

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 06 OCTOBER 2020 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

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) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

To receive any apologies.

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.

ACTION NOTES/ISSUES ARISING

3 - 8

To confirm the action notes of the meeting held on 1st September 2020.
(1400-1405hrs)

DAY OPPORTUNITIES PROPOSALS CONSULTATION: OUTCOME OF NDTI REPORT INVESTIGATION

9 - 10

Professor Graeme Betts, Corporate Director - Adult Social Care.
(1405-1430hrs)

FORWARD THINKING BIRMINGHAM

11 - 44

Elaine Kirwan, Deputy Chief Nurse Mental Health Services, Forward Thinking Birmingham, Birmingham Women's & Children's NHS Foundation Trust; Alex Borg, Director of Mental Health Services, FTB; Anupam Dharma, Consultant Psychiatrist & Medical Director, FTB; Joanne Carney,

Director of Joint Commissioning Mental Health Children and Maternity,
Birmingham and Solihull Clinical Commissioning Group.
(1430-1500hrs)

PUBLIC HEALTH UPDATE

Dr Justin Varney, Director of Public Health.
(1500-1530hrs)

45 - 70

ADULT SOCIAL CARE PERFORMANCE MONITORING - APRIL - JUNE 2020

Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care.
(1530-1555hrs)

71 - 78

WORK PROGRAMME - SEPTEMBER 2020

For discussion.
(1555-1600hrs)

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

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

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.

AUTHORITY TO CHAIRMAN AND OFFICERS

Chairman to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1400 hours on 1st September 2020, via Microsoft Teams – Actions

Present:

Councillor Rob Pocock (Chair), Debbie Clancy, Diane Donaldson, Peter Fowler, Mohammed Idrees, Ziaul Islam and Paul Tilsley.

Also Present:

Dr Manir Aslam, West Birmingham Governing Body GP Lead

Andy Cave, Chief Executive Officer, Healthwatch Birmingham

Pip Mayo, Managing Director – West Birmingham, Black Country and West Birmingham CCGs

Dr Justin Varney, Director of Public Health.

Emma Williamson, Head of Scrutiny Services.

1. NOTICE OF RECORDING

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

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

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

Councillor Mick Brown

4. ACTION NOTES/ISSUES ARISING

The action notes for the meeting held on 21st July 2020 were agreed.

17th March meeting – Outstanding Actions

Permission to consult on the Birmingham Drug and Alcohol Strategy (Triple Zero City Strategy)

It was agreed that the information which had previously been circulated would be discussed at today's meeting.

16th June meeting – Outstanding Action

COVID-19 Update – West Midlands Care Association

A response to the questions raised was circulated to members on 22nd July 2020.

21st July meeting – Outstanding Action

COVID-19 Update

- A copy of the 'Test and Trace' PowerPoint slides have been sent to Councillor Debbie Clancy.
- The current information on the location of testing sites was included in the 21st July meeting Action Notes.

The Chairman announced that agenda items 5 and 6 would be considered in reverse order.

5. BLACK COUNTRY AND WEST BIRMINGHAM CLINICAL COMMISSIONING GROUPS FUTURE COMMISSIONING INTENTIONS

Dr Manir Aslam (West Birmingham Governing Body GP Lead) and Pip Mayo (Managing Director – West Birmingham, Black Country and West Birmingham CCGs) set out the proposals for merging the four CCGs (Dudley, Sandwell and West Birmingham, Walsall and Wolverhampton) across the Black Country and West Birmingham to form a single large CCG; the implications for West Birmingham and set out an approach to commissioning and delivering services to meet the needs of the population of West Birmingham. The committee was invited to provide a response to the proposals by 7th September 2020.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The period of conversation with stakeholders finishes on 7th September and the views of stakeholders will be collated and presented to the GP members, who work across the Black Country and West Birmingham, as part of an information pack that they will consider in terms of deciding whether to vote for a merger or not. The decision on whether to proceed with the merger application or not will be based on the outcome of the vote which will take place in early October. All four current CCGs would need to vote in favour for the merger to proceed.
- Assurance was sought over governance arrangements for West Birmingham to avoid any conflicts between the 2 CCGs.
- If the CCGs were to merge 5 place-based teams (Dudley, Sandwell, Walsall, West Birmingham and Wolverhampton) would be created in order to the connection with communities and local councils. The presenters believed this would be consistent with the approach taken for the rest of Birmingham working in localities for planning health and social care services.
- Will focus on managing the health inequalities in West Birmingham.

- Required by NHS England to reduce an element of management costs by 20% and the merger will provide the best opportunity to do this without impacting on patients and citizens.
- By establishing a West Birmingham place will give a better understanding of what the West Birmingham pound is and how it is spent.

RESOLVED:

More information was requested on the following:

- How in practice the 3 tier operational levels will work, in particular, place-based decision making.
- The value of the 'West Birmingham pound' within financial planning arrangements.
- Quantification on the proportion of caseload/patients that fall between Sandwell and UHB.

Scrutiny Officer to prepare a response which summarises the points raised and seeks clarification on unresolved issues and to accept the invitation to continue with discussions.

6. PUBLIC HEALTH UPDATE

Permission to consult on the Birmingham Drug and Alcohol Strategy (Triple Zero City Strategy) – Outstanding Action

Dr Justin Varney (Director of Public Health) briefly outlined the content of the presentation on the number of clients in substance misuse treatment per 1,000 adult population geographically across the City.

In discussion, and in response to Members' questions, the following were among the main points raised:

- Clients with no fixed abode are excluded from the calculation but would go into another category that is not represented on the map. If a client resides in hostel accommodation then that address is used which may be one of the reasons why there are slightly increased numbers in some parts of the City. Only a small number of clients fall into the no fixed abode category.
- Since 23rd March there have been 1258 new clients in terms of substance misuse support treatment for adults. Of those 753 were opiate users and 505 were alcohol users.
- Data unavailable on why some areas of the City have a higher concentration of clients than others but there is a strong correlation between poverty and deprivation and higher substance misuse.
- In terms of children and young people there is a separate contract with Aquarius. The number of clients is much smaller and, therefore, no geographical information is available.

RESOLVED:

- Dr Varney to provide a written briefing on the impact of Covid-19 on adult substance misuse to be considered at a meeting in the new year.

COVID-19 Update

Dr Justin Varney (Director of Public Health) delivered a presentation which set out the most recent data (29th August 2020) around the number of cases, testing, the enactment of section 3 enforcement notices and interventions which were being put in place to increase testing, tracing engagement and risk reduction compliance. He also stated that because of the escalating rates of infection visiting care homes had been halted as of 14th August.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The current cases are predominantly in the 20-40 age group and geographically spread across the City. In terms of ethnicity, it is difficult to answer because throughout the outbreak Asian communities have been over-represented in positive cases but it is unknown whether this is due to Asian communities getting tested more than other communities but in the last 3 weeks all ethnic groups have increased.
- People who are symptomatic or have been asked to get a test by the local authority or NHS should get a test. Given the current data it would appear that there are people who have symptoms but haven't come forward for testing.
- Schools have been working with the Public Health team throughout the outbreak to ensure both children and staff are safe. Each school is responsible for providing briefings for parents and sharing detailed information about safety precautions in their school. Evidence suggests that the risk lies with the socialisation that takes place between finishing school and returning home.
- Public Health have been working with West Midlands Travel (WMT) to reinforce the national guidance when travelling on public transport. This includes supporting bus drivers to enforce the message around face covering. We will also liaise with WMT regarding displaying more signage on buses in different languages.
- There are two new testing sites:-
 - South Car Park at the University of Birmingham.
 - Saltley Health and Wellbeing Centre.

There will also be a drive through sites coming live on a rotational basis one of which will be on the St Modwen's site on Bristol Road South. Also looking to set up walk through sites in Handsworth and Sutton Coldfield. The aim is for 10 sites to go live across the City within the next 2 weeks.

7. HEALTHWATCH BIRMINGHAM ANNUAL REPORT 2019-20

Andy Cave (Chief Executive Officer, Healthwatch Birmingham) presented the annual report which covers the period between April 2019 to the end of March 2020. The presentation covered the main achievements and challenges faced during the year. The report also highlighted the three areas of work that have been identified for 2020-21.

In discussion, and in response to Members' questions, the following were among the main points raised:

- Sight loss issues means that signage needs to be as simple and clear as possible. As part of the follow up report on 'What is it like being in a hospital waiting room?' mystery shopping was conducted to make sure the changes had actually happened in hospitals.
- The work undertaken is around engaging people, working with individuals and, therefore, as an organisation it's about maximising the number of staff available within the budget. In order to try and increase capacity within the organisation a strategy is being developed for income generation. The contract value price per head of population is quite low compared to other Healthwatch organisations so working with volunteers and voluntary organisations is essential to enable the utilisation of their volunteers to make frontline connections with communities.
- Prioritisation of work is based on the feedback and experience from individuals who have used health and social care services.
- Translation services are available for telephone contact. Working in communities is undertaken in partnership with specialist organisations who provide translation and support to enable individuals to overcome communication barriers.
- Healthwatch does not receive feedback regarding the result of NHS complaints. The role of Healthwatch is to ensure people understand the pathway they need to take in order to go through the complaints process. Also work closely with Power of Attorney providers to understand how the system is working for individuals; what's issues are being raised through the complaints system and to whom they are providing support.
- Initial conversations with Birmingham and Solihull CCG and the Sustainability Transformation Partnership have been very positive in response to the recommendations Healthwatch provided to the NHS for the long-term plan.

8. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE MEETING DATES FOR 2020/21

It was agreed that meetings would take held on Tuesdays at 1000 hours or, if conducted by Microsoft Teams, at 1400 hrs on the following dates:-

2020

6 October

17 November

8 December

2021

26 January

16 February

23 March

27 April

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

None.

