk: What Adult Safeguarding is all about*

BSAB believes that at the heart of adult safeguarding lies a tension between the duty to protect an adult from the risk of harm with the duty to support them to maintain as much control and choice over their life as possible.

All practitioners involved in safeguarding an adult at risk have a duty to understand this tension and to work with the adult (and others involved with them) to ensure that an appropriate balance is struck between managing risk and protection from harm with promoting their autonomy and wellbeing in any action they take. We call this Risk Enablement.

Its Practice Guidance developed with partners over 2017-2018, aims to support practitioners to achieve the balance between protection and autonomy that is right for the adult in each case.

BSAB calls on all its partner organisations to support their front line staff in adopting the principles of its risk enablement guidance as part of meeting their adult safeguarding duties. Partners should ensure the values and culture of their organisations explicitly supports front line staff in working in this way.



## Mental Capacity Act

Making Safeguarding Personal and applying the Risk Enablement Approach cannot be done properly without applying the principles of the Mental Capacity Act. The Mental Capacity Act 2005 is:

*“...legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves....*

*...is intended to assist and support people who may lack capacity and to discourage anyone who is involved.... from being overly restrictive or controlling.”*

*“... aims to balance an individual’s right to make decisions for themselves with their right to be protected from harm if they lack capacity to make decisions to protect themselves”*

### Justice Mumby – Court of Protection (2007)

*“The fact is that all life involves risk, and the young, the elderly and the vulnerable, are exposed to additional risks and to risks they are less well equipped than others to cope with. But just as wise parents resist the temptation to keep their children metaphorically wrapped up in cotton wool, so too we must avoid the temptation always to put the physical health and safety of the elderly and the vulnerable before everything else. Often it will be appropriate to do so, but not always. Physical health and safety can sometimes be bought at too high a price in happiness and emotional welfare. The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person’s happiness. What good is it making someone safer if it merely makes them miserable?”*

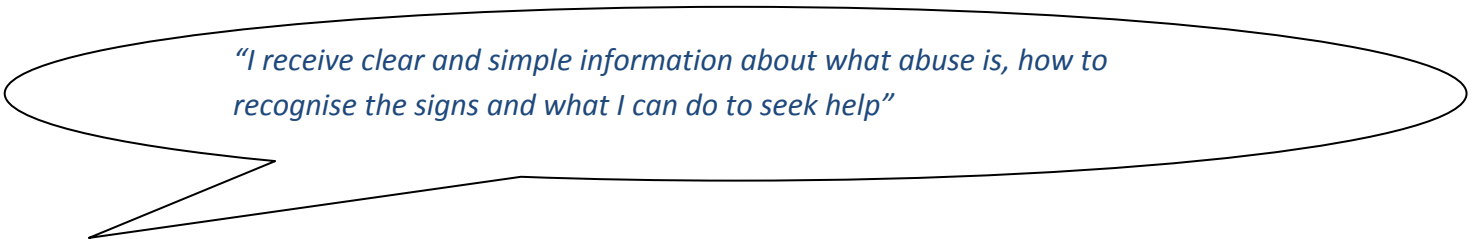
BSAB fully embraces the **6 adult safeguarding principles** that should guide and inform the approach to delivery of safeguarding responsibilities by all partner agencies across the city. These principles are:

**EMPOWERMENT** – People being supported and encouraged to make their own decisions and informed consent.



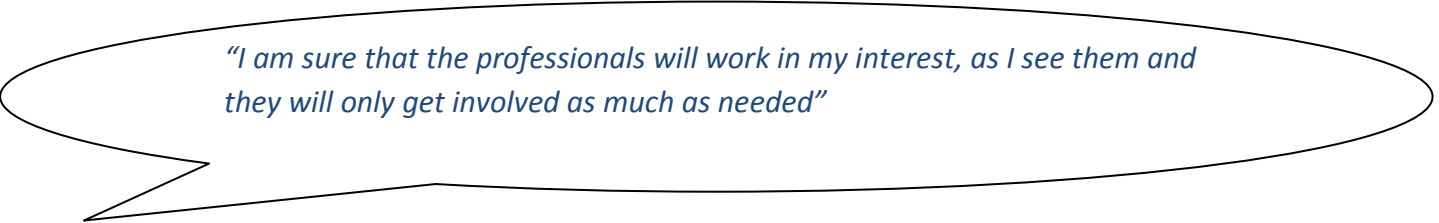
*"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"*

**PREVENTION** – It is better to take action before harm occurs.



*"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"*

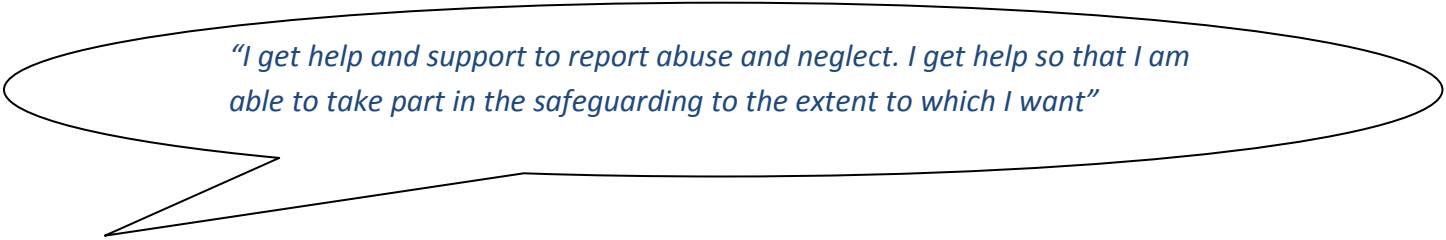
**PROPORTIONALITY** – The least intrusive response appropriate to the risk presented.



*"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed"*

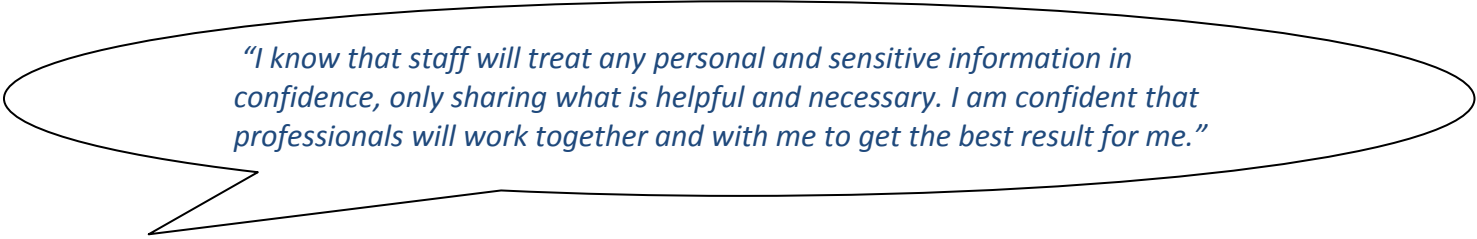


**PROTECTION** – Support and representation for those in greatest need.



*"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding to the extent to which I want"*

**PARTNERSHIP** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.



*"I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."*

**ACCOUNTABILITY** – Accountability and transparency in delivering safeguarding.



*"I understand the role of everyone involved in my life and so do they"*

## **The Board's Role in Learning and Development**

Birmingham Safeguarding Adults Board recognises that safeguarding responsibilities in the city have to be delivered flexibly, in a wide range of ways and by a very wide range of partners. Safeguarding is genuinely everybody's business, and as part of the fundamental culture shift we are seeking to deliver in Birmingham, our approach is collaborative rather than prescriptive. We are very aware that as far as improving outcomes for citizens, one size does not fit all.

Our approach to 'training' reflects this position. We do not think it is either feasible or desirable that a standardized approach to training, or the adoption of set training packages, should be expected or required of the different organisations making up our partnership. Partners are individually and separately responsible for assessing the learning and development needs of their own staff or volunteers and we recognise and respect that this is likely to look different from organisation to organisation.

Each organisation must make its own judgement, based on their own particular circumstances, role and function, as to whether they feel their own staff/volunteers are skilled and competent in what they are expected to deliver in terms of their safeguarding responsibilities. In some, but not all, cases this may be informed by the requirements of commissioner and regulator, however as a board we do not set standards in this area: what you might reasonably expect of a large statutory provider is, for example, not necessarily what you would expect of a small community group or similar.

The role of BSAB is to seek assurance that the system as a whole works, rather than focusing on the arrangements within individual partners. We do however expect that the approach to learning and development within all partner organisations should reinforce the basic cultural shift we are trying to deliver together in Birmingham:

- A commitment to risk enablement
- A culture of defensible decision-making
- A focus on prevention and early intervention
- A commitment to working in partnership/collaboration to improve outcomes for citizens
- A move away from the historic reliance on simply referring everything to the local authority
- A commitment to 'Make Safeguarding Personal'

The board does clearly have a role in trying to support and promote a learning culture within the city and within the partnership. However we are not a training provider and we are very clear that we do not want to encourage a culture that simply promotes 'training for the sake of training', but rather a culture that is always demonstrably focused on the aim of improving outcomes for citizens in practice. As a board, we are therefore committed to finding creative ways to:

- Promote and support reflective practice within partner organisations
- Promote and support the value of good supervision arrangements
- Promote and support case based learning forums for practitioners
- Share and collate examples of best practice
- Share the knowledge coming out of SARS or other serious incidents
- Encourage partners to share their own training and learning resources across the partnership
- Capture citizen voice and citizen perspectives to inform partner approach to staff learning and development
- Where appropriate, produce simple jargon free and accessible guidance on key themes or issues
- Consider national trends and developments whilst maintaining a clear focus on Birmingham's unique challenges

All of the above will be informed by the voice of our citizens and our partners as to where they think our key challenges as a city lie. We encourage all partner organisations to use their voice at partnership meetings to support and be part of what we are trying to achieve. We will also seek to work with other boards or agencies where there are cross cutting themes or areas of joint interest in learning and development, as part of a 'whole city' approach

**Priorities for the Learning & Development group for 2018-2019 will be:**

- **Finding out what training is going on out there and learning from good practice so we can share it wider.**

## **Assurance, Governance and Scrutiny**

BSAB seek assurance at a strategic and operational level across all types of service provision and commissioning.

Seeking assurance is the centre of all Safeguarding Adults Board business and in Birmingham we have a structure and reporting mechanism to facilitate a timely view of how the cities partners are doing. The Executive Board receives Assurance Summaries from the Scrutiny & Governance Committee which meets 8 times a year. With a membership of over 25 organisations the Scrutiny & Governance Committee hears from a range of providers and commissioners about their safeguarding frameworks. It covers strengths, weaknesses & risks, any learning and development needs for partners and how well the services are meeting the principles of MSP, Risk Enablement and Care Act expectations.

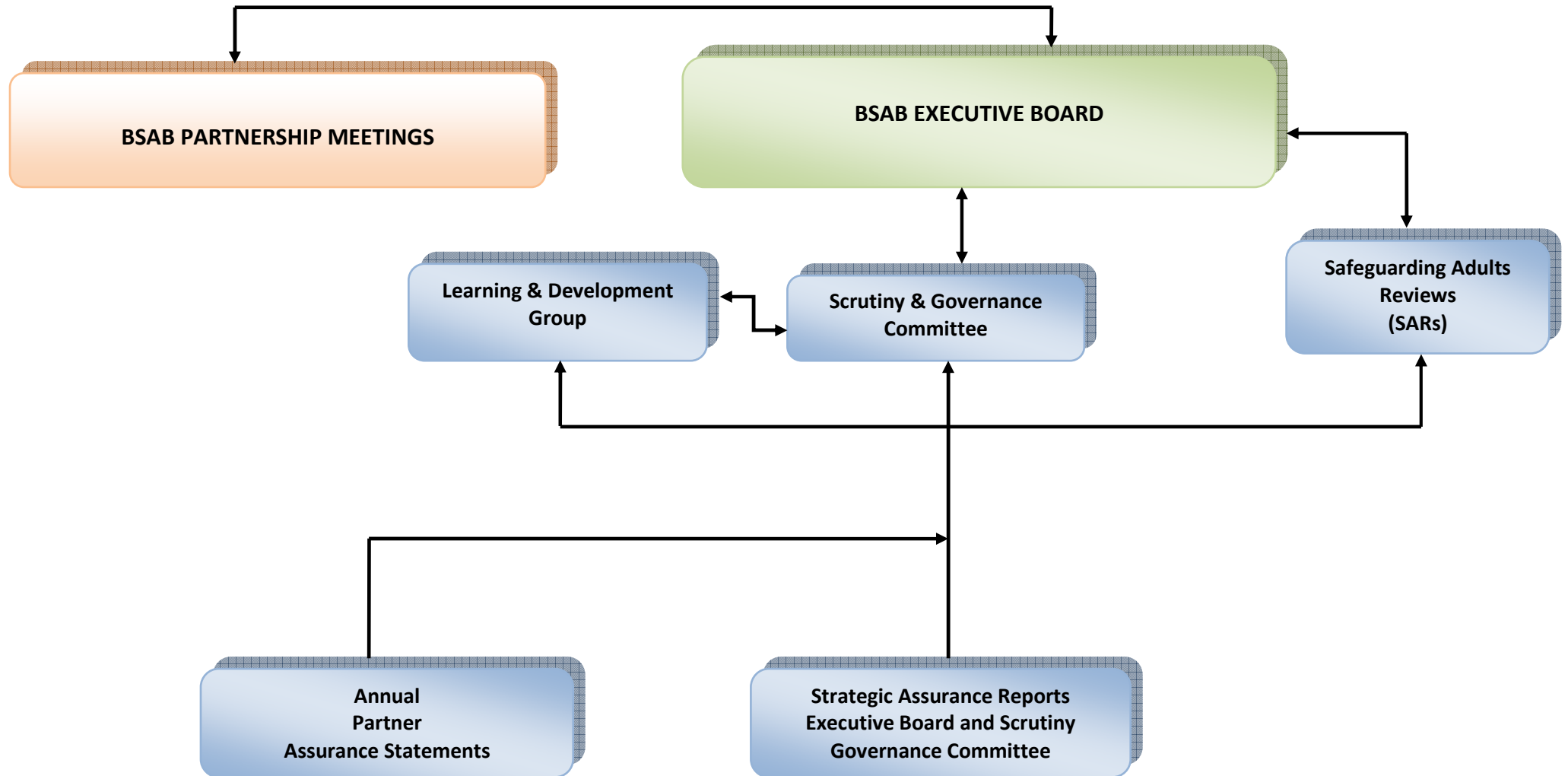
All parts of the SAB, including the wider partnership, the Executive Board and the two work groups (SARs and Learning & Development) contribute to the schedule of these requests to ensure that we are acting upon City knowledge and expertise to allow for a coherent picture in a large and diverse sector.

Each year, each partner organisation is asked to share with us their work, good practise, citizen voice and any concerns or themes they have around Adult Safeguarding. By publicising these snapshots of work across Birmingham we are able to share with citizens as well as colleagues assurances that important Safeguarding approaches are being followed.

We will be developing Peer to Peer Audit tools over the year to enhance the partner relationships and support in understanding and providing quality and citizen focussed assurances.

Learning from SARs reviews will be fed through the Learning & Development Group and the Scrutiny & Governance Committee to ensure joint working, action and assurance are priorities.

## BSAB Assurance and Governance Structure



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# Birmingham

## Safeguarding Adult Board

### Action Plan – Year 2

### 2017/2019



## About our Strategic Action Plan

This action plan is year 2 of our BSAB Strategy 2017/2019. The Board and its partners have achieved a great deal in year 1 and this action plan details the work we will focus on during 2018-19.

Please read our full BSAB Strategy, available from the Board Business Team or on line at our website.

### **BSAB is committed to the following overarching ambitions:**

- Listening to the voice of the citizen of Birmingham
- Developing effective preventative and early intervention strategies that minimize the risk of abuse and neglect occurring
- Working to establish safer communities for people with care and support needs.
- To ensuring there is a far broader partnership of agencies going forward.
- To making Safeguarding Personal (MSP)
- To empowering communities and individuals
- To Defensible Decision making
- To understand and act on the impact of social isolation

### **BSAB 4 Key Priorities 2018-2019:**

- 1. Hearing the Voice of the Community**
- 2. Safer Communities**
- 3. Empowering our Communities**
- 4. Governance and Assurance**

### **Safeguarding duties apply to any adult who:**

- ☐ has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- ☐ is experiencing, or at risk of, abuse or neglect; and
- ☐ as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

## What we will do in 2018-2019

### PRIORITY 1 HEARING THE VOICE OF THE COMMUNITY

Lead : David Gray

**Actively seeking to hear the voice of the community to ensure the work we do meets the needs of the communities we serve; communicating in a language and through channels that are accessible**

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<b><i>1.0 - To see change because we have listened to people's experiences of safeguarding.</i></b>	<ul style="list-style-type: none"> <li><b>a)</b> Hearing experiences of Carers and understanding their needs against MSP principles</li> <li><b>b)</b> Invite a Carers Organisation to be a member of the Board</li> <li><b>c)</b> Ensure a Carers Organisation is a member of the Learning &amp; Development Group</li> <li><b>d)</b> Ensure a Carers Organisation is a member of Scrutiny &amp; Governance Committee group</li> <li><b>e)</b> Capture the direct experiences of adults who have experienced Safeguarding by making full use of Vox Pops, postcards and videos</li> <li><b>f)</b> Share those experiences with partner member organisations and present findings on the <a href="#">BSAB website</a>.</li> </ul>	BSAB Chair BSAB Business Manager	March 2019	<p><b>Carers</b> will be considered within Board priorities and strategy planning and future guidance</p> <p><b>Citizens</b> experiences will be used to influence decision making and to continually improve practice</p>

## What we will do in 2018-2019

### PRIORITY 1 HEARING THE VOICE OF THE COMMUNITY

Lead : David Gray

**Actively seeking to hear the voice of the community to ensure the work we do meets the needs of the communities we serve; communicating in a language and through channels that are accessible**

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<b><u>1.1</u> – Embed Making Safeguarding Personal</b>	<ul style="list-style-type: none"> <li>a) Gather assurance statements that evidence MSP principles.</li> <li>b) Review and use case studies from partner assurance statements returns that can be used for learning and development</li> </ul>	Scrutiny & Governance Committee	November 2018	<b>MSP</b> approaches will be embedded in all safeguarding work activity with positive intervention. <b>Adults</b> with care and support needs will be consulted throughout the whole process so any action taken is in their best interests.
<b><u>1.2</u> - To gain a better understanding of the work of faith groups and faith support groups and of their needs from BSAB</b>	<ul style="list-style-type: none"> <li>a) Engage with umbrella faith organisations and support groups to engage in partnership work and to better understand their work and needs from BSAB.</li> <li>b) Invite faith leaders to Partnership Meetings.</li> </ul>	BSAB Business Manager	December 2018 March 2019	<b>Improved</b> engagement at partnership level from faith groups. Improved understanding and intelligence of assurances around safeguarding within faith groups in Birmingham
<b><u>1.3</u> - Ensure our information is accessible to all.</b>	<ul style="list-style-type: none"> <li>a) Produce summaries and easy to read information on board activity i.e. Annual Report, Action Plan, SARs learning literature and adult safeguarding information.</li> </ul>	BSAB Business Manager Learning & Development group	December 2018	<b>Accessible</b> information available for all Birmingham citizens. <b>Increased</b> confidence that BSAB is inclusive in considering the needs of its communities.

## What we will do in 2018-2019

### PRIORITY 1 HEARING THE VOICE OF THE COMMUNITY

Lead : David Gray

**Actively seeking to hear the voice of the community to ensure the work we do meets the needs of the communities we serve; communicating in a language and through channels that are accessible**

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<b><i>1.4 - Ensure our information is accessible to all.</i></b>	<b>a)</b> Redesign and launch of website with accessible material <b>b)</b> Develop a web based forum to showcase best practises for learning & development on the website	BSAB Chair BSAB Business Manager Learning & Development group	December 2018	<b>All</b> Partners and citizens can access factsheets of best practises to support change and improve the prevention and protection of adults at risk. <b>Accessible</b> formats and easy read guidance available.

## What we will do in 2018-2019

### PRIORITY 2 SAFER COMMUNITIES

Lead : Helen Baglee

**Having clear protocols, prevention and early intervention strategies in place to ensure we are working to make our communities safe.**

**Sharing business objectives and priorities with other strategic boards and partners to ensure we work in a co-ordinated way to reduce risk to the safety of adults in Birmingham.**

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<b><i>2.0 - Improved joint strategic planning with Birmingham Strategic Boards in the City and regionally</i></b>	<b>a)</b> To continue to raise awareness of the trauma impact and the support required for post 18 Child Sexual Exploitation victims.	BSAB Chair and BSAB Business Manager	May 2018 – March 2019	<b>Partners</b> recognise and engage to support action to intervene and prevent further harm to post 18 CSE victims who need safeguarding.
	<b>b)</b> To seek assurance that within safeguarding post 18 CSE victims services are responsive to their needs	Learning & Development Group Chair		
	<b>c)</b> Facilitating – information sharing, pathway mapping and multi-agency responses to concerns - around Private Rented Sector, Supported Housing & Vulnerable People Safeguarding. <b>d)</b> To utilise commissioned research to provide data and an action plan to the Board of the next steps regarding seeking assurance on Non - Regulated accommodation and Houses of Multiple Occupations (HMOs).	BSAB Business Manager		<b>The Board</b> will be satisfied that safeguarding assurance is in place and is monitored.



## What we will do in 2018-2019

### PRIORITY 2 SAFER COMMUNITIES

Lead : Helen Baglee

**Having clear protocols, prevention and early intervention strategies in place to ensure we are working to make our communities safe.**

**Sharing business objectives and priorities with other strategic boards and partners to ensure we work in a co-ordinated way to reduce risk to the safety of adults in Birmingham.**

<b><u>2.1</u> - Seek assurance to improve prevention and early intervention activity for young adults transitioning from children's services.</b>	<ul style="list-style-type: none"> <li>a) Explore assurances from partner agencies relating to transition issues for young adults</li> <li>b) Raise awareness with LSCB and CSPB to agree joint working options.</li> </ul>	<p>Scrutiny &amp; Governance Committee</p> <p>BSAB Cha</p>	December 2018	<b>Transition</b> post 18 is recognised as a significant risk for safeguarding and assurances are in place to minimise this risk.
<b><u>2.2</u> - BSAB is committed to supporting the delivery of the Domestic Abuse Strategy and will seek assurance that progress is made. In particular with a focus on people with learning disabilities and/or older adults.</b>	<ul style="list-style-type: none"> <li>a) We will seek assurance on progress on the Domestic Abuse Strategic Action plan 4 times a year</li> <li>b) We will work in partnership with the other city-wide Boards to ensure learning from DHRs is translated into action.</li> <li>c) We will seek assurances on the accessible services and support for people with disabilities and/or older adults who suffer domestic abuse.</li> <li>d) We will champion and seek assurance that organisations will deliver Domestic Abuse training to the level they deem appropriate to their organisation to understand the nature</li> </ul>	<p>Scrutiny &amp; Governance Committee, BSAB Chair and Board Members</p>	March 2019	<b>BSAB</b> will receive assurance that there is an improved co-ordinated response, early intervention and prevention of domestic abuse across the city.

## What we will do in 2018-2019

### PRIORITY 2 SAFER COMMUNITIES

Lead : Helen Baglee

**Having clear protocols, prevention and early intervention strategies in place to ensure we are working to make our communities safe.**

**Sharing business objectives and priorities with other strategic boards and partners to ensure we work in a co-ordinated way to reduce risk to the safety of adults in Birmingham.**

	and impact of coercive control and that they use MSP and Risk Enablement Protocols to support the individual in their decision making.			
<b><u>2.3. Embed and cascade wider learning from SARs or SAR table top reviews.</u></b>	<b>a)</b> Section on new website -learning and progress from SARs and DHRs. <b>b)</b> Learning shared via a variety of mediums. Instigate a development session for key referring partners on SAR Referrals. <b>c)</b> Revise SAR paperwork and flow process.	BSAB Business Manager and Learning & Development Group Chair  SAR Co-Chairs	October 2018	<b>Greater</b> awareness and improved quality of referrals Lean process for SAR referrals

## What we will do in 2018-2019

### PRIORITY 3 EMPOWERING OUR COMMUNITIES

Leads : Cherry Dale  
Helen Baglee

**Building strong community resilience to adult abuse by offering communities the support they need to contribute to keeping adults in Birmingham safe**

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<b><i>3.0 - Effective partnership working to empower communities through information and knowledge sharing</i></b>	<b>a)</b> Work with the Association of Directors of Adults Social Services (ADASS) and Board partners to review BSAB role in tackling the impact of social isolation and agree any potential actions for our 2019-21 strategy.	BSAB Chair	March 2019	<b>Full</b> Board understanding of its role in tackling social isolation through safeguarding.
	<b>b)</b> Carry out a joint campaign with Trading Standards focussing on reducing financial abuse of adults with care and support needs.	BSAB Business Manager	November 2018	<b>Successful</b> campaign to raise awareness and action required regarding financial abuse.
	<b>c)</b> Launch BSAB position statement for city leaders on Risk Enablement and culture change.	BSAB Chair	August 2018	<b>BSAB</b> position is clear.

## What we will do in 2018-2019

### PRIORITY 4 GOVERNANCE AND ASSURANCE

Lead : Pauline Mugridge

**Seeking assurance from each other and the community that the services we provide and the approach we take, works well to keep adults safe**

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<b><i>4.0 - Review, produce and share key safeguarding, policies, guidance and procedures.</i></b>	<ul style="list-style-type: none"> <li><b>a)</b> Continue to review all policies and guidance to remain Care Act compliant</li> <li><b>b)</b> Launch and roll out Risk Enablement Guidance and position statement</li> <li><b>c)</b> Review information sharing protocol to incorporate new GDPR guidelines</li> <li><b>d)</b> Review Self Neglect Guidance to incorporate partner feedback.</li> <li><b>e)</b> Planned approach to sharing guidance, policies and procedures.</li> </ul>	BCC Head of Safeguarding BSAB Business Manager and Scrutiny & Governance Committee	November 2018	<p><b>A full</b> awareness of the BSAB position on Risk Enablement. Improvement felt by citizens being supported through safeguarding activity as their choices and decisions are considered within a risk enablement framework</p> <p><b>All</b> policies and guidance are up to date and fit for purpose.</p>
<b><i>4.1 - Scrutiny and Governance Committee to maintain a scheduled programme of Assurance</i></b>	<ul style="list-style-type: none"> <li><b>a)</b> Identify key themed areas for oversights</li> <li><b>b)</b> To commission reports as appropriate</li> </ul>	Scrutiny & Governance Committee Chair and Vice Chair	2018-2019	<b>The</b> Board will make assurance and governance decisions based on the scrutiny, challenge and

## What we will do in 2018-2019

### PRIORITY 4 GOVERNANCE AND ASSURANCE

Lead : Pauline Mugridge

**Seeking assurance from each other and the community that the services we provide and the approach we take, works well to keep adults safe**

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<b><i>Reports, making recommendations to the Board as appropriate.</i></b>	<b>c)</b> Ensure reports sent to Scrutiny & Governance Committee provide challenge and scrutiny <b>d)</b> To provide overview reports and recommendations to the Board.	BSAB Business Manager	September 2018	oversight on a range of safeguarding issues and will be regularly updated on key findings and actions.
<b><i>4.2 - Safeguarding Intelligence Forum in place and active in making appropriate recommendations to the Board and providing constructive and timely fact-based management information.</i></b>	<b>a)</b> Mapping demographics, data and emergency response patterns to inform the Board of strategic issues and/or gaps. <b>b)</b> Link to regional SAB Intelligence Group <b>c)</b> To provide bi-annual reports to the Scrutiny & Governance Committee who in turn will provide recommendations to the Board.	BSAB Business Manager	December 2018	<b>Greatly</b> improved use of intelligence and data for strategic planning and prioritising.  <b>Improved</b> data and intelligence sharing with partner agencies
<b><i>4.3 - The Annual Assurance process is accessible and meaningful to our partner</i></b>	<b>a)</b> Update the assurance process <b>b)</b> Use MSP as a focus <b>c)</b> Share annual reports on line	Scrutiny & Governance Committee and Board Business Manager	November 2018	<b>The</b> Board will have a clear view of the imbedding of MSP principles across all

## What we will do in 2018-2019

### PRIORITY 4 GOVERNANCE AND ASSURANCE

Lead : Pauline Mugridge

**Seeking assurance from each other and the community that the services we provide and the approach we take, works well to keep adults safe**

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<i>organisations and reflects people's experiences of safeguarding in the city.</i>	d) Utilise case studies from annual reports as a means for sharing best practice			partner organisations and of any gaps that may need supporting.



	Item 8 <b><u>Agenda Item: 8</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>27 November 2018</b>
<b>TITLE:</b>	<b>CHILDREN WITH SEND JSNA</b>
<b>Organisation</b>	<b>Birmingham City Council, Public Health</b>
<b>Presenting Officer</b>	<b>Susan Lowe and Fiona Grant</b>

<b>Report Type:</b>	<b>Update report</b>
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<b>1. Purpose:</b>
This information report sets out the developments in Birmingham's Children with Special Educational Needs and/or Disability (SEND) JSNA and requests ownership of the JSNA process from the Board.

2. Implications:		
BHWP Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	
	Improve the wellbeing of those	

	with multiple complex needs	
	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		✓
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		
Prevention		

### 3. Recommendations

The Board is asked to:

- Note ownership for the Children with SEND JSNA process and ensuring it informs the local SEND offer.
- Nominate 1 or 2 sponsors from the Board to hold the JSNA working group to account.
- Agree to sign off the Children with SEND JSNA once completed.

### 4. Background

#### *Ofsted and CQC inspection*

Birmingham had a joint local area SEND inspection by Ofsted and CQC in June 2018 which found significant areas in the local area's practice. In response to this Birmingham City Council, Birmingham and Solihull CCG, Birmingham Children's Trust and Birmingham Community Healthcare NHS Foundation Trust have joined together to form the SEND Improvement Board, a local strategic partnership, with a collective commitment to fundamental change and improvement in how the local area works together to provide care and services to children with SEND. One of the actions resulting from the

inspection and SEND Improvement Board process is to update the SEND JSNA.

#### *Requirement for JSNA*

The [SEND Code of Practice 2015](#) sets out that each local area should have a JSNA considering the needs of the population. This is the responsibility of the HWBB. The JSNA should be used to inform joint commissioning and in turn the Local Offer for 0-25 year olds with SEND.

#### *SEND Improvement Board*

This Board is made up senior representatives from the key statutory organisations in Birmingham who work with children and young people with SEND. This Board has recognised the need for an updated JSNA and has adopted this as an action as part of a broader suite of actions to be delivered to address concerns raised at the CQC/OFSTED Inspection. This Board will use the recommendations of the JSNA to inform the commissioning of SEND services.

#### *Previous JSNA*

The last [SEND JSNA](#) was published in 2013. A request to refresh this was made in 2016. Whilst several drafts were created for various reasons a final version was not signed off.

## **5. Future development**

A 2018 update of the SEND JSNA is in progress. There is a working group made up of representatives of health and care organisations providing services to 0-25 year olds with SEND in Birmingham.

We are asking for the Board's support to ensure this JSNA is the single agreed 'picture' of needs of children with SEND within Birmingham that can be used for commissioning and planning of services.

This can only be achieved with the support and input of all partner organisations.

## **6. Compliance Issues**

### **6.1 Strategy Implications**

The resulting needs assessment will inform:

<p>Future Strategy development in relation to Children with SEND</p> <p>Future Strategy development in relation to Children and Young Peoples Services</p>	
<b>6.2</b>	<b><i>Governance &amp; Delivery</i></b>
<p>The draft SEND JSNA will be submitted for sign off from the SEND improvement Board by January 2019</p> <p>The SEND JSNA will be submitted to the Health and Well Being Board for final sign off at the February 2019 Health and Well Being Board.</p>	
<b>6.3</b>	<b><i>Management Responsibility</i></b>
<p>Operational management responsibility for the delivery of the SEND JSNA will be via Public Health leads: Susan Lowe and Fiona Grant.</p> <p>Senior Management responsibility for the delivery of the SEND JSNA will be via Dr Dennis Wilkes and the Director of Public Health, Becky Pollard.</p>	

<b>6. Risk Analysis</b>			
No significant risks identified, at this stage, to delivery of the SEND JSNA in line with proposed timescales.			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
#	#	#	#

<b>Appendices</b>

<b>Signatures</b>	
<b>Chair of Health &amp; Wellbeing Board (Councillor Paulette Hamilton)</b>	
<b>Date:</b>	

	Item 9 <b>Agenda Item: #</b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	27th November 2018
<b>TITLE:</b>	Domestic Abuse Prevention Strategy 2018-2023  This report has been amended to correct factual errors in the original version. For further details, please contact Kalvinder Kohli.( Kalvinder.kohli@birmingham.gov.uk)
<b>Organisation</b>	Birmingham City Council
<b>Presenting Officer</b>	Councillor Tristan Chatfield, Cabinet Member for Social Inclusion, Community Safety & Equalities

<b>Report Type:</b>	Decision: To agree the recommendations.
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**1. Purpose:** To provide an update on the progress made against the Domestic Abuse Prevention Strategy (DAP) since its launch in June 2018. As shown in appendix 1.

<b>2. Implications:</b>		
BHWWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	✓
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning	

	disability	
	Improve the wellbeing of those with multiple complex needs	
	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		✓
Prevention		✓

### **3. Recommendations**

- 3.1 Birmingham Health and Wellbeing Board retains oversight of delivery of the Domestic abuse prevention strategy and action plan. This is to ensure that there is a balance between whole system cultural change, changing attitudes early identification and early help, safety and support.
- 3.2 The board invites stakeholder organisations contributing to the action plan to a future meeting to review progress and agree future delivery arrangements. This is to also include confirmation of action leads for the key work strands within the plan.
- 3.3 Six monthly progress updates are given to the board from the agreed action leads during the life of the strategy.

### **4. Background**

4.1 The Domestic Abuse Prevention Strategy 2018-2023 – Changing Attitudes Changing Lives received Cabinet approval in February 2018 and was launched in June 2018. The vision within the Strategy was to make;

“Birmingham a place where domestic abuse is not tolerated: where everyone can expect equality and respect in their relationships and live free from domestic abuse”

4.2 Whilst Birmingham is the largest local authority in Europe it has also seen an increase in the numbers of mainly women, experiencing domestic abuse in the city, with an estimated 41,000. The Domestic Abuse Strategy recognises the serious impact that domestic abuse has for both women and children and how growing up in an abusive environment can have profound consequences on the family’s well-being long into the future. Locally domestic abuse is a major factor for 77% of children needing local authority support, care or protection. And last year domestic abuse was the second highest reason for homelessness.

4.3 As well as the vision which is ambitious, the aim of the strategy is to make tackling domestic abuse everyone’s business. It’s focus has shifted towards a more proactive prevention approach, identifying domestic abuse as early as possible to limit its impact in the future. The strategy outlines a layered prevention model and focuses on 3 key priorities:

- **Changing attitudes**- by challenging the attitudes & behaviours that foster it.
- **Early Identification and Early Help**- intervening early to prevent harm & reduce the impact of domestic abuse on victims and families.
- **Safety and Support**- Ensure that victims of domestic abuse are protected from harm and supported to recover.

4.4 To underpin the Strategy a joint action plan was developed by a range of partners and sets out the strategic direction for the next five years. It is overseen by the Birmingham Violence against Women and Childrens steering group (VAWC). The actions are split into whole system and priority actions, the detail of which will continue to be developed over a period of time. The action plan followed the principles that :

- There is a strategic, system wide approach to responding to domestic abuse and preventing it in the future:
- Women, children, and groups sharing protected characteristics who experience domestic abuse are at the centre of any action or interventions
- There is a clear focus on abusers in order to keep victims safe,
- Communities are involved, engaged and empowered to seek, design and deliver solutions to domestic abuse.

4.5 The plan is ambitious and sets out a complex whole system culture change to tackling domestic abuse rather than focussing on more of the same. The commitments and pledges received by senior leaders at the launch were welcomed and by getting these we have been able to start the complex work of changing the whole system culture towards domestic abuse. We recognise that this is a challenging process that will take time to deliver on; hence the plan covers a 5 year period.

4.6 Despite this, some progress has been made in implementing the action plan, with



the setting up, next year of a domestic abuse hub where homeless women fleeing abuse will be provided with tailored and wrap around support. A significant piece of work has also been undertaken with the Childrens Trust and Women's Aid to look at the way child protection cases are managed and how women and children are better supported. New guidance as a result of this work has been developed.

Appendix 1 provides an updated version of the joint action plan providing details of what partner stakeholder organisations have done to date to deliver on the Strategy.

4.7 Whilst some good progress has been made we need to ensure that this is consistent across all of the stakeholder organisations. This has been challenging and needs a more robust process in place to hold partners to account. [To begin this process a report was presented to VAWC on 24<sup>th</sup> October outlining some immediate actions. These included reshaping the Action plan so that clear leads are identified on all actions, pulling out all year 1 priorities and adding specific timeframes for delivering the actions. Tasking meetings are also being set up to ensure the delivery of the plan with all partners. The report was approved by VAWC and progress on these actions is being presented at the next VAWC meeting on 21<sup>st</sup> November.](#)

4.8 Meetings with senior key partners are also being arranged to follow up the commitments they gave at the strategy launch in June and confirm their commitment to delivering the action plan. So far meetings have been held with DCI Suzanne Baker, the new lead for domestic abuse with the West Midlands Police and with Chief Executive of CCG Paul Jennings. As a result of these initial meetings commitment has been given by the police to work with the Birmingham and Solihull Women's Aid on the new domestic abuse hub and the CCG will jointly with us, look at workforce policies regarding staff and domestic abuse.

## **5. Future development**

5.1 To drive the strategy through and ensure that the vision for domestic abuse within Birmingham is delivered, emphasis will be focussed on delivering on the actions within the plan.

To date this has proved challenging and it is proposed that the Violence against Women and Childrens group be tasked with this and will hold stakeholder organisations to account.

## **6. Compliance Issues**

<b>6.1</b>	<b>Strategy Implications</b>
	Domestic Abuse is a key strategic priority for the City and the Strategy sets out our challenges and offers the opportunities to deliver the aim of a safer city for women and children affected by domestic abuse.
<b>6.2</b>	<b>Governance &amp; Delivery</b>
	<ul style="list-style-type: none"> <li>Birmingham Health and Well-being Board and Birmingham Community Safety Partnership are jointly responsible for and committed to; ensuring that Birmingham's vision for domestic abuse becomes a reality.</li> <li>The implementation and delivery of the Domestic Abuse Action plan lies with the Violence against Women and Children Steering Group. (VAWC).</li> </ul>
<b>6.3</b>	<b>Management Responsibility</b>
	Head of Commissioning- Kalvinder Kohli

<b>6. Risk Analysis</b>			
At the launch of the Domestic Abuse Prevention Strategy in June 2018 partners signed up to a number of commitments in support of delivering actions in the strategy. However not all of these have been followed through and there is a risk that if partners do not take ownership or drive actions forward ,the implementation of the strategy will be delayed or not delivered. This will have huge detrimental impact on women and children suffering from domestic abuse in the City.			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
Lack of consistent partner sign up	High	High	<ul style="list-style-type: none"><li>• Meetings with partner organisations are being arranged to mitigate this risk.</li><li>• Issue will be raised at next VAWC meeting on 24<sup>TH</sup></li></ul>

			<p>October.</p> <ul style="list-style-type: none"> <li>There is also a recommendation within this report to the Health and Wellbeing board to help manage the risk.</li> </ul>

### Appendices

1. Domestic Abuse Prevention Strategy 2018-2023 and Joint Action Plan.

### Signatures

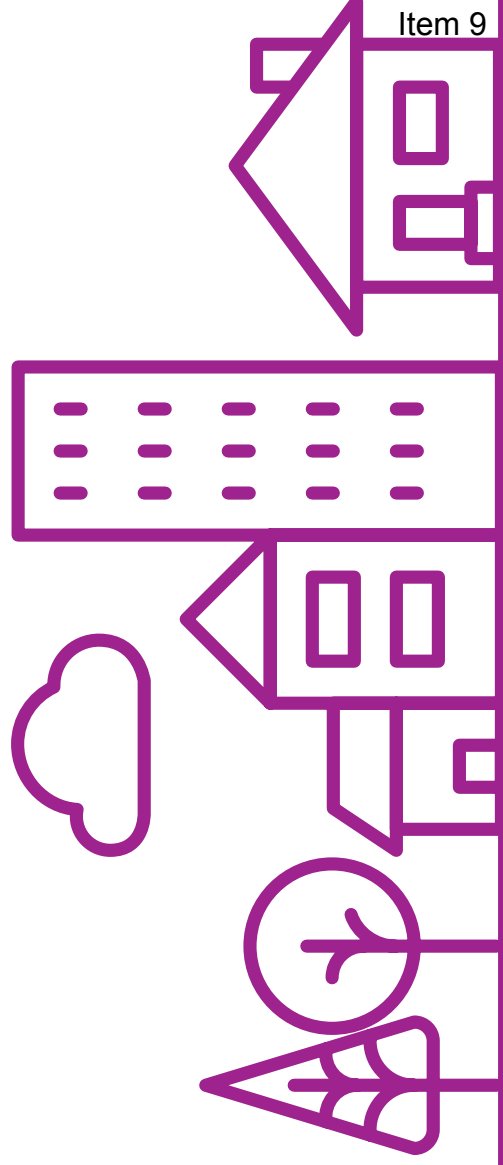
**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**

**BIRMINGHAM**

# Domestic Abuse Prevention Strategy 2018-2023

Changing Attitudes Changing lives



**Making a positive difference** everyday to people's lives

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# Foreword

Welcome to the Birmingham Domestic Abuse Prevention Strategy 2018-2023. Domestic abuse is a serious issue, both nationally and here in Birmingham. It has a drastic, negative and long lasting impact upon the safety, health and wider life chances of women, children, and families; and drives wider crises such as homelessness and financial exclusion.

Tackling domestic abuse must become everyone's business. The way we respond to domestic abuse as a city is a reflection of our values. We are making a commitment to becoming a trauma informed city; leading the way in tackling domestic abuse, the fear it creates and the harm it causes.

As partners, together we are sending a clear message that:

- We will not tolerate domestic abuse;
- We will take robust, appropriate action against abusers;
- We will make the significant culture change required to influence the behaviours of organisations and future generations.

In doing so, we will ensure that women, their children and families are liberated from fear, insecurity and harm, and can lead the safe, happy, healthy and fulfilling lives that they deserve.

**Councillor Paulette Hamilton**  
Chair of Birmingham Health and Wellbeing Board  
Cabinet Member for Health and Social Care

**Domestic violence is a crime. We are committed to preventing domestic abuse, improving the support and protection for victims and their children, and bringing domestic abusers to justice.**

Together with the Birmingham Health and Wellbeing Board, we will hold joint responsibility for the successful delivery of the strategy. With this work being actively driven by the Violence Against Women and Children Steering Group, I am confident we will succeed. Collectively driving action against domestic abuse at this level demonstrates the strength of commitment Birmingham has made to tackling domestic abuse in our city, reflecting;

- The complex nature of domestic abuse and the associated harm and inequalities it creates including mental and physical ill health, homelessness and unemployment;
- The multi-layered and co-ordinated health, social and criminal justice approaches required to tackle this issue;
- The multi-agency input, investment and response required to achieve this.

I believe our strong partnerships, collective efforts and expertise will make a significant difference to help individuals, families and communities feel safe; and live lives free from the threat of harm that domestic abuse creates.

**Steve Harris**  
Chair of Birmingham Community Safety Police and Crime Board  
Operations Commander (Birmingham North) West Midlands Fire Service

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## Making a positive difference everyday to people's lives

# Commitment Statement

We warmly welcome the Birmingham Domestic Abuse Prevention Strategy 2018-23 that sets the challenges and offers opportunities to deliver the aim of a safer city for women and children affected by domestic abuse.

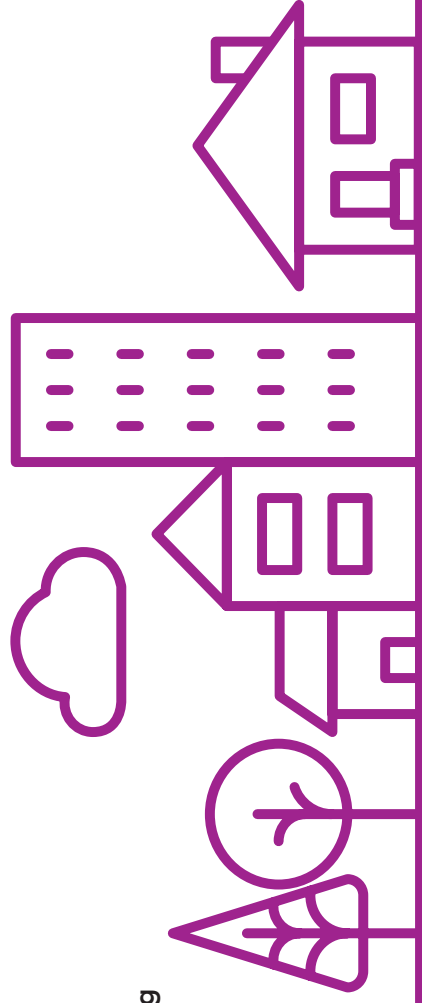
By providing clear direction to put women and children at the centre of our work and to recognise domestic abuse when confronted with it; to offer best practice responses; to challenge ourselves and each other in order to achieve positive outcomes, we can make it possible for women and children to live free from the fear of violence and abuse.

Multi-agency partnerships have at every level, across Birmingham, been key in developing this strategy. It is only by using those partnerships effectively that we can provide the leadership to make the necessary system and cultural changes that will make Birmingham a city free from domestic abuse.

**Councillor Tristan Chatfield**  
Chair of Violence Against Women and Children Steering Group  
Cabinet Member for Community Safety and Equalities

And

**Maureen Connolly**  
Deputy Chair of Violence Against Women and Children Steering Group  
Chief Executive - Birmingham and Solihull Women's Aid



**[birmingham.gov.uk](http://birmingham.gov.uk)**



## Introduction

**Domestic abuse touches the lives, directly or indirectly, of most people in Birmingham. The sheer scale of domestic abuse causes untold harm to individuals, children and families, communities and damages the social fabric of the city.**

This strategy adopts the Government definition of domestic abuse as:

***“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality”.***

Birmingham has a strong history of partnership working in addressing domestic abuse. Despite this, there is now evidence that domestic abuse in the city, as elsewhere, is increasing and more people are known to be at risk than ever before. At the same time, our public services are shrinking and we need to find new ways to keep our population safe and healthy, and enable our communities to thrive.

We know a great deal about domestic abuse, not least that left unchecked, domestic abuse gets worse over time. As such, the case for identifying victims and intervening earlier to reduce harm is clear. However, our long-term ambition is for a city free from domestic abuse and we must therefore take all practicable steps to eliminate domestic abuse, reducing harm and demand for services along the way.

This will require everyone to expect equality and respect in their relationships; and every agency understanding the fundamental nature of coercive control within domestic abuse and responding effectively as a result.

## Scope of the Strategy

This strategy responds to:

- Adults (predominantly women), children and young people who are experiencing domestic abuse,
- Children who are exposed to or witness domestic abuse at home,
- Those who are perpetrating domestic abuse.

It responds to domestic abuse in the context of:

- Abuse (predominantly) within intimate relationships, no matter how young or old,
- Abuse which continues after a relationship has formerly ended which is known to be a particularly dangerous time for women and their children, and a time when children are often used by a perpetrator to continue the abuse,
- Forced marriage, so-called ‘honour based violence’ and other forms of violence against women that are intrinsically linked to domestic abuse.

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## Making a positive difference everyday to people’s lives

# Ensuring Equality in Our Response to Domestic Abuse

## We know that domestic abuse can happen to anyone, from any background, in any relationship.

The majority of domestic abuse is perpetrated by men against women, or against other men that they are in a relationship with. Male violence accounts for the vast majority of serious harm and deaths through domestic abuse.

The national strategy Ending Violence against Women and Girls (2016) emphasises the importance of recognising the gendered nature of domestic abuse.

Domestic abuse is the systematic abuse of power and control, and is fundamentally linked to inequality. Inequality between men and women not only increases the opportunity for the abuse of power, it also makes it harder for women to live free from violence. It is clear that effectively responding to domestic abuse requires a response that takes account of broader gender inequalities.

This does not discount the responsibilities instilled by the Public Sector Duty (s149) of the Equalities Act 2010 to have due regard for the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups.

As such, this strategy also takes account of and responds to the needs of population groups sharing the following protected characteristics:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sex;
- Sexual orientation.

To reflect this, here after, this strategy will use the language of women, children, and groups sharing protected characteristics.

# Defining and Understanding Domestic Abuse

## Defining Domestic Abuse

**Controlling or coercive behaviour** was written into law under Section 76 of the Serious Crime Act 2015 and helps us to better understand the Government definition of domestic abuse (p5).

**Controlling behaviour** is behaviour that makes people sub-ordinate or dependent by isolating them from friends and family and other sources of support, taking control of their resources and depriving them of their independence.

**Coercive behaviour** includes acts of assault, threat, humiliation or intimidation that are used to harm, punish or frighten another person.

**Coercive control** is 'the micromanagement of everyday life. Micromanagement crushes the spirit even more fundamentally than the deprivation of basic necessities because it leaves little space for a person to breathe'. (Stark, 2007)

## Domestic Abuse and Legislation

Wider legislation helps us to understand the nature of domestic abuse from a statutory context.

For example, the **Adoption and Children Act 2002 (s120)** extended the definition of harm to include 'impairment suffered from seeing or hearing the ill treatment of another'; which required children who witness domestic abuse at home to be considered in need of help and protection from the Local Authority, as well as those that are directly injured or abused.

Likewise, the **Care Act 2014** sets out a clear legal framework for how the Health and Social Care system should protect adults at risk of abuse

or neglect. It specifies that freedom from abuse (and neglect) is a key aspect of a person's wellbeing.

In this way, the responsibility to respond to domestic abuse is held by all statutory agencies charged with safeguarding and protecting both adults and children.

## Understanding Domestic Abuse

Coercive control lies at the heart of domestic abuse and all the aspects of the domestic abuse that become visible to others, need to be understood within this context.

As agencies, family or friends, we often don't know what lies beneath what we see, but evidence tells us it is likely to be there. Learning from Domestic Homicide Reviews in Birmingham over the last five years tells us that:

- When we see physical harm, we need to understand the threat and fear that lies beneath and the fact that the victim will be trying to protect her children from these threats and harm at the same time,
- When we recognise a victim's isolation, we need to understand that she will be subjected to constant surveillance and monitoring of movements and activities,
- We need to understand domestic abuse, not as a series of individual and violent incidents, but as a relationship of coercion and control affecting everything that the victim and the family does. This has been described as an abuser's "micro-management of everyday life",

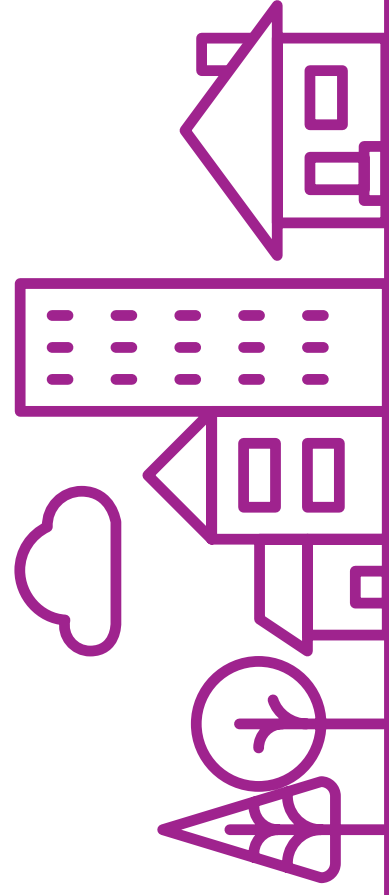
## Making a positive difference everyday to people's lives

- When we think a victim is unsure or indecisive, we need to understand the threats and manipulation that she may face combined with the assault on her self-confidence by constant undermining, put-downs and challenge to her self-worth,
- We need to stop blaming the victim but understand the safety strategies that are being used and respond to the threat and control which the victim and family faces,
- We need to rethink how we keep children safe. At the moment, we rely too heavily upon an abused mother to keep her children safe and think too little about how we, as agencies, can keep the family safe. We need to empower our staff to know that they can make a difference without the need to take a child into care,
- When child contact is granted, we need to understand that the abuser may be continuing to perpetrate abuse through the children by undermining the non-abusing parent, overwhelming their mother; monitoring and checking up on her or by actual threats to the children,
- When a victim has no access to money, we need to recognise the control that an abuser will likely have had over the family's finances and the debts that he may have incurred,
- We need to understand the threat that an abuser poses to those close to him. This is particularly true for mental health and substance misuse services who will often be working closely with an abuser and not want to jeopardise their relationship by enquiring too closely about domestic abuse,
- We need to stop domestic abusers from being invisible to our services and we need to control and manage them more effectively. Too often we are not tying up an abuser's history of violence with their current behaviour and then not being able to correctly identify the threat that the abuser poses,
- We need to understand that domestic abusers are most violent when their victim tries to end a violent relationship or seeks help. The majority of our domestic homicides (intimate partners) have been killed when they have sought help or tried to leave. If a victim is taking these brave steps, we must wrap protection around them.

# Domestic Abuse in Birmingham

- Birmingham is the largest local authority area in Europe and growing faster than the UK average. At the same time, domestic abuse is increasing in the city with an estimated 41,000 individuals experiencing domestic abuse, the vast majority of whom are women.<sup>i</sup>
- Birmingham is a young city where more than a quarter of the population are under 18 years of age. By the time they reach adulthood, more than 1 in 5 children in the city will have experienced domestic abuse at home.
- We recognise that domestic abuse can have a significant impact on a child's health, education and well-being. Locally, domestic abuse is a major factor for 77% of children needing Local Authority support, care or protection. This is significantly higher than the national average.<sup>ii</sup>
- Between 2013 and 2016, there was a 57% increase in reports of domestic abuse to West Midlands Police but only 19% increase in convictions of abusers through the criminal justice system.<sup>iii</sup>
- On average, Birmingham has seen a 20% annual increase in the number of referrals of women at high risk from domestic abuse to Multi-Agency Risk Assessment Conferences; from 473 high-risk victims in 2012 to 1,343 in April 2017.<sup>iv</sup>
- Last year domestic abuse was the second highest reason for homelessness in Birmingham. Whilst 90% of victims who applied as homeless were accepted for housing, only 32% of women and children seeking refuge in an emergency were able to gain refuge accommodation.

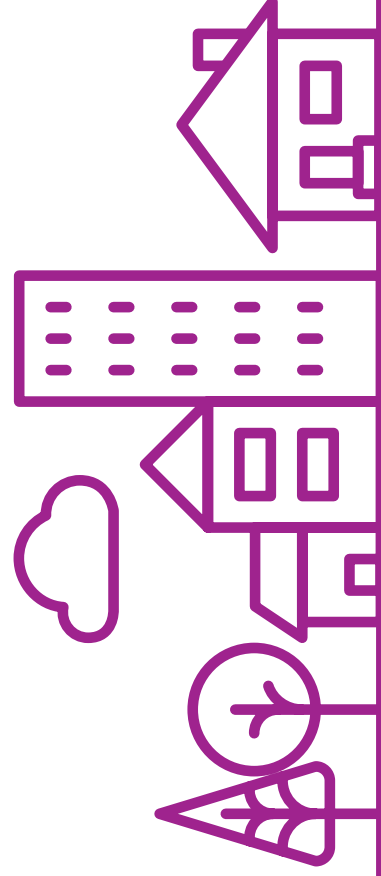
- Domestic abuse includes forced marriage, which is significantly under-reported and may be up to 35 times higher than reports currently suggest. The West Midlands is the second highest region, after London, for calls to the Forced Marriage Unit.
- Our population is living longer. A local primary care programme, has shown that family doctors are in a strong position to identify domestic abuse for women who are traditionally under-represented in services, such as older women and disabled women. Nearly 500 more women have been identified by GPs as a result.<sup>v</sup>
- Over the last five years, 21 women have been killed through domestic violence. Domestic homicide reviews in Birmingham have identified the need for a cultural change in the way that agencies safeguard women and children, and those with protected characteristics, from abuse and particularly call for a greater understanding of how coercive control affects families and how agencies need to respond.



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# Impact of Domestic Abuse

- Every child deserves the best start in life. Yet one in six pregnant women will experience domestic violence, and around 30% of domestic violence starts or worsens during pregnancy. Domestic abuse is a significant factor in the onset of pre-term labour, and maternal and perinatal mortality and morbidity.<sup>i</sup>
- Growing up in an abusive environment and living in a constant state of control, abuse and terror can have profound consequences on a family's well-being, long into their future. The majority of victims and their children will live with their abuser between two and ten years.<sup>vi</sup>
- The impact of domestic abuse on the mental health of victims and their children is severe; dealing emotionally with the abuse and trauma they have experienced or witnessed often results in depression, anxiety and post-traumatic stress disorders. More than a third (36%) of women who have experienced severe physical and sexual violence have attempted suicide.<sup>vii</sup>
- Victims of domestic abuse, and their families, are often subjected to financial abuse. In a recent survey, 52% of women respondents who were still living with their abuser said they could not afford to leave because they had no money of their own.<sup>viii</sup>
- Victims of domestic abuse may have looked to alcohol or drugs in order to cope with the abuse that they were experiencing, or have been forced into dependency by their abusers. Women experiencing significant domestic abuse are more than twice as likely to have an alcohol problem and eight times more likely to be drug dependent than others.<sup>ix</sup>
- By virtue of their marginalisation in society, some groups, particularly those with protected characteristics, will face additional barriers to receiving the support that they need. As a result they will often face an escalating risk of harm.
- This impact of domestic abuse upon society, community and economy is rarely given due consideration despite the fact that domestic abuse fractures families, communities, workplaces and local economies. Public services such as the Police, Health, Housing and Children's Services are increasingly overwhelmed by responding to domestic abuse.
- Despite these increasing demands for services, domestic abuse still remains hidden. Without effective support and protection, women and children will be subjected to escalating abuse. On average, four women are killed by their abusers each year in Birmingham. The majority of these were trying to leave or end the relationship at the time.



<sup>i</sup> The British Journal of Obstetrics and Gynaecology



# Our Vision

Birmingham is a place where domestic abuse is not tolerated; where everyone can expect equality and respect in their relationships, and live free from domestic abuse.

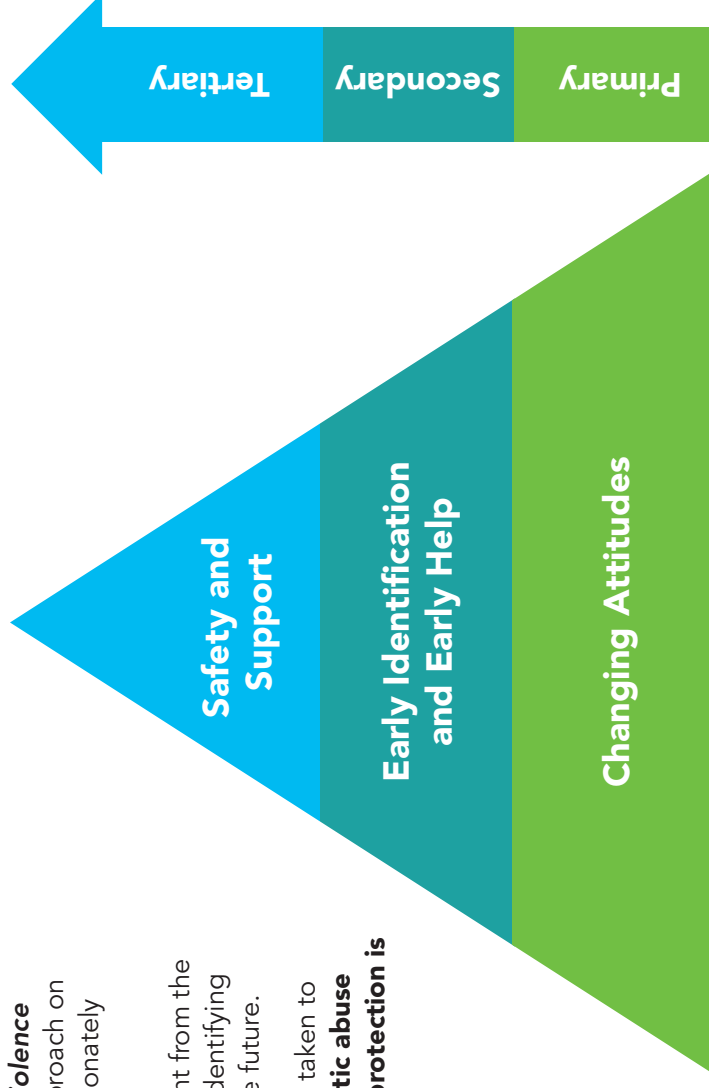
Our vision is rightly ambitious and cannot be achieved by a single agency in isolation. To be successful, **domestic abuse must become everyone's business**.

Our strategy sets out the city's commitment to tackling domestic abuse. Guided by the principles of the national strategy **Ending Violence Against Women and Girls (2016)**, we are focusing our approach on women and children – recognising that they are disproportionately affected by domestic abuse.

As a result, the starting point for our new strategy is different from the past as the focus shifts towards pro-active prevention and identifying domestic abuse as early as possible to limit its impact in the future.

To do this, a very careful and considered approach must be taken to rebalance our collective efforts towards **preventing domestic abuse happening in the first place whilst ensuring safety and protection is available where there remains a threat of risk or harm**.

Our new strategy outlines a layered prevention model and focuses on three key priorities:



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# Changing Attitudes

To be successful we must:

Prevent domestic abuse by challenging the attitudes and behaviours that foster it.

## What do we mean by Changing Attitudes?

Changing attitudes in every sphere of public life starts with how organisations respond to domestic abuse. This is about driving the step change required to effect culture change and empowering practice across organisations through strategic leadership, operational management and supervision.

Changing attitudes means working with children from a young age to raise their awareness and educate them about equality and respect. In this way, young people's expectations can be raised about what to expect from their own friendships and relationships as they grow.

It also means that young people will be better equipped to reject images objectifying women via social media and deal with cyber bullying and abuse should they experience it. It is through education and equality that we can prevent domestic abuse for our next generation.

Changing attitudes means increasing public awareness so that those experiencing abuse will be better able to understand what they are experiencing and know that help is available.

Improving public understanding of domestic abuse will remove the excuses that abusers may have had to 'hide behind' what may have been socially acceptable to their families, friends and work colleagues as well as to the organisations that they came across.

We want to encourage major employers in the city to adopt a common approach to supporting employees who experience domestic abuse and introduce a common challenge to their employees who are abusers. This involves creating safe spaces for employees to disclose with confidence that they will be supported.

Successfully **Changing Attitudes** means an:

Increase in healthy and positive relationships.

Decrease in social tolerance of domestic abuse.

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# Early Identification & Early Help

To be successful we must:

**Intervene early to prevent harm and reduce the impact of domestic abuse on victims and families.**

## What do we mean by Early Identification and Early Help?

Early identification and early help means strengthening our first responses in every organisation so that all workers are able to identify domestic abuse and intervene at the earliest opportunity.

It is about improving the effectiveness of domestic abuse support pathways and working with 'Trusted Professionals' to encourage people to share their experiences and identify abuse early.

We must strengthen our partnership arrangements – from strategic plans to frontline practice – so that we can identify and respond to domestic abuse as early as possible in an effective, co-ordinated way.

When domestic abuse is left unchecked and without intervention, the scale and severity of abuse increases. The earlier agencies can engage with women, children, and groups sharing protected characteristics, the more chance there is of reducing harm and ensuring families have safe, stable, nurturing relationships and environments.

Doing this will ensure women, children and groups sharing protected characteristics, who are affected by domestic abuse, receive the help

they need to recover from their experience so that the impact is reduced in the long term.

Responding effectively to domestic abuse at the 'front door' in a large, diverse city like Birmingham requires a strong system behind the scenes. All agencies must know not only how to provide a first response themselves but also what to do next; knowing who to refer to and when.

Successful **early identification and early help** means that:

**Domestic abuse is identified earlier and victims are able to recover from abuse.**

**Escalation and harm from domestic abuse is reduced**

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# Safety and Support

To be successful we must:

Ensure that victims of domestic abuse are protected from harm and supported to recover.

## What do we mean by Safety and Support?

Effective safety and support means ensuring women who experience domestic abuse and their children are safe and protected from harm and have access to the right support at the right time.

It means ensuring the first response of front line agencies is consistent and includes recognising types of domestic abuse, identifying threat of risk or harm, and collecting robust evidence.

It is important that victims of abuse and their children are supported and protected, whilst action is taken against their abusers.

There continues to be too much reliance placed upon the non-abusive parent, overwhelmingly the mother, to keep themselves and their children safe. Abusive fathers often remain invisible in child protection proceedings even when they are the ones creating the risk. In this way, there has been insufficient focus on addressing the behaviour of domestic abusers.

To effectively provide safety and support, there must also be an increased focus on preventing abusers from harming others.

Recent changes in the law such as Coercive Control (s76 Serious Crime Act 2015) pave the way for our strengthened response to challenging and managing abusive behaviour through effective enforcement and deterrence.

Safety and Support means ensuring that we continue to put prevention first by ensuring a range of community assets and support networks are available for women and their children to access as part of their journey to recovering from domestic abuse.

Successful **Safety and Support** means:

Increasing the number of victims and their children who feel they can live their lives in safety.

Reducing the risk of harm from domestic abusers.

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# Governance and Accountability

## Strategic Oversight

Birmingham Health and Wellbeing Board and Birmingham Community Safety Partnership are jointly responsible for, and committed to, ensuring that Birmingham's vision for domestic abuse becomes reality.

## Strategic Assurance

The Birmingham Safeguarding Adults Board and the Birmingham Safeguarding Children Board will seek assurance together, and through their respective governance structures, on the effectiveness of partnership working in the development and implementation of the Joint Action Plan.

## Monitoring Progress

The Strategy Monitoring Team will report progress against the Joint Action Plan to the Violence Against Women and Children Steering Group who will oversee the implementation of the Strategy.

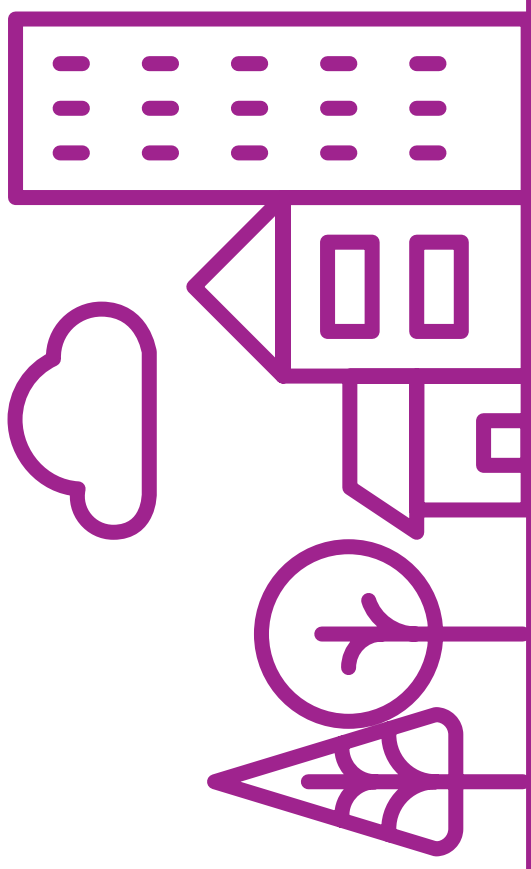
The Citizens Panel will continue to have an active role in helping to monitor progress throughout the life of the strategy.

The Health and Wellbeing Board and Birmingham Community Safety Partnership will undertake a joint review of progress against the Joint Action Plan on an annual basis up to and including 2023.

## Equality Duty

The Public Sector Equality Duty (Equality Act 2010) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.

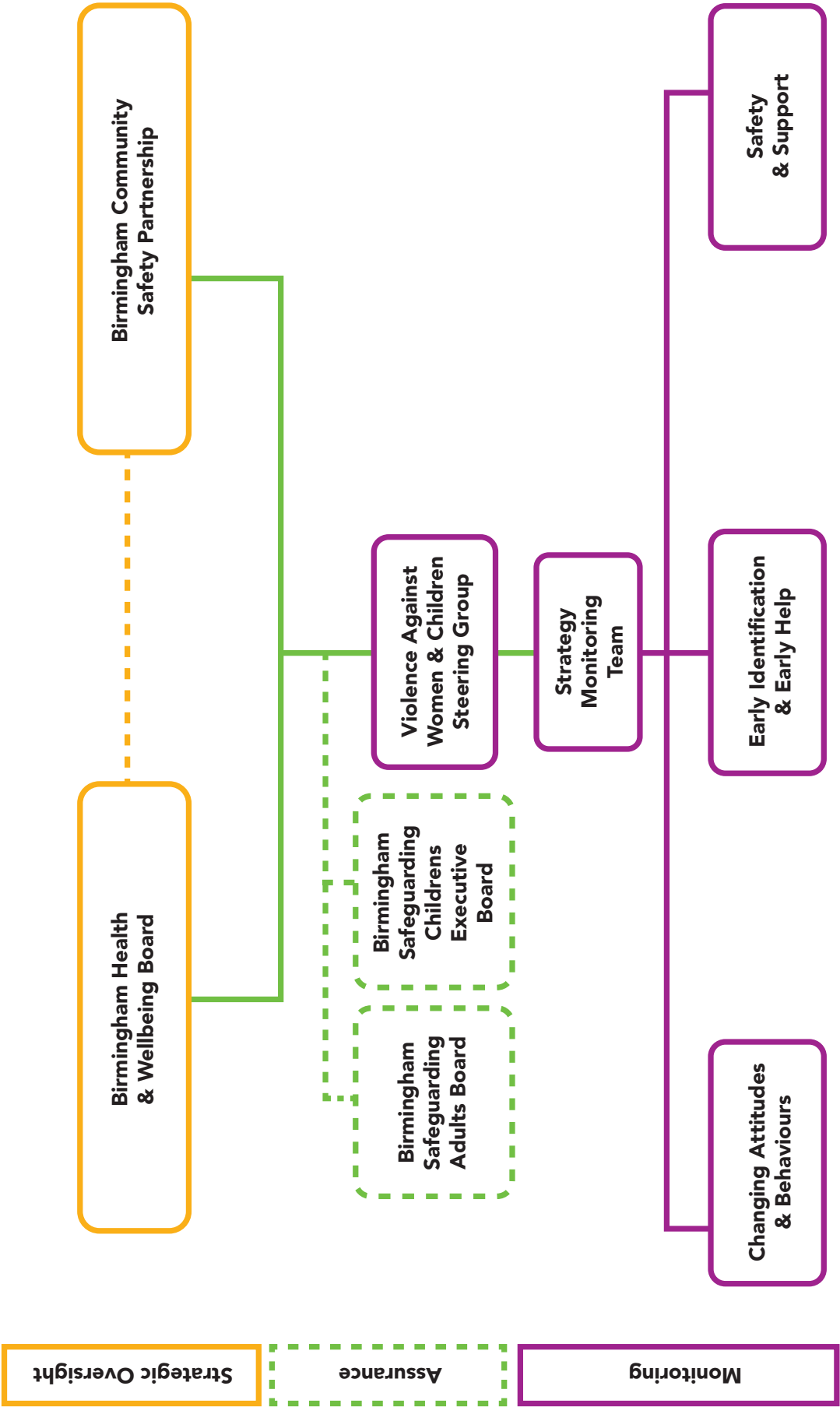
As such, our approach has and will continue to be informed by the latest available intelligence when determining key actions associated with the delivery of our strategy vision.



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Governance

The strategy will be monitored through the following governance structure:



# Joint Action Plan

## Delivering the vision

Our Joint Action Plan is set in the context of the following essential principles:

- There is a strategic, system wide approach to responding to domestic abuse and preventing it in the future;
- Women, children, and groups sharing protected characteristics, who experience domestic abuse are at the centre of any action or intervention;

- There is a clear focus on abusers in order to keep victims safe;
- Communities are involved, engaged and empowered to seek, design and deliver solutions to domestic abuse.

The vision is ambitious and to be successful, significant system and organisational culture change is required. The following action plan sets the strategic direction for the next five years. The actions have been split into whole system and priority specific actions; the detail of which will continue to develop over a period of time.

## Whole Systems Actions

Whole Systems Actions	Lead Partner/s	Date for Completion
<p>Transform Birmingham's approach to domestic abuse and coercive control in line with the findings from DHRs through the design and implementation of a trauma informed Birmingham workforce development strategy that:</p> <ul style="list-style-type: none"><li>• Undertakes a domestic abuse training needs analysis for all organisations and delivers both multi-agency and service specific training,</li><li>• Draws on the expertise of the specialist domestic abuse sector,</li><li>• Designs best practice guidelines and toolkits to support mainstream workers,</li><li>• Delivers against the learning from domestic homicide reviews,</li><li>• Enables staff to work with domestic abuse to understand the multiplicity of need and respond effectively to prevention, early identification, early intervention and the safety and support needs of women and children according to their function.</li></ul>		

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Whole Systems Actions	Lead Partner/s	Date for Completion
<p>Ensure the quality of domestic abuse service provision through the design and implementation of a quality assurance framework that incorporates:</p> <ul style="list-style-type: none"> <li>Assessment of agencies against the new Kite Mark Accreditation informed by West Midlands Domestic Abuse Standards,</li> <li>Specific analysis of domestic abuse through the Children's Safeguarding workforce through Section 11 Safeguarding Audit,</li> <li>Specific analysis of domestic abuse response across the Birmingham Workforce through the Adult Safeguarding Assurance process,</li> <li>Quality assurance of Domestic Homicide Reviews and child safeguarding reviews where domestic abuse is a feature.</li> </ul>		
<p>Ensure strategic leads across the city work together to collaboratively shape and drive key priorities and actions across related strategy areas including Housing, Homelessness, Early Help, Financial Inclusion, Safeguarding, Health and Wellbeing, and LGBT to recognise, enable and ensure a robust response to domestic abuse.</p>		
<p>Strengthen evidence and intelligence gathering and sharing to inform policy practice and priorities for future action. This includes ongoing collation of intelligence to better understand areas of underreporting in particular cohorts e.g. groups sharing protected characteristics.</p>		
<p>Develop and implement an integrated and multi-agency commissioning model in line with the Violence Against Women and Girls: National Statement of Expectations (2016). This should strike the balance between provision for safety and protection, as well as earlier intervention and recovery models for both adults and children.</p>		
<p>Recognise and build upon Birmingham based projects that are effective in their response to domestic abuse and are supported by a strong, locally developed, practice informed evidence base.</p>		
<p>Develop and implement a Domestic Homicide Review (DHR) Action Plan to monitor progress and hold the whole system and / or specific organisations to account in responding to recommendations made in DHRs.</p>		
<p>Work with strategic leads in Housing, Homelessness and Safeguarding Adult leads to drive improvement in Houses in Multiple Occupancy (HMOs) and non-regulated accommodation provision through the development of quality standards and local markers.</p>		

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Priority:	Aim:	Prevention Level:	Priority-Specific Actions:	Lead Partner/s	Date for Completion
Changing Attitudes and Behaviours	Prevent domestic abuse by challenging the attitudes & behaviours that foster it.	Primary	Widen community engagement and public awareness of domestic abuse, including forced marriage and honour-based violence, by encouraging community-led preventative approaches.		
			Undertake targeted community engagement with groups currently underrepresented in services such as BME communities, LGBT communities, disabled and /or older women.		
			Explore potential of practices and programmes to raise awareness and develop young people's expectations of healthy and positive relationships.		
			Work with Birmingham Education Partnership and specialist services to agree a Birmingham-wide whole school approach to domestic abuse through strengthening equality and respect, and in line with statutory guidance (Keeping Children Safe in Education - 2016). <sup>*</sup>		
			Refresh and roll out guidance to schools, colleges, universities and youth settings on dealing with domestic abuse, including the use of nationally available campaign materials and the local development of curriculum materials.		
			Develop and implement campaign and public awareness methods to effectively challenge attitudes to violence against women.		
			Develop and implement the Birmingham Domestic Abuse Prevention workplace standard in line with the West Midlands Combined Authority work on the Public Health England Workplace Wellbeing Charter and encourage Birmingham wide adoption of workplace policies on domestic abuse through Birmingham Chamber of Commerce.		
Early Identification & Early Help	Intervene early to prevent harm and reduce the impact of domestic abuse on victims and families.	Secondary	Strengthen the city-wide understanding of need by accessing and analysing available data, evidence, service standards and intelligence with input from victims and key partners including the City Council, Health, Criminal Justice, Education, Housing, Specialist and wider Third Sector.		