10. OTHER URGENT BUSINESS

The Chairman reported that he had received a letter from Professor Graeme Betts, Director of Adult Social Care, in relation to an investigation which had been conducted, in response to a complaint from a resident, over the non-disclosure of a report commissioned by the Council from an organisation called NDTi on the Adult Social Care Day Opportunities/Day Centres Strategy. This committee had been told by senior officers on more than one occasion that the report did not exist when the independent investigation had now established that, in fact, it did. Therefore, the Chairman proposed that Professor Graeme Betts be invited to attend the next meeting to explain how it came to be that this committee was misinformed and what steps have been taken to ensure that this does not happen again.

11. AUTHORITY TO CHAIRMAN AND OFFICERS**RESOLVED: -**

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

12. DATE AND TIME OF NEXT MEETING

The Chairman confirmed that the next meeting would take place on 6th October 2020.

The meeting ended at 1606 hours.

Our ref: GB/RD-(CP)

19th August 2020

Councillor Pocock
SENT VIA EMAIL TO:
Rob.pocock@birmingham.gov.uk

Dear Councillor Pocock,

Re: NDTi Investigation

As you know, Mr Gilbert complained to the Council about certain events in connection with the consultation on the proposals for Day Opportunities. I am writing to let you know the outcome of the investigation.

Mr Gilbert complained that officers gave misleading answers as to the existence of reports from an organisation called NDTi that had assisted in the process of producing the Day Opportunities proposals, which were consulted on. The proposals were also considered by the Health and Social Care Overview and Scrutiny Committee on 18 December 2018. Mr Gilbert complained that responses provided to your questions at that meeting were misleading.

The then acting Monitoring Officer decided that Mr Gilbert's complaint should be investigated by an independent investigator. The investigation was undertaken by Galloway Training Consultancy Ltd. The investigation has been completed and a report has been produced. Enclosed is a copy of the report, which has been redacted to remove the names of individuals, including Mr Gilbert's, as once the report is released it goes into the public domain and it would be inappropriate for personal details to be included.

A copy of this report has also been sent to Mr Gilbert.

The report does not make happy reading. You will see the investigator concluded that, regrettably, officers provided you with answers which were wrong and other officers failed to take opportunities to correct misunderstandings. In particular, you were told there was no report from NDTi when, in fact, such a report did exist. Unfortunately, at the meeting on 18 December 2018, the officers before you failed to correct your understanding as to the existence of such a report.

I wish to apologise to you and the members of the Health and Social Care Overview and Scrutiny Committee, for the unacceptable failures to provide you with accurate information. Where the relevant officers remain in employment with the Council, steps have been taken to address the matters identified in the report.

I have written to Mr Gilbert to apologise for the misconduct which the investigator has identified. I have also thanked Mr Gilbert for raising the issue with the Council.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Graeme Betts', with a stylized flourish at the end.

Professor Graeme Betts
Corporate Director - Adult Social Care

Enc: NDTi Report Investigation

Adult Social Care
PO Box 16466
10 Woodcock Street
Aston
Birmingham
B7 4BL

BSOL CCG

Mental Health

System response

The Covid-19 pandemic has coincided with a period of significant transformation of mental health services.

Some areas of transformation have been paused while others have been accelerated.


There has also been an opportunity to try new ways of working and strengthen partnerships.

The process of restoration and recovery is therefore to be approached with care. Given the transformational context in which the pandemic occurred, 'restoration' does not mean a wholesale return to 'the way things were'. Rather, this is an opportunity to restore provision differently – in line with our existing principles but in response to the changing need and our collective learning and experience.

Mental Health Impact of Covid-19: areas of risk 2

Diagram 1 below shows potential mental health impacts of COVID-19 across the life course. There will be additional impacts for people with a learning disability and/or autism which will need careful consideration. Students and frontline staff are likely to have additional impacts too.

Mental Health Impact of COVID-19 Across Life Course

					
	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
Key issues to consider	<ul style="list-style-type: none"> • Anxiety about impact of COVID on baby • Financial worries • Anxiety about delivery and access to care • Isolation 	<ul style="list-style-type: none"> • Coping with significant changes to routine • Isolation from friends • Impact of parental stress and coping on child 	<ul style="list-style-type: none"> • School progress and exams • Boredom • Anxiety or depression or other MH problems • Isolation from friends • Impact of parental stress 	<ul style="list-style-type: none"> • Balancing work and home • Being out of work • Carer Stress • Anxiety about measures and family or dependents or children • Financial Worry • Isolation 	<ul style="list-style-type: none"> • Isolation and disruption of routine • Anxiety from dependent on services • Financial worry • Fear about impact of COVID if infected
Staff/Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc				
Specific Issues	Impact of delayed diagnoses and treatment (eg chronic conditions, surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues. People reliant on foodbanks or on low incomes or self employed may have additional stress.				

BSOL CCG Strategic Commissioning Outcomes Framework for Mental Health Services

- The MH Outcomes framework has been produced in response to the NHS Long Term Plan for Mental Health and the Birmingham and Solihull 'Live Healthy, Live Happy' Strategy. It has been refreshed from its original draft in light of the Covid-19 pandemic to reflect the impact of the pandemic on population mental health and the financial and operational context in which the System finds itself.
- The Framework is set in the context of a wider programme of work delivered by local authorities and voluntary sector organisations. It is presented through a coordinating model of care which describes the approaches to meeting people's needs from prevention through early intervention to admissions to hospital and rehabilitation.

The **Covid-19 pandemic** has represented a significant challenge to public services, the voluntary sector and private enterprise. System partners working in the Mental Health System have responded to the challenge by working both collaboratively and at pace putting in place a number of measures to adapt services in light of restrictions on movement and face to face contact.

Further the System has sought to put in place provision to meet need created as a direct impact of Covid-19. Measures have included:

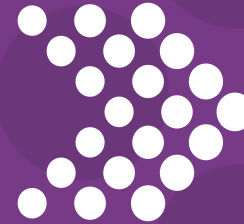
The launch of a 24/7 mental health crisis and support line.. The initiative is run in partnership between NHS and Voluntary and Community Sector (VCS) organisation

The opening of a **Bereavement Support Service** across Birmingham and Solihull. The Service is run by Cruse Birmingham. The Service responds to the burden of bereavement as a result of Covid-19 but offers support to people of any age experiencing the loss of a loved one – including those bereaved by suicide.

Birmingham Children's Partnership have funded the expansion of **Kooth – an online mental health support service** for young people aged 11-25

Greater use of technology to deliver care and support across all providers. Many more contacts with citizens have taken place by phone or online. We know that this has increased the number of contacts many people are having and are working to understand the impact of this approach.

ForwardThinking Birmingham



Health and Social Care O & S Committee

How has Covid-19 impacted on the mental health and wellbeing of the citizens of Birmingham?

The Mental Health System Collaborative Working

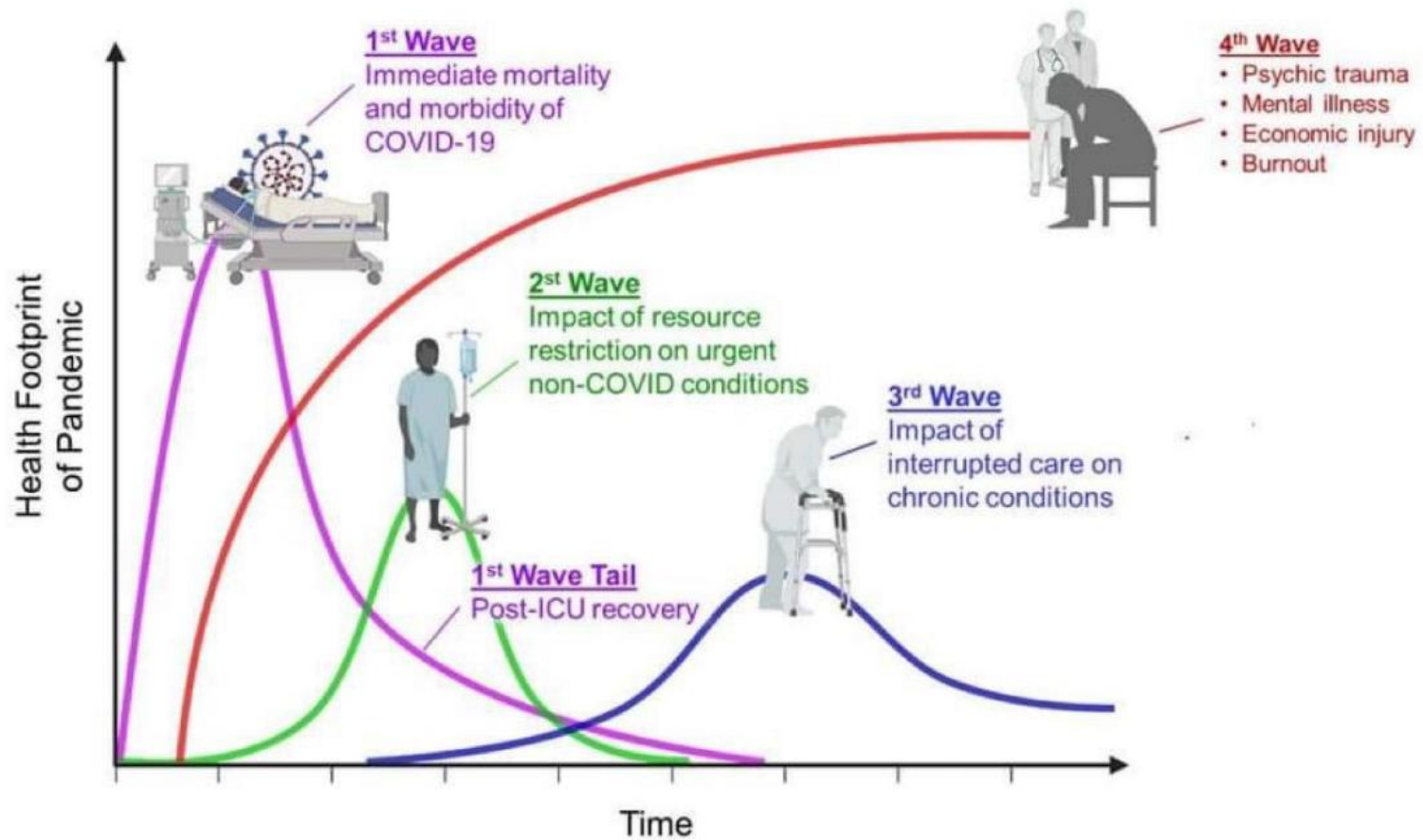


BIRMINGHAM
CHILDREN'S TRUST





Mental Health System Challenges





In England 12.8% of 5-19 year olds -one in eight had at least 1 MH disorder (1) when assessed. This represent an overall increase in the prevalence of mental disorder in our 5-19 year olds .