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Priority:	Aim:	Prevention Level:	Priority Action:	Lead Partner/s	Date for Completion
			Establish early contact points and required actions in Primary Care and Emergency Care to improve the effectiveness for the identification of and response to domestic abuse.		
			In line with requirements set out in the Homelessness Reduction Act 2017, ensure that appropriate prevention and relief duties are in place for victims of domestic abuse. This includes information, advice, guidance, and support from the Voluntary Sector to prevent homelessness.		
			Establish a holistic, positive pathway and intervention hub for victims of domestic abuse that is capable of addressing multiple needs.		
			Stabilise and expand the general practice – based domestic abuse training, support and referral programme.		
			Define and effectively communicate 'what works' and 'what is safe practice' for 'whole family' approaches to domestic abuse.		
			Embed Birmingham's current domestic abuse support pathways across all relevant services to improve and optimise effectiveness.		
			Expand current helpline provision.		
			Introduce early identification and early help pathways with 'Trusted Professionals' and across health and social care.		
			Evaluate the Child to Parent abuse pilot currently being undertaken in Birmingham Youth Offending Service with a view to extending the programme across wider services if effective.		
			Support initiatives to improve multi-agency responses to domestic abuse such as the Social, Emotional and Mental Health Pathfinder which seeks to transform education for children and young people with multiple needs, including domestic abuse.		
			Introduce an 'Ask Me' – type scheme where a person experiencing abuse can disclose in places they trust and where staff have been trained to provide an initial safe response.		

Priority:	Aim:	Prevention Level:	Priority Action:	Lead Partner/s	Date for Completion
Safety and Support	Ensure that those individuals experiencing domestic abuse are protected from harm and supported to recover.	Tertiary	Ensure there is access to refuge and effective community based support.		
			Strengthen the multi-agency response for those affected by domestic abuse including homelessness prevention and health and wellbeing support – recognising that people cannot be kept safe without holistically addressing all of their needs.		
			Agree a common tool across agencies for assessing risk and threat from domestic abuse, following the review being undertaken by the College of Policing.		
			Ensure appropriate referrals across public protection processes and consistent multi agency attendance at Multi Agency Risk Assessment Conferencing (MARAC), Domestic Violence Tasking, Child Protection and Integrated Offender Management meetings.		
			Guarantee a proportionate level of independent support for complex, high need victims of domestic abuse (e.g. Independent Domestic Violence Advisors).		
			Establish a clear pathway for Homeless Prevention and Home Options including civil interventions and home security measures.		
			Develop a multi-agency abuser management framework which involves management, diversion, disruption and wherever possible, prosecution of abusers with the aim of protection of women and children. This must be supplemented by effective wrap around support for the victims of domestic abuse.		
			Undertake a review of the Enforcement and Judicial System response to domestic abuse.		
			Assess and address local specialist provision for abusers in line with the RESPECT accreditation.		
			Develop and embed a service user led quality assurance approach to measuring victim satisfaction with the support they receive.		
			Ensure intelligence and learning from Domestic Homicide Reviews are used to inform frontline practice, policy and commissioning direction.		

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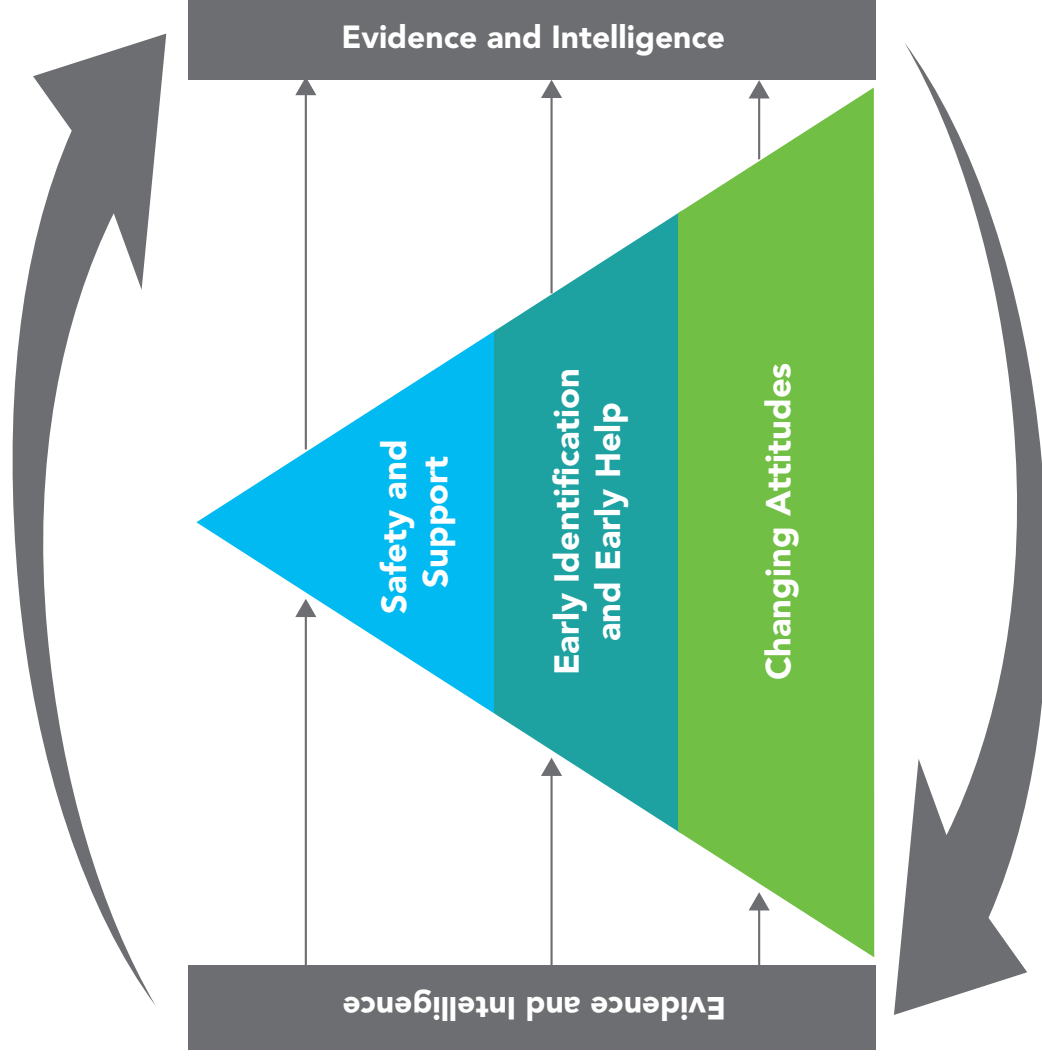
# Evidence and Intelligence

There is a clear evidence and intelligence theme which underpins the whole system actions along with all three priority areas within the joint action plan.

To inform and drive continued improvement and innovation in tackling domestic abuse throughout the strategy period, we must ensure that collectively we have access to, utilise and learn from the best available evidence base.

Birmingham is nationally recognised as a leader in the field of domestic abuse field and as such, we must ensure that the strength of local, practice-based evidence is recognised and considered alongside evidence based practice.

The following diagram demonstrates the flow of evidence and intelligence into and out of the strategy model:



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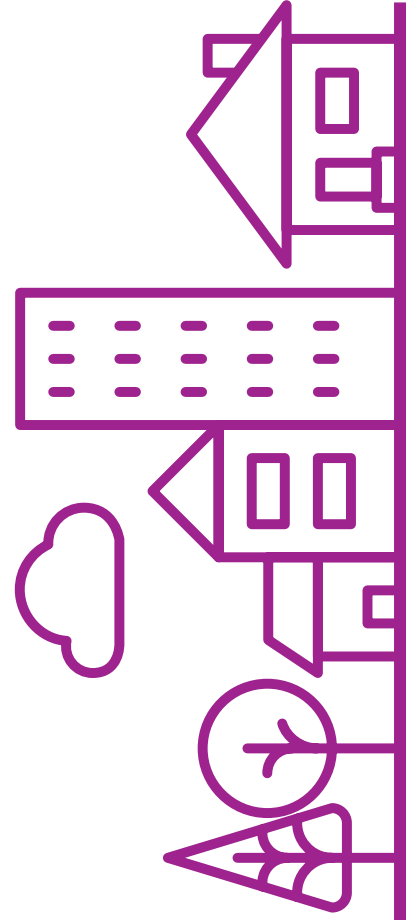
## References

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- i Domestic Abuse Needs Analysis Update 2016
- ii Domestic Abuse Needs Analysis Update 2016
- iii Domestic Abuse Needs Analysis Update 2016
- iv MARAC dataset (2017) Safe Lives (Accessed online 20.11.17)
- v BSWA(2017) IRIS Programme Update to CCG 25.09.17
- vi Women's Aid Federation England (2013) Annual Survey
- vii Scott, S & McManus, S (DMSS Research for Agenda)(2016) Hidden Hurt, violence, abuse and disadvantage in the lives of women (Published online: Agenda, 2016)
- viii Howard, M and Skipp, A, (2015) Unequal, trapped and controlled. Women's experience of financial abuse and Universal Credit (London: Women's Aid and TUC, 2015)
- ix Scott, S & McManus, S (DMSS Research for Agenda) (2016) Hidden Hurt, violence, abuse and disadvantage in the lives of women (Published online: Agenda, 2016)
- x Department for Education (2016) Keeping Children Safe in Education – Statutory Guidance for Schools and Colleges.

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## Birmingham Domestic Abuse Prevention Action Plan 2018-2023

### About this action plan

Birmingham's Domestic Abuse Prevention Strategy 2018-2023: Changing Attitudes Changing lives, sets out a radical and ambitious framework for delivering change in order to realise the goal of Birmingham move towards becoming a Domestic Abuse free city

This action plan has been developed by range of strategic operational partners overseen by Birmingham Violence and Against Women and Children Steering Group (formerly the Violence against Women and Girls Steering group).

This plan sets out a cross-sector approach with input and activity coordinated across number of delivery groups and organisations required to achieve the best possible outcomes set out the strategy and is grouped under four headings in the body of this document:-

- **Section 1 (page 3) *Whole systems actions***
- **Section 2 (page 4) *Changing Attitudes and Behaviours***
- **Section 3 (page 5) *Early Identification & Early Help***
- **Section 4 (page 6) *Safety and Support***

The Violence Against women and Children Steering Group will continue to support and coordinate the actions contained in this action plan, regardless of which agencies and other organisations lead on delivery.

Whilst there is not a specific Strategy Monitoring Team in place to oversee its implementation, officers within the Commissioning function of the Adult Social Care and Health Directorate will support the VAWC with this role. VAWC Steering Group meets once a month and is currently reviewing its representation with a view to ensuring representation is sufficient to steer implementation of the strategy action plan including developing a set of key performance indicators and reviewing and updating actions where appropriate. A suite of suggested indicators are included on page 2 related to the themes and aims set out in the strategy.

### Abbreviations and acronyms

<b>BCSP</b>	Birmingham Community Safety Partnership
<b>BCSPCB</b>	Birmingham Community Safety Police and Crime Board – The strategic group overseeing the BCSP is the Birmingham Community Safety Police and Crime Board, also known as the Executive Board
<b>BCT</b>	Birmingham Children's Trust
<b>BASB</b>	Birmingham Adult Safeguarding Board
<b>DA</b>	Domestic Abuse
<b>JCP</b>	Job Centre Plus
<b>VAWC SG</b>	Violence against Women's and Children Steering Group
<b>HPB</b>	Homelessness Partnership Board
<b>BSWA</b>	Birmingham Solihull Women's Aid
<b>MARAC</b>	Multi Agency Risk Assessment
<b>BWC NHS FT</b>	Birmingham Women's and Children's NHS Foundation Trust



## Suggested Key Performance Indicators TBC

DAPS Theme	KPI Measure	Baseline	Q1	Q2	Q3	Q4
<b>Changing Attitudes and Behaviours</b>	1. Number of service users from protected characteristics					
	2. Number of reports of FGM, Honour Based Abuse and Forced Marriage					
<b>Early Identification and Early Help</b>	3. % of below high risk incident reports to the police					
	4. Number of referrals from non-police sources for early help					
	5. Number of sectors engaged in early identification and help referral services					
<b>Safety and Support</b>	6. Number of children and young people living in high risk DA households					
	7. % of children protection plans with DA as factor					
	8. Numbers of people engaged with perpetrator programmes					

**Section 1: Domestic Abuse Prevention Strategy 2018-23, Action Plan: Whole Systems Actions**

Ref	Whole Systems Actions	Lead Partner/s	Success Measure	Timescale Completion
1a	<p>Transform Birmingham's approach to domestic abuse and coercive control in line with the findings from DHRs through the design and implementation of a trauma informed Birmingham workforce development strategy that:-</p> <ul style="list-style-type: none"> <li>• Undertakes a domestic abuse training needs analysis for all organisations and delivers both multi-agency and service specific training</li> <li>• Draws on the expertise of the specialist domestic abuse sector</li> <li>• Designs best practice guidelines and toolkits to support mainstream workers</li> <li>• Delivers against the learning from domestic homicide reviews</li> <li>• Enables staff to work with domestic abuse to understand the multiplicity of need and respond effectively to prevention, early identification, early intervention and the safety and support needs of women and children according to their function.</li> </ul>	BASB, VAWC SG	<p>Employees &amp; sectors engaged in transformational actions</p> <p>Workforce equipped (training) and capability</p>	<p>Engagement years 1-2, (2018/19-2019/20)</p> <p>Capabilities of workforce years 3-4 (2020/21)</p>
1b	<p>Ensure the quality of domestic abuse service provision through the design and implementation of a quality assurance framework that incorporates:</p> <ul style="list-style-type: none"> <li>• Assessment of agencies against the new Kite Mark Accreditation informed by West Midlands Domestic Abuse Standards,</li> <li>• Specific analysis of domestic abuse through the Children's Safeguarding workforce through Section 11 Safeguarding Audit,</li> <li>• Specific analysis of domestic abuse response across the Birmingham Workforce through the Adult Safeguarding Assurance process</li> <li>• Quality assurance of Domestic Homicide Reviews and child safeguarding reviews where domestic abuse is a feature.</li> </ul>	VAWC SG	DA service provision working to and achieving kite mark accreditation	Years 1-5, (2018/19-2022/23)
1c	<p>Ensure strategic leads across the city work together to collaboratively shape and drive key priorities and actions across related strategy areas including Housing, Homelessness, Early Help, Financial Inclusion, Safeguarding, Health and Wellbeing, and LGBT to recognise, enable and ensure a robust response to domestic abuse.</p>	VAWC SG	Representation and attendance at VAWC	Years 1-5 (2018/19-2022/23)

Ref	Whole Systems Actions	Lead Partner/s	Success Measure	Timescale Completion
1d	Strengthen evidence and intelligence gathering and sharing to inform policy, practice and priorities for future action. This includes ongoing collation of intelligence to better understand areas of underreporting in particular cohorts e.g. groups sharing protected characteristics.	VAWC SG	Sectors engaged in evidence and intelligence sharing and gathering	Years 1-5 (2018/19-2022/23)
1e	Develop and implement an integrated and multi-agency commissioning model in line with the Violence Against Women and Girls: National Statement of Expectations (2016). This should strike the balance between provision for safety and protection, as well as earlier intervention and recovery models for both adults and children.	VAWC SG	Multi-agency commissioning model developed in line with VAWG National Statement of Expectations.	Years 1-2 (2018/19-2020/21)
1f	Recognise and build upon Birmingham based projects that are effective in their response to domestic abuse and are supported by a strong, locally developed, practice informed evidence base.	VAWC SG		TBC
1g	Develop and implement a Domestic Homicide Review (DHR) Action Plan to monitor progress and hold the whole system and / or specific organisations to account in responding to recommendations made in DHRs.	BASB, VAWC SG	DHR action plan	Years 1-5 (2018/19-2022/23)
1h	Work with strategic leads in Housing, Homelessness and Safeguarding Adult leads to drive improvement in Houses in Multiple Occupancy (HMOs) and non-regulated accommodation provision through the development of quality standards and local markers.	BASB, HPB, BCC Housing Options Services (including Private Rented Sector Regulation & Enforcement	commissioners and regulators know where all refuge provision and provision that receives DA client referrals	TBC

## 2. Changing Attitudes and Behaviours

**Aim: Prevent domestic abuse by challenging the attitudes & behaviours that foster it.**

Changing attitudes means working with children from a young age to raise their awareness and educate them about equality and respect.

Changing attitudes means increasing public awareness so that those experiencing abuse will be better able to understand what they are experiencing and know that help is available

We want to encourage major employers in the city to adopt a common approach to supporting employees who experience domestic abuse

### Suggested Measures:

- Number of service users from protected characteristics
- Number of reports of FGM, Honour Based Abuse and Forced Marriage

Ref	Primary Prevention - Changing Attitudes	Lead Partner	Success Measure	Date for completion
2a	Widen community engagement and public awareness of domestic abuse, including forced marriage and honour-based violence, by encouraging community-led preventative approaches.	VAWC SG	<ul style="list-style-type: none"> <li>▪ KPIs</li> <li>▪ Development of community led DA prevention services</li> </ul>	Years 1-2 (2018/19-2020/21)
2b	Undertake targeted community engagement with groups currently underrepresented in services such as BME communities, LGBT communities, disabled and /or older women.	TBC	<ul style="list-style-type: none"> <li>▪ KPIs</li> <li>▪ Completed engagement events, training, awareness raising, campaigns</li> </ul>	TBC
2c	Explore potential of practices and programmes to raise awareness and develop young people's expectations of healthy and positive relationships.			
2d	Work with Birmingham Education Partnership and specialist services to agree a Birmingham-wide whole school approach to domestic abuse through strengthening equality and respect, and in line with statutory guidance (Keeping Children Safe in Education - 2016).			
2e	Refresh and roll out guidance to schools, colleges, universities and youth settings on dealing with domestic abuse, including the use of nationally available campaign materials and the local development of curriculum materials.		Schools, FE & HE sector participation with campaign	
2f	Develop and implement campaign and public awareness methods to effectively challenge attitudes to violence against women.		Campaign agreed and launched	
2g	Develop and implement the Birmingham Domestic Abuse Prevention workplace standard in line with the West Midlands Combined Authority work on the Public Health England Workplace Wellbeing Charter and encourage Birmingham wide adoption of workplace policies on domestic abuse through Birmingham Chamber of Commerce.	WMCA, PHE	Develop workplace standard	

### 3. Intervene early to prevent harm and reduce the impact of domestic abuse on victims and families.

#### Aim: Early Identification & Early Help

Early identification and early help means strengthening our first responses in every organisation so that all workers are able to identify domestic abuse and intervene at the earliest opportunity

Improving the effectiveness of domestic abuse support pathways and working with 'Trusted Professionals' to encourage people to share their experiences and identify abuse early

Strengthen our partnership arrangements – from strategic plans to frontline practice – so that we can identify and respond to domestic abuse as early as possible in an effective, co-ordinated way

#### Suggested Measures:

- % of below high risk incident reports to the police
- Number of referrals from non-police sources for early help
- Number of sectors engaged in early identification and help referral services

Ref	Secondary Prevention - Early Identification & Early Help	Lead Partner	Success Measure	Completion Date
3a	Strengthen the city-wide understanding of need by accessing and analysing available data, evidence, service standards and intelligence with input from victims and key partners including the City Council, Health, Criminal Justice, Education, Housing, Specialist and wider Third Sector.	BCP, BCC Corporate Research	Establish data and analytics sub group to support VAWC Data & evidence used to inform commissioning	Establish data analytics working group year 1 2018/19
3b	Establish early contact points and required actions in Primary Care and Emergency Care to improve the effectiveness for the identification of and response to domestic abuse.		DA NHS sector champions/leads KPIs	Year 2, 2019/20
3c	In line with requirements set out in the Homelessness Reduction Act 2017, ensure that appropriate prevention and relief duties are in place for victims of domestic abuse. This includes information, advice, guidance, and support from the Voluntary Sector to prevent homelessness.	BCC Housing Options	Sanctuary scheme take up	Year 2, 2019/20
3d	Establish a holistic, positive pathway and intervention hub for victims of domestic abuse that is capable of addressing multiple needs.	BCC Commissioning	DA Hub established and operational	Year 1, (Feb-March) 2018/19
3e	Stabilise and expand the general practice – based domestic abuse training, support and referral programme.		Domestic Abuse training & support referral programme take up levels	
3f	Define and effectively communicate 'what works' and 'what is safe practice' for 'whole family' approaches to domestic abuse.	BCT Think Family		Year 2, 2019/20
3g	Embed Birmingham's current domestic abuse support pathways across all relevant services to improve and optimise effectiveness.	BCC Commissioning, WMPCC	Prevention services include referral routes and services equipped to recognise and respond to DA	Year 3, 2020/21

Ref	Secondary Prevention - Early Identification & Early Help (continued)	Lead Partner	Success Measure	Completion Date
3h	Expand current helpline provision.	VAWC	Helpline call volumes, caseloads.	Year 2, 2019/20
3i	Introduce early identification and early help pathways with 'Trusted Professionals' and across health and social care.		Trusted professionals working with health and social care sector in place for services covering:- <ul style="list-style-type: none"> <li>▪ Sexual Health,</li> <li>▪ Substance Misuse</li> <li>▪ Adult Social Care</li> <li>▪ NHS Acute Trusts</li> <li>▪ Birmingham Children's Trust</li> </ul>	Year 3, 2020/21
3j	Evaluate the Child to Parent abuse pilot currently being undertaken in Birmingham Youth Offending Service with a view to extending the programme across wider services if effective.	BCT?	Independent evaluation of Child to Parent abuse pilot	TBC
3k	Support initiatives to improve multi-agency responses to domestic abuse such as the Social, Emotional and Mental Health Pathfinder which seeks to transform education for children and young people with multiple needs, including domestic abuse.	BCT		TBC
3l	Introduce an 'Ask Me' – type scheme where a person experiencing abuse can disclose in places they trust and where staff have been trained to provide an initial safe response.	BSWA	<ul style="list-style-type: none"> <li>▪ Community Ambassador's that have signed up to Ask Me schemes</li> <li>▪ KPIs</li> </ul>	Years 1-5 (2018/19-2022/23)

## 4. Safety and Support

Aim: Ensure that those individuals experiencing domestic abuse are protected from harm and supported to recover.

Ensure that those who experience domestic abuse and their children are safe and protected from harm and have access to the right support at the right time

Ensure the first response of front line agencies is consistent and includes recognising types of domestic abuse, identifying threat of risk or harm, and collecting robust evidence.

Victims of abuse and their children are supported and protected, whilst action is taken against their abusers

An increased focus on preventing abusers from harming others.

### Suggested Measures:

- Number of children and young people living in high risk DA households
- % of children protection plans with DA as factor
- Numbers of people engaged with perpetrator programmes

Ref	Crisis Prevention and Relief - Supporting Actions	Lead Partner	Success Measure	Completion Date
4a	Ensure there is access to refuge and effective community based support.	VAWC SG, HPB	Refuge provision in place for (young people and older adults)	Years 1-5 (2018/19-2022/23)
4b	Strengthen the multi-agency response for those affected by domestic abuse including homeless prevention and health and wellbeing support – recognising that people cannot be kept safe without holistically addressing all of their needs.	BCC Commissioning		
4c	Agree a common tool across agencies for assessing risk and threat from domestic abuse, following the review being undertaken by the College of Policing.	VAWC	Standardised Risk Assessment Tool in place	Year 2, 2019/20
4d	Ensure appropriate referrals across public protection processes and consistent multi agency attendance at Multi Agency Risk Assessment Conferencing (MARAC), Domestic Violence Tasking, Child Protection and Integrated Offender Management meetings.		Public protection referrals	
4e	Guarantee a proportionate level of independent support for complex, high need victims of domestic abuse (e.g. Independent Domestic Violence Advisors).			
4f	Establish a clear pathway for Homeless Prevention and Home Options including civil interventions and home security measures.			
4g	Develop a multi-agency abuser management framework which involves management, diversion, disruption and wherever possible, prosecution of abusers with the aim of protection of women and children. This must be supplemented by effective wrap around support for the victims of domestic abuse.	VAWC SG		Year 3,
4h	Undertake a review of the Enforcement and Judicial System response to domestic abuse.		Complete review	Year 2, 2019/20
4i	Assess and address local specialist provision for abusers in line with the RESPECT accreditation.		Assessment of provision	Year 2, 2019/20
4j	Develop and embed a service user led quality assurance approach to measuring victim satisfaction with the support they receive.	BCC Commissioning		
4k	Ensure intelligence and learning from Domestic Homicide Reviews is used to inform frontline practice, policy and commissioning direction.			



## Appendix 1: ACTION PLAN TRACKING TEMPLATE

This form is to be completed to assist the DAPS strategy monitoring team to record your actions supporting delivery of the specific action plan *aims* and *objectives* and *strategy themes*.

1. Whole System Actions: (write in action plan reference number in left column e.g. 1a, 1b, 1c, 1d)					
Strategy Action Plan Ref	Action Taken	Individual(s) Responsible	Target Date		Status of Action
			Start	Finish	
1a					
2. Changing Attitudes Actions: (write in action plan reference number in left column e.g. 2a, 2b, 2c)					
3. Early Identification and Early Help Actions (write in action plan reference number in left column e.g. 3a, 3b, 3c)					
4. Safety and Support (write in action plan reference number in left column e.g. 4a, 4b, 4c )					

Action Plan Ref	Progress updates reported in 16 October 2018
1a	<p>Workforce programmes:-</p> <ul style="list-style-type: none"> <li>▪ Birmingham Community Safety Partnership developing domestic abuse policies and procedures document which has been devised for use by Birmingham City Council staff. This is to be made available on People Solutions which is used by the city council with an e-learning portal used by both managers and employees.</li> <li>▪ Work is in progress to identify learning from the Domestic Homicide Reviews reports so that critical actions can be monitored through the DA action plan.</li> <li>▪ BCC Landlord Services have launched a Domestic Abuse comprehensive continuous improvement programme. This involves:- <ul style="list-style-type: none"> <li>• Undertaking a Health Check of the existing Domestic Abuse approaches in Housing Management. It began on 1 September and ends on 31 January 2019 and data is being collated by completing the data capture form and providing a single return from each area by the deadline in February via the Health Check form.</li> <li>• As a part of the review Housing Management will also work with partner agencies in order to speak with women regarding their journey to learn how the service should be shaped. The organisations include Bharosa, BSWAID, Shelter, Freedom Project and WAITS (Women Acting in Today's Society).</li> <li>• Housing Management have also appointed 6 Domestic Abuse Officers who work with BCC tenants to ensure they are safe, supported, and housed appropriately. They also take enforcement action against perpetrators.</li> <li>• Currently, the majority of housing investigations are referred through the Multi Agency Risk Assessment Conference (MARAC). However a new "referral to domestic abuse officer form" has also been created which will allow referrals from other sources and will ensure that they are able to working with victims earlier to make a real difference.</li> <li>• Housing Management has also signed up to Make the pledge to the Chartered Institute of Housing's 'Make a Stand' against domestic abuse.</li> </ul> </li> <li>▪ WMP have launched a 2018/19 Domestic Abuse Delivery Plan to improve its organisational response to handling DA. This plan covers a number of areas like ensuring DA crime is recorded more accurately, improving the way the police assess the risk for DA victims and their families and improve the way they protect them. It also outlines early intervention and prevention as a key area and recognises the need to work closely with partners to intervene early in domestic abuse cases.</li> </ul>
1b	To ensure the quality of domestic abuse service provision through the design and implementation of a quality assurance framework, initial work has started on Kite Marks/Quality Assurance by Commissioning and Community Safety Partnership.
3d	Through its work on the HPB BSWA are scheduled to establish a pilot DA services hub in February 2019.
4a	<p>BCC Commissioning supported a bid to MHCLG which sought to expand refuge provision in the city. This bid was successful and has secured funds to provide additional refuge spaces, maintain 7 units which were at risk and provide dedicated specialist Housing IDVA's (Independent Domestic Violence Advocates) . This will help enable us to develop a sustainable, flexible, responsive approach to meeting the housing needs of domestic abuse victims, across the West Midlands. The funding is for 2 years and Birmingham and Solihull Women's Aid is our provider and will have responsibility for administering our element of the bid.</p> <p>BCC are also undertaking a review of commissioned DA services which includes refuge accommodation and support services.</p>

Action Plan Ref	Stakeholder Progress updates reported in 14 November 2018
1a	<p>Workforce programme update Birmingham Women's and Children's Hospital NHS Foundation Trust BWCHFT</p> <ul style="list-style-type: none"> <li>▪ Introduced 1) Draft Domestic Abuse Policy across BWCHFT; 2) Staff domestic abuse policy across BWCHFT</li> <li>▪ Domestic abuse pathways are on the BCH intranet site and the BWH sites.</li> <li>▪ Safeguarding induction training incorporates domestic abuse.</li> <li>▪ Domestic abuse level 2 training is optional on the BCH site and essential training on the BWH site.</li> <li>▪ Face to face training is offered by the Specialist Midwife for Domestic Abuse at BW for all Midwives and Nurses.</li> <li>▪ Face to face training is offered at BC through external organisations including Women's Aid and the Loud Mouth Theatre Company.</li> <li>▪ All pregnant women at BW are seen alone and asked Routine Enquiry Questions at their booking appointments and again at 28-34 weeks of pregnancy. Routine Enquiry is also asked during the Postnatal period.</li> <li>▪ BW have designed Domestic Abuse cards with contact details that are available for Women to take in all toilets to enable self-disclosures.</li> <li>▪ BWCHFT safeguarding undertake lateral checks for the 3 Birmingham MARACs and attend if there is significant information to share. Birmingham Children's Hospital (BC) safeguarding team leader attends the MARAC governance group led by Public Protection Unit.(PPU)</li> <li>▪ BC Safeguarding Team Leader attends the VAWCG and liaises with PPU Domestic Abuse Leads.</li> </ul> <p>Service developments: All qualified staff (band 5 and above) across BWCHFT complete the on line domestic abuse training module and 3 yearly updates. The adult safeguarding intercollegiate document (August 2018) competency framework requires "all practitioners who have regular contact with patients, their families or carers, or the public" to have undergone level 2 adult safeguarding training which includes an additional 3-4 hours refresh every 3 years . Staff would achieve compliance through the completion of the level 2 adult safeguarding module and the level 2 domestic abuse modules.</p>
2	Birmingham East Local Community safety Partnership (LCSP) are looking to establish a Domestic Abuse Forum within its operational locality – This forum will look at its role/purpose in awareness raising around HBV/FGM/MS
4	<p>Birmingham South LCSP are working to :</p> <ul style="list-style-type: none"> <li>- Support and promote city and national campaigns aimed at raising awareness of Domestic Abuse</li> <li>- Support services in the South of Birmingham for victims of Domestic Abuse</li> <li>- Continue to develop a local domestic abuse perpetrator programme</li> <li>- Work in partnership with the DHR team to introduce learning and awareness within the local areas.</li> </ul> <p>Birmingham Children's Trust (BCT) working collaboratively on DA and have undertaken the following:</p> <ul style="list-style-type: none"> <li>• Work with the independent reviewing officers (IRO's) who chair child protection conferences to ensure that they better understand the intricacies of domestic abuse and are better equipped to ensure the victim is not only protected but supported to have a voice in child protection meetings. The work was undertaken by Women's Aid. They also supported the IRO service to understand the perpetrator programme better and ensure referrals are made where needed.</li> <li>• There are also a number of perpetrator programmes commissioned by the PCC and BCT have</li> </ul>

	<p>been working with partners to map these out, understand the differences, and compile frequently asked questions sheets for practitioners and service users.</p> <ul style="list-style-type: none"> <li>▪ They have also started to look at how to develop social workers to become more skilled at having the conversations with perpetrators about the programme to ensure better and fully informed referrals are made.</li> <li>▪ The perpetrator offer has just been opened up to early help cases in addition to Child Protection (CP) and Child in Need (CIN).</li> <li>▪ Community safety partnership has supported some of Birmingham Children's Trust staff to be trained across the city in Respect. This accredited perpetrator programme compliments the domestic abuse work they are already doing, such as Freedom programmes and direct work with victims and their children. ( The Freedom programme is a domestic abuse awareness raising programme for women to help them recognise the signs of abuse and make more informed choices about their relationships in the future)</li> <li>▪ North Birmingham are piloting a perpetrator programme and currently taking referrals at present. The programme has been developed by Respect and Bristol University and is called "Reprovide". Staff are being supported by Respect to ensure safe standards of practice are met. The longer term aim is to roll this out across the city for early help and youth offending cases to ensure sustainable support for our children and families.</li> </ul>
<b>3g</b>	<ul style="list-style-type: none"> <li>▪ Change Grow Live (BCC commissioned substance service) for adults has in place reporting and support protocols. Organisational policy provides a framework of practice (and associated procedures) for staff, volunteers and peer mentors to facilitate an understanding of when service users are in an abusive situation and how staff can respond appropriately to any witnessed event or disclosed information. Learning is disseminated monthly via CLGS's Integrated Governance Team Meetings which include learning from DHRs.</li> <li>▪ DWP have assigned DA leads in each job centre plus office (JCP). All DWP staff have access to details of existing services and organisations that clients can be signposted to in order to access support via their Intranet. Specific guidance within DWP services to support this client group. Links and joint training opportunities established between DWP and Birmingham Children's Trust as outlined below.</li> </ul> <p>Birmingham Children's Trust</p> <ul style="list-style-type: none"> <li>▪ The 4 DWP Job Centre Plus workers are involved in Birmingham Children's Trust and attend monthly social worker meetings.</li> <li>▪ BCT meet with providers regionally across the west midlands to explore good practice, issues and barriers to accessing programmes and how to address these.</li> </ul>

	Item 11 <b>Agenda Item: 11</b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>27<sup>th</sup> November 2018</b>
<b>TITLE:</b>	<b>CQC LOCAL SYSTEM REVIEW ACTION PLAN - UPDATE</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Graeme Betts – Corporate Director of Adult Social care and Health Directorate, Birmingham City Council</b>

<b>Report Type:</b>	<b>Headline report</b>
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**1. Purpose: For information**

**2. Implications:**

BHWP Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	X
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	
	Improve the wellbeing of those with multiple complex needs	
	Improve air quality	

	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		X
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		X
Early Intervention		X
Prevention		X

### 3. Recommendations

That the Health and Wellbeing Board notes the progress made against the CQC Local System Review Action Plan.

### 4. Background

- 4.1 The Action Plan was produced in response to the recommendations made by CQC following their Local System Review in January 2018 and has been in place since June 2018.
- 4.2 On the whole progress is on track against the timescales set within the Action Plan, with some actions already complete. In some instances there will be slippage, though it should be noted that DoH did consider some of our timescales to be ambitious.
- 4.3 For the most part fall under the Birmingham Ageing Well Programme and are being progressed via the 3 workstreams: Prevention, Early Intervention and Ongoing Personalised support. These groups report directly to the Birmingham Older Person's Partnership Board.
- 4.4 Progress against the actions under the 3 workstreams:
- Prevention:
- The Public Health Annual Report is being progressed and due to be published in November
  - The Health & Wellbeing Operations Group has created new subgroups

around Older People and Children and Young People. These groups include various stakeholders to inform the direction of the JSNA.

Early Intervention:

- Following the approval by Cabinet of the Business Case for external support for a locality based enablement pilot, a preferred partner has been selected and work is being progressed towards awarding the contract.
- System preparation has commenced including progressing a data sharing agreement and identifying an operational lead to work alongside the external support.
- The timescales will be slightly delayed by the process of awarding the contract.

Ongoing Personalised Support:

- There has been significant progress around the neighbourhood working model with two workshops being held in September
- The work is being progressed against 3 agreed mandates:
  - Developing an agreed shared vision and principles for the model
  - Defining what we mean by 'place' and ensuring any model we adopt is relevant for Birmingham
  - Structuring the city into neighbourhoods of 30 to 50k populations around which services will be delivered.

**5. Future development**

Delivery against the action plan will continue. Actions are currently scheduled up to June 2020.

**6. Compliance Issues**

**6.1 Strategy Implications**

Actions contained within the Action Plan are being integrated into the Birmingham Ageing Well Programme. This programme delivers the multi-agency response in Birmingham on the STP strategic priority of ageing better and later life.



## **6.2 Governance & Delivery**

Delivery of the actions will be via the Ageing Well Programme. Accountable to the Health and Wellbeing Board with monthly progress updates to the Board.

## **6.3 Management Responsibility**

As Senior Responsible Officer for the Local System Review, Graeme Betts is accountable for delivery of the Action Plan and reporting progress to DoH and Health and Wellbeing Board.

## **7. Risk Analysis**

The approach towards risk is being addressed within the individual workstreams. As a priority workstream, Early Intervention is most developed in this respect.

<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
#	#	#	#

## **Appendices**

1. Birmingham CQC Action Plan September 2018 updates.

## **Signatures**

**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**

**CQC Local System Review Action Plan**

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
Item 11							
<b>1. Governance and Leadership</b>							
1.1	There needs to be stability in the leadership to build on recent improvements and collaborative ways of working.	Implement the agreed governance arrangements for the Ageing Well Programme:		Birmingham Older People's Partnership Board (Graeme Betts and Karen Helliwell – co-chairs).	As of July 2018 all of the meetings and governance arrangements were agreed, including reporting arrangements.  Dates for most of the meetings have been agreed for the rest of this calendar year.  Terms of reference developed for each of the meetings with identified officers to attend from the respective organisations.		
		1.1.1. BSol Ageing Well and Later Life Portfolio Board	Jun-18				
		1.1.2. BSol End of Life Workstream Board	Jul-18				
		1.1.3. Birmingham Older People's Partnership Group	Jun-18				
		1.1.4. Prevention Workstream Board	Jun-18				
		1.1.5. Early Intervention Workstream Board	Jun-18				
		1.1.6. Ongoing Personalised Support Workstream Board	Jun-18				
		1.1.7. Agree ToR	Jun-18				
		1.1.8. Establish boards	Jun-18				
1.2	The relationship between the STP Board and Health and Wellbeing Board needs to be reviewed and strengthened to ensure there is agreement and clarity around roles and responsibilities.	1.2.1. Mutually agree Terms of Reference for HWBB and STP Board.	Jul-18	Rachel O'Connor for STP. Wayne Harrison for HWB	The draft ToR will be discussed at next STP Board meeting.		
		1.2.2. Establish regular reporting from STP Board to HWBB	Deadline TBC.		Chair of HWB now has ongoing invite to attend STP Board and STP Lead has a permanent seat on the HWB Board. Clear reporting and assurance from STP to HWB was formally outlined in STP governance refresh.		
		1.2.3. Review workplan of HWBB and Overview and Scrutiny in the context of Ageing Well Programme	Deadline TBC.		HWB Board receives monthly updates on the Ageing Well programme. There is also quarterly reporting to Overview and Scrutiny Committee. An STP conference is schedule for November for Members, Councillors, governors and lay assessors.		
				BSol Ageing Well Portfolio Board: Paul Jennings/ Graeme Betts			
		1.3.1. Development of BSol Strategic Statement for Ageing Well and Later Life	Aug-18	Louise Collett	The document "Making Birmingham a great place to grow old in" sets out the vision for the integration of health and social care services for older people in Birmingham. This document represents the collective voice of the Chair of HWB, the Director of Adult Social Care, the Leader of the STP, and the Chief Execs of the CCG and local Health trusts and forms part of a suite of materials being used to disseminate information about the Ageing Well Programme to staff across all of the relevant organisations.		
		1.3.2. Develop Birmingham Ageing Well Strategy – to incorporate the delivery framework and model.	Apr-19	Pip Mayo	The suite of documents listed above constitute the Ageing Well Strategy. The "Making Birmingham a great place to grow old in" document details the aims and priorities of the strategy.		

## CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
1.3	System leaders should develop and drive forward a shared strategic vision for the future with a shared use of language, ensuring it incorporates all parts of the pathway and is a collaborative approach.	1.3.3. Produce a shared short, sharp strategic statement for staff across the system	Aug-18	June Marshall	A slide deck has been created which describes the programme for briefings. This has been shared with Adult Social Care and Health staff via the Corporate Director and with BCC staff as a whole via weekly bulletin from the Chief Executive. The agreed shared approach document, signed by the Chief Exec's of BSoL CCG, Birmingham Community Healthcare Trust, Birmingham & Solihull Mental Health Trust, the STP Lead, and Chair of Health and Wellbeing Board and the Director of Adult Social Care & Health, was circulated as part of these briefings.		
		1.3.4. System leaders to visit front line teams across health and social care to share details of the vision for the system in Birmingham going forward.	Sept/Oct 18	Dawn Baxendale/ Paul Jennings/ Richard Kirby/ Dame Julie Moore (Fiona Alexander coordinating).	This is being progressed via the Early Intervention workstream. The first visible step is ensuring an understanding of the whole programme and a communications strategy is in place for this. Briefings are taking place within organisations with information cascaded accordingly. From November there will be system wide briefing sessions at which senior managers from across the whole system will undertake briefings.		

**CQC Local System Review Action Plan**

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
<b>2. Prevention</b>							
2.1	A consistent approach to identifying high risk population groups and managing risks to people within the community should be developed across the city.	Develop a multi-agency, system-wide approach to risk stratification:		Ageing Well Prevention Workstream: Graeme Betts – SRO  Operational Leads: Wayne Harrison/ Dennis Wilkes/ Mike Walsh/ Simon Doble			
		2.1.1. System wide session to be organised to include wider partners such as housing, fire, police, MH	Sep-18		Workshop has taken place.		
		2.1.2. Review national best practice	Sep-18		The review has been undertaken.		
		2.1.3. Agree scope, purpose and project plan – learning from best practice and current risk stratification tools	Oct 18		A dual approach is being taken: local intelligence is being utilised as part of the planned neighbourhood multi-disciplinary approach and Public Health will work at population level. There is a dependency of the work being carried out by the Ongoing Personalised Support workstream.		
		2.1.4. Implement project plan	From Nov 18		As above.		
2.2	There needs to be a shared understanding of the prevention agenda, ensuring this is based on a robust Joint Strategic Needs Assessment and up to date public health analysis, which reflects the diversity of Birmingham’s population. Publication of an annual public health report is a statutory obligation and the system needs to ensure this is fulfilled.	2.2.1. Website restructured.	Jun-18	Ageing Well Prevention Workstream: Graeme Betts – SRO  Operational Leads: Becky Pollard/Wayne Harrison	Website restructure complete.		
		2.2.2. Health & Wellbeing Operations Group to identify key individuals from the wider health & social care system to take joint editorial responsibility for specific sections of the JSNA to ensure relevant reports (such as the current work on predicting demand) are identified for inclusion and the content is kept up to date.	Aug-18		Subgroups on Older People and Young People have been set up. These groups include various stakeholders to inform the direction of the JSNA.		
		2.2.3. Annual Report completed and published to website.	Aug-18		DPH Annual Report is on track to be completed and published in November.		

**CQC Local System Review Action Plan**

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
<b>3. Early Intervention</b>							
3.1	There needs to be a review of the eligibility criteria and assessment process for the Enhanced Assessment Beds to ensure they are being used appropriately to meet people's needs.	3.1.1. Business case to BCC Cabinet for external support for the Early Intervention workstream and planning for locality based enablement pilot.	June 2018	Ageing Well Early Intervention Workstream: Andrew McKirgan - SRO, Operational lead: Mark Lobban/Judith Davis	Business case was approved by Cabinet week commencing 26/6/18.		
		3.1.2. Locality pilot to commence	Sep-18		A preferred partner has been selected and currently working towards awarding the contract.		
		3.1.3. City wide projects to be identified.	Oct-18		Slight delay against original timescales owing to process of awarding contract.		
3.2	System leaders need to continue to address current performance issues and work together to implement the recommendations made following the jointly commissioned Recovery, Rehabilitation and Reablement review.	3.2.1. Business case to BCC Cabinet for external support for the Early Intervention Workstream	Jun-18	Ageing Well Early Intervention Workstream: Andrew McKirgan - SRO, Operational lead: Mark Lobban/Judith Davis	Business case was approved by Cabinet week commencing 26/6/18.		
		3.2.2. Establish Early Intervention Workstream Board	Jun-18		Board established and meeting monthly		
		3.2.3. Delivery of place-based pilot to design an integrated pathway for intermediate services with a one-team approach. To include the following components: a. MDT with 7 day working b. Quick response in a crisis c. Home and bed-based enablement – with a focus on getting people home.	Sept 2018 – March 2019		System preparation has commenced including progressing a data sharing agreement and identifying an operational lead to work alongside the external support.		

**CQC Local System Review Action Plan**

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
<b>4. Ongoing Personalised Support</b>							
4.1	The personalisation agenda should be developed with more people supported to access personal budgets and direct payments.			Ageing Well Ongoing Personalised Support Workstream: Richard Kirby - SRO			
		4.1.1. The system needs to develop a robust and shared vision of personalisation to underpin transformation (wider than personal budgets/direct payments) as part of Ageing Well Strategy formulation.	End Aug-18	Pip Mayo	A shared vision of personalisation has been approved by the HWB Board, and will be presented to the STP.		
		4.1.2. Undertake analysis of reasons why citizens have declined the offer of direct payments	End Jul-18	Pauline Mugridge	The direct payment project board has reviewed the reasons that a direct payment was not taken up, as recorded on CareFirst. This information has been used to agree actions by the board accordingly.		
		4.1.3. Develop personalisation offer for Health and Social Care in the context of locality working.	End Dec-18	Richard Kirby	Progress against this action is dependent on the overall neighbourhood model being developed by OPS - the deadline is likely to be revised. Personalisation was considered at the 2 neighbourhood working workshops held in September: the vision for neighbourhood working aims services to be person centred; further consideration is needed as to how this translates into practice.		
4.2	The local authority needs to ensure it continues to fulfil its statutory obligation under the Care Act 2014 and provide assurance there is capacity of good quality services within the social care market.	4.2.1. Mobilise new contracts including commencing annual monitoring visits and using quality to prioritise providers used by BCC.	End Jul-18	Ageing Well Ongoing Personalised Support Workstream: Richard Kirby - SRO,  Operational lead - Alison Malik	Tender for residential, nursing and supported living was completed and new contracts effective from 01 May 2018. A risk register has been produced for all contracted providers to enable prioritisation for annual quality monitoring visits. The first quality monitoring visits commenced during w/c 23 July 2018.		
		4.2.2. Commence decommissioning of inadequate providers and ensure support provided to effected service users. DMT due to discuss/agree proposals June 2018. Begin with service user dialogue in September.	Sep-18		We continue to work with partners and service users to decommission Inadequate care provision safely and sensitively. In Dec 17 we had 9 Inadequate services and in Aug 18 this has reduced to 3. These are being actively managed and we will continue to work with these providers to either improve their service or to decommission.		
		4.2.3. Retender for home support providers; commence with tender launch in July	01/07/2018 - Deadline revised to Oct 2018		The Council will be tendering for home support services in Oct 2018, with contracts due to commence in Feb 2019. This will reduce the Council's home support market by around 70 providers and the tender will be awarded to the highest quality providers. A 12 month transition period will be in place to support citizens to transfer their care to a new provider/Direct Payment.		

**CQC Local System Review Action Plan**

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
4.3	There needs to be more proactive scrutiny and contract monitoring to prevent further performance issues, such as those identified in relation to continuing healthcare.	4.3.1. All system workshop on 25 May to agree a refreshed and improved CHC pathway and processes.		Ageing Well Ongoing Personalised Support Workstream: Richard Kirby - SRO, Operational Lead: Carmel O'Brien.	Process mapping event complete		
		4.3.2. CCG in contractual discussions for both short and mid-term fixes and to consider longer term commissioning solutions. New CSU provider to take over contract 1st June.	Jun-18		Complete and in place. Mobilisation group continues to monitor handover. Project lead due to commence mid-July to develop the End to End process for CHC.		
		4.3.3. CCG Project to commence early July to scope an End to End service for CHC.	End Apr-19				
4.4	The system needs to consider how the current online micro-tendering procurement system for social care support impacts on peoples' choice, dignity and person-centred care.	4.4.1. Continue development of new IT solution for implementation 1 Oct 2018.	Oct-18	Ageing Well Ongoing Personalised Support Workstream: Richard Kirby - SRO; Operational Lead: Alison Malik	New IT system - CareMatch - went live on 17th September 2018. Key focus for the system is on finding the best quality care available that meets service user needs.		



CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
<b>5. Locality working</b>							
5.1	The health and social care landscape needs to be rationalised with clear points of access. However, the system needs to ensure there is a comprehensive evaluation of current services and ways of working throughout the city before wholesale changes are made which could demotivate staff and destabilise good practice.	Design and implement models of locality working across the life-course:		Ageing Well Prevention Workstream: Graeme Betts – SRO (Work has subsequently been handed over to the Ongoing Personalised Support workstream under Richard Kirby)			
		5.1.1. Identify a small number of neighbourhoods/ localities to act as accelerator exemplars	Jul-18		The proposed geographical split of the city has been presented to the working group, which includes CCG and GP reps who are currently considering these proposals. Localities (200-250k) have been agreed by all partners.		
		5.1.2. Agree locality governance model across the life-course including establishing the appropriate geographical level for different offers.	Sep-18		Two workshops were held in September to progress this work. The focus of the workshops was to progress against 3 mandates: development of a model of integrated care that works for Birmingham; development of a clear vision and set of principles; structuring the city in to 30k - 50k neighbourhoods. Attending stakeholders have been tasked with furthering actions and progress will be reported to the Birmingham Older People's Programme Board.		
		5.1.3. Establish neighbourhood/locality exemplar shadow boards	Oct 2018 - likely to be slippage				
		5.1.4. Map and evaluate the offer to citizens within exemplar areas	Dec-18				
		5.1.5. Exemplars develop proposals for locality working in their area	Apr-19				
		5.1.6. Exemplars undertake comprehensive needs analysis across the life course to establish local priorities	Apr-19				
		5.1.7. Mobilize locality exemplars.	2019/20				

## CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
<b>6 a) Enablers - Communications and Engagement</b>							
6.1	Public engagement in shaping the future of the health and social care system in Birmingham needs to be strengthened with a systematic and joined up approach to involving people to ensure that Birmingham's diverse communities are engaged in the planning and delivery of services.	6.1.1. Further development of Comms and Engagement Framework linked to STP to underpin all STP programmes	End Aug-18	Fiona Alexander	Comms strategy has been drafted.		
		6.1.2. Re-commissioning of Healthwatch – review scope of contract and opportunity to embed system-wide feedback. Approach to be agreed by July 2018.	Jul-18	Pip Mayo	Approval has been given for the council to commence a procurement process for the Healthwatch Birmingham service. The service specification has been developed in partnership between the council and health to reflect the joint priorities and focus for the service. The procurement process will commence in October 2018 with a contract award scheduled for December 2018.  The successful provider will work to mobilise the new service during January - March 2019 to ensure that there is not a gap in service provision.		
		6.1.3. Co-production of the Ageing Well Strategy for Birmingham	Apr-19	Pip Mayo	The suite of documents listed above constitute the Ageing Well Strategy. The "Making Birmingham a great place to grow old in" document details the aims and priorities of the strategy.		
		6.1.4. Establish Birmingham Ageing Well Communications and Engagement workstream	End Jul-18	June Marshall	Comms and engagement group established and meeting; made up of LHLH, CCG and BCC Corporate Comms and ASCH Comms reps.		
		6.1.5. Develop Birmingham Ageing Well Communications Strategy & Action Plan	End Jul-18	June Marshall	Strategy and Action Plan has been drafted and is due to be signed off by Birmingham Older People's Partnership Board on 11/9/18.		

**CQC Local System Review Action Plan**

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
6.2	Strategic planning should be co-produced with all stakeholders, including independent care providers and voluntary sector organisations, to ensure the diversity of Birmingham’s population is reflected.	6.2.1. Audit of current engagement activity	End Jul-18	Ageing Well Communications and Engagement Workstream - June Marshall	The way stakeholders are recruited has been reviewed and amended along with website content. Work is being led through EI workstream.		
		6.2.2. Map Ageing Well Stakeholders and agree engagement methods	End Jul-18		Stakeholders have been mapped as part of the Communications Strategy – as 6.1.		
		6.2.3. Establish independent sector and voluntary sector reference arrangements.	End Sep-18		Being developed for EI workstream; further work required around the wider programme.		
6b) Enablers - IT							
6.3	Improving the capacity for information sharing across the health and social care interface should be prioritised, as this is currently a key barrier to integrated working.	6.3.1. Create an STP information sharing protocol	Dec 2018 Deadline amended to March 2019	STP Digital Roadmap Board: Operational Lead: Ciaron Hoye	Source of funding has been identified to undertake the initial tranches of work and to build a comprehensive project plan to move to a person centered record. It is anticipated that convergence of GP, Maternity and Mental Health records will occur within this time frame. A mandate from the Chief Executive of the CCG has also been agreed to proceed with work on a citizen centered record.		
		6.3.2. Review all STP Enabler action plans	Dec 2018 Deadline amended to March 2019				
		6.3.3. Progress work on single health and care record (Phase 1 under way and will be delivering all GP records from the region into acute and urgent care settings by Sep 2018. Phase 2 requirements being quantified in line provisionally with the Dec 2018 information sharing protocol).	Jun-20				
		6.3.4. Design and implement a system-wide single patient consent model for sharing data (pending agreement from the STP/region for a patient based consent model, and clarification of national policy with regards to consent and national infrastructure)	Dec-19				
		6.3.5. Enable citizens to have access to their own data to support self-management and to remain well.	Dec-19				

**CQC Local System Review Action Plan**

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating	
<b>6c) Enablers - Workforce</b>							
6.4	Organisational development work needs to be undertaken to break down organisational barriers, strengthen relationships, improve communication and ensure there is a shared understanding among staff of their role in achieving the strategic vision at an operational level.	Develop a shared OD programme across the system to develop a collaborative culture and set of values and behaviours with a common purpose. To include:	Approach to be agreed by September 2018.	BSoL Ageing Well Portfolio Board: Paul Jennings/ Graeme Betts/ Andrew McKirgan	Communications around Ageing Well have been developed and briefings are taking place. A single team approach will be progressed through the Early Intervention workstream pilot at the Norman Power Centre from November 18.		
		6.4.1. Building and sharing stories and success.	Implementation from Sept 2018.				
		6.4.2. Single team approach.					
6.5	System leaders should develop a coherent workforce strategy for Birmingham.	6.5.1. Translate 5 year strategy into year by year action plans – produce Year 1 plan for city-level workforce requirements	Sep-18	STP Local Workforce Action Board: John Short - SRO	A workforce plan for the STP for 2018/19 is due to go to a meeting of the LWAB on 5th September.		
		6.5.2. Undertake comprehensive workforce analysis of current/future needs in context of locality working	TBC		This is dependent upon the neighbourhood working model that is being developed via the Ongoing Personalised Support workstream.		
		6.5.3. Develop Birmingham workforce/careforce strategy in context of locality working	TBC		This is dependent upon the neighbourhood working model that is being developed via the Ongoing Personalised Support workstream.		

	<b><u>Agenda Item 13</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>27<sup>th</sup> November 2018</b>
<b>TITLE:</b>	<b>DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2018</b>
<b>Organisation</b>	<b>Birmingham City Council – Adult Social Care and Health</b>
<b>Presenting Officer</b>	<b>Becky Pollard</b>

<b>Report Type:</b>	<b>Briefing</b>
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<b>1. Purpose:</b>
To brief the Health and Wellbeing Board on the 2018 Director of Public Health Annual Report - Fulfilling Lives for Under Fives

2. Implications:		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	X
	All children in permanent housing	X
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	
	Improve the wellbeing of those with multiple complex needs	

	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		X
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		X
Prevention		X

### 3. Recommendations

That the Health and Wellbeing Board support the overarching recommendations highlighted in the report, in particular Overarching Recommendation 5:

‘The Health and Wellbeing Board encourages and facilitates strong strategic partnership working and ensures robust governance arrangements are in place between statutory and non-statutory bodies to monitor and promote the health and wellbeing of under five year olds.’

### 4. Background

- 4.1 The Director of Public Health (DPH) Birmingham has this year chosen to focus the DPH annual report on the health and wellbeing of children aged under five years old living within the City of Birmingham. The purpose of the report is to raise awareness and understanding of local health issues, highlight areas of specific challenge and make clear recommendations for change to improve health and wellbeing.
- 4.2 As part of the process, Becky Pollard, the Interim Director of Public Health (DPH), has engaged with internal and external key stakeholders throughout the production of the report. The draft report has been shared and discussed with professionals and community representatives as part of a quality assurance process.
- 4.3 Each chapter considers the latest available data on local health and wellbeing

outcomes, evidence of best practice to improve outcomes for this age group and their families, specifically those set out in the Marmot report 2010 and recently published report by the Royal College of Paediatrics 'The State of Child Health'. Each section reviews current service provision against best practice and highlights any gaps and makes specific recommendations to drive up performance.

**4.4** The five overarching recommendations set out in the report are set out below

- 1.** Commissioners and providers of Early Years services within Birmingham take account of the demographic makeup and distribution of the under- fives population across the city (specifically in Central and Eastern areas) and target efforts and resources accordingly.
- 2.** Commissioners and providers have in place robust data collection systems to monitor health needs and outcomes for children under five and their families, including the Ages and Stages Questionnaire and breastfeeding rates.
- 3.** Local Sustainable Transformation Partnerships across the city encourage commissioners and service providers to strengthen the prevention offer from preconception through to early years for the citizens of Birmingham, particularly through the Local Maternity System and Birmingham Forward Steps.
- 4.** Inclusive growth and economic development programmes across the city and those led by the West Midlands Combined Authority, maximise opportunities to promote the wellbeing of young children and their families, particularly those in poverty in greatest need.
- 5.** The Birmingham Health and Wellbeing Board encourages and facilitates strong strategic partnership working and ensures robust governance arrangements are in place between statutory and non-statutory bodies to monitor and promote the health and wellbeing of under five year olds.

**5. Future development**

- 5.1** The report highlights recommendations that set out further action needed based on the evidence contained in the report to improve outcomes for the under-fives. These recommendations will be relevant not only for Birmingham City Council but for other statutory and non-statutory organisations and partnerships operating within the City, including the Health and Wellbeing Board.
- 5.2** The final report is available and will be launched at an event to be held on the 12th November 2018 at the Auditorium, 10 Woodcock Street, Birmingham. All members of the Health and Wellbeing Board have been invited to the launch



event. A copy of the report will be published on the Birmingham City Council website after the official launch.

## **6. Compliance Issues**

### **6.1 Strategy Implications**

Recommendation 5 in the Overarching Recommendations in the report highlights that The Health and Wellbeing Board encourages and facilitates strong strategic partnership working and ensures robust governance arrangements are in place between statutory and non-statutory bodies to monitor and promote the health and wellbeing of under five year olds.

### **6.2 Governance & Delivery**

The work of the Health and Wellbeing Board supports delivery of this recommendation. It is requested that areas of good practice resulting from this be shared with the Director of Public Health so they may be developed into case studies for the 2019 report which will review the findings and impact of the recommendations.

### **6.3 Management Responsibility**

To encourage and support partner organisations to develop processes enabling the recommendations in the report to be adopted, supporting the needs of under five year olds in Birmingham.

## **6. Risk Analysis**

<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
N/A	N/A	N/A	N/A

## **Appendices**

1. 2018 Director of Public Health Annual Report Fulfilling Lives for Under Fives

## **Signatures**

**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**

**2018**

# **Director of Public Health Annual Report Fulfilling Lives for Under Fives**



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# Foreword

It gives me great pleasure to present my Director of Public Health Annual Report for 2018.



The Health and Social Care Act of 2012 set out a requirement for all Directors of Public Health to produce an annual independent report on the health of their population and for their local authority to publish it. The purpose of the report is to raise awareness and understanding of local health issues, highlight areas of specific challenge and make clear recommendations for change to improve health and wellbeing.

This year, I have chosen to focus my report on the health and wellbeing of children aged under five living within the City of Birmingham. There is strong evidence that the foundations of good health start even before birth and influence each stage of life from childhood, adulthood and into older age. The Marmot report Fair Society, Healthy Lives, published in 2010, stated that 'giving every child the best start in life is crucial to reducing health inequalities across the life course'. If we are truly going to reduce the significant inequalities in health across our city then we must have a good understanding of the current and future health needs of this group and look at the best available evidence of what works to promote the best start in life.

Of course, the importance of the welfare of children is set out in international agreements too. These are important for us to understand and apply in Birmingham. The UN Convention on the rights of children sets out that every child has the right to the best possible health and a standard of living that is good enough to meet their physical and social needs. The Convention also reminds us that children are not just passive recipients of services and we need to find ways to make sure that children can express their views and feelings.

The need for us to protect children from exploitation and abuse are also set out in the Convention. In places this report makes challenging reading when we compare our responsibilities to protect children against the harms that still exist.

We need to remind ourselves of children's rights so that they can become an important driver to improving the lives of children in Birmingham.

The report looks at a wide range of measures which describe the current health of our young children and compares our performance to the national picture, as well as other similar cities across the country. It identifies areas where should drive up performance and reflects on our local practice against the recommendations set out in the recent report by the Royal College of Paediatrics and Child Health 'State of Child Health'.

I welcome any feedback about the contents and presentation of this report and look forward to working with all city partners and communities to address these recommendations. It is my intention that the 2019 Annual Report will reflect on progress made over the next 12 months and highlight future health needs of the people of Birmingham.



*Becky Pollard.*

**Becky Pollard,  
Interim Director of Public Health  
Birmingham City Council**

# Executive summary

There is strong evidence that the foundations of good health start even before birth. The report looks at a wide range of measures which describe the current health of our young children and compares our performance to the national picture, as well as other similar cities across the country.

Although the report highlights specific issues that face under five year olds in Birmingham, it is clear that an underlying theme is the impact of poverty across all these areas. Although we want to ensure that we address the impacts of inequality on health and wellbeing, we also need to address the underlying social and economic drivers in order to achieve meaningful change.

## Demographics

Birmingham has the largest population under five years old of any English local authority, with 85,820 children making up 7.6% of the total population, the highest percentage amongst the core cities.

The general fertility rate is the proportion of births to women aged 15-44. In 2016, Birmingham had a fertility rate of 69.7 per 1,000 women, which is higher than that of England (62.5) and other core cities (59.2). There were 17,500 births in Birmingham in 2016.

Birmingham is the most ethnically and culturally diverse city in the UK outside London. In 2011, 42% of the general population and 60% of children under five years old were from Black, Asian and Minority Ethnic Groups (BAME) groups. Health outcomes, such as infant mortality, low birth weight for term babies, tooth decay and excess weight can vary considerably between ethnic groups.

Children living in challenging housing conditions are more likely to experience poor health. 2011 census data shows that 6.7% of households in Birmingham with dependent children live in overcrowded conditions, in comparison with 3.2% nationally. Latest figures show there are 335 under five year olds in Birmingham who are being looked after by the Local Authority.

## Conception, Pregnancy and Neonatal

In comparison with the rest of England, Birmingham has poorer outcomes on a number of measures of healthy maternity: still birth, low birth weight, neonatal death and infant mortality. The NHS Saving Babies' Lives Care Bundle, launched by NHS England to reduce the rate of still birth and early neonatal death by incentivising the reduction of smoking in pregnancy, and raising awareness and improving monitoring of foetal growth and movement, has been implemented by Birmingham. This is accompanied by the development of a systematic approach to maternity care – a partnership of two maternity providers to deliver care using the same pathways in a more community orientated approach. The key aspirations are to address the additional socio-economic needs of some women and respond to the challenge of pregnant women who smoke.

## Early Years Health and Care

Birmingham encounters a number of challenges around the health and wellbeing of under five year olds – it has higher rates of childhood obesity, lower childhood vaccination uptake and higher rates of Accident and Emergency attendances and emergency admissions than the national average. In line with best practice, work is already underway to address many of these public health issues. The procurement of Birmingham Forward Steps has, at the heart of its specification, a community-based and family-centred approach. It is designed to provide early help and support to optimise health and well-being and to facilitate access to other health and social care services when needed. Work is also underway to increase the use of Healthy start Voucher Scheme which provide low income families with vouchers for the purchase of milk, fruit and vegetables.

## Early Years Education and Development

The early years are vital for giving children the best possible start in life – it is during these years that the foundations for life are set. A key indicator of childhood development and education is the school readiness level, on which children in Birmingham are below the England average – 66% vs 70% assessed as being at a good stage of readiness. It is important to provide good quality early years education and childcare proportionately across the social gradient to increase the take-up by children from disadvantaged families. Work is underway to provide children with the best start in life by addressing issues such as

school readiness through partnership working between Early Years services, such as Birmingham Forward Steps, which provides support to all families with children under five years old. The City Council also monitors the uptake of government-funded Early Education Entitlement, and seeks further opportunities to improve uptake.

## **Family and Social Environment**

More than one in every four children in Birmingham lives in poverty, which can have a range of lasting impacts on health, both direct and indirect – for example the impact of poor diet or not engaging at school. Work in Birmingham therefore must consider how to counter not only the causes of ill-health, but also the causes of the wider deprivation that contribute to it. Birmingham is ranked as the 6th most deprived local authority in the country. In addition, 30.5% of Birmingham children live in income-deprived households, ranking Birmingham 15th in England for deprivation affecting children.

A key objective for us is to ensure that economic growth is inclusive and that the opportunities and benefits of growth are made available to every person in the city, not just those who are already affluent. As part of this Birmingham City Council has a social value policy, which it implements via the Birmingham Living Wage policy, and the Birmingham Business Charter for Social Activity. One innovative use of this approach has been via the Longbridge 106 scheme which uses funds raised by Birmingham City Council via housing development to fund family nutrition and physical activity.

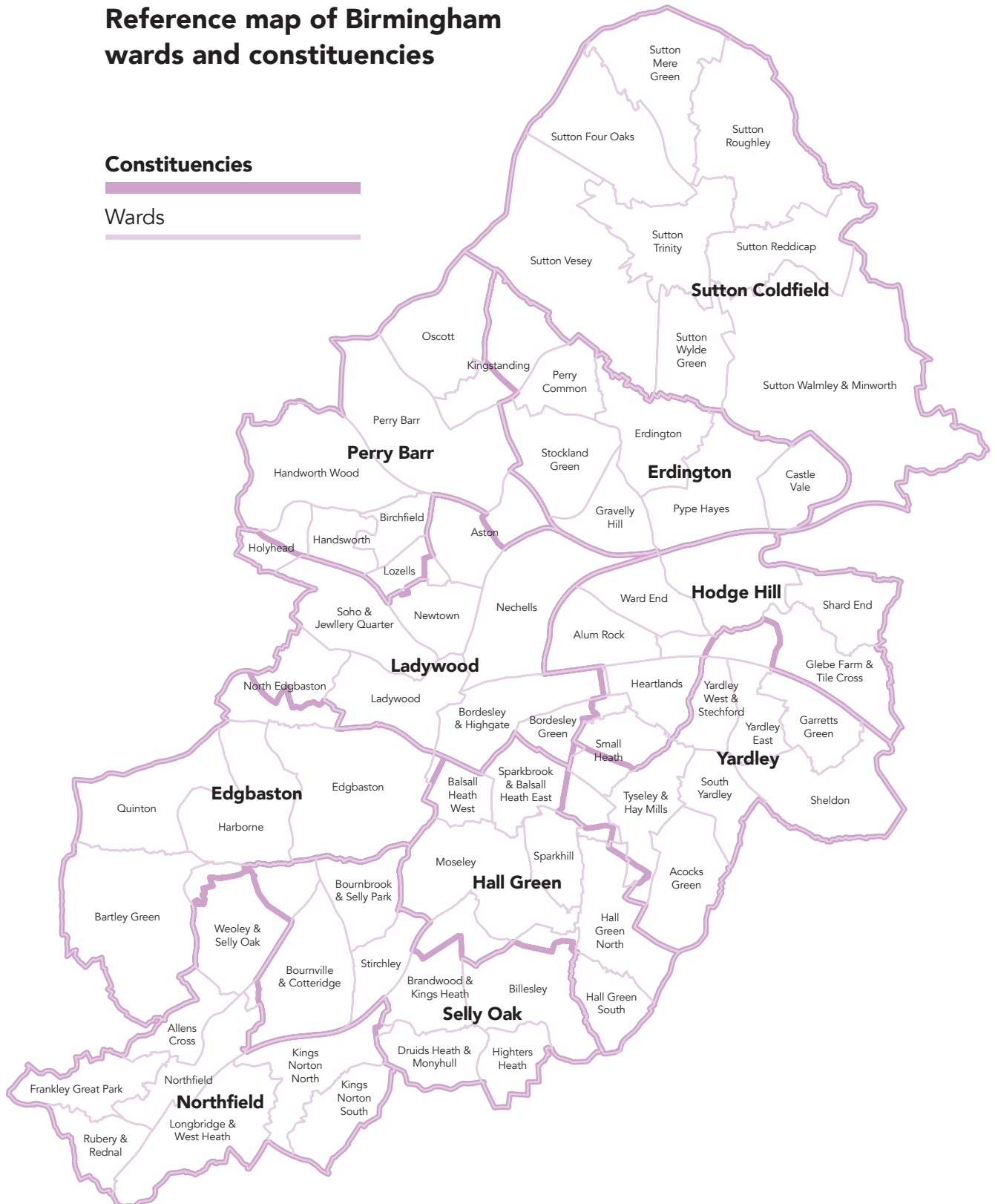
There is strong evidence of the impact of adverse experiences in childhood on childhood health, and on the later ability to form part of a healthy workforce as an adult. We predict that there will be large numbers of our population who have experienced adversity in childhood, a large number concentrated in our many areas of disadvantage. A framework has been developed that identifies: opportunities for therapeutic interventions for those who have experienced adverse experiences in childhood; actual adverse events as they occur in order to reduce their impact; and opportunities to prevent adverse events occurring in the first place. We will continue to develop services for primary, secondary and tertiary prevention in partnership with local service providers.



# Reference map of Birmingham wards and constituencies

## Constituencies

## Wards



Based on map data produced by Birmingham Public Health Knowledge Impact and Outcomes Team (2018). © Crown copyright and database rights 2018 Ordnance Survey 100021326.

# Overarching recommendations – Fulfilling lives for under fives

- 1. Commissioners and providers of Early Years services within Birmingham take account of the demographic makeup and distribution of the under fives population across the city (specifically in Central and Eastern areas) and target efforts and resources accordingly.**
- 2. Commissioners and providers have in place robust data collection systems to monitor health needs and outcomes for children under five and their families, including the Ages and Stages Questionnaire and breastfeeding rates.**
- 3. Local Sustainable Transformation Partnerships across the city encourage commissioners and service providers to strengthen the prevention offer from preconception through to early years for the citizens of Birmingham, particularly through the Local Maternity System and Birmingham Forward Steps.**
- 4. Inclusive growth and economic development programmes across the city and those led by the West Midlands Combined Authority, maximise opportunities to promote the wellbeing of young children and their families, particularly those in poverty in greatest need.**
- 5. The Birmingham Health and Wellbeing Board encourages and facilitates strong strategic partnership working and ensures robust governance arrangements are in place between statutory and non-statutory bodies to monitor and promote the health and wellbeing of under five year olds.**

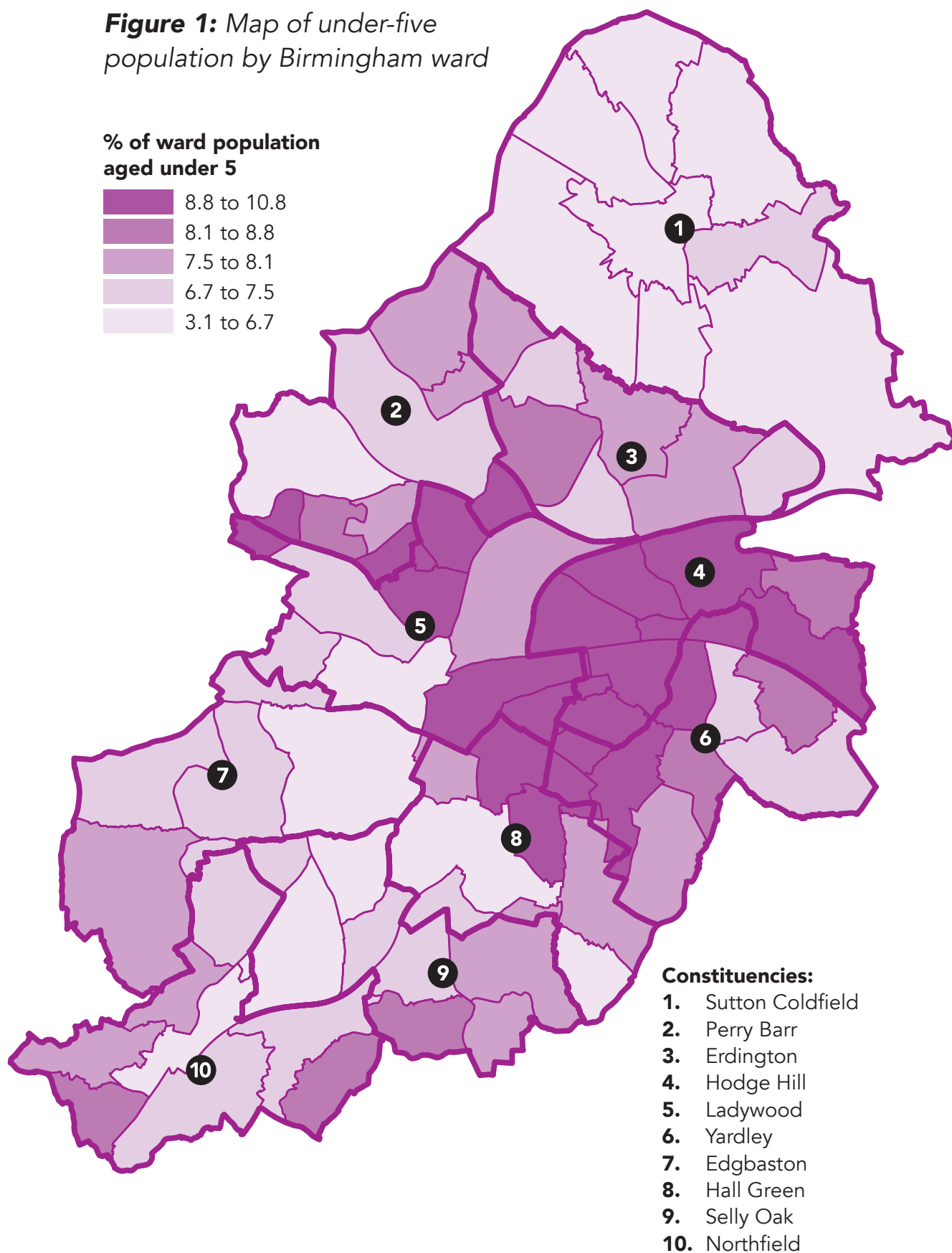
# Demography of Birmingham

## Population aged under-five in Birmingham

Birmingham has the largest population aged under-five of any local authority in England with an estimated 85,820 children making up 7.6% of the total population<sup>1</sup>. This is equivalent to the total population of the town of Redditch. This age group makes up 6.1% of the England population. Amongst the Core Cities, Birmingham has the highest percentage of children this age. Within the city the highest proportion of under five year olds can be found in the central and eastern areas with the biggest concentration in the wards of Heartlands and Bordesley Green (10.7% and 10.3% respectively). Bournbrook and Selly Park ward and Sutton Four Oaks ward have the lowest percentage of under five year olds (3.1% and 4.4%). The distribution across the city by ward can be seen in Figure 1. The number of children under five years old has been slowly rising over the past five years and this is set to continue in the coming period. ONS 2016-based population projections estimate there will be 87,900 children under five years old in Birmingham by 2026.



**Figure 1:** Map of under-five population by Birmingham ward



Based on map data produced by Birmingham Public Health Knowledge Impact and Outcomes Team (2018). © Crown copyright and database rights 2018 Ordnance Survey 100021326.

## Births in Birmingham

Birmingham has the highest number of births per year of all the local authorities in England. The number in Birmingham has remained fairly constant over the past 10 years. In 2016 there were 17,500 births in the city and there were 17,000 10 years previously. In 2016 the largest number of births were in Alum Rock ward (641) and Sparkbrook and Balsall Health East ward (548). The lowest number of births were seen in Sutton Four Oaks (66) and Sutton Wylde Green (77).

Births to mothers who were not themselves born in the UK, as a percentage of all live births, was 41.3% in 2016 for the city<sup>2</sup>. This was the highest percentage out of all the West Midlands local authorities (England 29%).

<sup>1</sup> ONS 2016 mid-year estimates

<sup>2</sup> ONS local migration statistics 2016



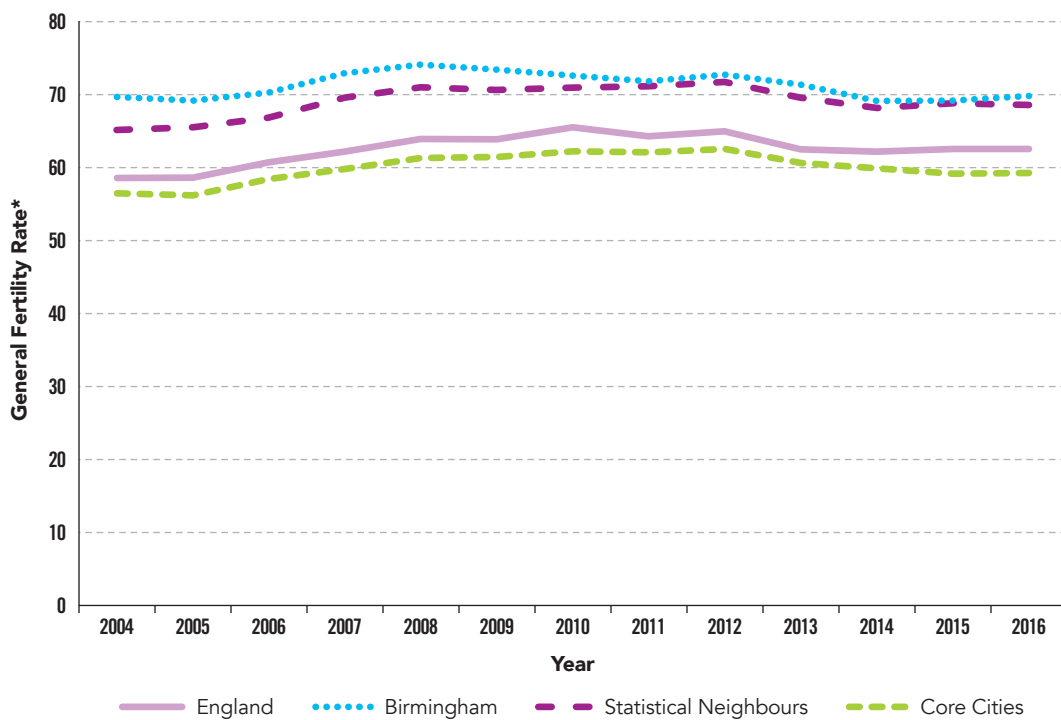
Source: ONS total births data (rounded)

## Fertility rates in Birmingham

The general fertility rate is the proportion of births to women aged 15-44. In 2016 there were 17,500 births in Birmingham which equates to a fertility rate of 69.7 per 1,000 women. Figure 2 shows that Birmingham's rate is higher than England (62.5) and the Core Cities (59.2). The city rate has been constant over the past seven years. General fertility rate can be an indication of possible growth or decline of a population compared to other areas.

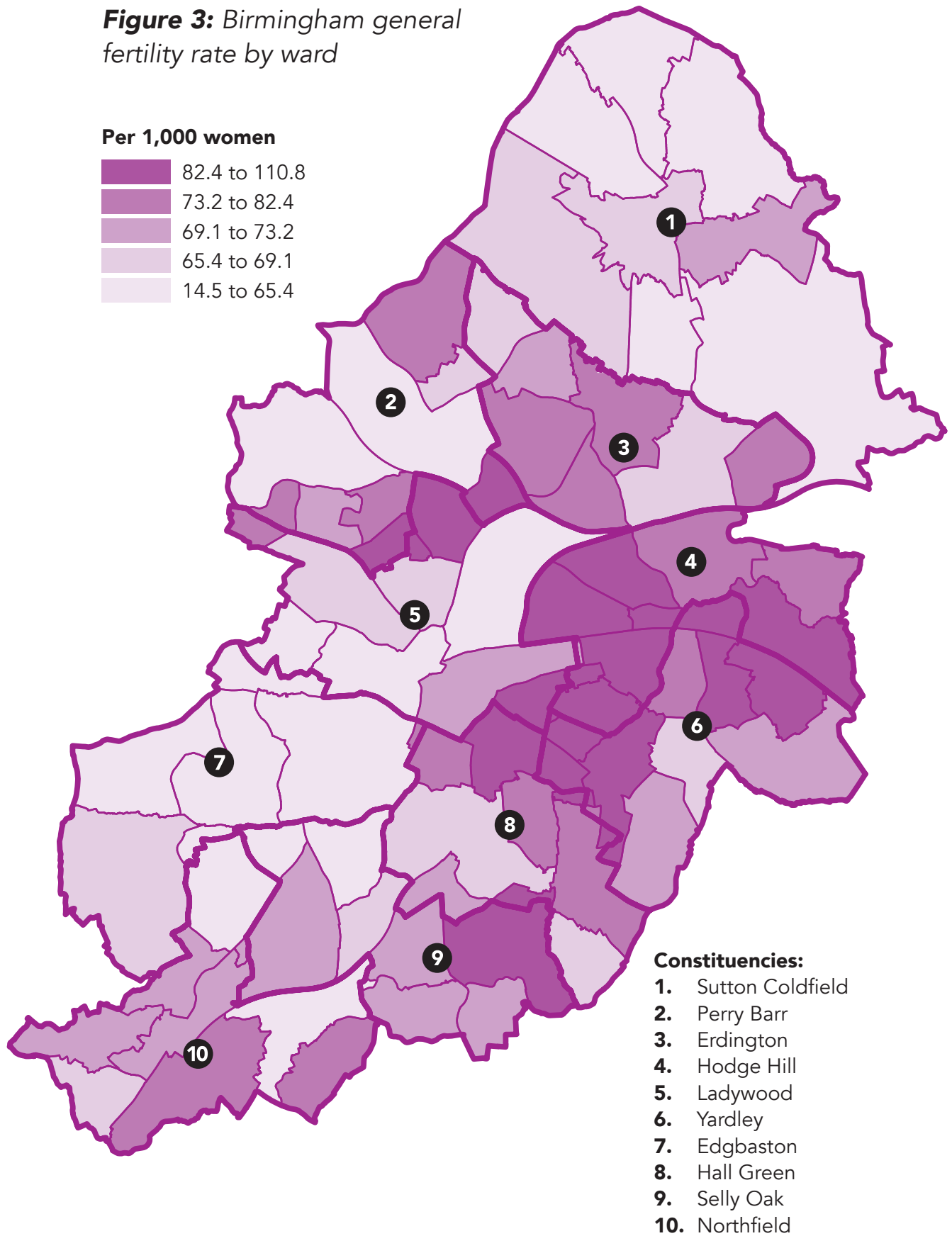
The general fertility rate varies within the city with the highest rates in central and eastern areas; the highest rate being in the Bordesley Green ward (111 per 1,000); the lowest rate in Bournbrook and Selly Park ward (14 per 1,000).

**Figure 2:** General Fertility Rate over time



\*Number of live births per 1,000 women age 15-44

**Figure 3:** Birmingham general fertility rate by ward



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## Diversity in Birmingham

Outside London, Birmingham is the most ethnically and culturally diverse city in the UK. This is reflected not only in its general population, in 2011 42% are from Black, Asian and Minority Ethnic Groups (BAME), but also in the under five age group. The 2011 census reported that 60% of Birmingham children aged under five were from BAME groups compared to 17% in England. Within the city this percentage varies dramatically; in Sparkbrook ward 96% of under five year olds were in BAME groups, whereas there were only 17% in Longbridge ward<sup>3</sup>.

There are an estimated 90 different languages spoken in the city.

Health outcomes, such as infant mortality, low birth weight for term babies, tooth decay and excess weight, can vary considerably for ethnic groups. Similar inequalities can be seen when examining the social determinants of health, such as children in low-income families and school readiness<sup>4</sup>.

## Migration

Evidence shows that many migrants are healthy upon arrival, compared with the native population.

Good health can deteriorate over time in the receiving society<sup>5</sup>. Intelligence on the migration patterns of under five year olds in Birmingham is split into internal and international migration. In 2016 Office for National Statistics<sup>6</sup> reported that there was a net outflow of 510 under five year olds in Birmingham as the result of internal migration (residents moving within the UK). This was made up of 2,940 children coming into the city and 3,450 children leaving the city. This makes for a large cohort of transient families which could lead to difficulties monitoring their health and providing health services. Such a fluid population can also lead to poor housing experiences and poor outcomes in education.

International migration also points towards a fluid population in Birmingham. At August 2017 15,409 migrants had come into the city, with 6,364 leaving Birmingham. This in migration represented 1.4% of the total population (second highest value out of West Midlands local authorities and compared to 1% for England). Birmingham participates in the national asylum dispersal scheme. The number of asylum seekers on section 95 support (the primary form of asylum seeker support) at September 2017 was 1,535: the highest of any English Local Authority<sup>7</sup>.



## Housing in Birmingham

Children living in challenging housing conditions are more likely to experience poor health. The map of 2011 census data (Figure 4) shows the proportion of households in which there are dependent children living in overcrowded conditions; a household that has at least one bedroom too few for the number of people living in the household. Birmingham has 6.7% of households living in such overcrowded conditions (England, 3.2%). The areas surrounding the city centre had the highest proportion of overcrowded households with children. More than one in five of the households were overcrowded with dependent children in Small Heath ward (22%) and Alum Rock ward (21%).

## Looked after children

Local authorities are responsible for ensuring an assessment of the physical, emotional and mental health needs of every child they look after is carried out. The majority of children and young people who become looked after do so following experiences of abuse or neglect and have statistically poorer health and education outcomes compared to other children and young people.

The latest figures (2016/17) show that there are 335 under five year olds who are being looked after. This represents 39 per 10,000 children of this age, which is statistically similar to the national average (36.9 per 10,000)<sup>8</sup>.

Despite our poor rates of overall child immunisation the percentage of looked after children with up to date immunisation is high. Although the figures are not for under five year olds, 94% of looked after children of all ages were up to date with their immunisations. The figure for England was 84% (2017). Completion of health assessments for looked after children is also high with 97% having an annual assessment (England 89%).<sup>9</sup>

<sup>3</sup> ONS 2011 census

<sup>4</sup> Public Health England. Public Health Outcomes Framework: Health Equity Report Focus on ethnicity (2017)

<sup>5</sup> Rechel, B., P. Mladowsky et al. "Migration and health in an increasingly diverse Europe." *Lancet* 381 (2013)

<sup>6</sup> "2015 to 2016 Birmingham internal migration". BCC Service Development Team, Transportation and Connectivity, Economy Directorate

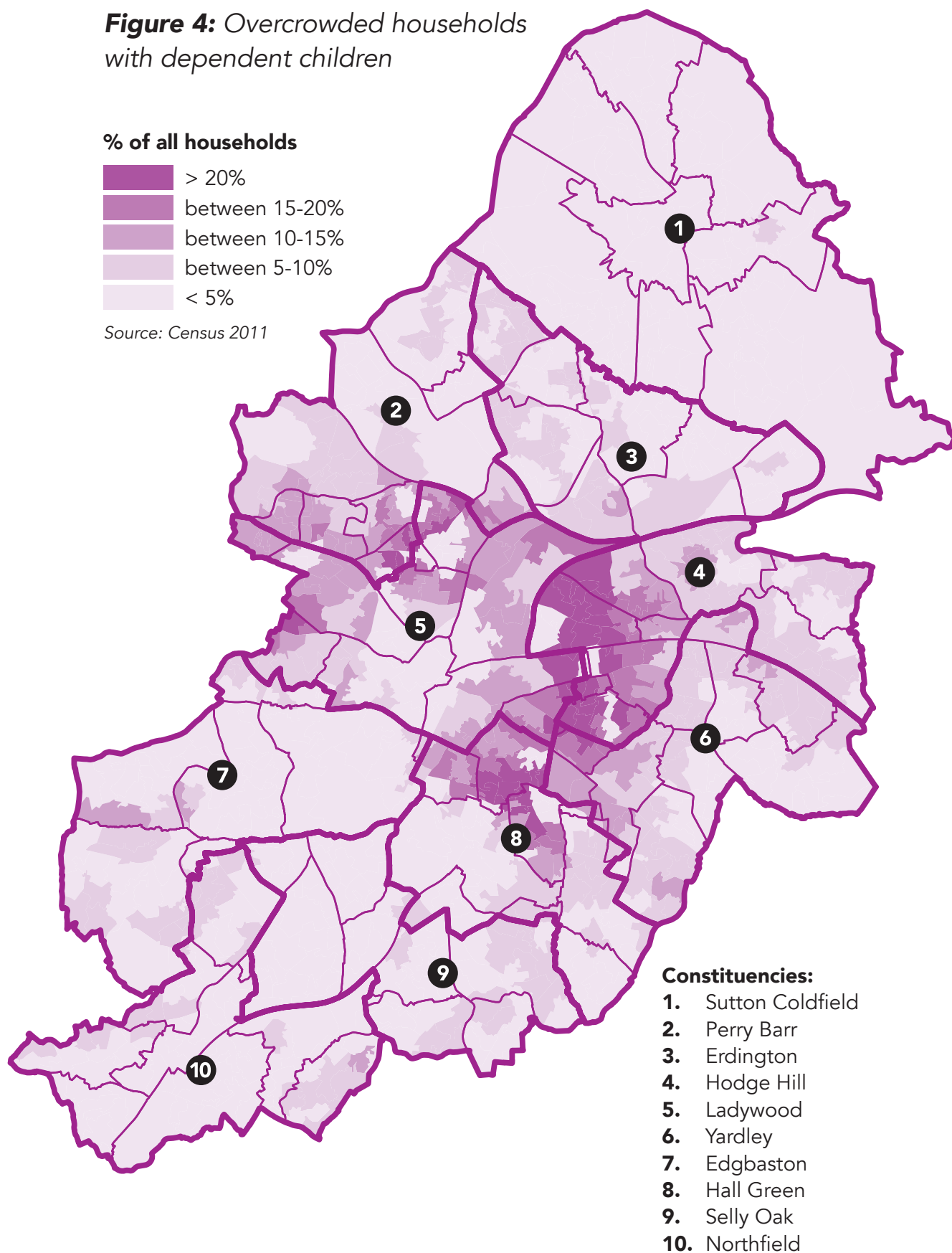
<sup>7</sup> West Midlands Strategic Migration Partnership. Understanding Migration: Building a cohesive strategy for the West Midlands,

Stage one report, Review of trends and patterns of migration

<sup>8</sup> PHE fingertips

<sup>9</sup> Department of Education

**Figure 4:** Overcrowded households with dependent children



Based on map data produced by Birmingham Public Health Knowledge Impact and Outcomes Team (2018). © Crown copyright and database rights 2018 Ordnance Survey 100021326.



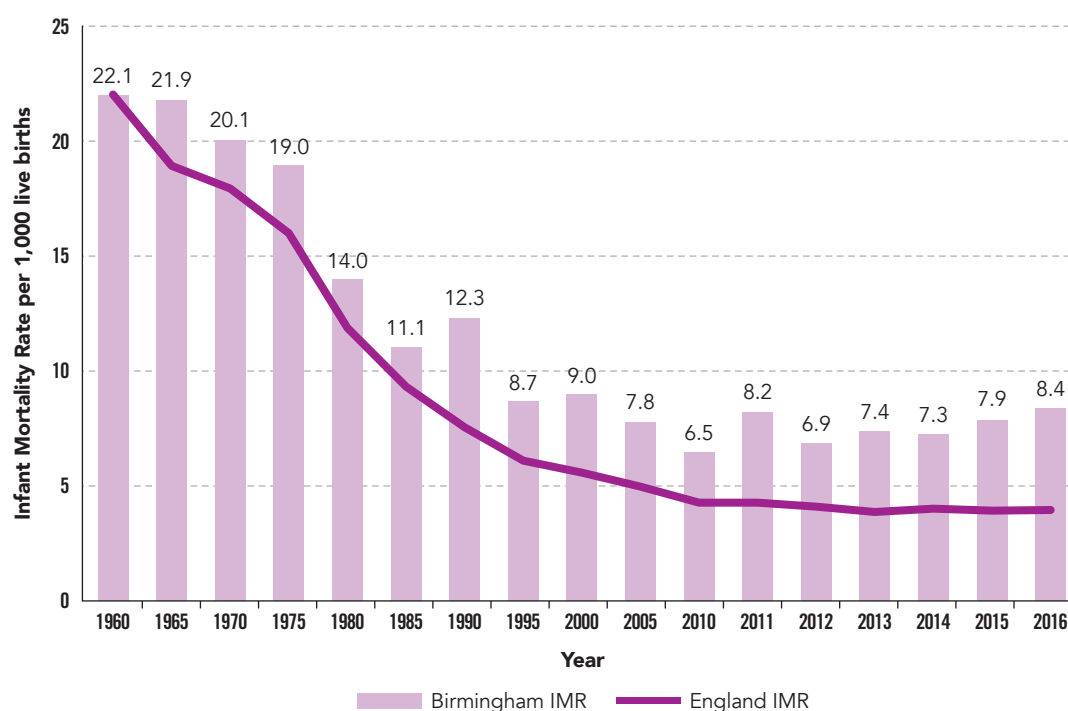
# Conception, pregnancy and neonatal

## What's happening in Birmingham?

The Fertility Rate of women is higher in Birmingham (69.7/1,000) compared to West Midlands (69.7) and England (62.5). Fertility varies across the City (Figure 3 in Demography chapter). The pattern also reflects the patterns of socio-economic disadvantage. This has implications for the delivery of maternity services in the community as it results in more vulnerable women requiring more complex, or intense support during pregnancy. This has an adverse impact upon the outcomes of pregnancy.

Figure 5 shows that since the 1960s Birmingham has had an Infant Mortality Rate that is higher than the England rate with a varying and recently increasing gap.<sup>10</sup> The current Birmingham rate (2014-2016) is 7.9/1,000 live births compared to

**Figure 5:** Infant Mortality Rate over time

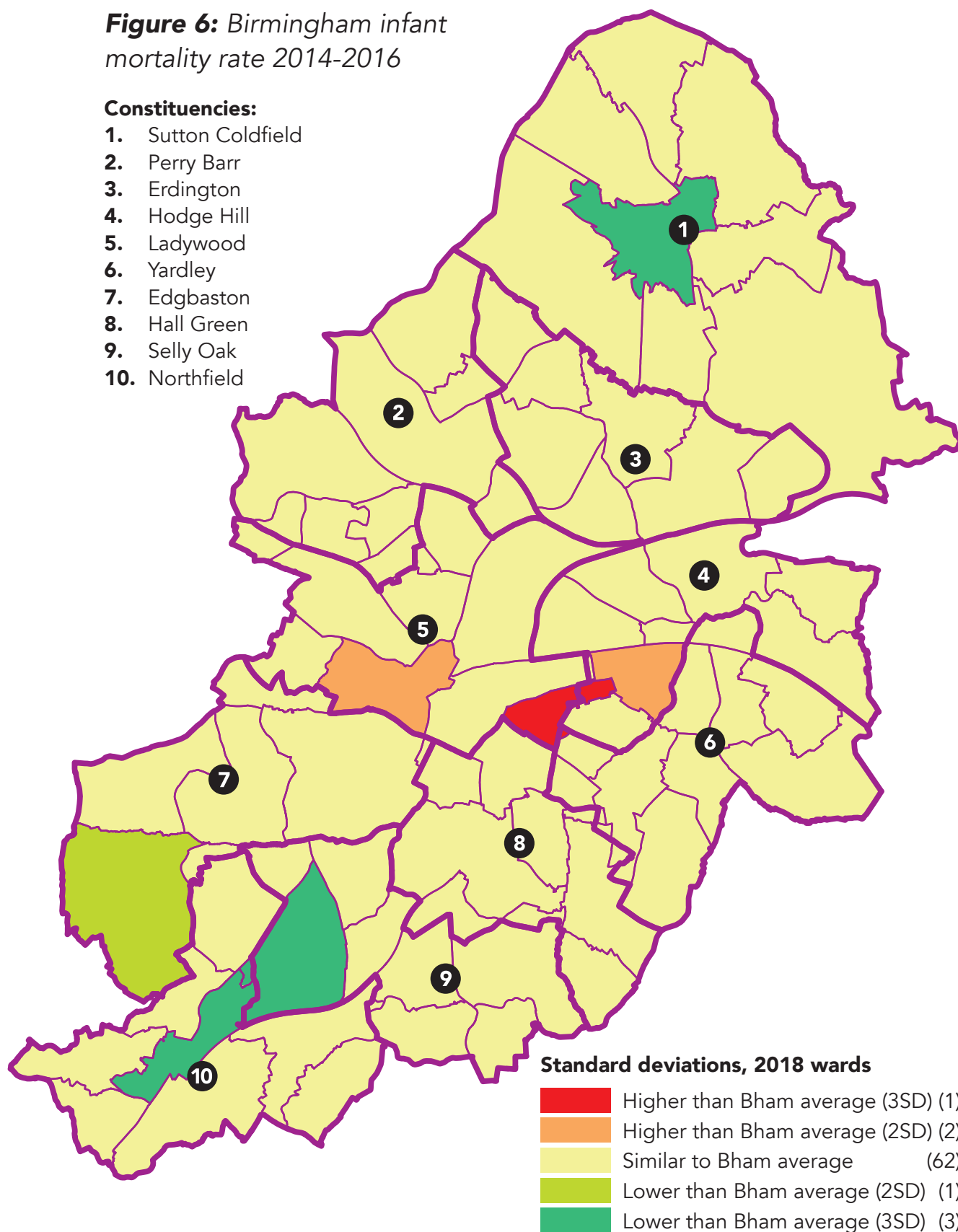




**Figure 6:** Birmingham infant mortality rate 2014-2016

**Constituencies:**

1. Sutton Coldfield
2. Perry Barr
3. Erdington
4. Hodge Hill
5. Ladywood
6. Yardley
7. Edgbaston
8. Hall Green
9. Selly Oak
10. Northfield



Source: ONS Births

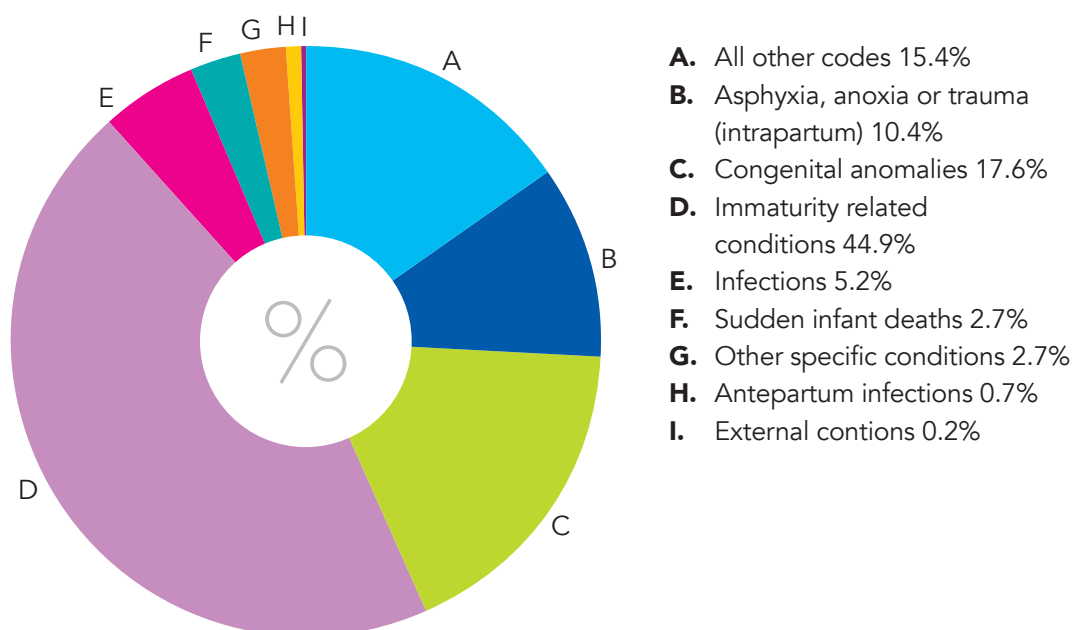
Based on map data produced by Birmingham Public Health Knowledge Impact and Outcomes Team (2018). © Crown copyright and database rights 2018 Ordnance Survey 100021326.

3.9/1,000 live births in England. It is higher than all the comparable statistical neighbours and Local West Midlands neighbours.<sup>11</sup>

This persistent difference with other parts of England is also reflected in variation in the areas of the city which is statistically important (Figure 6). Further analysis of the small area data shows that three wards have much higher rates and this is not due to random variation. The more specific drivers cannot be identified from this data.

Almost three quarters (72% in 2015-2017) of child deaths in Birmingham occurred in the first year of life with 63% of these in the first week of life.<sup>12</sup> This means that 46% of all child deaths occur in the first week of life. The cause of death recorded on the Medical Cause of Death certificate suggests that immaturity (born too soon), congenital anomalies and intrapartum events are the main conditions (73%: Figure 7).<sup>13</sup> This is confirmed by the analysis of categories used by the Child Death Overview Panel<sup>3</sup> which is also able to examine the relationship between the two principal categories (prematurity and congenital anomalies) and duration of pregnancy at birth (gestation). All of those identified as being born at less than

**Figure 7: Causes of infant deaths in Birmingham**



<sup>10</sup> Jeanette Davis, Birmingham Public Health Intelligence 2017

<sup>11</sup> Public Health England Overview of Child Health Indicators

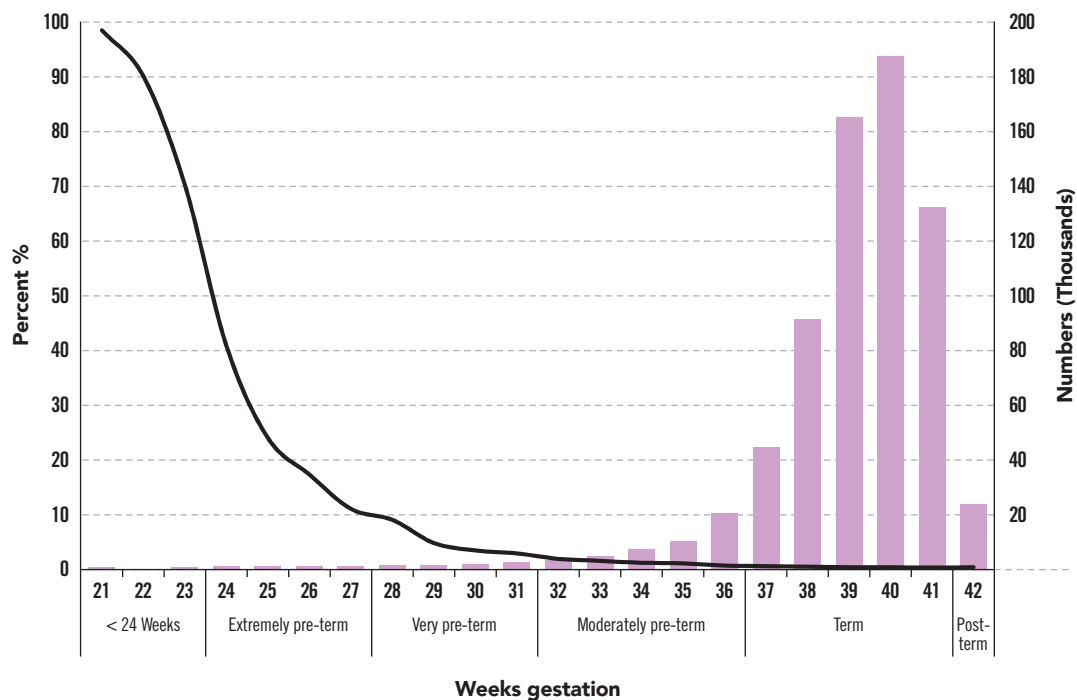
<sup>12</sup> <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview> accessed 14 August 2018

<sup>13</sup> Wilkes D The Annual Report of the Birmingham Child Death Overview Panel 2018 Birmingham Safeguarding Children Board

<sup>14</sup> Jeanette Davis Infant Mortality Update to the Birmingham Health and Wellbeing Board 2017

22 weeks of gestation of pregnancy died from the consequences of being born so soon (Figure 8).<sup>14</sup> If born after 22 weeks and dying in the neonatal period then equal numbers of prematurity related and congenital anomaly deaths occurred.

**Figure 8: Infant death and gestation**  
England and Wales 2013



#### Key indicators of neonatal outcomes are:

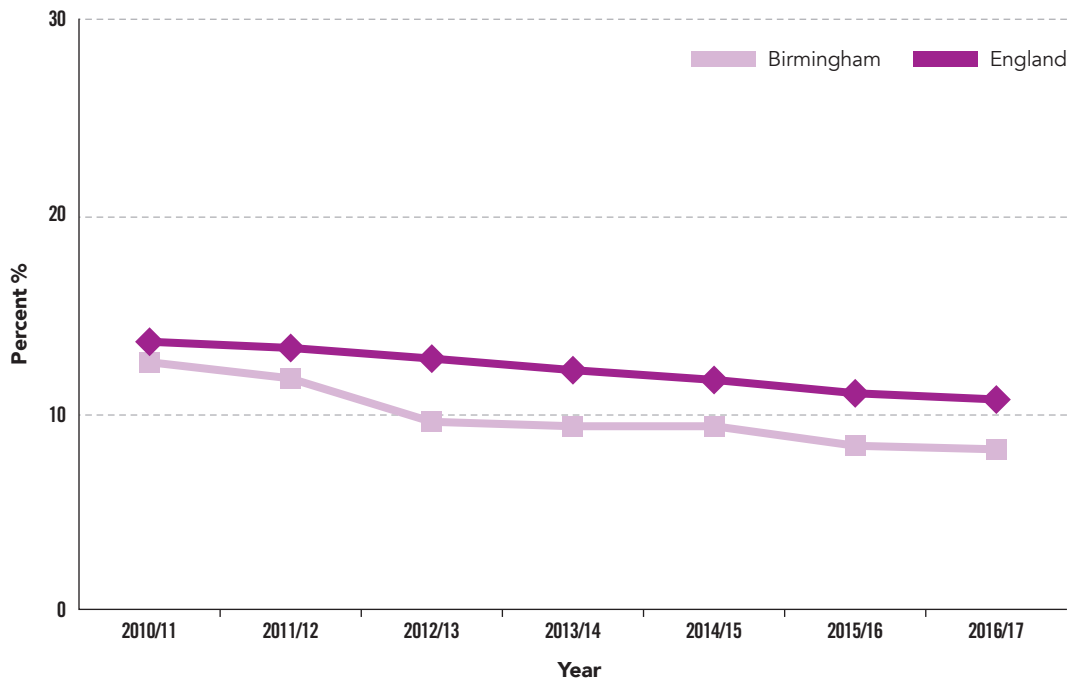
1. **Still birth** (6.2/1,000 live births; West Midlands 4.8, England 4.5)
2. **Low Birth Weight** (9.7%; West Midlands 8.6%; England 7.3%)
3. **Congenital anomalies** detectable in the antenatal period born alive
4. **Neonatal death** (5.94/1,000 births; West Midlands 4.46; England 2.74)

#### Smoking in pregnancy

Rates of smoking in pregnancy have changed over time with Birmingham's rates following the England trends (Figure 9).

<sup>14</sup> Wilkes D The Annual Report of the Birmingham Child Death Overview Panel 2013 Birmingham Safeguarding Children Board

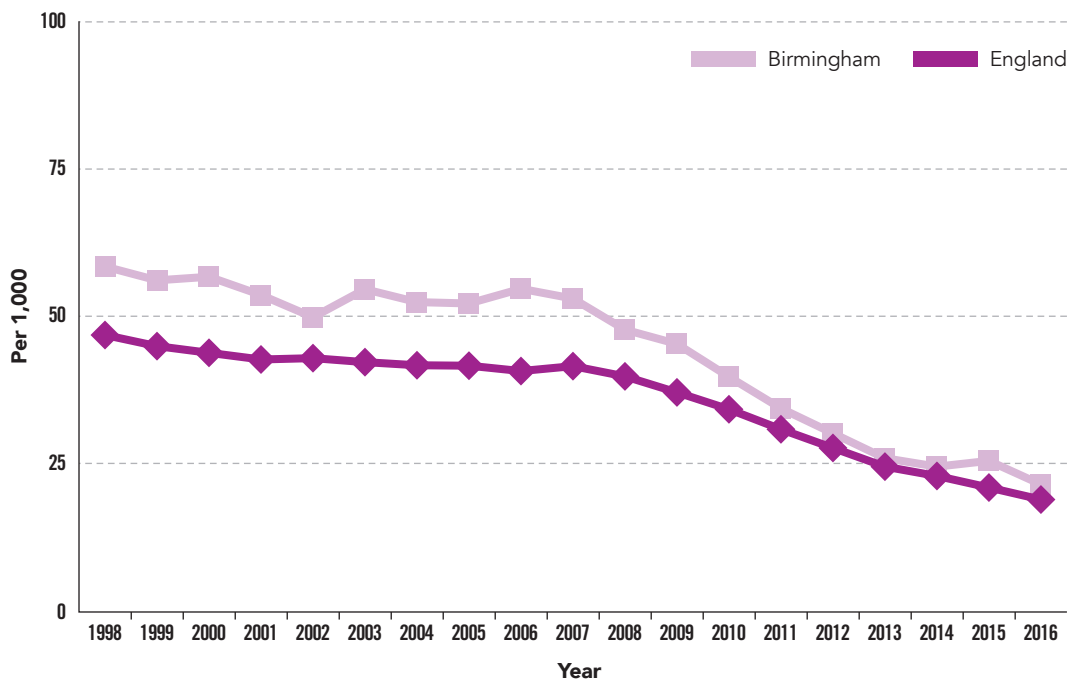
**Figure 9:** Smoking status at the time of delivery trend, females



### Under 18 conceptions

As can be seen in Figure 10 the rates of pregnancy in women aged less than 18 years have dropped greatly in Birmingham and more so than in England.

**Figure 10:** Under 18 conception rate





## Maternal mental health

In 2016, when 16,333 women gave birth, it is estimated that the number of women with:

- Postpartum serious mental illness/psychosis was 35 (0.2%).
- Chronic serious mental illness was 35 (0.2%).
- Severe depressive illness was 490 (3%).
- Mild-moderate depressive illness and anxiety was 2,450 (15%).
- Post-Traumatic Stress Disorder was 490 (3%).
- Adjustment disorders and distress was 4,900 (30%).

It is clear that many more women require help and support for less severe, but debilitating conditions, than the serious conditions requiring specialist help. Support and help in community settings is, therefore, as important as the provision of dedicated specialist units for mothers and babies.

## What should we be doing?

The important drivers of poor outcomes are:

1. Socio-economic disadvantage, in particular.<sup>15</sup>
  - a. Young parents;
  - b. Women with established mental illness or who develop less serious emotional ill-health during pregnancy or postnatal;
  - c. Women (and/or partner) with recreational drug or harmful alcohol use;
  - d. Those at risk of experiencing Domestic Abuse;
  - e. Those recently arrived in the UK, migrant, travellers and/or homeless;
  - f. Those who are currently or were recently in Care;
  - g. Victims of sexual abuse (including rape and/or sexual exploitation);
  - h. Those who are likely to have experienced Female Genital Mutilation;
  - i. Those at risk of their unborn child being taken into the care of the Local Authority, including those with a past history of such an experience.
2. Women smoking during pregnancy (Smoking at delivery in Birmingham 8.1%; West Midlands 11.8%; England 10.7%).
3. Lack of response by pregnant women and/or maternity staff to reduced foetal movements.
4. Lack of antenatal surveillance of foetal growth restriction.

<sup>15</sup> Prevention and Early Intervention work stream Women in need of additional support in pregnancy Birmingham and Solihull United Maternity Programme 2017

5. Inadequate use of genetic advice to families concerning the risk of congenital anomalies.
6. Inconsistent advice to and discussion with families following detection of a life limiting congenital anomaly antenatally.
7. Women who are morbidly obese.

In an attempt to reduce the rate of stillbirth and early neonatal death, NHS England launched Saving Babies' Lives: a Care Bundle for Reducing Stillbirth. They hold local NHS commissioners and providers accountable for implementing and making progress on the measures. The components are:

1. Reducing Smoking in Pregnancy.
2. Identifying the risk of Foetal Growth restriction and monitoring.
3. Raising awareness of the implications of reduced foetal movements.
4. Effective foetal monitoring during labour.

In an attempt to improve the delivery of sensitive and effective care during pregnancy and birth, NHS England began pilots of more co-operative partnerships of maternity providers in defined geographical communities. These pilots demonstrated the feasibility of the approach and the delivery of care by Local Maternity Systems covering the larger NHS commissioning and delivery communities of the Sustainability and Transformation Programmes.

## **What are we doing?**

### **Improving services**

The Birmingham and Solihull Sustainability and Transformation Partnership serves most of Birmingham, except for West Birmingham which is part of the Black Country Sustainability and Transformation Partnership area. The Birmingham and Solihull Local Maternity System brings together a partnership of two maternity providers on four hospital sites (The Women's Hospital, Heartlands Hospital, Good Hope Hospital, and Solihull Hospital) to deliver care using the same pathways of care in a more community orientated approach, including birth at home or in midwife led settings. Addressing the additional socio-economic needs of some women, responding to the challenge of pregnant women who smoke, and the standardised antenatal/postnatal standard care pathways are the key aspirations.

## Smoking in pregnancy

The Birmingham smoking cessation system has always had additional criteria and expectations of providers delivering cessation support to pregnant women. It has taken time to create the sustainable commitment of maternity staff to identify and motivate women who smoke to take positive steps to change. It is becoming possible to build a direct bridge into the community smoking cessation providers. These more direct arrangements will reduce any perceived barriers by maternity staff and pregnant women to taking advantage of this opportunity.

## Maternal obesity

Maternal obesity is difficult to address during pregnancy. Women who are obese at the start of their pregnancy are encouraged not to gain more weight and adopt a nutritious diet that avoids a lot of high energy foods. It is undesirable to aim to lose weight while pregnant to avoid restricting the growth of the baby. These are the messages that are shared in antenatal contacts and parent education sessions.

The Prevention and Early Intervention work stream of the Birmingham and Solihull Local Maternity System has not identified any additional interventions or programmes that effectively maintain weight in pregnancy. The time to address weight management is in the postnatal period when weight loss and improved physical fitness has positive physical and emotional health benefits to the mother and prepares her for any subsequent pregnancy.