Factor	Academic Evidence	Emerging Evidence
Isolation / Quarantine	<p>A study of CYP in the US found that 1/3 of CYP in social isolation or quarantine required MH services during or after the pandemic, average scores on PTSD measures were 4 times higher than those not in isolation (2).</p> <p>Isolation has been linked to 5.8 – 40 times increased likelihood to score over clinical cut-offs for depression, 1.63 – 5.49 for anxiety in CYP (3).</p> <p>Isolation / loneliness is also associated with suicidal ideation, self-harm, and eating disorder-related risk behaviours. Clear association with MH difficulties up to 9 years later (3).</p> <p>CYP in enforced quarantine up to 5 times more likely to require a MH service (3).</p>	<p>82% of parents of CYP with disabilities or serious health concerns reported COVID-19 and social distancing measures had a negative impact on their child's MH (6).</p> <p>In a survey of CYP with pre-existing MH difficulties, 83% reported their MH symptoms had worsened (32% said that they were much worse)(7).</p>
Bereavement	<p>Majority of CYP experiencing a family bereavement show acute grief reactions including sleep problems, anger, irritability and behaviour problems. 75-80% did not go on to develop MH problems (4).</p>	<p>In the UK, Birmingham had the highest peak of excess mortality of any major British city (8).</p> <p>There is currently no data on the number of CYP experiencing bereavement due to COVID-19.</p>
Post-ICU	<p>Rates of PTSD symptoms (not diagnosis) in CYP post-ICU could be between 35-62%. Prevalence of PTSD itself may be around 5-28% (5).</p>	<p>There is currently no data on the number of CYP admitted to ICU due to COVID-19 however, these numbers are thought to be small.</p>

(1) NHS Digital, 2018.

(2) Sprang & Silman, 2013.

(3) Loades et al., 2020.

(4) Stikkekroek et al., 2016.

(5) Nelson and Gold, 2012.

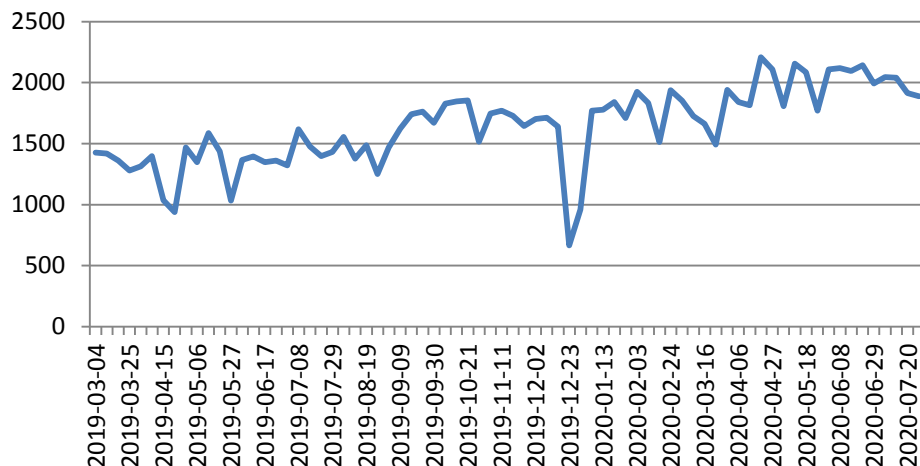
(6) Family Fund, 2020.

(7) Young Minds, 2020.

(8) ONS, 2020.

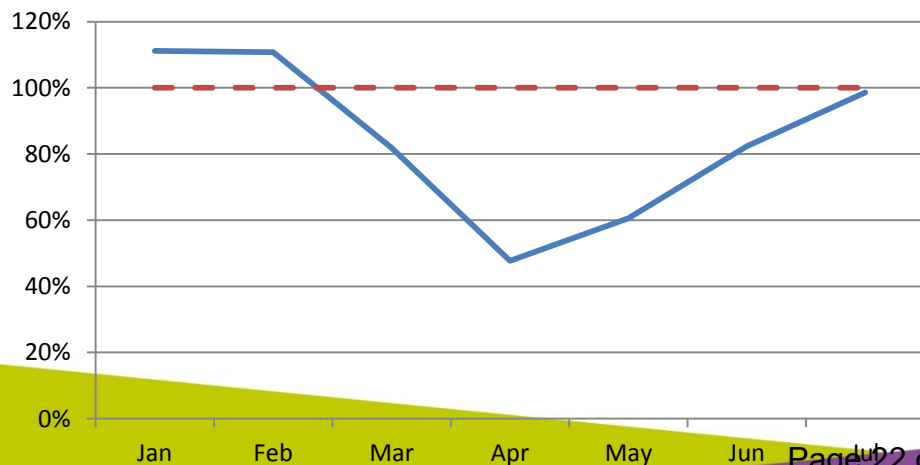
Demand and activity during phase 1 of C-19

FTB Attendances



FTB attendances have not reduced substantially during the COVID-19 pandemic and lockdown.

2020 Year on Year Referral Increase

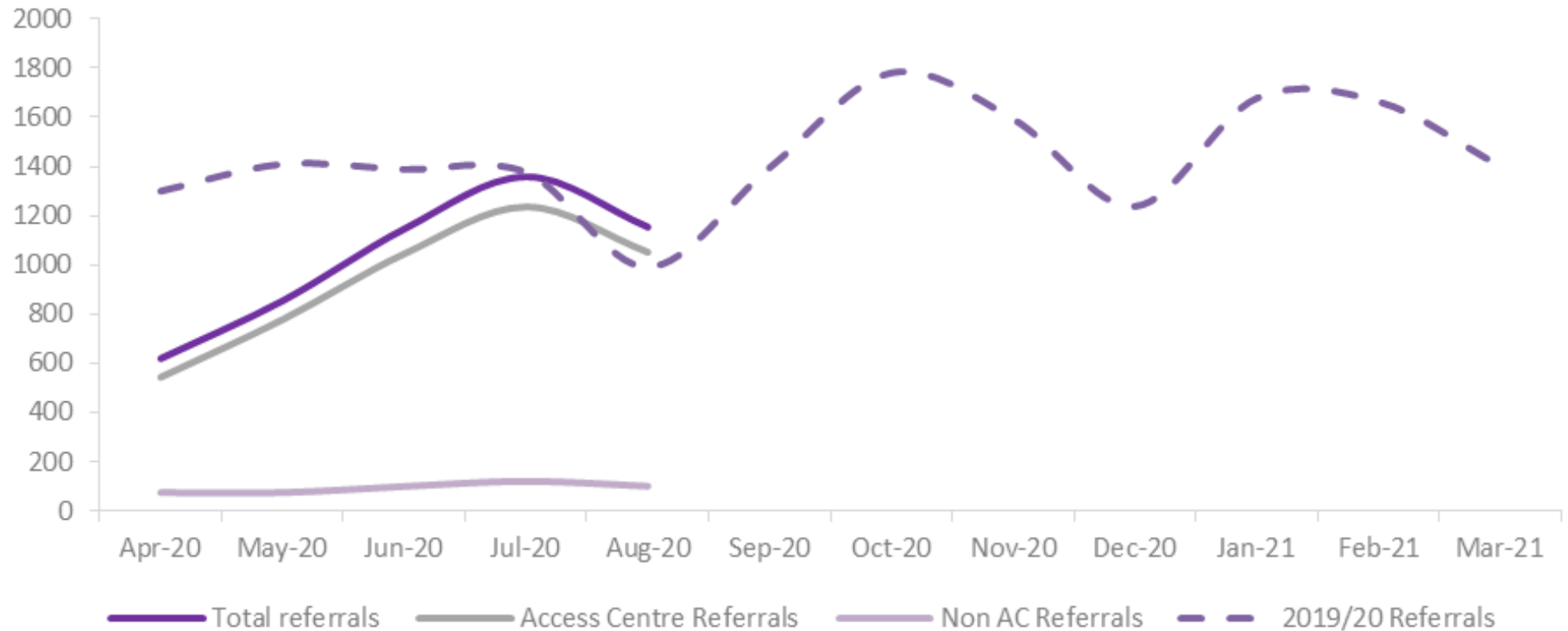


FTB referrals were above 2019 levels until February. These reduced during lockdown but are now almost up to 2019 levels.