A large number of pregnancies are unplanned, but not necessarily unwanted. Addressing the issues of overweight and/or smoking before most pregnancies is therefore a difficult thing to do for individual women. This is most difficult in women becoming pregnant for the first time. These messages therefore are more generally targeted at all women of childbearing age.

## Maternal mental health

The need to develop responses to women who develop emotional or mental ill health, including those with a known mental illness prior to pregnancy, is important. The Perinatal Mental Health work stream of the Birmingham and Solihull United Maternity Programme has developed a series of care pathways to support women with varying levels of ill health. It is clear from the numbers estimated to need this support (What's happening in Birmingham section) that community resources to support women with less severe mental illness or distress is required and justified.

## Neonatal care

The outcomes of neonatal care improved after the adoption of a Regional Network model of Special Care Baby Units, Neonatal Units and Neonatal Intensive care units linked together in 2004. The Birmingham and Solihull United Maternity Programme has incorporated parts of the local network into the programme to protect the improvements made over the years. The Programme is seeking further opportunities to improve care for mother and baby by developing an integrative partnering of obstetric and midwifery teams.

## Learning from the lessons of Child Death Overview Panel

The Partners of the Birmingham Safeguarding Children Board have a statutory responsibility to review all deaths of children up to the age of 18 years. The multi-agency Child Death Overview Panel does this and reports to the Safeguarding Board annually. The themes that emerge from the past five years reports are summarised below.

- a. Extreme prematurity, less than 22 weeks gestation, remains a challenging aspect of reducing the rates of death in the early neonatal phase. They accounted for 12% of all deaths in 2016-2017<sup>16</sup> and are unable to survive. There is no doubt that clinicians and parents can identify signs of life in these babies. If these deaths were excluded from the calculation by Public Health England this would reduce our absolute Infant Mortality rate (7.4 to 6.9 per 1,000 live births). However it would also have an impact on the England Infant Mortality rate and there would still remain a significant excess between

<sup>16</sup> Wilkes D The Annual Report of the Birmingham Child Death Overview Panel 2017 Birmingham Safeguarding Children Board

Birmingham and England's rate. Much of this excess will still be due to prematurity but also the impact of congenital anomalies.

- b.** Some of the babies who die with congenital anomalies, particularly complex congenital heart conditions, in the neonatal period have been identified during the antenatal period. Discussions concerning intervention at that earlier stage are delicate and the decision is the parents'. There are some suggestions from local discussion that different antenatal counselling approaches might deliver a more informed environment for this choice. Local discussions continue to explore this impact.
- c.** The more common scenario of death in the later neonatal and infant period due to congenital anomalies is equally sensitive and discussed in detail in the 2013 Child Death Overview Panel Annual Report<sup>14</sup>. The contribution of consanguinity of the biological parents of the child to the proportion of babies with congenital conditions is strongly supported in the professional research literature but is less well evidenced in the local reports. The significance of this and any responses to this remains an unresolved local debate.

## Recommendations/Conclusions/Next Steps

- 1. The Birmingham and Solihull United Maternity Programme**, as it develops into the **Local Maternity System**, must be explicit about the arrangements for supporting women with additional needs described in this section.
- 2. The Birmingham and Solihull United Maternity Programme**, as it develops into the **Local Maternity System**, must be explicit about the arrangements for identifying women who smoke, motivating them to stop, and the referral arrangements with the Birmingham and Solihull Smoking Cessation providers.
- 3. The Birmingham and Solihull United Maternity Programme**, as it develops into the **Local Maternity System**, must ensure robust delivery of the NHS Saving Babies' Lives Care Bundle.
- 4. Birmingham Forward Steps** must establish a systematic approach to supporting women's nutrition and physical activity in the postnatal period, particularly those who are overweight or obese.



## Case Studies – Service

### **Birmingham and Solihull United Maternity and Newborn Partnership (BUMP)**

Birmingham and Solihull United Maternity and Newborn Partnership (BUMP) is a collection of local NHS Acute Trusts who provide maternity care, that have come together under one vision:

*'To deliver a consistent world class holistic service that empowers women and families to make informed choices, enabling them to access high quality care from a range of providers that is most suited to their personal choice and clinical need.'*

BUMP aims to introduce:

- A single point of access for all maternity referrals making sure you have access to the right care from day one, through your dedicated midwife
- Dedicated Community hubs – bringing midwifery and specialist care to convenient locations and
- A host of additional services, including online antenatal courses and much more.







# Early years health and care

## Health and wellbeing

### What's happening in Birmingham?

Measuring the health and wellbeing of under five year olds is challenging compared to measuring the incidence of illness and disease or death in adults. Children and young people, on the whole, have fewer serious or life threatening illnesses which would trigger episodes of healthcare activity which can be measured. The patterns of death in this age group are dealt with in another section.

There are some key areas that affect these children's health, wellbeing, and fitness for life.

### Breast feeding

The first important event in this age group, after birth, is infant feeding – and in particular, breast feeding. According to 2015 data, breast feeding started at birth occurs in 71% of babies in Birmingham (74% in England). This reduces over the next eight weeks when 51% are still breastfeeding which is a higher rate than the England average of 43%. Unfortunately, due to data quality issues in relation to more recent breastfeeding data, we are unable to confirm if these breastfeeding rates have been maintained.

### Attachment

The impact of family emotional health and parenting capability on the development of the important early attachment of infants is profound. It is an early adverse experience, the impact of which is dealt with in more detail in another section. Despite the importance of the attachment and the factors capable of undermining it, there is no routinely collected data on the state of attachment, parental capability, or family emotional illness. The use of the Parent Hassles Questionnaire at mandatory health visitor contacts was a local step to address this in the recently procured Early Years Partnership, Birmingham Forward Steps. Local data will not, however, be available for a year or so.

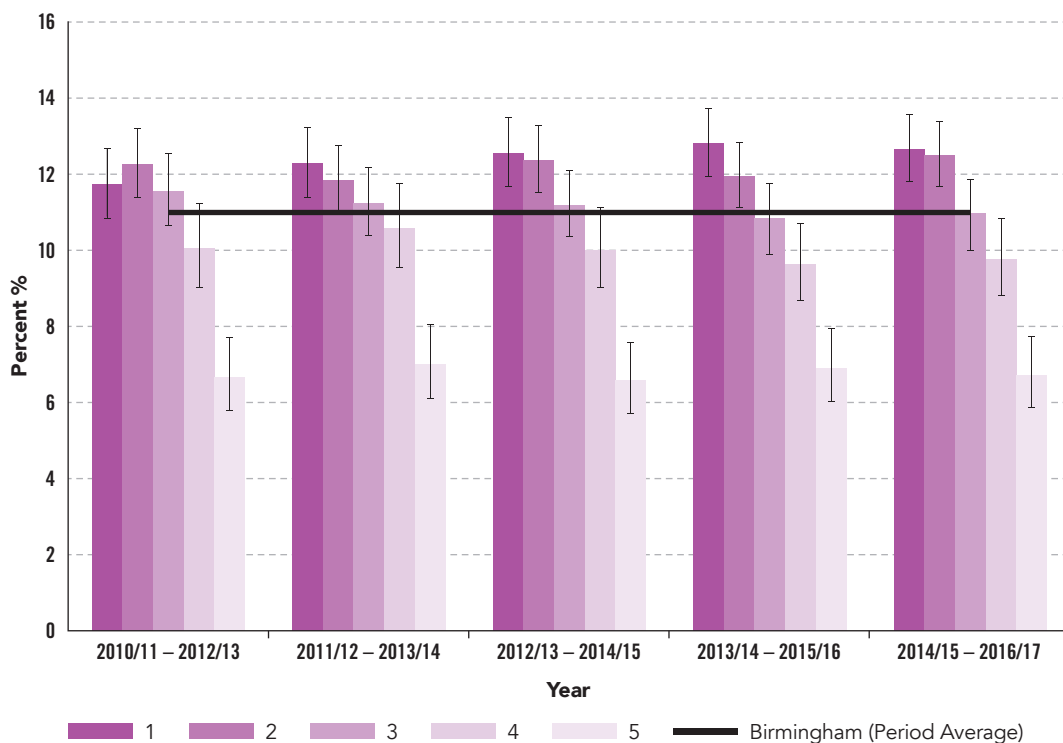


## Obesity

In order to avoid future impacts of excess weight, addressing the issues of family nutrition and physical activity are important. The only measure of relevance routinely available, however, is the first measurement of the National Child Measurement Programme (NCMP) at four years old. In particular, highlighting that 1 in 4 reception children in Birmingham are overweight or obese, see below.

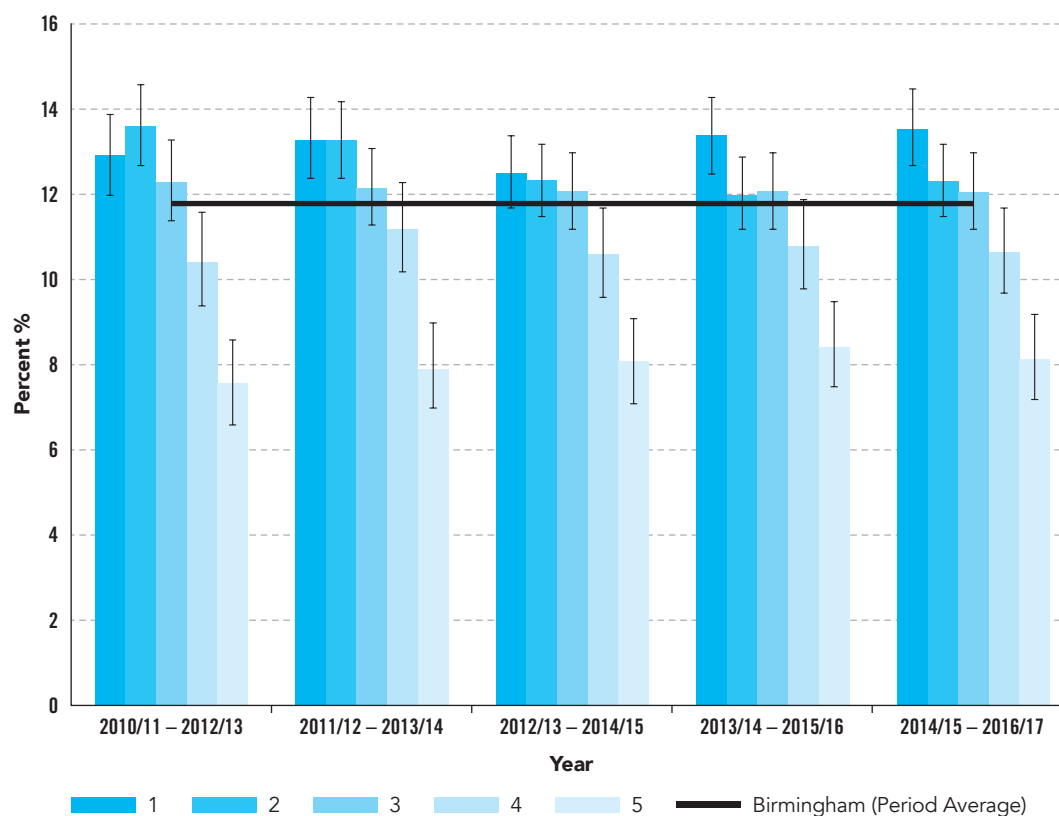
In 2016/17, 24.7% of Birmingham four year olds were overweight or clinically obese compared to 22.6% in England. In the West Midlands 24.2% were overweight or obese at reception. There was only one West Midlands Local Authority with a rate that was significantly lower than the England rate (18.4%). Evidence from the NCMP, indicates that children who are overweight or obese at reception will tend to be overweight or obese at Year 6.<sup>17</sup>

**Figure 11:** Reception: Girls Obesity by Birmingham IDACI Quintile



<sup>17</sup> PHE: 'Changes in the weight status of children between the first and final years of primary school. A longitudinal analysis of data from the National Child Measurement Programme in four local authorities in England between 2006/07 and 2014/15' [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/609093/NCMP\\_tracking\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/609093/NCMP_tracking_report.pdf)

**Figure 12: Reception: Boys Obesity by Birmingham IDACI Quintile**



We know the risk of obesity is greatest in our most deprived communities and more importantly, this gap has been widening over time. This means that children from low income families face a much higher risk of developing obesity when compared to children from high income families (Figures 11 and 12).<sup>18</sup> The Income Deprivation Affecting Children Index 2015 (IDACI) measures the proportion of children under the age of 16 who live in low income households. In Figures 11 and 12 deprivation is classified as 1 to 5, one being the most deprived, five being the most affluent.

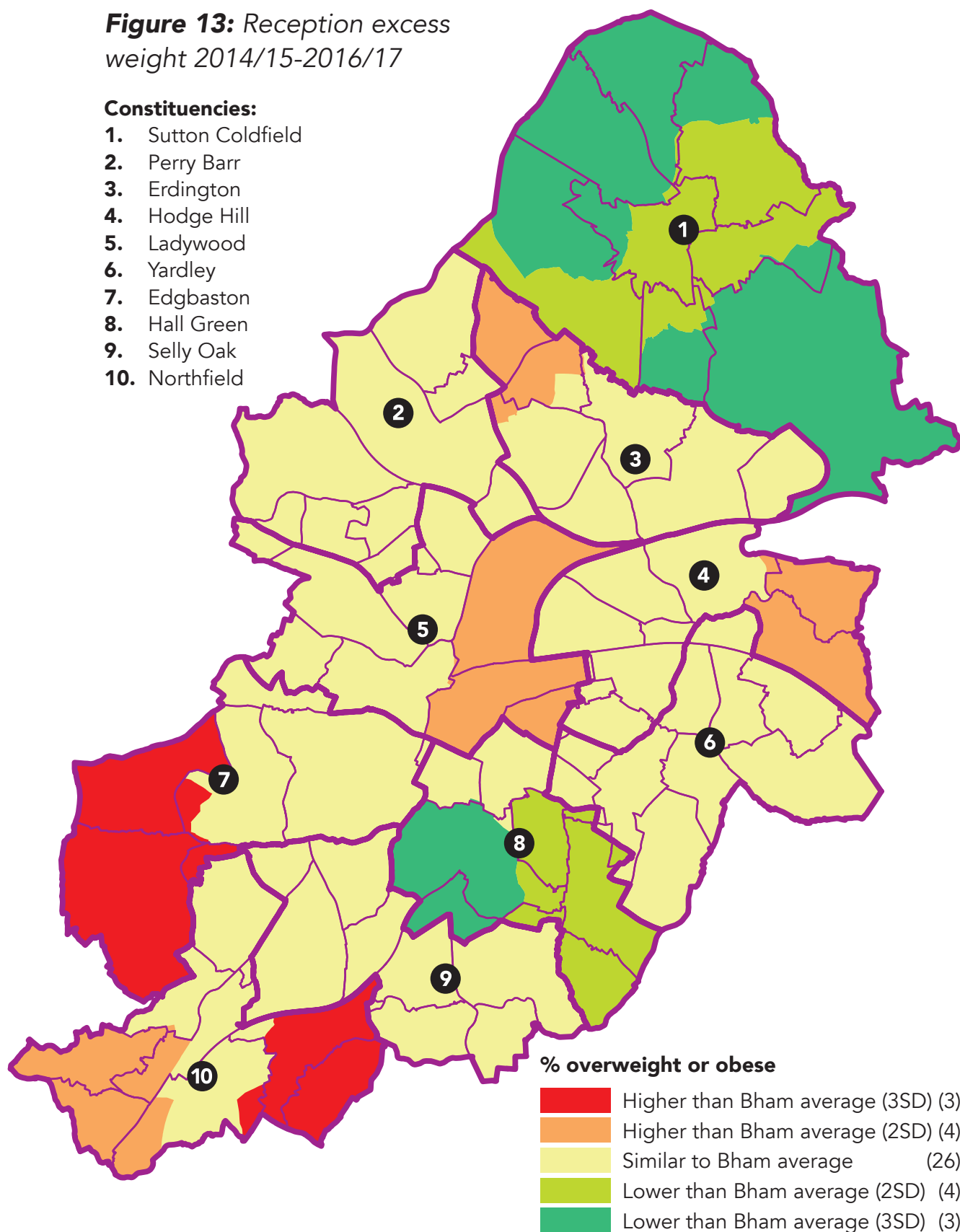
Figure 13 illustrates the level of excess weight (obese or overweight) at reception in the different areas of Birmingham. Further analysis of the small area data shows that seven wards have much higher rates and this is not due to random variation.

<sup>18</sup> Mahmood H, Lowe S. Population segmentation: an approach to reducing childhood obesity inequalities. Perspectives in Public Health May 2017 Vol 137 No 3: 190- 195

**Figure 13:** Reception excess weight 2014/15-2016/17

**Constituencies:**

1. Sutton Coldfield
2. Perry Barr
3. Erdington
4. Hodge Hill
5. Ladywood
6. Yardley
7. Edgbaston
8. Hall Green
9. Selly Oak
10. Northfield



Based on map data produced by Birmingham Public Health Knowledge Impact and Outcomes Team (2018). © Crown copyright and database rights 2018 Ordnance Survey 100021326.

## Accident and Emergency attendance

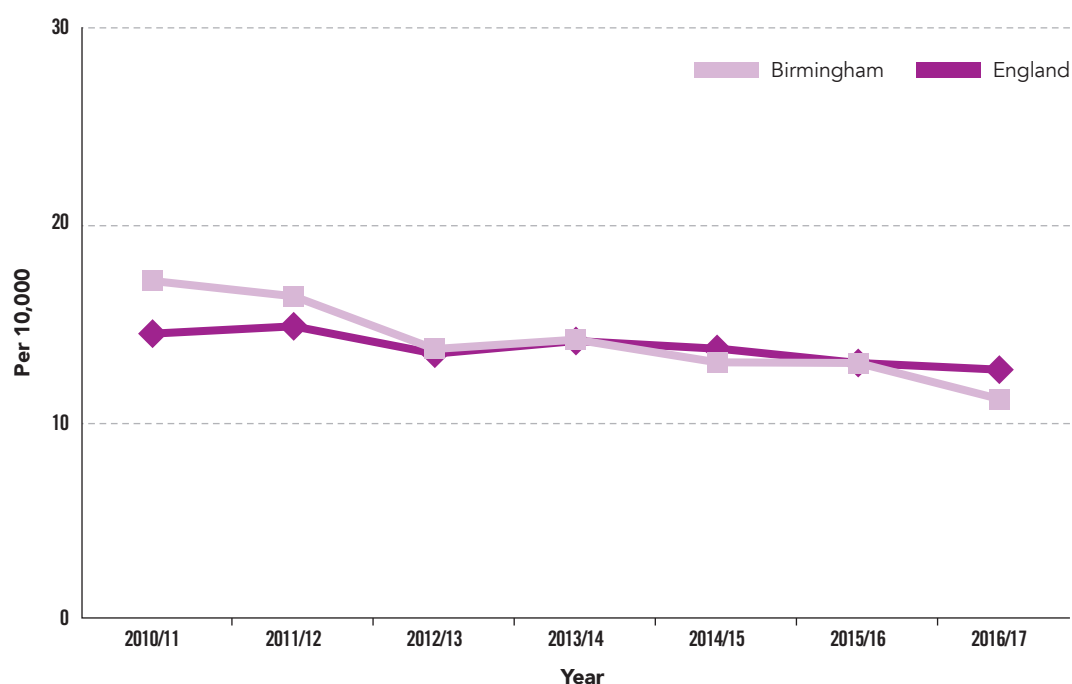
The latest data shows that in Birmingham, Accident and Emergency (A&E) attendances for all reasons for the 0-5 age group were significantly greater than the England average; and have been greater for the last seven years.<sup>19</sup>

## Childhood injury

Recent data shows that in England an estimated 370,000 visits to A&E departments and approximately 40,000 emergency admissions were due to unintentional injuries amongst the under five year olds.<sup>20</sup> Unfortunately, A&E attendances for injuries cannot be measured at a local level.

On a positive note, hospital admissions caused by unintentional and deliberate injury in Birmingham in those under five have been better than the England average over the past five years (Figure 14).

**Figure 14:** Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years



<sup>19</sup> Public Health England Public Health Profiles

<sup>20</sup> Public Health England (2014) Reducing unintentional Injuries in and around the home among children under five years. [Online] [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/696646/Unintentional\\_injuries\\_under\\_fives\\_in\\_home.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/696646/Unintentional_injuries_under_fives_in_home.pdf) [accessed 30-08-2018]

## What should we be doing?

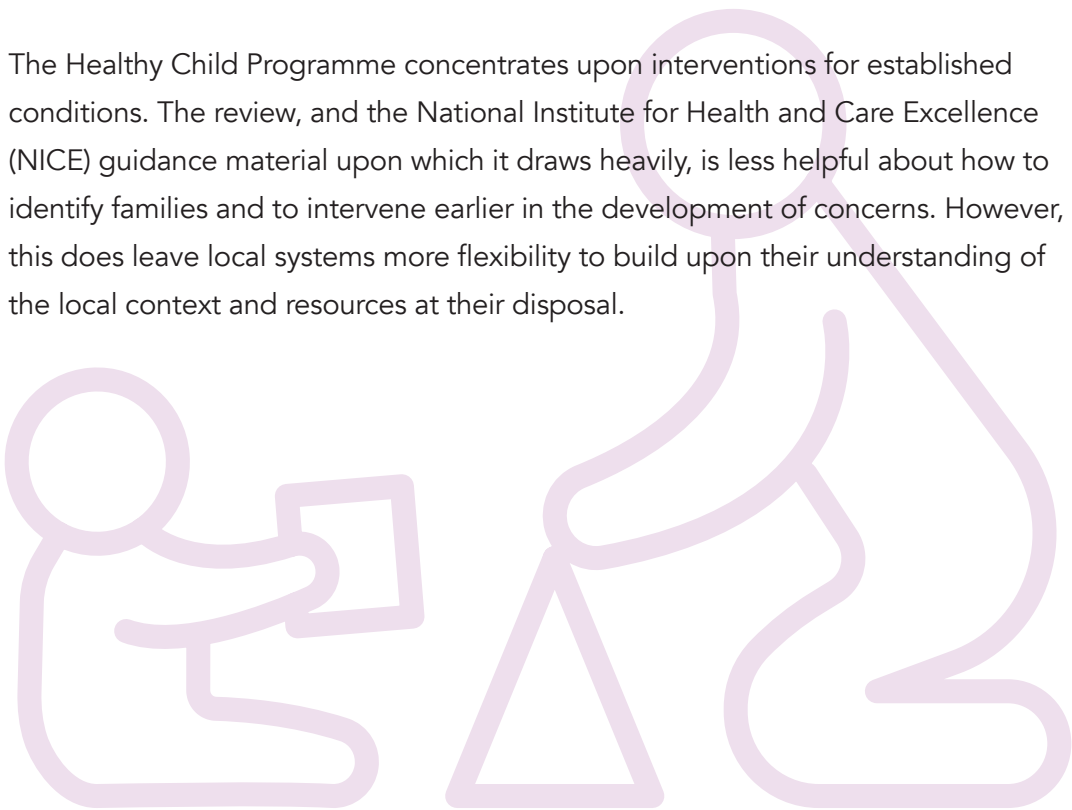
The importance of family based support for socio-economic and relationship issues, often expressed as avoiding social isolation and addressing parenting, are key issues in Marmot's review of drivers of health inequality.<sup>21</sup> The Royal College of Paediatrics and Child Health review of the state of child health<sup>22</sup> was concerned that services which are prioritised as targeted help for children and families experiencing poverty were under threat and unsustainable.

## The Healthy Child Programme

The Healthy Child Programme<sup>23</sup> is a universal national Public Health Programme framework for improving the health and wellbeing of children. The impacts and benefits of the programme have recently been reviewed and updated.<sup>24</sup> Key elements of the programme include:

1. Mandated health development reviews;
2. Health promotion;
3. Parenting support;
4. Screening and immunisation programmes.

The Healthy Child Programme concentrates upon interventions for established conditions. The review, and the National Institute for Health and Care Excellence (NICE) guidance material upon which it draws heavily, is less helpful about how to identify families and to intervene earlier in the development of concerns. However, this does leave local systems more flexibility to build upon their understanding of the local context and resources at their disposal.



## **Behaviour change to avoid excessive weight gain**

Relying on children and families to avoid excessive weight gain by changing their own behaviour concerning nutrition and physical activity has, in many areas, been challenging and ineffective. Information about health is important, but is not enough to change people's behaviour because we all often fail to act on it in a rational matter. Some of the key insights into why this is are:

1. We prefer short-term rewards, especially immediate rewards, and undervalue things which improve our future.
2. Framing choices strongly influences our buying behaviour. Retailers and fast food outlets present their products in a particular way in order to influence our purchases.
3. Rational choice and self-control requires effort which is easily exhausted and affected by the environment, time of day or what we have just been doing.

The practical application of these insights in Public Health interventions results in small step change opportunities, 'nudges', which allow free choice but try to encourage those actions likely to be in the persons true best interest. The complexity of all our lives means that no single nudge will solve the problem of childhood excessive weight. By adjusting the way the most important moments of choice are presented to people we can counteract some of the biases which lead to unhealthy actions. Some environments can be more easily adjusted (such as school canteens) and others require the cooperation or compliance of outside interests (such as take away ordering processes or in-store food shopping). In summary, the most effective interventions to address the treatment and prevention of overweight and obesity are based on multi-component, holistic approaches which address diet and physical activity through simultaneously addressing the different domains which impact on a child's life including family, social and wider environment.

<sup>21</sup> Marmot M, Allen J, et al Fair Society, Healthy Lives: A strategic review of Health Inequalities in England post 2010 London Institute of Health Inequity 2010

<sup>22</sup> Royal College of Paediatrics and Child Health State of Child Health 2017 RCPH London 2017

<sup>23</sup> Shribman S and Billingham K. Healthy Child Programme – Pregnancy and the First Five Years, DH 2009

<sup>24</sup> Axford et al Rapid Review to Update Evidence for the Healthy Child Programme (0-5) PHE 2015

## **What are we doing?**

### **Birmingham Forward Steps**

Birmingham City Council recently procured a health and wellbeing offer now provided by an integrated Early Years System partnership, Birmingham Forward Steps. It is concerned with providing children and families with the support they need to develop well, establish healthy lifestyles and become confident skilled parents.

The ten districts, upon which the model is based, have different challenges and different expectations or local resources to draw upon. This model adapts to these differences in distributing its resources and efforts. The universal offer of the five mandated health visitor assessments, as part of the Healthy Child Programme, remains and includes five contacts namely: ante-natal, new baby review, 6-8 weeks, 1 year and 2 year review.

The health visitor assessments, alongside other engagement with the wider early years system, provides opportunities to identify children and families who require additional help. The latter may range from those who simply require help at a universal level to those with more complex needs. The closer working with other partners, e.g. maternity and voluntary sector workers, will provide a 'wider reach' to facilitate provision of help and support to those who need it most, including those parents with emotional health issues.

### **Baby Friendly Initiative**

The achievement of Baby Friendly Initiative status is a key step to encourage optimal levels of breast feeding in local communities. Support during breastfeeding, especially in the early stages, by volunteer and paid peer supporters, is part of this approach. Birmingham Forward Steps and other partners are working to achieve various stages of UNICEF Baby Friendly Initiative status – Birmingham Community Healthcare NHS Trust is currently at Stage 2 and working towards Stage 3.

### **Childhood obesity**

Birmingham City Council has recently adopted tackling childhood obesity as part of the council plan. There are a number of interventions in place in Birmingham to address childhood obesity these include:



1. Advice and support to Early Years childcare providers concerning the offer of food and physical activity during the day using the evaluated Startwell programme (part of the Birmingham Forward Steps Service).
2. Healthy Start Vouchers which is a government-led means tested initiative providing food vouchers for the purchase of milk, fruit and vegetables to families receiving benefits with children 0-4 years old. It is estimated that there is underuse of the vouchers by eligible families resulting in an under-claim of £1.5 million in Birmingham. Work is underway in Birmingham to increase registration for the vouchers, their use, and the number of participating retailers. This will boost local retail income and provide healthy food to deprived families at no cost to the family, retailer, or Birmingham Public Services.

There is an intention to build on this work and to develop a whole systems approach to addressing childhood obesity in line with emerging evidence base.

## Health service use

The Birmingham and Solihull Sustainability and Transformation Partnership Plan has identified giving children the best start in life as a priority for action. This will include addressing the variation in access and clinical provision across the urgent and emergency care pathways for children which should, in time, impact positively on the high local Accident and Emergency attendance rates for 0-4 year olds. Birmingham Forward Steps is involved in encouraging appropriate use of Accident and Emergency. For example, where a child attends Accident and Emergency more than twice during a 12 month period, Birmingham Forward Steps staff will follow this up with the family to establish reasons for attendance and to encourage appropriate use of Accident and Emergency, where necessary.

## Recommendations/Conclusions/Next Steps

1. The work on increasing the uptake and use of the **Healthy Start vouchers** should continue and report to the Health and Wellbeing Board and Overview and Scrutiny committee on progress and impact in June 2019.
2. **The Birmingham and Solihull United Maternity Programme**, as it develops into the **Local Maternity System**, should collaborate with the City Forward Steps to establish a robust and sustainable offer of breast feeding support to improve breastfeeding rates at initiation, 6-8 weeks and beyond.

3. **Birmingham City Council** should work with the commissioned Early Years' Service – **Birmingham Forward Steps** to address data quality issues, particularly in relation to breastfeeding rates.
4. **Birmingham City Council and partner organisations** should develop an offer of enhanced nutritional and physical activity opportunities to optimise weight and fitness for life based on a whole systems approach to obesity.

## Vaccination and Immunisation

*'The two public health interventions that have had the greatest impact on the world's health are clean water and vaccines.'*

World Health Organization

## What's happening in Birmingham?

The Public Health Outcomes Framework lists 13 sets of data about vaccination uptake for children aged 0-5 years of age. In general, vaccination uptake rates in under five year olds in Birmingham are not at the national target levels; the most recent data for the thirteen indicators show that only two meet the target levels.<sup>25</sup>

Two vaccinations have been highlighted in the following section: seasonal influenza (flu) and Measles Mumps and Rubella (MMR). These have been chosen because they are well known vaccinations that many people will have heard of, and the reasons for poor uptake and suggestions to improve uptake will often be very similar to all of the other vaccinations for young children.

## Seasonal Influenza vaccination (2-4 year olds)

As part of the seasonal flu vaccination programme all children in certain age groups are offered the vaccination every winter; for the 2018/19 season it will be:

- All children aged two and three years (on 31st August 2018, this includes children 2-4 years old during the flu season).
- All children in reception class and school Years 1, 2, 3, 4 and 5 (ages 4-9).<sup>26</sup>

The most recent available data is for the 2016/17 flu season (Table 1).

<sup>25</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#gid/1000043> (accessed 13/9/2018)

<sup>26</sup> <https://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/>

**Table 1.** Flu vaccination uptake for 2-4 year olds 2016/17.<sup>27</sup>

	Birmingham	England
<b>Number vaccinated</b>	19,813	
<b>Percentage uptake</b>	36.2%	38.1%
<b>Number vaccinated</b>	34,919	

The uptake in Birmingham is slightly below the England average, but not significantly different. This is an average across the whole City, and there is a very wide range of uptake between GPs in Birmingham.

Partial data are available for the 2017/18 flu season and show the following ranges of uptake across Birmingham GPs:

- 2 year olds: 3.6%-85.7%
- 3 year olds: 3.1%-92.3%

This means that some GP Practices vaccinate more than eight out of 10 but others less than one out of 30 of their eligible 2-4 year olds.

## MMR (2 doses at 5 years of age)

MMR is a safe and effective combined vaccine that protects against three separate illnesses – measles, mumps and rubella in a single injection. The full course requires two doses – the first at 1 year old, and the second before children start school, usually at 3 years and 4 months.<sup>28</sup> Vaccination uptake for two doses is reported at five years of age. The latest uptake data for Birmingham is from 2016/17 (Table 2).

**Table 2.** MMR vaccination uptake for two doses at five years of age.<sup>29</sup>

	Birmingham	England
<b>Number vaccinated</b>	14,582	
<b>Percentage uptake</b>	82.9%	87.6%
<b>Number vaccinated</b>	3,008	

<sup>27</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000043/pat/6/par/E12000005/ati/102/are/E08000025>

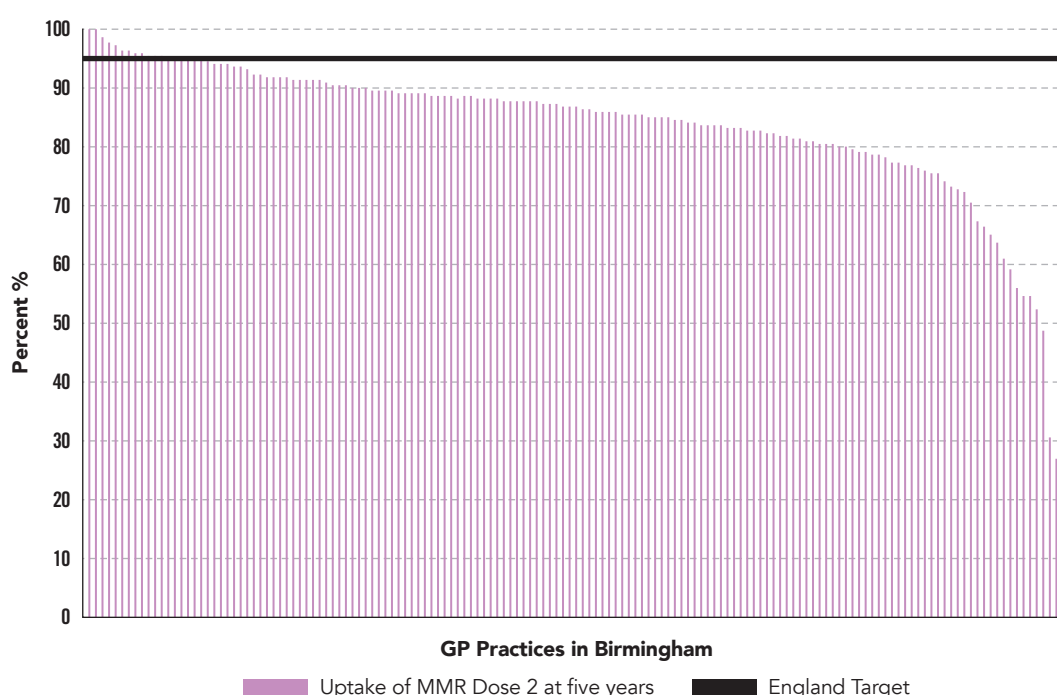
<sup>28</sup> <https://www.nhs.uk/conditions/vaccinations/mmr-vaccine/>

<sup>29</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000043/pat/6/par/E12000005/ati/102/are/E08000025>

The national target for MMR vaccination is 95%; England and Birmingham are significantly below this level. The average of 82.9% across Birmingham is made up of a very wide range across Birmingham GPs: 20-100% (Figure 15). This range means that in some practices every child has received two doses by the age of five, but in other practices only one in five children have received the same dose.

**Figure 15:** Measles, Mumps and Rubella (MMR) coverage, dose 2, 5 year olds, Birmingham Practices 2016/17

Source: NHS England



## What should we be doing?

The State of Child Health Report in 2017<sup>30</sup> suggests several actions which, if adopted, will deliver good vaccination programme uptake and improved health for all children:

1. Central to any strategy needs to be robust data collection systems which enable children who have missed immunisations to be followed-up locally, as outlined by the National Institute for Health and Care Excellence (NICE).
2. Strengthen implementation of NICE guidance.
3. Recognise the impact of various social factors, including deprivation, on

<sup>30</sup> <https://www.rcpch.ac.uk/resources/state-child-health-report-2017>

vaccine uptake, developing and evaluating methods to increase uptake within these groups.

4. Further research into methods to improve vaccination uptake amongst families who make a conscious decision not to vaccinate their child.
5. All child health professionals to improve vaccination rates, and, if necessary, to signpost families to register their children with a general practitioner.

NICE has produced Public Health Guideline PH21 on reducing differences in immunisation uptake in under 19 year olds<sup>31</sup> which includes the following recommendations:

Immunisation programmes should be multifaceted and coordinated across different settings to increase uptake amongst groups with low uptake:

1. Ensure there is an identified healthcare practitioner in every GP practice who is responsible and provides leadership for the child immunisation programme.
2. Improve access to immunisation services, e.g. through extending clinic times and making sure clinics are child and family-friendly.
3. Send tailored invitations, e.g. tailored reminders or recall invitations if appointments are missed.
4. Ensure parents have an opportunity to discuss any concerns that they might have about immunisations.
5. Check the immunisation status of children at every appropriate opportunity.

The World Health Organisation recommends an immunisation rate for vaccine-preventable diseases of at least 95%. This high rate of uptake creates a situation where not only are the children that are vaccinated protected from preventable disease, but it also makes it less likely that disease will spread in the population so children who can't be vaccinated for medical reasons still get some protection.

## What are we doing?

Birmingham Public Health works closely with partners involved in all aspects of organising and providing vaccination programmes, including the 'strategic lead' team in the local NHS England centre, to monitor and increase uptake. The NHS England team develops plans and strategies to ensure that children are protected from vaccine-preventable diseases.

<sup>31</sup> <https://www.nice.org.uk/guidance/ph21>

Birmingham Forward Steps asks families about their children's vaccination status and highlights the importance of taking part in vaccination programmes.

In Birmingham the children's flu vaccination programme is delivered in different settings:

1. Ages 2 and 3: delivered at the general practice, usually by a practice nurse.
2. School years reception to Year 5: delivered in school by the School Age Immunisation Service (SAIS). Home-schooled children can still access and use SAIS vaccination services.
3. Children aged 2 to 17 with a long-term health condition: delivered at the general practice, usually by a practice nurse.

Both of the MMR doses are delivered in general practice surgeries normally.

All children aged 2 to 17, regardless of where they are vaccinated, are offered the nasal spray vaccine because that is most effective for them. Children between the ages of 6 months and 2 years who are at high risk from flu (because of a long-term health condition) are offered the flu jab, usually at their GP surgery. Children under the age of 6 months are not offered vaccination which is why it is very important for pregnant women to be immunised as they will pass on some of the protection that the vaccine provides.

## Recommendations/Conclusions/Next Steps

1. **NHS England** works with partners to develop action plans in areas, communities or populations with low uptake to deliver increased uptake. This will reduce levels of inequality in uptake.
2. **NHS England and Clinical Commissioning Groups** to produce and implement plans to target the lowest performing 10% of GPs and deliver increased uptake in Practices with the very lowest performance.

## Oral Health

### What's happening in Birmingham?

Surveys of three and five year olds are carried out in Birmingham to measure the level of oral health in children across the City.<sup>32</sup> The proportions of the two age groups that are free from dental decay are shown in Table 3. Birmingham's decay

rates in five year olds were not significantly different from the national average, but the City average hides stark inequalities which exist in some of the most vulnerable, disadvantaged and socially excluded groups facing significant oral health problems. Analysis of Birmingham's data shows that dental decay is more prevalent in the most deprived areas compared to the least deprived. National data also shows that children in some ethnic groups (including Chinese and Eastern European) have higher decay prevalence rates than the general population. Birmingham has a very diverse population so the same inequalities may exist in our city.

**Table 3.** Percentage of children free from dental decay.<sup>33</sup>

Age group	Birmingham	England
<b>3 year olds (2016/17)</b>	87.5%	88.4%
<b>5 year olds (2014/15)</b>	71.3%	75.2%

## What should we be doing?

The State of Child Health Report in 2017<sup>34</sup> suggests several actions which, if adopted will deliver good oral health for all children:

- All children in the UK should receive their first check-up as soon as their first teeth come through, and by their first birthday, and have timely access to dental services for preventative advice and early diagnosis of dental caries, with targeted access for vulnerable groups.
- Fluoridation of public water supplies, particularly in areas where there is a high prevalence of tooth decay.

NICE has also made recommendations to local authorities and partners to improve oral health.<sup>35</sup>

- Promote and protect oral health by improving diet and reducing consumption of sugary food and drinks (and so improve general health too).
- Improve oral hygiene.
- Increase the availability of fluoride, including through fluoride varnishes.
- Encourage people to go to the dentist regularly.
- Increase access to dental services.

PHE has published a toolkit of evidence-based interventions that can be

commissioned to improve oral health.<sup>36</sup> It summarises recommendations for any oral health improvement programme:

- Oral health training for the wider professional workforce.
- Integration of oral health into targeted home visits by health/social care workers.
- Targeted community-based fluoride varnish programmes.
- Targeted provision of toothbrushes and tooth paste.
- Supervised tooth brushing in targeted childhood settings.
- Healthy food and drink policies in childhood settings.
- Fluoridation of public water supplies.
- Targeted peer support groups/peer oral health workers.
- Influencing local and national policies.
- Fiscal policies to promote oral health.
- Infant feeding policies to promote breastfeeding and appropriate complementary feeding practices.

## What are we doing?

The early years 0-5 contract, Birmingham Forward Steps, is commissioned by Birmingham City Council. The service aims to ensure that every child in Birmingham is registered with a dentist. The Startwell service promotes healthy food and drink policies and choices which will deliver better oral health outcomes.

Water fluoridation has been in place in Birmingham since 1964. It is a safe and effective way of tackling the burden of tooth decay, and as it has an impact on the whole population it contributes to the reduction of health inequalities and particularly benefits children in the most deprived parts of the City.

## Recommendations/Conclusions/Next Steps

1. **Public Health England** to publish the results of Children's Oral Health Needs Assessment to identify areas or communities with the worst oral health inequalities.
2. **Birmingham Forward Steps** to adopt NICE and Public Health England oral health improvement recommendations.

<sup>32</sup> <http://www.nwph.net/dentalhealth/5year%20docs.aspx>

<sup>33</sup> <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000043/pat/6/par/E12000005/ati/102/are/E08000025>

<sup>34</sup> <https://www.rcpch.ac.uk/resources/state-child-health-report-2017>

<sup>35</sup> <https://www.nice.org.uk/guidance/ph55>

<sup>36</sup> <https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities>





### **Case Study – Service Birmingham Forward Steps**

Birmingham Forward Steps offers support, guidance and care from antenatal, through early years to pre-school and until your child starts school. Identifying a child's needs early is key to giving them the best start in life and ensuring parents receive the support they need. You will have contact with your Early Years Health and Wellbeing Service Team at five key points during your child's pre-school years either at home or in a clinic which will be pre-arranged with you. There's a wide range of support available, including well-baby clinics, stay and play sessions and much more.



### **Case Study – Example of Practice Birmingham Forward Steps and Children's Hospital Working Collaboratively**

Our Early Years Health and Wellbeing Service (EYH&W) provides varying degrees of support dependent on the child's, parent's or family's needs during pre-natal, post-natal and throughout the early stages of development of the child. When there is reason for more support we offer services such as Universal, Universal Plus and Universal Partnership Plus care in the community.

A particular way we do this is following a child's stay at Birmingham Children's Hospital (BCH) for treatment; when they are ready for discharge we work collaboratively with BCH, community organisations and the parent and/or family to assure an early intervention and assessment of needs can be completed. We will then assure they have the right level of support from our three packages we offer depending on their needs.

The result is that the ability for the parent and child to be safely discharged into the community, supporting the parent when necessary to access appropriate benefits in a timely manner, during the child's development we can make sure the child's voice is heard. We aim for the result in everything we do as it aligns with our values of being responsive, accessible, and providing quality care.



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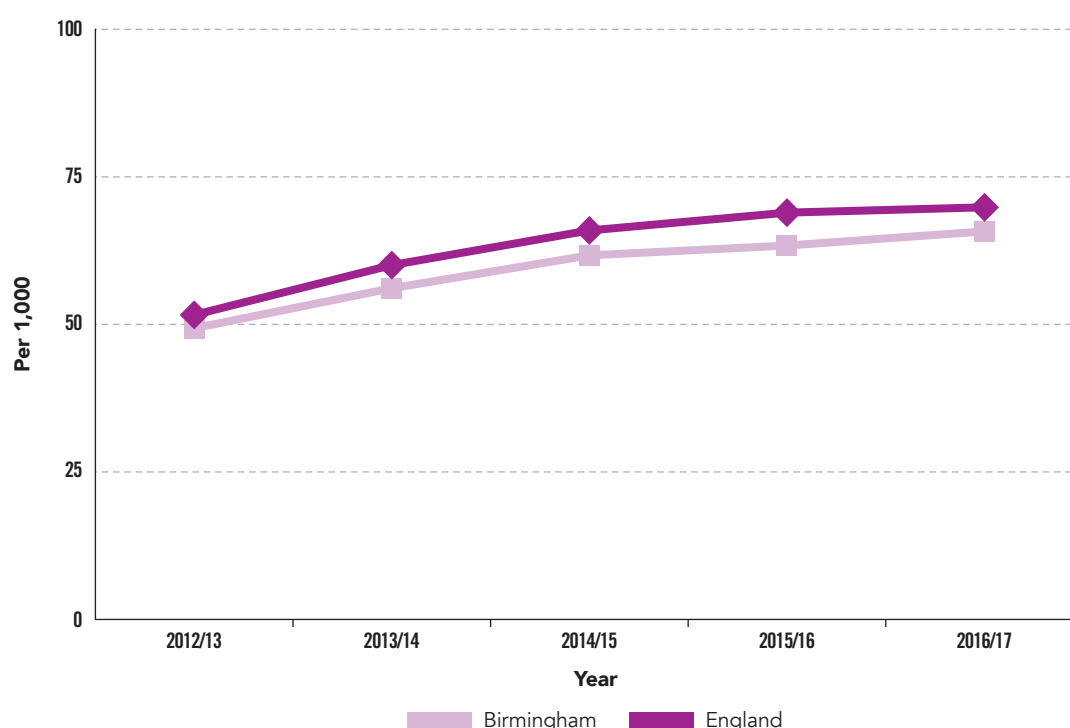
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# Early years education and development

## What's happening in Birmingham?

Birmingham is committed to ensuring that all children are ready for school at the age of five years. An assessment of school readiness, on entry to a Primary School reception class, is made. In Birmingham 66% of children are at a good stage of readiness for school, compared with 71% in England (2016/17: Figure 16). However the principal routes and influences to this achievement are not routinely reported for national or area comparison.

**Figure 16:** School readiness – the percentage of children achieving a good level of development at the end of reception



The Ages and Stages Questionnaire (ASQ-3) is offered at age 2-2.5 years by Birmingham Forward Steps as part of the Healthy Child Programme. The ASQ-3

assesses different aspects of the child's development against expected milestones. Unfortunately, due to data quality issues, published recent data around this is not available. However, non-validated ASQ-3 data from Birmingham Forward Steps for 2017/18 has shown that 67% of Birmingham's children received their 2-2.5 year assessment which included the ASQ-3.

In the spring of 2018, 62% (5,519) of eligible Birmingham 2 year-olds were taking up an entitlement of free early education. In England this uptake was 72%. All 3 and 4 year olds have a free offer and the take up in the city was 90% (20,717), compared to an England take up of 94%.

Since 2013/14 the number of children aged under five years receiving Special Educational Needs and Disability support in Birmingham has increased each year.<sup>37</sup> In 2017/18 academic year there were 2,067 children referred to Early Years Inclusion Support.

## What should we be doing?

The development of early cognitive, linguistic and social skills are the key components of good school readiness. Marmot<sup>38</sup> argues that we should provide good quality Early Years education and childcare proportionately across the social gradient to increase the take up by children from disadvantaged families.

The Centre for Research in Early Childhood produced a review of the evidence of benefit for improving outcomes in the Early Years.<sup>39</sup> They posed the question:

*How far and in what ways can early years education and care, social care and health programmes counter socio-economic disadvantage?*

They acknowledged that: *...any early intervention strategy can only make a contribution to countering deep, social and economic inequalities in society factors such as parenting style and the home environment, maternal and child health, early childhood care and education, maternal education and other demographic factors – which together help explain why low income children come to school less ready to learn and why high income children come to school with an advantage.*

In many countries, including the UK, children from low income families continue to be less likely to attend high quality early education and care programmes, even

though we know that they benefit more than their more advantaged peers. This review estimates that if all low income children were to be enrolled in high quality early education programmes, such reforms could close the gap in achievement by as much as 20-50%.

The conclusion to be drawn from the Early Years review<sup>39</sup> and Marmot<sup>38</sup> is that an approach which combines parent support and early education and care for children 0-2 years and an offer of Early Education programmes for children 3-4 years is likely to provide optimal benefits.

Parents are the most important ‘educators’ of their children for both cognitive and non-cognitive skills. Good parent-child relationships in the first year of life are associated with stronger cognitive skills in young children and enhanced competence.

The Statutory Framework for the Early Years Foundation Stage<sup>40</sup> sets out the expectations for Early Years settings and schools servicing children from birth to age five years.

The Rapid Review to Update Evidence for the Healthy Child Programme<sup>24</sup> provides evidence of ‘what works’ in key areas of the HCP including attachment, parenting support and speech, language and communication. The review highlights evidence supporting the use of targeted group based parenting programmes to improve emotional and behavioural outcomes in young children and the positive impact of speech and language interventions that take place in pre-school settings – a significant effect on mainly cognitive outcomes, but also on social skills and progress within school.

## What are we doing?

The recently commissioned Birmingham Forward Steps has the vision:

*To give every child in Birmingham an equal chance to have the best start in life so they can achieve their full potential.*

<sup>37</sup> Special educational needs in England: Department for Education January 2017

<sup>38</sup> Marmot M, Allen J, et al Fair Society, Healthy Lives: A strategic review of Health Inequalities in England post 2010. London Institute of Health Inequity. 2010

<sup>39</sup> Bertram T and Pascal C Birmingham Early Years Literature Review Centre for Research in Early Childhood, Birmingham 2014

<sup>40</sup> Early Years Foundation Stage statutory Framework DfE 2014

This system partnership includes Birmingham Community Healthcare Trust, Barnardos, Spurgeons, the Springfield Project and St Pauls Community Trust. It integrates health visiting services and children's centres into a ten district model. Outcomes for the service include child development, effective parenting and safeguarding.

Whilst there will be a commonality in provision across the districts there will be some flexibility in how this is delivered, informed by district parents fora, to allow for local needs and differences. As such, this partnership has at the heart of its specification a locality and needs sensitive approach to identify and support families to enhance the family-child relationship and encourage optimal attachment and bonding.

The integrated approach is an important aspect of improving the uptake of 2-2.5 year assessments and the use of the Ages and Stages Questionnaire (ASQ-3). School readiness is the key outcome measure. Early identification to provide early help and intervention are key features of the service, enabled by the delivery of the five mandatory health visitor assessments. Potential follow-up help and support is integrated with the family support resources of other partners and voluntary organisations. Other important elements of the service are parenting support including provision of parenting programmes; support around speech, language and communication and; a focus on improving the uptake of the early years educational entitlement.

Early Education opportunities are provided by private, voluntary, or independent organisations in the community, licensed and quality assured by Ofsted. The City Council has the responsibility to encourage the uptake of a Government funded scheme of Early Education Entitlement to children aged two in low income families and all three and four year old children. The provider of the early education to the eligible child claims the payment from the Local Authority, acting as an agent of the Government. Birmingham Forward Steps is committed to encourage this uptake in their contacts with families in their locality. A team in the City Council continues to monitor uptake and seek further opportunities in areas of low provision to increase sufficiency of quality early education provision. However the Council is not required to provide this provision directly.



## Recommendations/Conclusions/Next Steps

1. **Birmingham Forward Steps** should develop locality links with the local private, voluntary, or independent providers of Early Years Education to enhance and enable the uptake of the Early Years 2-2.5 year assessment and educational entitlement offers.
2. **Birmingham Forward Steps and Birmingham City Council** should work together to address data quality issues identified in relation to the Ages and Stages questionnaire (ASQ-3) collected at the 2-2.5 year health visitor assessment.



### Case Study – Example of Practice

#### **'New To Area Contact' by Birmingham Forward Steps**

A homeless mother from the Ladywood area with two young children under the age of five was in a difficult position. The mother's Birmingham Forward Steps Health Visitor was there for support, guidance and to provide care; and when the mother reported to the Health Visitor that she was feeling hopeless and lost in the system; the Health Visitor stepped in to support. The mother managed to find homeless accommodation in West Bromwich; the Health Visitor felt that their duty of care wasn't to end there but to continue to stay in contact with the vulnerable mother to continue to aid her in getting her family on their feet.

The mother and her family were able to move into a property in a new area; however, the property wasn't suitable and placed the entire family at risk. The mother attempted to deal with the housing situation directly yet was getting nowhere and noticed her family descending back to the vulnerable position they were in before.

The Health Visitor also saw the family's decline and knew that support regarding housing was necessary. The Health Visitor liaised with the Housing Association to resolve the housing issues to improve the living arrangements of the family; the family's housing situation improved following the Health Visitors intervention. Without the Health Visitor's intervention and the care 'Universal Partnership Plus' offers the mother and her two children under five would be homeless again. Also, following the improvements, the family's physical and emotional wellbeing steadily improved.





# Family and social environment

## Child poverty

### What's happening in Birmingham?

More than one in four children in Birmingham lives in poverty, significantly higher than England as a whole (16.7%) and any other local authority in the West Midlands. A total of 78,805 children under the age of 19 live in a low income family, which is more children living in poverty than any other local authority in England.

Family poverty can have a range of lasting impacts on health. Some of these are directly related to the impact that poverty has, such as poor diet, conflict between parents or damp and crowded housing. Other effects can be more subtle as children may not be able to take part in activities that build self-esteem and childhood resilience, or engage with learning at school. The wider neighbourhood context is also important and environments in more deprived areas can be poor for children because of the quality of local facilities such as parks or schools, or the exposure to air pollution. Children living in poverty may find there are more barriers to accessing health services, especially children of refugees, homeless families or traveller communities.<sup>41</sup>

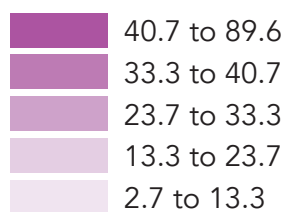
### Poverty in Birmingham

The English Indices of Deprivation 2015 provide statistics on relative deprivation for small areas in England. As measured by The Index of Multiple Deprivation (IMD) Birmingham is ranked as the 6th most deprived local authority in the country. In addition the Income Deprivation Affecting Children Index (IDACI), which measures the proportion of children under the age of sixteen that live in low income households, shows that 30.5% of Birmingham children live in income

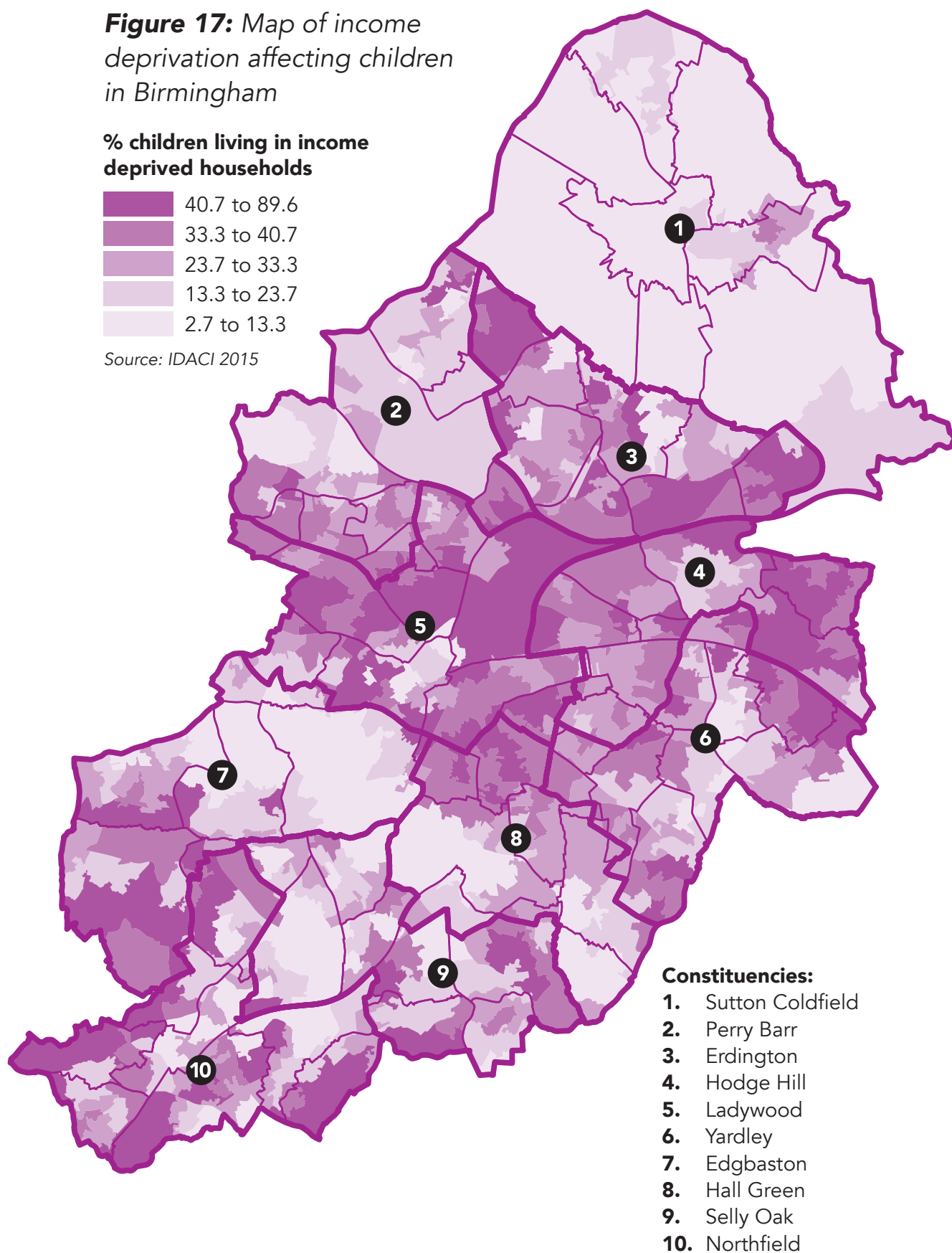
<sup>41</sup> Webb, E. Children and the inverse care law. *BMJ*. 1998 May 23; 316(7144): 1588–1591

**Figure 17:** Map of income deprivation affecting children in Birmingham

**% children living in income deprived households**



Source: IDACI 2015



Based on map data produced by Birmingham Public Health Knowledge Impact and Outcomes Team (2018). © Crown copyright and database rights 2018 Ordnance Survey 100021326.

deprived households (ranking Birmingham 15th in England). Figure 17 maps the distribution of IDACI across small areas of the city.

There are around 462,000 adults in Birmingham aged 16-64 years in employment. Whilst this represents 64.5% of the population, Birmingham lags behind England as a whole where 74.4% of adults are employed. This also makes Birmingham one of the two local authorities with the lowest employment rates in the whole of the West Midlands.

In Birmingham more women are unemployed than men, with 45% of working age women currently out of work.

Unemployment benefits contribute to low income families although there are a significant number of low income families where one or more of the adults are working in low paid jobs. The distribution of unemployment benefit claimants in the city (Figure 18) mirrors the pattern of disadvantage previously highlighted (Figure 17).

Over the last 10 years there have been changes to the job market in Britain. Part time employees now make a larger share of the labour market and there has been an increase in the amount of zero-hours contracts and 'gig economy' work. There are likely to be future changes due to increasing automation of some jobs, and the risk of automation is different between industries. The challenge in Birmingham remains, ensuring that the principles of Inclusive Growth are used to benefit our citizens equitably.

## **What should we be doing?**

By definition the direct cause of poverty is the lower household income. A key challenge facing Birmingham is how to make all economic growth inclusive and therefore beneficial to all households. Inclusive growth describes the set of policies and plans to ensure that opportunities are available for every person in the city rather than the benefits of investment being concentrated amongst those already affluent.<sup>42</sup> The pattern of growth is as important as the pace of any growth. Inequalities in income have increased in England over several decades for this reason.<sup>43</sup> The consequent poor health and wellbeing of Birmingham's citizens living in poverty can be a barrier to inclusive growth. Where parents are unable

to work due to illness, this has a knock-on effect on the circumstances that their children grow up in, creating a cycle where families are trapped in poverty. Whilst employment is good for health of individuals as well as the knock on positive effects on their children, poor quality work can be harmful to health. Wages are an essential part of quality work, but employment status, learning opportunities, working conditions, work/life balance and participation in organisational decisions are other characteristics of importance.

Previous national strategies have focussed on the need to improve the financial independence of families.<sup>44</sup> Changes in family income can happen rapidly, and are often prompted by circumstances outside of the control of individuals, such as ill health or redundancy. The rapid rate of change, rather than the size of the change, does not allow families to adapt to their new circumstances. This can cause lasting debts or financial hardship. The Marmot review highlighted the cliff edges that families face when moving in and out of employment.

Sometimes there are other barriers to work such as the availability of childcare. In national surveys, half of non-working parents have said that they would be able to work if they could access affordable childcare and a larger proportion of parents with low household incomes agreed with this.

## What are we doing?

The West Midlands Combined Authority (WMCA) has established an Inclusive Growth Unit. One of the aims of this unit is to embed inclusive growth considerations within the West Midlands Strategic Economic Plan<sup>45</sup> and the developing West Midlands Industrial Strategy set out in the Devolution 2 deal. Birmingham's public and private sector partners should implement those principles described by the Inclusive Growth Commission and the WMCA Inclusive Growth Unit.

Birmingham City Council has a social value policy. The Birmingham Business Charter for Social Responsibility and the Birmingham Living Wage policy are the

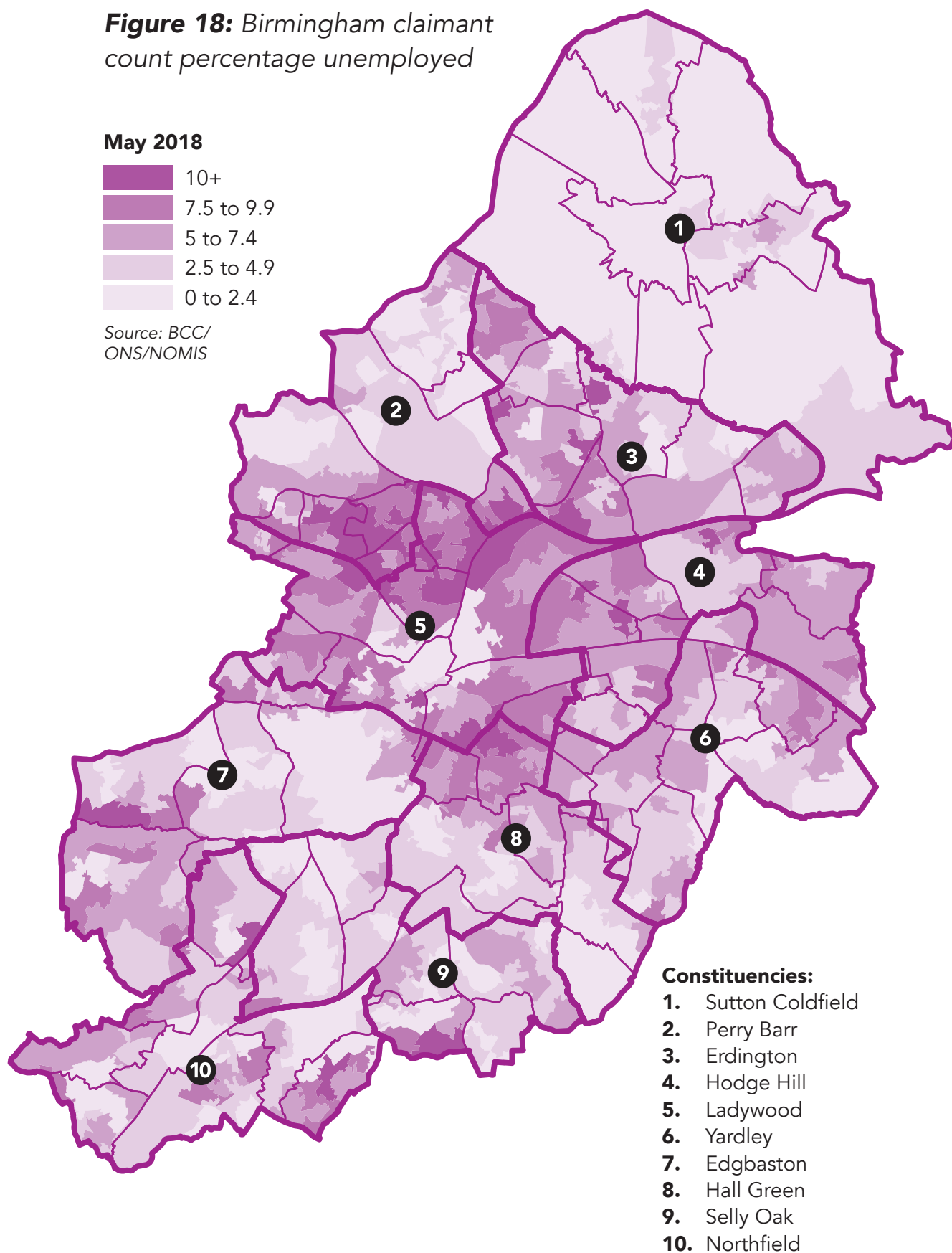
<sup>42</sup> Inclusive Growth Commission Making Our Economy Work for Everyone Royal Society for the encouragement of Arts, Manufactures and Commerce March 2017

<sup>43</sup> ONS. Household disposable income and inequality, table 9. January 2018. (<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/datasets/householddisposableincomeandinequality> accessed August 2018)

<sup>44</sup> DWP and DfE: A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives DWP/DfE 2011

<sup>45</sup> WMCA. Strategic Economic Plan. 2016

**Figure 18:** Birmingham claimant count percentage unemployed



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mechanisms for implementing the social value described in this policy. It has become an integral part of the Council's procurement process and contractual arrangements. The clearest example of innovative use of this approach is the Longbridge 106 scheme which used funds from housing development to establish a number of family nutrition and physical activity initiatives, including an evaluation of the impact of the Primary School based Daily Mile. Results of that evaluation are due in the autumn of 2018.

The recommendations of the Birmingham Child Poverty Commission report<sup>46</sup> focussed on five themes:

1. Health
2. Housing
3. In-Work Poverty
4. Economy and Worklessness
5. Education and Lifelong Learning

The most important outcome of this work is the establishment of the Child Poverty Action Forum. This Forum comprises Public, Private, Voluntary, and academic stakeholders, who are addressing the challenging thematic areas collectively.

## Recommendations/Conclusions/Next Steps

1. The reduction in the impact of family poverty on children should become the outcome measure for the economic developments in the City by all partners collectively. The principles of the Inclusive Growth Commission and WMCA Inclusive Growth Unit should be explicitly explored for their implications in Birmingham by **Birmingham Financial Inclusion Partnership** and **Birmingham Child Poverty Action Forum**.
2. The poor health of deprived areas is a symptom of, and barrier to, inclusive growth. The Joint Strategic Needs Assessment (JSNA) must describe these patterns of impacts and should be used to support decisions to reduce family poverty by **Birmingham Health and Wellbeing Board** and **Birmingham Financial Inclusion Partnership**.
3. Evaluation of schemes using 106 funding in Longbridge should be shared widely with recommendations and next steps to start further innovative schemes along these principles by **Birmingham Health and Wellbeing Board** and **Child Poverty Action Forum**.

## Adverse Experiences in Childhood

### What's happening in Birmingham?

There is no routinely collected data on the distribution of those with defined<sup>47</sup> adverse experiences in childhood. Commissioned surveys have occurred in Wales,<sup>48</sup> Lancashire<sup>49</sup> and Hertfordshire/Luton/Northamptonshire.<sup>50</sup> All of these have demonstrated similar patterns of prevalence, 57% of the population had none of these experiences, 18.0% had one experience, 16% had 2-3 experiences and 9.0% had four or more experiences. The studies also demonstrated strong associations of increased prevalence with socio-economic disadvantage. The impacts demonstrated by the original research are more likely with multiple adverse experiences in childhood.

A significant number of 0-5 year old children are referred to Birmingham children's services each year. In the 12 months leading up to August 2018 there were 5,963 such referrals. Over a quarter of these were due to domestic violence and abuse and neglect being the other major reason for referral. All of these are adverse experiences.

In August 2018, Birmingham Children's Trust reported that there were 571 children under the age of 5 with an open Child Protection Plan. Just under half of these were due to the child being emotionally abused. There were 423 children aged 0-5 in the care of the City Council in August 2018. This was again primarily due to abuse or neglect and around 10% of children were placed into care due to their family being in acute stress or dysfunction.

Based on the other prevalence studies and the experience of Birmingham Children's Trust, we can confidently assert that there will be large numbers of our population who have experienced adversity in childhood. Those with multiple adverse experiences will be concentrated in our areas of disadvantage. This will result in significant adverse impacts in later stages of the life course. Research shows that groups of children who have had more of these adverse experiences will suffer from worse health<sup>9</sup> and wellbeing.

<sup>46</sup> Birmingham Child Poverty Commission A Fairer Start for ALL our children Birmingham City Council 2016

<sup>47</sup> Fellitti et al Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults, The Adverse Childhood Experiences Study American Journal of Preventative Medicine 1998: 14(4): 245-58

<sup>48</sup> Bellis MA, Ashton K, Hughes K, Ford K, Bishop J, Paranjothy S. Adverse childhood experiences and their impact on health-harming behaviours in the Welsh adult population. Cardiff: Public Health Wales, 2015

<sup>49</sup> Lowry et al ACEs in Blackburn with Darwen Blackburn with Darwen Council and Liverpool John Moores University 2014

<sup>50</sup> Ford et al Adverse Childhood Experiences in Hertfordshire, Luton, and Northamptonshire Centre for Public Health, John Moores University, Liverpool 2016

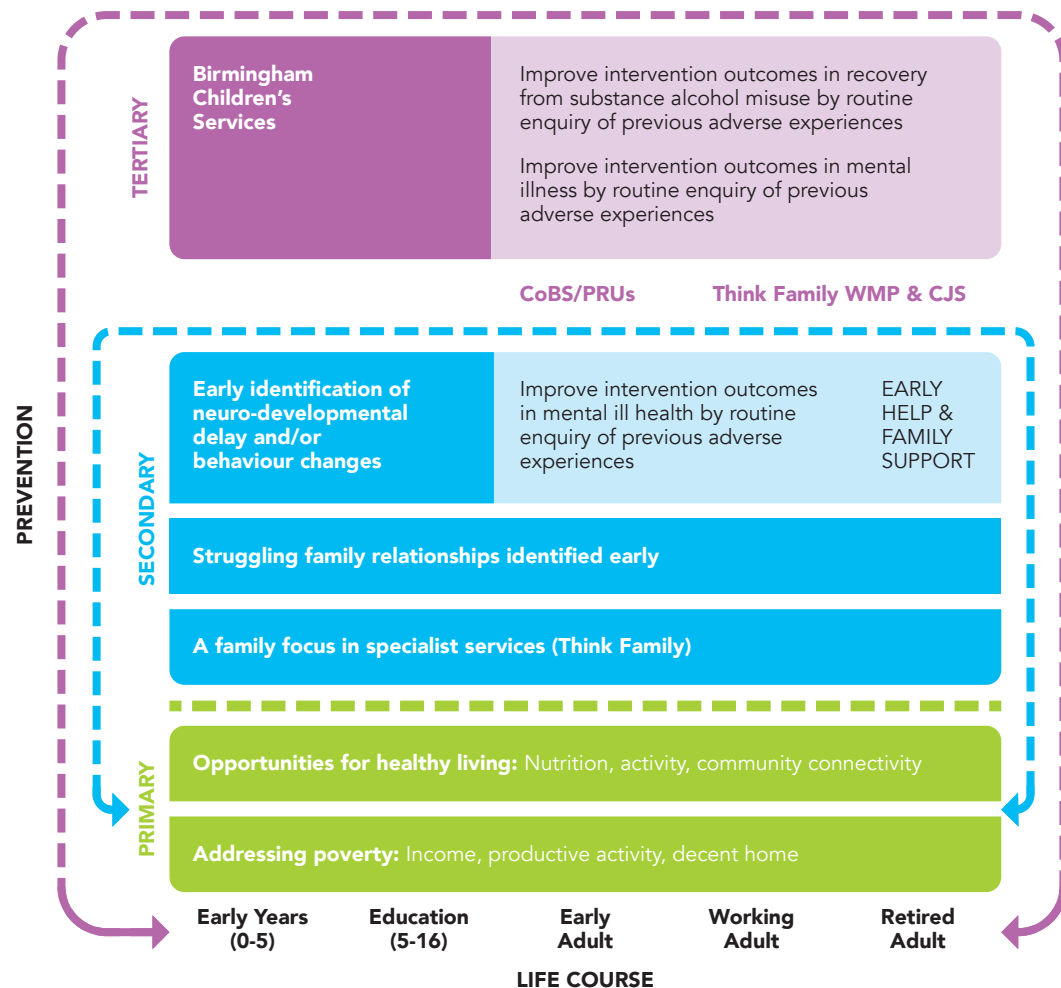


## What are we doing?

Evidence of the impact of adverse experiences in childhood in young people and adults is strong and secure.<sup>51</sup> There is, however, no agreement on how to respond to this evidence.

A Birmingham Health and Wellbeing Board Task and Finish group<sup>52</sup> has explored opportunities to prevent the impact and developed a prevention framework with occasions identified across the life course. There are discussions in many arenas considering the question of responding and reducing the impact for future generations of children. The prevention framework (Figure 19) has prompted action in all three prevention domains.

**Figure 19:** The Framework of Preventing the Impact of Adverse Experiences in Childhood in Birmingham



- 1. Tertiary preventative approach:** This approach considers routinely asking about these experiences in those with established physical and emotional disease and in contact with specialist services.

Opportunities for tertiary prevention have been developed in adult substance misuse clients, complex family presentations (Think Family and Intensive Family Support) and Domestic Violence support for survivors.

The approach involves enquiring about these experiences and sharing the impact they have. This provides an opportunity for the client to recognise the impact of that previous adverse experience and offers an opportunity to be different in the future. It does not focus on the previous experience nor expect the client to relive the experience again and again. It is seeking to deal with the impact it is having in the here and now and for a different future. It has been demonstrated to enhance the specialist therapeutic interventions usually employed. A trauma recovery specific intervention has not been required, although this is an option in some circumstances.

- 2. Secondary preventative approach:** The approach identifies children and young people with recent adverse events, preferably when and as they occur. This is an opportunity to reduce the impact these experiences have in the present and the future. This should reduce the likelihood of multiple experiences occurring in these individuals over time.

Opportunities for Secondary Prevention have been developed into an Early Emotional Help system framework for secondary schools, in partnership with voluntary sector and Forward Thinking Birmingham. This is intended to enhance the response to children with difficulties and concerning behaviours. The approach recognises the adverse experience impact and raises the questions with these young people. This has shown to change the responses in students with challenging behaviours supported by the City of Birmingham School and Pupil Referral Units.

<sup>51</sup> Bellis et al Adverse Childhood Experiences: Retrospective Study to Determine their impact on adult health behaviours and health outcomes in a UK population *Journal of Public Health* 2013 Vol 36(1); 81-91 doi:10.1093/pubmed/fdt038

<sup>52</sup> Wilkes et al Using the Impact of ACEs in Birmingham 2017 Birmingham Health and Wellbeing Board 2017

Opportunities for Secondary Prevention have been developed in the Early Years System (Birmingham Forward Steps) to support parents to relate differently to each other and their children using the insights of the impact of parental adverse experiences in their childhood. This enhances the effectiveness of programmes such as Positive Parenting Programme and the Solihull Approach.

- 3. Primary preventative approach:** This approach is intended to reduce the likelihood of these Adverse Childhood Experiences occurring in the first place and/or reducing the likelihood of the impact if an adverse experience does occur

Opportunities for Primary Prevention have been developed in a whole school ACE/Trauma approach to adult/student and student/student relationships through the understanding of the impacts of these experiences (Newstart programme). Half of Birmingham secondary schools have now become involved in the programme and early adopters are reporting encouraging changes in the school culture, relationships, and achievements.

The West Midlands Combined Authority Adverse Childhood Experiences lead, Dr Andrew Coward, is proposing a community based development of awareness of the impact of these experiences in Castle Vale and Kings Norton. This will, of course be evaluated before more widespread adoption.