Demand into FTB

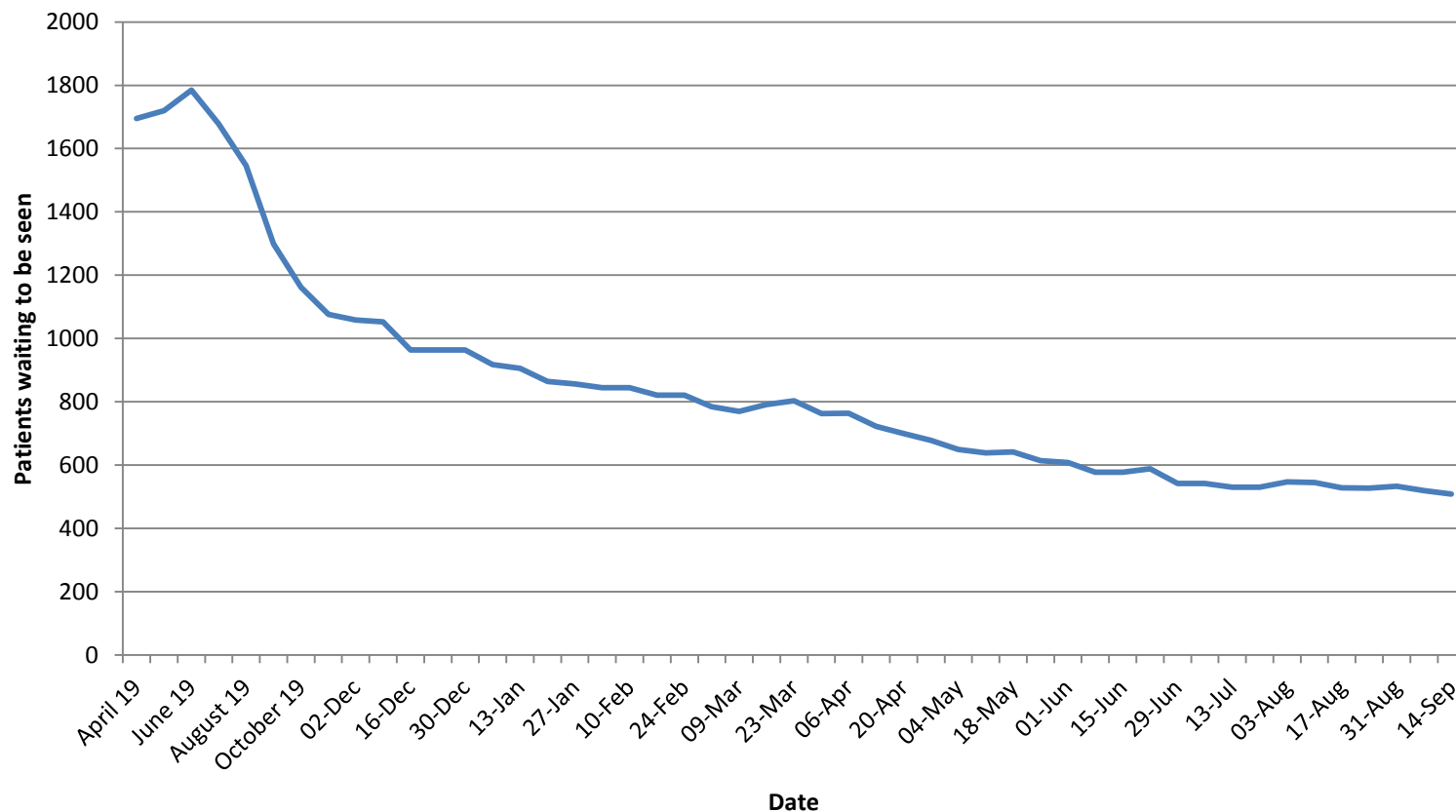
Referrals in Carenotes





FTB Waiting list size

Total waiting list size FTB





Impact to consider

What effect has C-19 had on 'normal' demand?

- We are now seeing stored up demand presenting as 'Relapse' / New presentations and Hidden Harm
- The quality of national data collection has been very limited with regards to CYP, true impact on demand is still unknown

With health inequalities in relation to Mental health with a focus on those most affected by C-19?

- Bham/West Midlands was disproportionately affected in regards to excess mortality during phase 1. This has not been picked up in any previous modelling or any national sensitivities, this has been particularly demonstrated in regards to Access to services, under represented groups mental Health Bereavement in adults with caring responsibilities
- FTB is currently working with local partners to develop an early warning system to enable services across BSOL to rapidly respond should demand trajectory's increase indicating pressures on our current models. This will allow us to plan service wide for provide business continuity steps during a second phase and winter pressures



What this has meant for FTB. Taking from the lessons learned ?

Covid Response- Mental Health System learning

- C19 required a rapid service re-design to meet the needs of CYP in Birmingham
- Higher than normal levels of mental health acuity
- Changes to the historic age ranges for CYP requiring urgent care
- Initial concerns over decreasing referrals in April 2020. Since July 2020 we have seen a surge in demand that continues to rise
- On-going workforce challenges
- Challenges from an Estate/IT

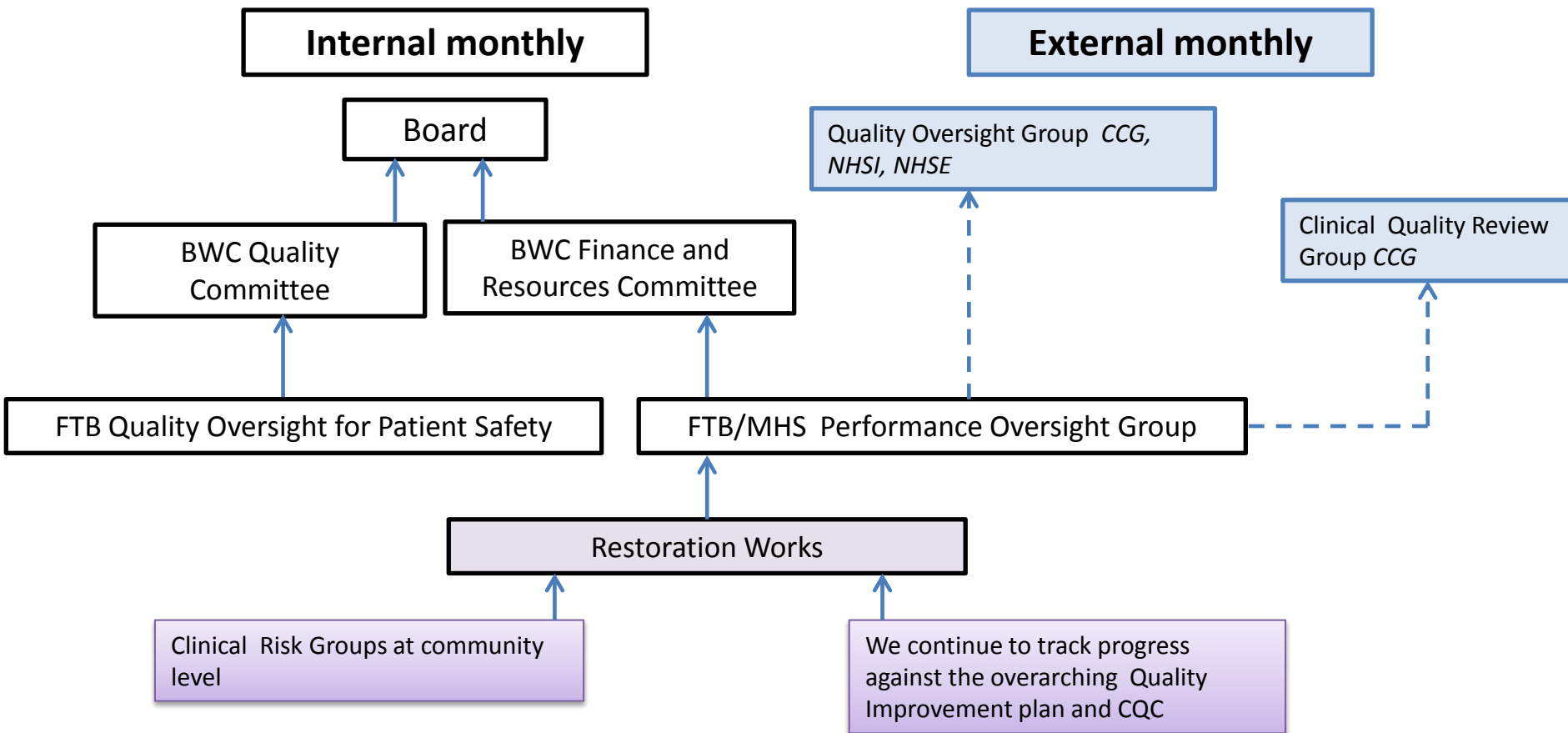


Mental Health System Solutions

- Adaption of MHS service accelerated delivery from Face to Face to Telemedicine (remote delivery)
- Pause Redesign – Now aligns to Early Help model
- STICK Team extended their level of support to schools and college's (CYP and Teachers/Staff)
- Increased level of support available for Birmingham Universities.
- Enhanced assessment approach assessing clinical risk
- Major investment into IT facilities



MHS Enhanced Governance





Enhanced Care for Our Workforce

- Completion of all work place assessments
- Drop in sessions locally for staff support
- Staff enabled to work from home (where appropriate)
- Completion of personal Covid risk assessments for all staff
 - Additional risk assessments completed for high risk individuals (BAME, Shielding and venerable)
- Since the start of Covid PPE supplies have been available and stable.
- Redeployment of staff into demand driven areas where demand dictates.



**How prepared as a City are we to address this
as it unfolds over the coming months and does
FTB have the capacity to deal with this?**



FTB Improvement Projects

Access

- Following extensive engagement with patients, their families, staff and referrers, FTB has made the decision to bring the Access Centre function back in house from the 1st October 2020. a large programme of work commenced earlier this year to work with Operose Health our current Access Centre providers to start planning the transition of services. Operose staff will TUPE over to FTB and once the transferred , work will commence to further improve access to services .
- Following the successful implementation of the Gateway 2 Panel, the new Centralised Assessment Team (CAT) will be going live early next year. CAT will be made up of an MDT with the aim to ensure effective screening of 0-25 CYP across Birmingham. It will enable service users to be placed on the appropriate pathway earlier and limit delays to services. With an aim to further reduce waiting list.

Demand and Capacity

- Online intervention and group offers – Phase 1 has been completed, we developed online pathways within our core and specialist services and linked in with local partner such as Kooth to provide patients with a early help up and into secondary cary pathway. Phase 2 will look at more Core online accessibility especially with larger groups, incorporating a “remote first” approach in line with the Trust approach in response to Covid 19
- FTB have been trailing an online assessment option for patients called Healios. Healios is a secure online based mental health assessment service, patients with access to a smart device and the internet can access the secure online portal from the comfort of their own home to attend a face to face clinical assessment via video link. After trialling initial assessments with Healios it was deemed a more suitable approach for CBT sessions, therefore a set number of CYP are currently undergoing CBT therapy (approx. 10 sessions each) via Healios, which involves accessing a secure online portal from their own home. Reduced waiting times for these YP.
- Initial feedback has been positive with good clinical synergy with the decisions being made, and response times to appointments taking place within the agreed service agreement time.

Urgent care

- Work has been underway since January 2020 to facilitate the relocation of Child and Adolescent Mental Health Services (CAMHS) Place of Safety (PoS) to the Oleaster Centre (Edgbaston) to provide all urgent care components within one dedicated facility.

Programmes of Work

Programme	Update
Demand & Capacity modelling	We have had 6353 referrals since February 2020-date. A comparison with the same time period last year shows the effect of C-19 on referrals in April and May, however we can see our referrals to the Access Centre returning to more normal levels from June
Referral Management Centre	<ul style="list-style-type: none"> • RMC Programme has now commenced with a target completion date of 1st Oct • Programme Governance has been established with all major elements of transition represented • Stakeholder engagement element will now commence w/c 3rd August following stakeholder mapping and initial discussions with key colleagues from GP networks • Decision made on 28th July that the service will transition as it on the 1st October • TUPE will apply to the process
0-25 BSOL Model Redesign	<ul style="list-style-type: none"> • All age urgent care centre • Suicide prevention multi agency approach • EIP – Working towards level 3 • Primary Care Liaison • ICON • SEDS/TEDS BSOL

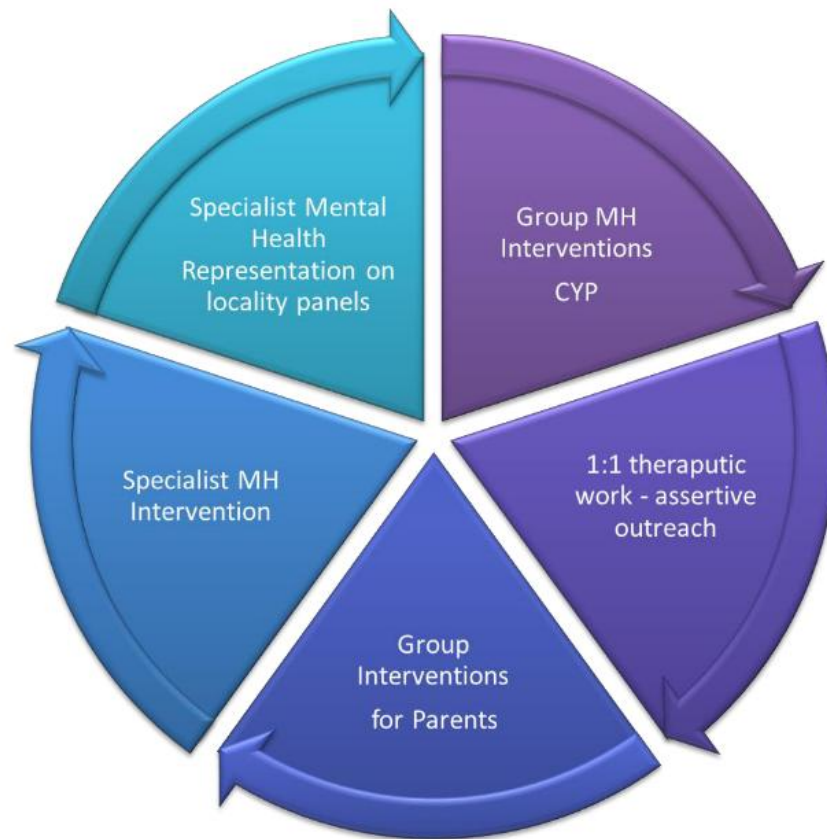
Programmes of Work

Programme	Update
Early Help Mental Health Systems	<p>#You've been missed campaign</p> <p>EBSA professional guidance and GP flow chart developed. The GP flow chart has been approved by Angela Brady and will be available following branding</p> <p>5 webinars held for professionals during 2nd July – 16th July, 310 attendees</p> <p>3 parenting session held during July, 176 attendees</p> <p>7 further webinars planned for September – November. These can be booked onto via the BEP website</p> <p>First virtual coffee morning for locality leads / networks held on the 14th July 12:30 – 13:30pm.</p> <p>Planning Parents Q &A session on the 18th August. Panel to be confirmed.</p> <p>Progressing engagement with community / religious leaders to increase awareness of the campaign</p> <p>Communications and engagement plan for #YBM finalised. Press release in development</p> <p>Banners and postcards for 450 schools currently in print</p> <p>Resources and videos in development and will be available on the BWC webpage</p>



New models of care

STICK Integrated Early Help Mental Health System



Programmes of Work

Programme	Update
Early Help – SEND	<p>SEND</p> <ul style="list-style-type: none"> • Established pathway re EHCP advice. Continuing training across all FTB teams around what good quality health advice looks like. • FTB have short term funded attendance for HASSEND meeting currently to scope potential funding for role going forward • We are working with SENAR regarding early help offer to schools and where we can support multiagency interventions preventing need to • Progress to EHCP. • Represented on the SEND board • We are working with Jane Powell BWCHT lead for send to ensure consistency in approach for BCH & FTB and looking at available digital info - internal intranet communication and appropriate SEND info on external facing trust website.

Programmes of Work

Programme	Update
Early Help –Pause	<p>Pause Redesign</p> <p>Pause redesign – the service specification for PAUSE has been signed off and agreed, Milestones and key performance indicators drawn up and the service development and recovery plan post lockdown will now sit under the Early Help Steering Group and report through this governance structure as it aligns to the 10 EH localities. The model has been agreed and the draft contract variation has gone out to TCS for agreement and sign off</p> <p>Risk assessment for face to face accessible offers are being undertaken; which initially will be offered out of Digbeth as this is the only confirmed Early Help locality site with confirmed access.</p> <p>The development of a transition plan: is taking place and the new model will come in to effect fully as of the new contract start (1st October 2020). Starting with Phase One as described in the spec – essentially the need to be a COVID flexible response. This will look very similar to the current remote offer with the possible addition of more face to face in localities if this can be done COVID safely and Pause has increased access to suitable community spaces.</p> <p>Pause will look to begin planning with the next set of localities in November/December to begin their delivery in January and roll from there.</p>

BSOL Systems Work



Covid-19 Challenges

Increased acuity,
reduced resilience

Social & economic
impact, widening
health inequalities

Fundamental
changes to the way
we access care

Uncertain financial
position

Anticipated surge
& MH burden

Delay to Autism &
ADHD work

Covid-19 Response

24/7 helpline

Partnership
(NHS, VCS, LA,
education)

Use of digital
to support
access

Coms and
Engagement*

Bereavement
Pathway

Demand and
Capacity
Modelling



MH System Partnership Working

Urgent Care Integration

- Relocation of CAMHS Urgent Care to Oleaster Site
- Expected completion April 2020
- Opening of CAMHS PDU

Early Intervention Psychosis

- Improved transitions related to age
- Jointly expanding on offer – E.g. ARMS

Primary Care Liaison

- Part of the Early Help offer
- Building on pilot completed FY18/19
- Primary Care Network Support
- Supporting CYP entering secondary care

Neurodevelopmental Autism, ADHD, LD

- Three way partnership (BWC, BSMHFT, BCH)
- Expansion of LD/ADHD offers



Overall Mental Health Impact

Local

- Increase in acuity, 3 x higher use of Psychiatric Intensive Care
- Increase in complexity of IAPT clients, increased use of High Intensity Therapists
- 4000 families in temporary accommodation in Birmingham
- Increase in self-harm amongst young people
- Increase in young people presenting with mental health need associated with family tensions and violence
- C1700 excess deaths across BSOL between weeks over a 10 week period including peak
- WMP reporting unprecedented levels of domestic violence and child abuse

National

- Rethink survey of people with existing MH Conditions:
 - 79% report MH is worse during Covid, 28% said much worse
 - Over 50% reported less healthy eating and less exercise
 - Increase in smoking, drinking and drug use
- Centre for Mental Health predict:
 - Increase in demand for mental health services by 500,000 nationally
 - Increased risk of suicide due to economic downturn and unemployment



NHS Long Term Plan - What Does it Mean for Mental Health in Birmingham

- Improved crisis response/commitment to 24/7 services support to A&E
- Focus on building the capacity in community settings with recovery and social prescribing for wider social impact and shifting the balance towards prevention and community based provision
- Greater range of psychological intervention – with outcomes and benefits delivered
- Workforce Strategy – Building skills and competencies of the wider workforce





Any Questions?



Delayed Transfers of Care

(see also pages 3 and 4)

Daily average delay beds per 100,000 population (Social Care delays and joint NHS and social care delays)

Target: 7.95 M3 performance: -

What happened:

Reporting has been suspended indefinitely due to the Covid-19 pandemic.

NHS Digital has suspended the data collection in hospitals that our reporting is based upon. The suspension is indefinite, but they've stated that data will be unavailable until at least November.

Clients reviewed in the last 12 months

(see also page 6)

The proportion of clients receiving a long-term service who have been reviewed, reassessed or assessed in the last 12 months

Target: 85.0% M3 performance: 72.3% **RED**

What happened:

-Performance has remained stable since dropping in March

-A large number of reviews were due in March but we had to redirect social workers to support our response to the pandemic

What we are doing:

-ASC Senior management team have implemented a monthly performance board to monitor activity

-Operational teams are working with Carefirst, Performance, and Finance colleagues to ensure the system captures review activity

-Review activity and allocation of cases to be monitored at a team level

Direct Payments

(see also pages 11 and 12)

The proportion of eligible clients in receipt of a Direct Payment

Target: 35.0% M3 performance: 36.9% **Green**

What happened:

-We have continued to increase the number of people receiving direct payments

-Citizen's take-up of direct payments has slowed due to the pandemic, as anticipated

What we are doing:

-Our workers will still encourage people to consider Direct Payments.

-We will continue to train new workers in Direct Payments using online training tools.