## Recommendations/Conclusions/Next Steps

1. Opportunities for Tertiary Prevention should be developed with **adult Mental Health clients** (including personality disorder, complex family presentations), **children's social care** (Child Protection and Child In Need) and **Primary Care**.
2. Opportunities for Secondary Prevention should be developed into an Early Emotional Help system framework for Primary schools. This should be a **partnership of schools, the voluntary sector and NHS**, which responds to children with difficult and concerning behaviour. This should include the introduction of enquiry into the adverse experiences in the child and family.
3. Opportunities for Primary Prevention should be sought in sharing the understanding of impacts of adverse experiences with parents during the

antenatal period by the **Local Maternity System** and **Forward Thinking Birmingham**.

4. Opportunities to develop locality understanding and responses in wider linked communities such as extended families, faith or social groups and neighbourhoods to the evidence of harmful impact of these experiences should build upon the experiences of the pilots in Castle Vale and Kings Norton (**Dr Andrew Coward, Area Early Help Hubs** and **Forward Thinking Birmingham**).

## Child homelessness

### What's happening in Birmingham?

Children have a right to a good standard of living space in Birmingham.

The Birmingham Homelessness Prevention Strategy 2017<sup>53</sup> provides a multi-agency approach to the prevention of homelessness.

In Birmingham 7.4 households in every 1,000 have become statutorily homeless compared to 2.4 in every 1,000 households in England. The trend over time can be seen in Figure 20.

**Figure 20: Family homelessness**



In the financial year 2016/17, there were 2,961 households with dependent children or a pregnant parent accepted as homeless. Within the West Midlands, Birmingham has the highest proportion of households with homeless children and the second highest for any local authority in the country, after Newham.

The challenge of affordable housing of adequate quality is significant in Birmingham. The city has higher than average household sizes but a limited supply of four bed and larger homes.<sup>47</sup>

## What should we be doing?

Any semblance of national strategy is focussed upon the legislative framework which Local Authorities are held to account for when responding to requests for assistance.

Reducing family homelessness requires the two handed approach of developing secure, affordable housing of decent quality and support to prevent loss due to changing economic or relationship circumstances.

The impact of a period of homelessness and temporary accommodation has been known for many years. The Centre for Housing Policy reported on these impacts in 2008.<sup>54</sup> Shelter found that these adverse impacts were no better in 2016.<sup>55</sup>

## What are we doing?

The Birmingham Homelessness Prevention Strategy<sup>49</sup> offers a framework of multi-agency approaches to prevent homelessness occurring by offering early help to support and developing options for sustainable and affordable housing. This approach is supported by Shelter<sup>56</sup> and the national Housing Federation/New Local Government Network.<sup>57</sup> It sets out the vision to eradicate homelessness in the city.

<sup>53</sup> [https://www.birmingham.gov.uk/downloads/file/2531/birmingham\\_homelessness\\_prevention\\_strategy\\_2017](https://www.birmingham.gov.uk/downloads/file/2531/birmingham_homelessness_prevention_strategy_2017)

<sup>54</sup> Pleace et al Statutory Homelessness in England: The experience of families and 16-17 year olds Communities and Local Government 2008

<sup>55</sup> Shelter UK Desperate to escape: the experience of homeless families in emergency accommodation. Shelter.org.uk 2016

<sup>56</sup> [www.england.shelter.org.uk](http://www.england.shelter.org.uk)

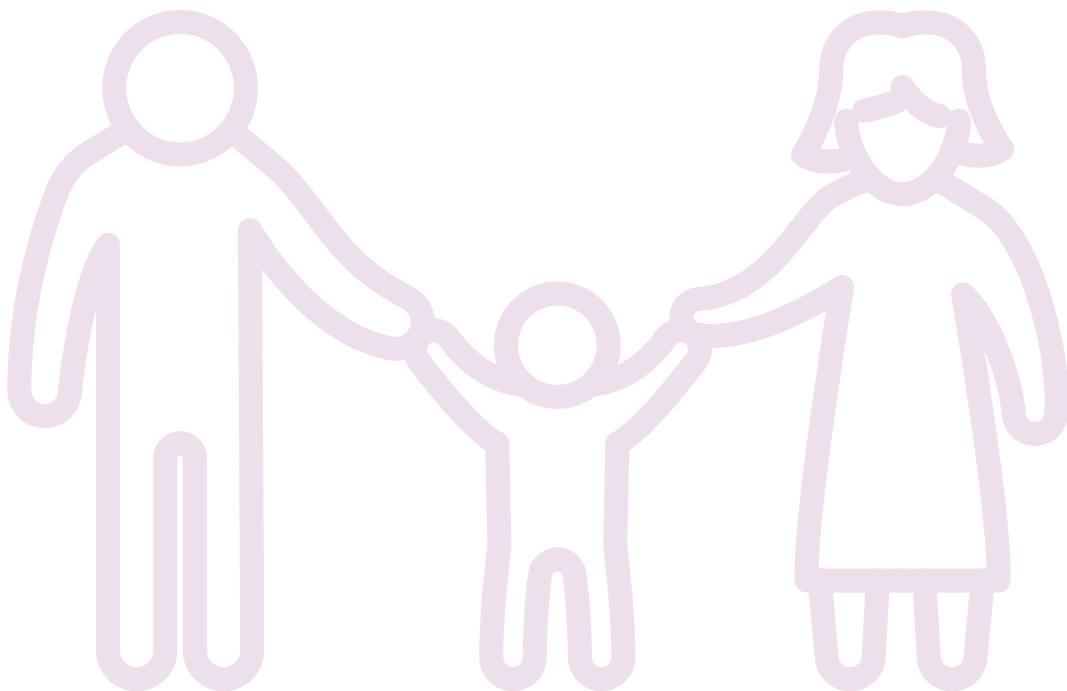
<sup>57</sup> National Housing Federation Working Together for more Homes [www.housing.org.uk](http://www.housing.org.uk) 2018

The strategy is structured around the positive pathway approach developed by St Basil's and includes universal prevention, alongside more targeted prevention activities, including vulnerable children and young people at risk, crisis prevention and relief and recovery from homelessness. The strategy identified that work needs to happen to reduce further trauma to children that may have a long lasting effect.

Families with dependent children are a priority group for homeless applications. In Birmingham four out of every five priority homeless acceptances were from households with dependent children. The strategy also commits to minimise the use of bed and breakfast (B&B) provision for families with children.

### Recommendations/Conclusions/Next Steps

1. The **Joint Strategic Needs Assessment** should focus on supporting the evaluation of the Birmingham Homelessness Prevention Strategy by Adult Social Care, Birmingham Public Health, and Birmingham Forward Steps.



# Acknowledgements

The production of this report could not have been possible without the support of my Public Health team. I would like to offer my special thanks to Nasreen Akhtar and Tahbeer Pervez for their project management from inception to completion, Dr Dennis Wilkes, Fiona Grant, Duncan Vernon, Ralph Smith, Chris Baggott, Dr Wayne Harrison and Salonika Acharya for leading on chapter collation and Bradley Yakoob and Julie Bach for coordination of design and printing and stakeholder engagement. All of whom have played an integral role in the completion of this DPH Annual Report.

A special thank you to Jeanette Davis for her expertise relating to infant mortality; Susan Lowe, Paul Campbell and Jenny Riley for analysis of statistical data; Mudassar Dawood for the production of maps and Mohan Singh for production of data analysis. Thank you to the Public Health Knowledge, Impact and Outcomes team for additional support provided.

I would further like to thank all those who took the time to take part in our Stakeholder engagement session. I am grateful to Sandra Passmore, Jeanette Young, Chris Chiswell and Helen Dolman for your feedback, engagement and direction.

I personally appreciate the support of all those with whom I had the pleasure to work with along the way. This includes all internal and external partners, in particular Birmingham City Council's directorates including Place, Housing Options, Children and Young People, Transport and Connectivity and Birmingham Children's Trust.

Stuart Reynolds, Birmingham City Council Corporate Communications team, is thanked for all his support and commitment, in ensuring this document was produced and for all his media support and coordination.

I truly appreciate everyone's efforts and commitments and in particular leadership from Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Professor Graeme Betts, Corporate Director for Adult Social Care and Health.



# Glossary

**Adverse Experiences in Childhood:**

These are stressful events occurring in childhood including domestic violence, parental abandonment through separation or divorce, being the victim of abuse or neglect, a member of the household being in prison.

**Antenatal:** Before birth; during or relating to pregnancy.

**ASQ-3:** A developmental and social-emotional screening for children between birth and age 6.

**Attachment:** Attachment theory is a psychological model centered on the emotional bonds between people. It suggests that our earliest attachments can leave a lasting mark on our lives.

**Birmingham Business Charter for Social Responsibility (BBCSR):** A set of guiding principles which aim to help the local economy by supporting local businesses, creating jobs and making sure workers are paid a fair wage.

**Birmingham Forward Steps:** The new health and wellbeing service for all pre-school children has been designed to bring together the current health

visiting service and children's centres, so that families can access the help they need from pregnancy until their child starts school.

**Birmingham Living Wage policies:**

The Council's Living Wage Policy ensures that people working on behalf of the Council are paid the same minimum rate as if they worked directly for the Council. Since Birmingham City Council's procurement policies mean that these are more likely to be Birmingham residents, this also helps local shops and businesses.

**BUMP:** Birmingham and Solihull United Maternity and Newborn Partnership, it aims to introduce a single point of access for all maternity referrals making sure you have access to the right care from day one, through your dedicated midwife and dedicated community hubs.

**CDOP:** Child Death Overview Panels, are statutorily required to conduct case reviews to help prevent further child deaths.

**Congenital Anomalies/Abnormalities:**

Also known as birth defects, congenital disorders or congenital malformations,

they occur in the womb and may be identified before birth, at birth or sometimes only later in infancy.

**Consanguinity:** Related by blood, being descended from the same ancestor.

**Core Cities:** The Core Cities Group is a self-selected advocacy group of large regional cities in the United Kingdom and outside Greater London. It is a partnership of eight city councils: Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, and Sheffield

**Early neonatal death:** Death of a live-born baby within the first seven days of life.

**Health Inequalities:** Differences in health status or in the distribution of health determinants between different population groups, for example, differences in mortality rates between people from different social classes.

**Healthy Child Programme:**

A programme of screening tests, immunisations, developmental reviews, and information and guidance offered to every family to support parenting and healthy choices.

**Infant mortality:** Death of a child

between birth and the end of the first year of life.

**Intrapartum:** During labour and delivery or childbirth.

**National Child Measurement**

**Programme:** The annual measurement and recording of the height and weight of children in reception year and Year 6.

**Parenting Daily Hassles**

**Questionnaire:** A measure used to assess the frequency and intensity of parents' daily hassles.

**Peri-natal:** During the phase surrounding the time of birth, from the twentieth week of gestation to the twenty-eighth day of newborn life.

**Personality disorder:** A class of mental disorder characterized by enduring maladaptive patterns of behavior, cognition, and inner experience, exhibited across many contexts and deviating markedly from those accepted by the individual's culture.

**Post-natal:** Relating to or denoting the period after childbirth.

**Pre-natal:** Before birth; during or relating to pregnancy.

**Primary prevention:** Interventions

to prevent disease or injury before it ever occurs, e.g. immunisation against infectious diseases.

**School readiness level:**

The percentage of children by the end of reception defined as having achieved at least the expected level in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and in the specific areas of mathematics and literacy.

**Secondary prevention:**

Interventions to reduce the impact of a disease or injury that has already occurred, e.g. regular screening to detect disease in its earliest stages.

**Section 106 agreements:**

Legal agreements between Local Authorities and developers; they can also be known as planning obligations. They aim to balance the pressure on the area created by the new development with improvements to the surrounding area.

**Social determinants of health:**

The conditions in which people are born, grow, live, work and age, which are shaped by the distribution of money, power and resources at global, national and local levels.

**Statistical neighbours:** Local authorities with similar demographic characteristics, e.g. age distribution, levels of deprivation.

**Statutorily homeless:** Households or individuals whom the local authority has a legal duty to assist, on the basis that the applicant is eligible for assistance, unintentionally homeless and falls within a specified priority need group.

**Stillbirth:** The birth of a dead baby after 24 completed weeks of pregnancy.

**Targeted prevention:** Strategies which target subgroups of the general population that are determined to be at risk.

**Tertiary prevention:** Interventions to soften the impact of an ongoing illness or injury that has lasting effects, e.g. cardiac or stroke rehabilitation programs, chronic disease management programs.

**Universal prevention:** Strategies which are designed to reach the entire population, without regard to individual risk factors.



	Item 14 <b>Agenda Item: 14</b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>27 November 2018</b>
<b>TITLE:</b>	<b>UPDATE ON JSNA</b>
<b>Organisation</b>	<b>Birmingham City Council, Public Health</b>
<b>Presenting Officer</b>	<b>Becky Pollard, Interim Director of Public Health</b>

<b>Report Type:</b>	<b>Information/Update</b>
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<b>1. Purpose:</b>
This information report sets out the developments in the Birmingham JSNA and proposed way forward to engagement of all partners in the development of an agreed work programme and production of specific needs assessments.

2. Implications:		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	

	Improve the wellbeing of those with multiple complex needs	
	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		✓
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		
Prevention		

### 3. Recommendations

The Board is asked to:

- Note the progress in improving the JSNA
- Support the establishment of a new JSNA Strategic Group and supporting processes to improve strategic oversight, agree an annual work plan and improve partner engagement.

### 4. Background

- 4.1 The JSNA is an assessment of current and future health and social care needs that could be met by the Local Authority, CCGs, or NHS England. The council and CCGs have an equal and joint duty to prepare JSNAs through the HWB. NHS England must participate in JSNAs. The responsibility falls on the Board as a whole.
- 4.2 The duty to undertake JSNA was introduced in 2007 in recognition that strategic planning for health and wellbeing was best done in partnership and based on evidence. The JSNA should be a single agreed picture of needs essential for strategic planning. In order to optimise the utility of the JSNA it is crucial that it draws on intelligence from across the council and wider

partners and that they engage fully in the process.

- 4.3 At the inception of the Health & Wellbeing Board it was agreed that the JSNA would be seen as a process with an annual refresh rather than a physical document. It would use updates based upon detailed needs assessments as well as outcomes relating to the Health and Wellbeing Strategy and Outcomes Frameworks.
- 4.4 The recent CQC review stated the JSNA was not fit for purpose and “There was not an up-to-date, coherent, shared view of the needs of Birmingham’s population. Although there was a Joint Strategic Needs Assessment (JSNA), it was not clear how the priorities identified were being used to inform future commissioning intentions.”
- 4.5 Additionally the “document was out of date and did not provide the detailed assessment expected. There was no evidence to suggest it had multi-agency input and it did not appear to unite all other needs analysis for the place, including local economic assessment and skills assessment.”
- 4.6 The CQC report contained five comments on the JSNA. These have been categorised as relating to a need for:
  - Explicit linkage between JSNA and wider commissioning intentions
  - Explicit multi-agency input
  - Relevant reports from a wider range of partners to be included
- 4.7 Since the CQC report improvements to the JSNA have been made in the following areas:

### **Website**

In order to identify the best way to improve the current JSNA website the draft CQC report was reviewed to identify the key issues highlighted. Additionally, Public Health England (PHE) were consulted to identify best practice and the current JSNA website was compared to a range of approaches taken by other areas.

The web site has now been redesigned to improve navigation. There are three main sections:

- Locality profiles
- JSNA outcomes frameworks and health profiles
- JSNA themes

The JSNA themes are further split to reflect the HWB, STP and BCC priority areas:



1. [Starting well - maternity, children and young people](#)
2. [Living well - working age adults](#)
3. [Ageing well - older people](#)
4. [Local priorities - Health and Wellbeing Board and STP](#)

### **Place based intelligence**

The District Health Profiles were launched in January 2018 having been developed over time with district committees based on data routinely available at district and/or ward level.

These can be found at:

[https://www.birmingham.gov.uk/info/50120/public\\_health/1332/district\\_health\\_profiles/1](https://www.birmingham.gov.uk/info/50120/public_health/1332/district_health_profiles/1)

There is a variety of information available on each district and ward, including population, age, employment and health.

Additionally, work is ongoing with BSol CCG locality GP leads to develop locality profiles. The profile for West Birmingham informed a presentation to the September CCG Governing Body. Work is continuing to develop the profiles with the other locality leads.

### **Older people**

An Older Adults JSNA Sub-Group has been established with representatives from:

- BCC Public Health
- BCC Commissioning
- Age Concern
- Ageing Better in Birmingham Programme
- Birmingham and Solihull Clinical Commissioning Group
- BVSC

The purpose of the group is to identify the key issues from across the health & wellbeing system to be included on Birmingham's Older Adults JSNA webpages. These will come via the priorities in strategic documents, policies, commissioning plans and improvement plans relevant to the topic area.

The starting point is based on the Adults Social Care Outcomes Framework (ASCOF) and Public Health Outcomes Framework and CQC data profile. Other strategic sources are:

- BCF metrics

- Older Adults Marketing Position Statement
- ASC Prevention data presentation
- ASC Rapid Needs Analysis

### **Children**

Specific work has been ongoing in response to internal requests and in preparation/response to external review bodies.

These include:

- Children with SEND
- Vulnerable children
- CYP substance misuse

## **5. Future development**

- 5.1 Although progress to improve the JSNA content and accessibility has progressed, much of the work has been ad hoc and in response to specific requests from partners. There is still a lack of strategic oversight and no process to prioritise requests.
- 5.2 Some of the issues include:
- The balance between place based, locality specific reporting and city-wide thematic assessments
  - Engagement of all partners in the development of an agreed work programme and production of specific needs assessments.
  - Lack of awareness of the JSNA process or products
- 5.3 To improve the process it is recommended that a new JSNA Strategic Group is established, chaired by the Director of Public Health, and a membership including senior strategic decision makers from across the board. The working group will:
- Prioritise requests for JSNA work
  - Develop an annual JSNA work plan for sign off by the Board
  - Ensure organisational commitment to the development of specific needs assessment
  - Ensure quality of JSNA through governance process and evaluation
  - Report progress and issues to the Health & Wellbeing Board
- 5.4 Reporting to the Strategic Group it is proposed that there are four Working Groups reflecting the current JSNA themes to act as an expert reference for specific needs assessments in each of these areas.

Time limited Task & Finish Groups will be convened to produce specific JSNA chapters from the annual work plan as agreed by the Board.

## **6. Compliance Issues**

### **6.1 Strategy Implications**

### **6.2 Governance & Delivery**

### **6.3 Management Responsibility**

## **6. Risk Analysis**

<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>

## **Appendices**

## **Signatures**

**Chair of Health & Wellbeing Board  
(Councillor Paulette Hamilton)**

**Date:**

#brumbreathes

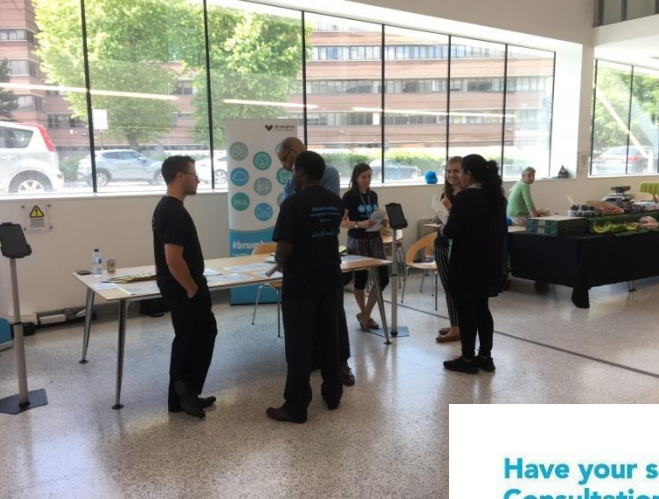
# A Clean Air Zone for Birmingham



# Consultation Response

- 10,368 individuals
- 384 organisations and businesses
- A petition organised by the Motorcycle Action Group with 394 signatures
- Largest response to any Birmingham City Council lead engagement exercise





Have your say.  
Consultation open  
from 4 July to  
17 August 2018.



#brumbreathes

# A Clean Air Zone for Birmingham

[birmingham.gov.uk/caz](http://birmingham.gov.uk/caz)

 Birmingham  
City Council



# Outcome from the consultation

The Preferred Outline Business case submitted to Government in October for consideration and comment consisted of:

- The CAZ area as originally proposed; covering the area within the Middleway.
- The introduction of additional measure to ensure compliance is reached consisting of some network changes as well as the addition of further extents of Controlled Parking Zones within the CAZ area.
- It is proposed to target mitigation at those groups least able to cope with the changes brought by the CAZ. The types of mitigation under consideration include exemptions, discounts, sunset periods.
- Financial incentives to support businesses and enhanced infrastructure to support the transition to compliant modes of transport to be met from the Clean Air Fund (CAF).

# Next Steps

- The Full Business case to be submitted to Government on 15<sup>th</sup> December 2018
- Decision by Government early 2019 to award funding.
- Cabinet to accept funding and to proceed with implementation early 2019.
- The Council continues to provides a clear message around the Clean Air Zone so that individuals and businesses can start to consider and make the necessary changes.
- Further ongoing engagement with stakeholders and the public on the proposals as the scheme proceeds towards implementation will continue particularly regarding the development of the mitigation measures.
- It is fully acknowledged that this is an extremely challenging and complex process which will have significant impacts on the City.
- Clean Air Zone operational 1 January 2020.



[www.birmingham.gov.uk/caz](http://www.birmingham.gov.uk/caz)  
[cleanair@birmingham.gov.uk](mailto:cleanair@birmingham.gov.uk)



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	Item 15 <b>Agenda Item: 15 (b)</b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>27 November 2018</b>
<b>TITLE:</b>	<b>BIRMINGHAM PUBLIC HEALTH STRATEGY (GREEN PAPER) – DEVELOPMENT UPDATE</b>
<b>Organisation</b>	<b>Birmingham City Council, Public Health</b>
<b>Presenting Officer</b>	<b>Becky Pollard, Interim Director of Public Health</b>

<b>Report Type:</b>	<b>Information report</b>
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<b>1. Purpose:</b>
This information report sets out the rationale for developing a Public Health Strategy for Birmingham and the proposed process for consulting on the development of the Strategy in a Birmingham Public Health Strategy Green Paper.

2. Implications:		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	Yes
	All children in permanent housing	Yes
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	Yes
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	Yes
	Improving stable and independent accommodation for those learning disability	Yes

	Improve the wellbeing of those with multiple complex needs	Yes
	Improve air quality	Yes
	Increased mental wellbeing in the workplace	Yes
Joint Strategic Needs Assessment		Yes
Joint Commissioning and Service Integration		Yes
Maximising transfer of Public Health functions		Yes
Financial		Yes
Patient and Public Involvement		Yes
Early Intervention		Yes
Prevention		Yes

### **3. Recommendations**

3.1 The Health and Wellbeing Board is asked to note:

- that the Birmingham Public Health Strategy is currently in development; and
- that a public consultation on the Public Health Strategy (Green Paper) is proposed in Spring 2019.

### **4. Background**

4.1 A Public Health Strategy for the City of Birmingham, 2019-2021, is in development. The purpose of the Strategy is to:

- Guide resource decisions,
- Raise awareness of Public Health and the City's Public Health priorities; and
- Identify specific actions and ownership for delivery of the Strategy across the health and social care system.

4.2 The Strategy will be informed by a public and partner consultation exercise; a Public Health Strategy Green Paper is in development with a view to opening the consultation in Spring 2019.

4.3 It is proposed that the overarching priority framework for the Strategy align

with the life course approach adopted in the Birmingham and Solihull Sustainability and Transformation Strategy (BSOL STP) and Birmingham City Council's top priorities. The priority framework for the draft Strategy therefore has the following headline priority areas:

1. Child health
2. Working age adults
3. Aging well
4. Healthy environment.

4.4 These priority areas are supported by the overarching commitment to:

- Address health inequalities; and to
- Maximise the public health gains from hosting the Commonwealth Games.

Within this framework a number of draft priorities have been selected for the basis of the Green Paper consultation (the latest draft, version 1.6, can be found in **Appendix A**). These draft priorities have been selected as they are areas where:

- There is evidence of need in the JSNA (Joint Strategic Needs Assessment) i.e. because Birmingham is poorly performing in the PHOF (Public Health Outcomes Framework).
- There is significant evidence of poor health outcomes.
- Evidence based preventative interventions are available.

4.5 **Appendix B** contains the most recent high level messages from the JSNA; these areas are either directly or indirectly addressed in the draft priority areas for action.

4.6 Prior to the launch of the consultation on the Public Health Strategy Green Paper, members of the Birmingham Public Health team will be meeting with the Council's Directorates; the Children's trust; the two Clinical Commissioning Groups (CCG's); and the two Sustainability and Transformation Partnerships (STPs) to ensure that suitable actions and targets are identified to allow progress against the proposed priorities.

## 5. Future development

The consultation on the Public Health Strategy Green Paper in Spring 2019 will seek views on whether the proposed priorities are the right ones. The Public Health Strategy will be informed by the consultation findings; the final decision will be made via the Council's formal governance procedures.

<b>6. Compliance Issues</b>
<b>6.1 Strategy Implications</b>
The Birmingham Public Health Strategy will set out the priority areas to improve the public health of Birmingham's population. Each of the Birmingham Health and Wellbeing Board's priorities are addressed either directly or indirectly in the proposed Public Health Strategy priority areas.
<b>6.2 Governance &amp; Delivery</b>
Governance and delivery of the Public Health Strategy will be via the Council's Corporate Management Team (CMT).
<b>6.3 Management Responsibility</b>
Management responsibility for the Public Health Strategy will be with the Director of Public Health.

7. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
That changes to the funding of Birmingham Public Health lead to the benefits of the Public Health Strategy not being realised.	Low	High	Consultation on the Public Health Strategy Green Paper to commence after the 2019 Budget is confirmed.

<b>Appendices</b>
A. DRAFT Public Health priorities on a page version 1.6 [in development]
B. Headline messages from the JSNA.

<b>Signatures</b>	
<b>Chair of Health &amp; Wellbeing Board (Councillor Paulette Hamilton)</b>	
<b>Date:</b>	

# Birmingham Public Health: Priorities on a Page

Addressing health inequalities because every child, citizen and place matters

## Priority 1: Child health

- Reducing infant mortality
- Taking a whole systems approach to childhood obesity
- Supporting the mental and physical health of our most vulnerable children

## Priority 2: Working age adults

- Supporting workplaces to improve their employee wellbeing offer
- Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity
- Supporting the mental and physical health of our most vulnerable adults

## Priority 3: Ageing well

- Reducing social isolation
- Providing system wide information, advice and support to enable self-management
- Developing community assets
- Supporting the mental and physical health of our most vulnerable older people

## Priority 4: Healthy environment

- Improving air quality
- Increasing the health gains of new developments and transport schemes
- Health protection assurance and response including screening, immunisation and communicable diseases

Maximising the public health gains from hosting the Commonwealth Games

## Our vision:

To improve and protect the health and wellbeing of Birmingham's population by reducing inequalities in health and enabling people to help themselves

## Our values:

- Equity
- Prevention
- Evidence based practice

## Our approach:

- Population based
- Proportionate universalism
- Intelligence led
- Strategic influence
- Communication
- Joint working
- Health in all policies





## Mortality

Birmingham has lower life expectancy than England, particularly for men. The major causes of the excess of premature years of life lost are:

- Infant mortality
- Cardiovascular diseases
- Respiratory diseases
- Alcohol misuse

## Children & young people

Children in Birmingham have particularly poor outcomes related to:

- Childhood obesity
- Indicators related to adverse experiences in childhood
- Vaccination coverage
- The effects of poverty

## Working age adults

Adults in Birmingham have particularly poor outcomes related to:

- Unemployment
- Households in temporary accommodation
- The impact of unhealthy behaviours such as substance misuse and physical inactivity
- Mental and physical health of our most vulnerable adults
- Cancer screening and chlamydia detection
- Incidence of TB

## Older people

Older people in Birmingham have particularly poor outcomes related to:

- Social isolation of care users and carers
- Health related quality of life

- Enhancing quality of life for people with care and support needs<sup>1</sup>
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care

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<sup>1</sup> Birmingham JSNA 2017/18 Strategic Overview Chapter. Adult Social Care Outcomes Framework.  
[https://www.birmingham.gov.uk/downloads/file/8894/adult\\_social\\_care\\_outcomes\\_framework\\_december\\_2017](https://www.birmingham.gov.uk/downloads/file/8894/adult_social_care_outcomes_framework_december_2017)

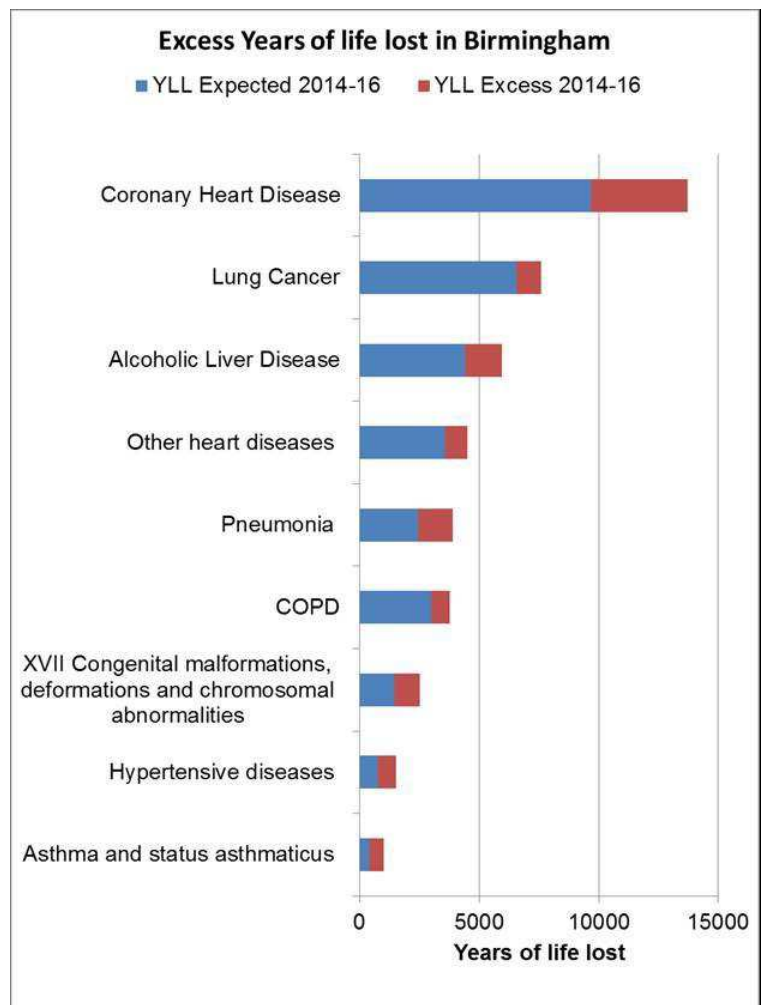
## Gap in life expectancy

Infant mortality is the major cause of the increased number of premature years of life lost between Birmingham and England.

The major causes excluding infant mortality are shown in the figure opposite. This method compared the years of life lost in Birmingham in 2014-16, with the number that would be expected if Birmingham experienced the average rates for England. An expected number of life years lost have been calculated, for each gender and age group, for deaths from every condition published in the ONS Vital Statistics tables. These calculations focussed on the 1-74 age groups.

The majority of these can be grouped as;

- Cardiovascular disease
- Respiratory disease
- Alcohol misuse



## Public Health Outcomes Framework Indicators

The Public Health Outcomes Framework (PHOF) is a collection of indicators that help us understand how well public health is being improved and protected. It was last updated in August 2018.

The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

Overarching indicators:

- Life expectancy and healthy life expectancy

Domains:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

Each of the outcomes for Birmingham has been collated according to our performance relative to national, core city and Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbour comparators. Although many of the indicators will be influenced by the underlying social and economic environment, highlighting those where Birmingham performs worse than similar areas may suggest outcomes that are more likely to be improved by better service provision. The indicators are collated into groups as follows:

Performing well	Indicators are significantly better than national comparators
Performing poorly	Indicators are significantly worse than the national average and also worse than the average for other core cities <b>and</b> CIPFA nearest neighbours
Worse than average (1)	Indicators are significantly worse than the national average, but better than the average for <b>one of</b> core city <b>or</b> CIPFA nearest neighbour comparators

## Performing poorly

Indicators that are significantly worse than national, core city and CIPFA nearest neighbour comparators are shown below:

### Mortality

- Birmingham has the highest infant mortality rate in the country and the rate is increasing, whereas nationally there is a decline
- Life expectancy at birth for males
- Under 75 mortality for cardiovascular disease considered preventable for females and respiratory disease for males.
- Mortality from communicable disease, including influenza

### Children & young people

- Low birth weight of term babies
- Children in low income families
- School readiness for all children
- First time entrants to youth justice
- NEETs
- Child excess weight at reception and Year 6

### Older people

- Social isolation of care users and carers
- Health related quality of life for older people
- Hip fractures in males

### Wider determinants of health

- Unemployment
- Households in temporary accommodation
- Healthy eating
- Adult physical activity

### Vulnerable groups

- Accommodation for adults with a learning disability
- Proportion of adults in contact with secondary mental health services

### Health protection

- Childhood vaccination coverage
- HPV vaccination for teenage girls
- Flu vaccination for at risk individuals
- Shingles vaccination
- Breast, cervical and bowel cancer screening
- Chlamydia detection
- Incidence of TB

**Service provision**

- Rates of emergency readmission within 30 days of hospital discharge
- Successful completion of non-opiate drug treatment
- Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison

	<b>Agenda Item:</b> <sup>Item 15</sup> 15 (c)
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>27<sup>th</sup> November 2018</b>
<b>TITLE:</b>	<b>UPDATE ON THE EARLY INTERVENTION WORKSTREAM</b>
<b>Organisation</b>	<b>NHS Organisations and Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Graeme Betts, Corporate Director Adult Social Care &amp; Health</b>

<b>Report Type:</b>	<b>Information</b>
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<b>1. Purpose</b>
To provide an update to the Health and Wellbeing Board on the Early Intervention Workstream within the Birmingham Older People's Programme.

2. Implications:		
BHWB Strategy Priorities	Child Health	
	Vulnerable People	Yes
	Systems Resilience	Yes
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		Yes
Maximising transfer of Public Health functions		
Financial		Yes
Patient and Public Involvement		
Early Intervention		Yes
Prevention		Yes

<b>3. Recommendation</b>
<p>The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Note the progress of the Early Intervention Workstream</li> <li>2. Agree to a further report being presented in January to update the Health and Wellbeing Board on progress during the Prototype</li> </ol>



#### **4. Background**

- 4.1 Birmingham City Council (BCC) and partner NHS organisations have identified taking forward improvements to intermediate care services as part of an Early Intervention Programme as a priority. Our vision is to provide an integrated approach to intermediate care services which is person and carer centred and encompasses physical, mental health and social care needs.
- 4.2 We have engaged a specialist organisation, Newton Europe, who have expertise in delivering large scale change, who will be working collaboratively with our front line staff across all parts of our health and care system to make those improvements happen – at pace.
- 4.3 The vision, which has been signed off by leaders across the system, sets out the high level elements that the workstream will be aiming for and the principles which sit alongside this. Ensuring this vision is clearly understood across the system will help staff to work towards clear goals and will enable the best outcomes for citizens to be achieved. Work is ongoing around communications to ensure staff across the system are aware of the programme and are able to get involved. This will be essential as new ways of working will be co-designed with staff; staff and their representatives will be appropriately engaged in this initiative as those on the front line are best placed to provide solutions.
- 4.4 To date, the focus has been on setting up the programme, with a key milestone upcoming on 26th November of the start of the prototype phase. A Prototype will allow practitioners to design and test new ways of working between November 2018 and March 2019; and this new way of working will be rolled out across the City by September 2019 and embedded by November 2019.
- 4.5 We want to work collaboratively across our organisations. We have sought expressions of interest from colleagues across the system who wanted to become Improvement Managers in this process driving exciting change across the whole health and social care system for the benefit of older people. We were impressed by the level of interest and the passion and skills of the 74 individuals who applied and we have been successful in appointing 8 individuals to start the training programme from the 12<sup>th</sup> November. These individuals come from each of the provider organisations in health and social care and include physical and mental health therapists, social workers and managers with different backgrounds.
- 4.6 We want to ensure that those who are passionate about improving care for older people in a time of crisis have the opportunity to be involved. We have already made the commitment to those individuals who expressed an interest in the Improvement Managers post but were not offered the role that they will be invited to take part in the prototype process where they are already working with older people. Others who work in this area will also be invited to take part.
- 4.7 In addition to the focus on resourcing, we have just completed the process of refreshing the baseline of independent evidence developed last Autumn and

will use this to identify what should contribute to the planning to improve services and make the link to the longer term transformational improvements.

- 4.8 We are identifying the best approach to allow staff and citizens to contribute to the design of the new model of care and test it as a prototype. We will be establishing prototype teams to develop the model which will be tested in one part of the city. This will be in the South – Edgbaston and Northfield, testing changes at the front door of hospitals at the Queen Elizabeth Hospital; but this does not mean that other areas will not be included in the design and oversight of the prototype. In fact, making sure the prototype involves colleagues from across the city is essential, as once it is tried, tested, and reviewed we will roll-out the prototype into other areas across the city.
- 4.9 The Early Intervention programme is linking closely with the planning that is undertaken every year to prepare for and manage Winter through the Urgent Care Operational Group (UCOG) meeting.
- 4.10 Finally, the Early Intervention programme is working closely with the newly established Finance and Performance Delivery Group to ensure that the operational and financial implications of the workstream can be measured and reported on.
- 4.11 Successful implementation of the Early Intervention Workstream will significantly improve outcomes for older people and their carers; will empower staff across health and social care and reduce duplication of services providing the opportunity to make significant efficiencies and maximise resources.

<b>5.</b>	<b>Compliance Issues</b>
<b>5.1</b>	<b><i>Strategy Implications</i></b>
	The Early Intervention Workstream is a key strategic development for health and social care
<b>5.2</b>	<b><i>Governance &amp; Delivery</i></b>
	Regular progress reports to the Health and Wellbeing Board.  Currently the programme is on track to complete the setup and transition into the prototype phase.
<b>5.3</b>	<b><i>Management Responsibility</i></b>
	Board: STP, HWB, Birmingham Older Peoples Partnership Programme Board, Individual organisation governance Day-to-day: Representative Partnership Senior Executive Team

<b>6. Risk Analysis</b>			
Significant reputational and service risks (including financial) if improvements are not made to the Early Intervention Pathway.			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>

<b>Appendices</b>

<b>Signatures</b>	
<b>Chair of Health &amp; Wellbeing Board (Councillor Paulette Hamilton)</b>	
<b>Date:</b>	