Shared Lives (see also page 14)

The number of people who have shared lives

Target: 140 M3 performance: 99 **RED**

What happened:

Take-up dropped slightly this month, but has increased since last quarter

What we are doing:

- Due to the Covid-19 pandemic, we are not able to offer the same level of service, and will focus maintaining our existing placements, by supporting with carers' moral and PPE needs, and dealing with any placement breakdowns.
- We are working with social work teams to increase referral rates to the service, and looking for potential step-down placements for people being discharged from hospital
- We are continuing to make urgent placements where appropriate, to help keep vulnerable people safe
- We are using the available technology to avoid "in person" contact where possible
- We are approving new carers where it is safe to do so
- Directorate management has approved a series of one-off payments to support carers through additional pressures, of £500 in April, July and October.

People with Learning Disabilities supported into employment by PURE project (see also page 17)

The percentage of service users aged 18-64 with learning disabilities in employment

Target: n/a M3 performance: 9

What happened:

-A further 4 people with learning disabilities were supported into employment over the quarter, bringing the total to 9

What we are doing:

- Covid-19 has resulted in a lack of suitable employment opportunities, and has meant that many of the people the PURE project are supporting have been shielding
- It has also meant that planned outreach events had to be cancelled
- We have taken this opportunity to put in place new data-collection practices and reconcile our existing data.
- We have been using remote meetings via Zoom to engage with citizens and analyse their needs.
- We are looking to reinstate our jobs clubs
- We are examining the possibility of a volunteering scheme as a stepping-stone to employment, particularly in light of the expected redundancies coming out of this crisis.

Cabinet Scorecard - June 2020

Produced by ASC Information and Analysis Team (data from various sources)

1. Use of Resources

Measure	Status	Target	Last Month	This Month	D o T	Constit- uencies	Bench- markable
1 Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)	N/A	7.95					✓
2 The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)	AMBER	75%	74.8% (Q3)	74.8% (Q4)	Static (Amber)		
3 Proportion of clients reviewed, reassessed or assessed within 12 months	RED	85%	72.3%	72.3%	Static (Amber)	✓	
4 The number of long-term admissions to residential or nursing care per 100,000 over 65s	AMBER	560	509.7 (Q3)	565.6 (Q4)	Up (Red)		

2. Personalised Support

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
5 Social work client satisfaction - postcard questionnaire.	N/A	70%	99% (Q4)	(Q5)			
6 Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	GREEN	85%	89%	90%	Up (Green)	✓	
7 Uptake of Direct Payments	GREEN	35% (EoY 35%)	36.3%	36.9%	Up (Green)	✓	✓
8 The percentage of people who receive Adult Social Care in their own home	AMBER	DoT Only	70.4%	70.3%	Down (Red)		✓
9 The number of people who have Shared Lives	RED	140	101	99	Down (Red)		

Cabinet Scorecard - June 2020

Produced by ASC Information and Analysis Team (data from various sources)

3. Prevention and Early Help

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
10 Number of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	19	22	Up (Red)		
11 Percentage of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	15.4%	17.5%	Up (Red)		✓

4. Community Assets

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
12 The number of people with Learning Disabilities who have been supported into employment by the PURE Project	GREEN	DoT Only	5 (Q4)	9 (Q5)	Up (Green)		
13 The percentage of adults in contact with secondary mental health services in employment	GREEN	DoT Only	4% (2017/18)	4% (2018/19)	Static (Amber)		✓
14 The proportion of people who use services who reported that they had as much social contact as they like	RED	DoT Only	46.5% (2017/18)	44% (2018/19)	Down (Red)		✓
15 The proportion of carers who reported that they had as much social contact as they like	RED	DoT Only	28.3% (2016/17)	25.1% (2018/19)	Down (Red)		✓

Theme: Use of Resources

Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

N/A

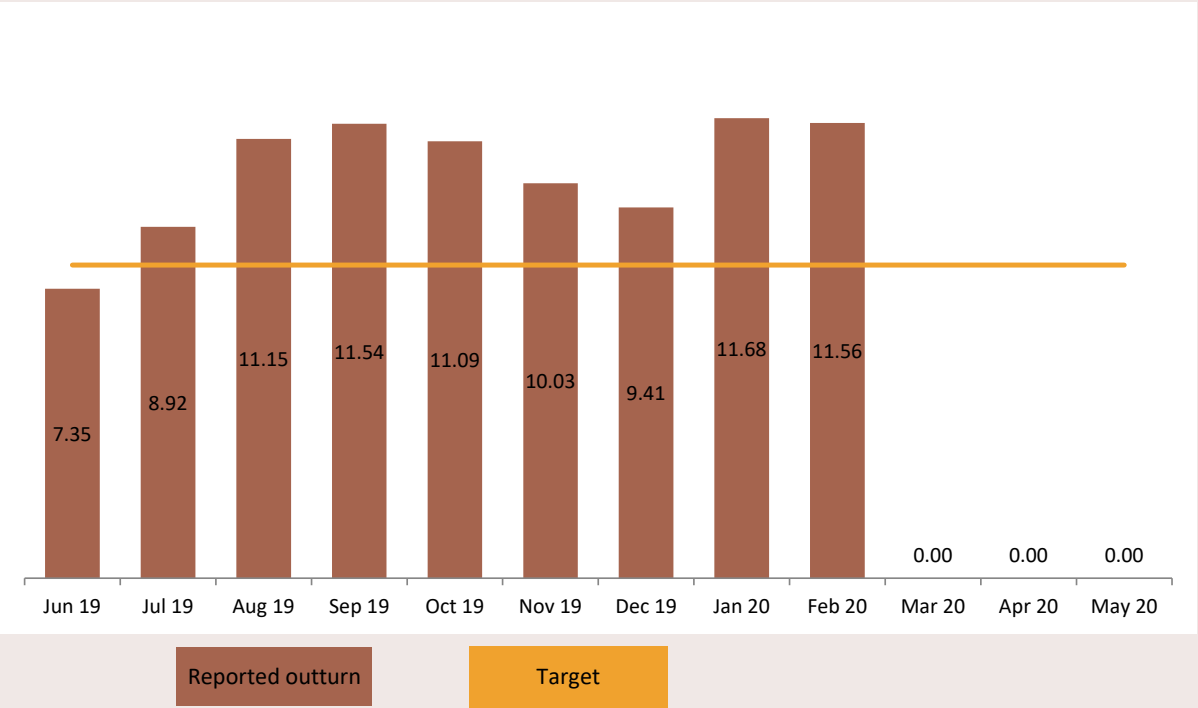
Change:

Last Month

This Month

Target
7.95

Source:
UNIFY data as issued by NHS Digital. Data collated by health, available a month in arrears



Commentary:

NHS Digital have suspended the Unify DTOC collection until at least November due to the Covid-19 pandemic.

Measure Owner:
Balwinder Kaur

Responsible Officer:
Amanda Jones

Frequently asked questions:

[< Previous: Client social contact](#)

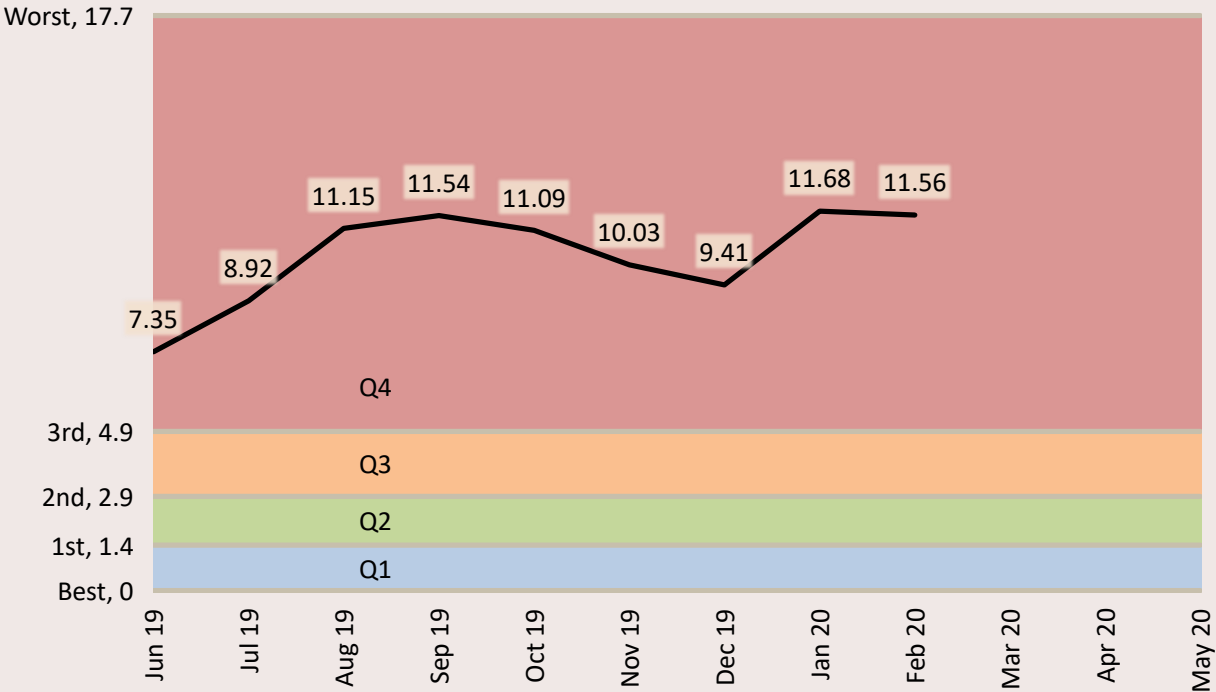
[Return to Scorecard](#)

[Next: DTOC Total quartiles >](#)

Theme: Use of Resources

Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

Performance against national quartiles



Benchmarking data is taken from 2018/19 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Beds/day Difference
		Figure	%	
Worst	17.70			
3rd	4.90			
2nd	2.90			
1st	1.40			
Best	0.00			

Current Quartile	
Distance to next quartile	
Distance to top quartile	

Theme: Use of Resources

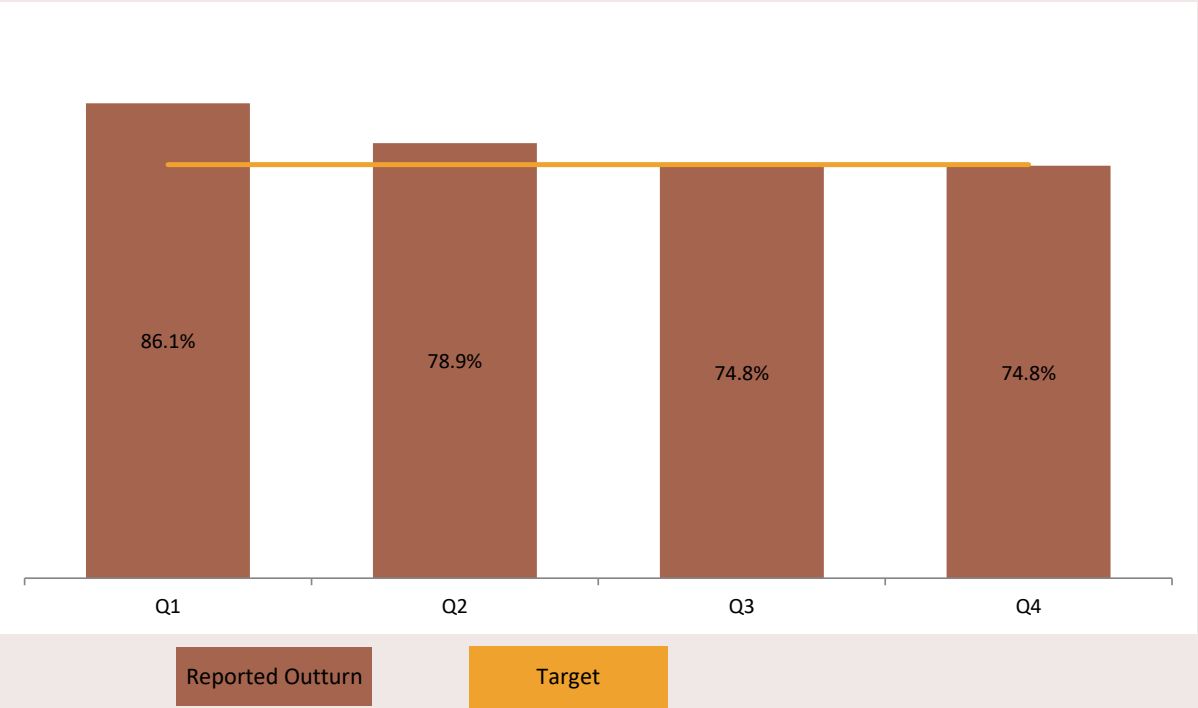
The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)

AMBER

Change:
Static
(Amber) 0 pp

Prev. Quarter	Latest Quarter	Target
74.8%	74.8%	75%

Source:
Carefirst service agreements and commissioning provider assessment data



Commentary:

Our performance on this measure has remained consistent since last quarter and is only slightly short of the target of 75% of citizens placed with either a Gold or Silver rated provider. Our provider ratings are based on a rigorous, evidence-based process that includes periodic visits from our commissioning officers and inspections by the Care Quality Commission (CQC). As a result, we expect there to be fluctuations in this measure when providers who support a large number of people are inspected, particularly as the CQC are taking a harder line against poor providers. This is part of our drive to improve overall quality, and we work with providers who are rated as inadequate to help them improve.

This quarter, among the providers who dropped from a Silver rating following either BCC or CQC inspections were 8 care homes with over 125 service users, one small homecare provider and one small supported living provider. Overall, 81% of our citizens who receive home support from us are with a provider rated as silver or gold, as are 68% of citizens receiving residential/nursing care and 82% receiving supported living services.

We are working hard with inadequate providers in order to improve the overall quality of support available.

Measure Owner: Alison Malik
Responsible Officer:

Frequently asked questions:

Theme: Use of Resources

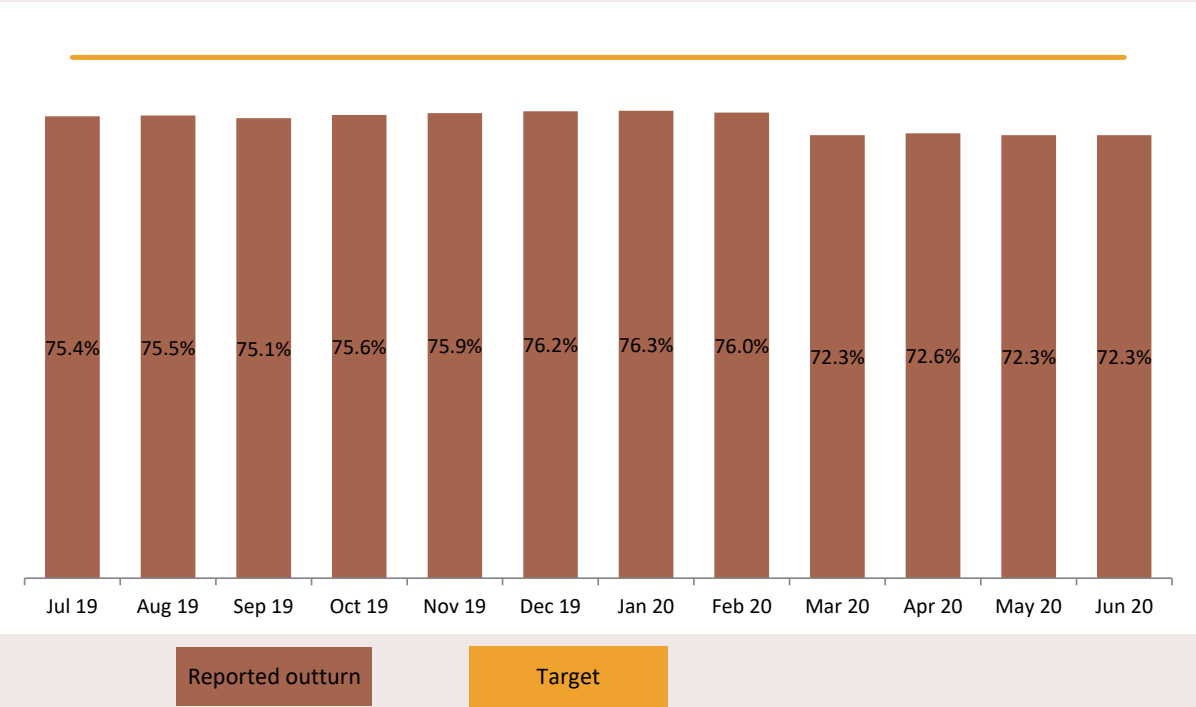
Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:
Static
(Amber) 0 pp

Last Month	This Month	Target
72.3%	72.3%	85%

Source:
Carefirst snapshot. The proportion of people receiving a reviewable service who have had a recorded review, assessment or reassessment in the last 12 months



Commentary:

Our performance on this measure dropped significantly in March and has remained stable since. There were a large number of reviews that were due in March as a result of our efforts in previous years to meet the target at the end of the year. Added to this, we had to redirect our social workers to support our response to the Covid-19 outbreak, which reduced the number of staff available to complete reviews. Adult Social Care senior management team have implemented a monthly performance board to monitor the review and assessment activity, reporting to the Director of Adult Social Care each quarter. The operational teams are currently working with Care First, Performance and Finance colleagues to ensure the system captures the review activity, review activity and allocation of cases is to be monitored and considered at a team level to ensure the 85% target is achieved by the end of March 2021.

Measure Owner:
John Williams

Responsible Officer:
Paul Hallam

Frequently asked questions:

[< Previous: Good provider all](#)

[Return to Scorecard](#)

[Next: Long term admissions >](#)

Theme: Use of Resources

The number of long-term admissions to residential or nursing care per 100,000 over 65s

AMBER

Change:
Up
(Red) 11%

Prev. Quarter	Latest Quarter	Target
509.7	565.6	560
Recalculated: 0		

Source:
Carefirst



Commentary:

The number of recorded people who we placed permanently in care homes has increased since the last reported quarter. This is mainly due to a significant number of residential and nursing placements having been recorded in April covering the previous 12 months. We are not currently sure why this has happened, but we are investigating. The previous quarter’s figure now stands at 553, so this only represents a small increase. In hospitals, we follow a Home First policy. We aim to avoid placing people permanently in care homes when they are discharged from hospital, and support them to remain in their own home whenever this is possible. In the community, our social work teams have adopted a “Three Conversations” model of working. Under this model, social workers focus on connecting people with their communities as a source of support, and actively seek out opportunities and assets in the community that can help to meet people’s needs.

Measure Owner:
Balwinder Kaur

Responsible Officer:

Frequently asked questions:

[< Previous: Reviews](#)

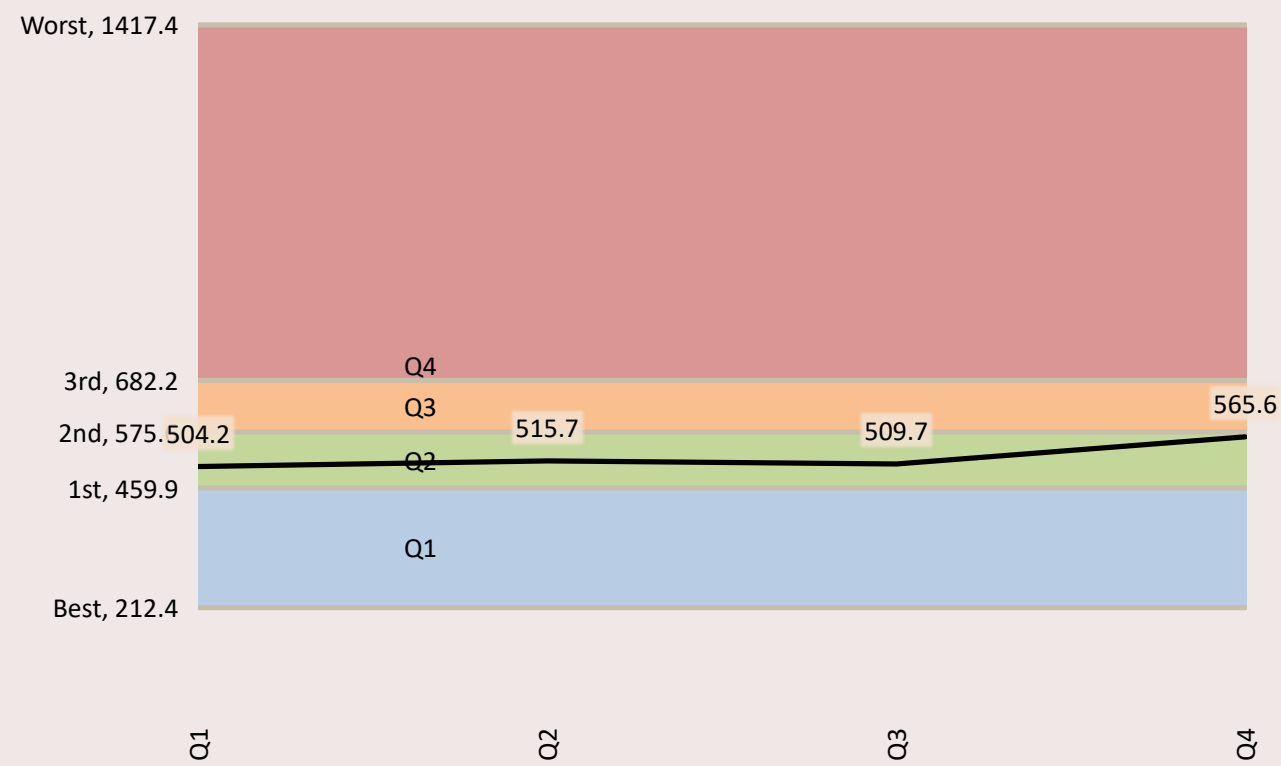
[Return to Scorecard](#)

[Next: Long term admissions quartiles >](#)

Theme: Use of Resources

The number of long-term admissions to residential or nursing care per 100,000 over 65s

Performance against national quartiles



Benchmarking data is taken from 2018/19 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Admissions Difference
		Figure	%	
Worst	1417.4	851.8	151%	1260
3rd	682.2	116.6	21%	173
2nd	575.6	10.0	2%	15
Birmingham	565.6			
1st	459.9	-105.7	-19%	-156
Best	212.4	-353.2	-62%	-523

Current Quartile	2nd
Distance to next quartile	156 Admissions
Distance to top quartile	156 Admissions

Theme: Personalised Support

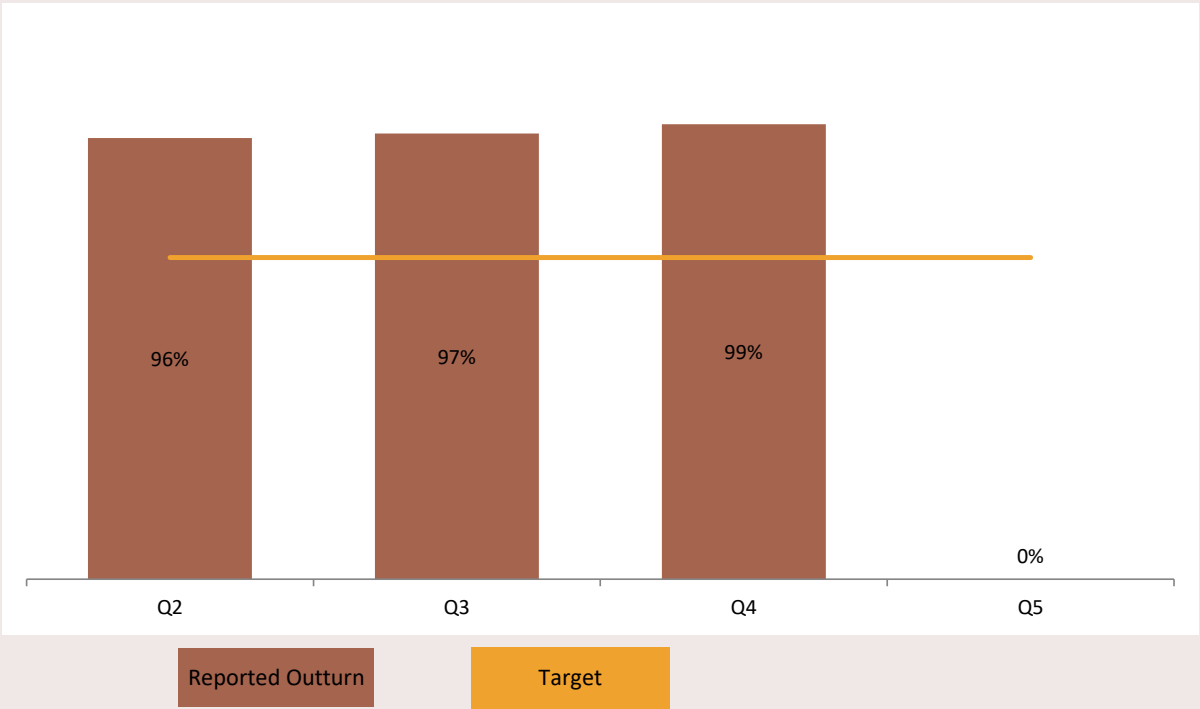
Social work client satisfaction - postcard questionnaire.

N/A

Change:

Prev. Quarter	Latest Quarter	Target
99%		70%

Source:
Postcard survey- given to people by their social worker following an assessment



Commentary:

The postcard questionnaire is currently suspended due to the Covid-19 pandemic.

Measure Owner:
Julia Parfitt

Responsible Officer:
Julia Parfitt

Frequently asked questions:

Theme: Personalised Support

Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were

GREEN

Change:

Up
(Green) 1 pp

Last Month	This Month	Target
89%	90%	85%
Recalculated: 88%		

Source:
Carefirst. Proportion of qualifying closed Safeguarding Enquiry forms where the question "Was the adult asked about their Making Safeguarding Personal Outcomes" was answered "Yes"



Commentary:

Following a dip in performance related to the Covid-19 pandemic, we are again exceeding the target. Our overall performance over the last 12 months is 91.5%. As we have noted previously, this measure is based on relatively small numbers, so we expect variations in the result from month to month. However, the consistently high performance indicates that social work staff are making efforts to include vulnerable people in their safeguarding enquiries.

Measure Owner: Responsible Officer:
Paul Hallam

Frequently asked questions:

Theme: Personalised Support

Uptake of Direct Payments

GREEN

Change:

Up
(Green) 0.6 pp

Last Month

36.3%

Recalculated:

36.5%

This Month

36.9%

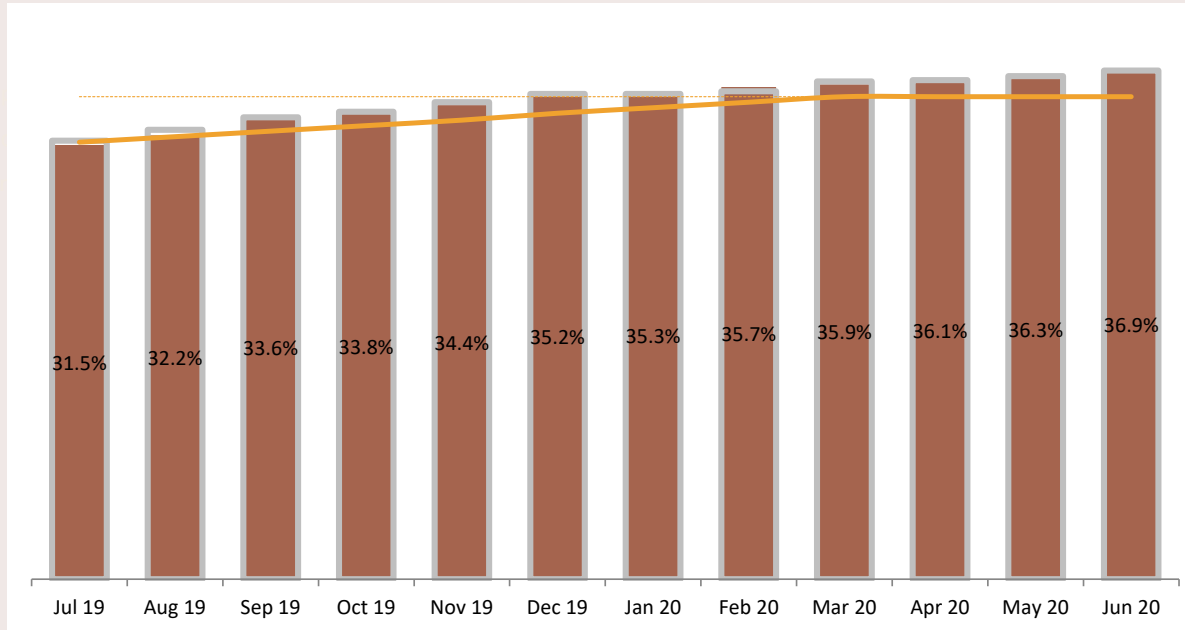
Target

35%

(EoY 35%)

Source:

Carefirst service agreements. The proportion of clients receiving an eligible care package who have at least part of it delivered via direct payment.



Reported outturn

Recalculated

Target

(EoY as dotted line)

Commentary:

We have increased the number of people receiving direct payments again this month. Based on the positions in the 2018-19 ASCOF measures, we are in the top quartile of all councils for this measure.

As anticipated, citizens' take-up of direct payments appears to have slowed down due to the Covid-19 outbreak and the emergency measures that are in place, as citizens appear to be more assured by commissioned services such as homecare. Added to this the opportunity for community support is also on hold, which usually is an area of high take up rates. Our workers will continue to encourage people to consider Direct Payments, and we will continue to train new workers on Direct Payments using online training tools.

Measure Owner:
Balwinder Kaur

Responsible Officer:
Julia Parfitt

Frequently asked questions:

[< Previous: Safeguarding MSP](#)

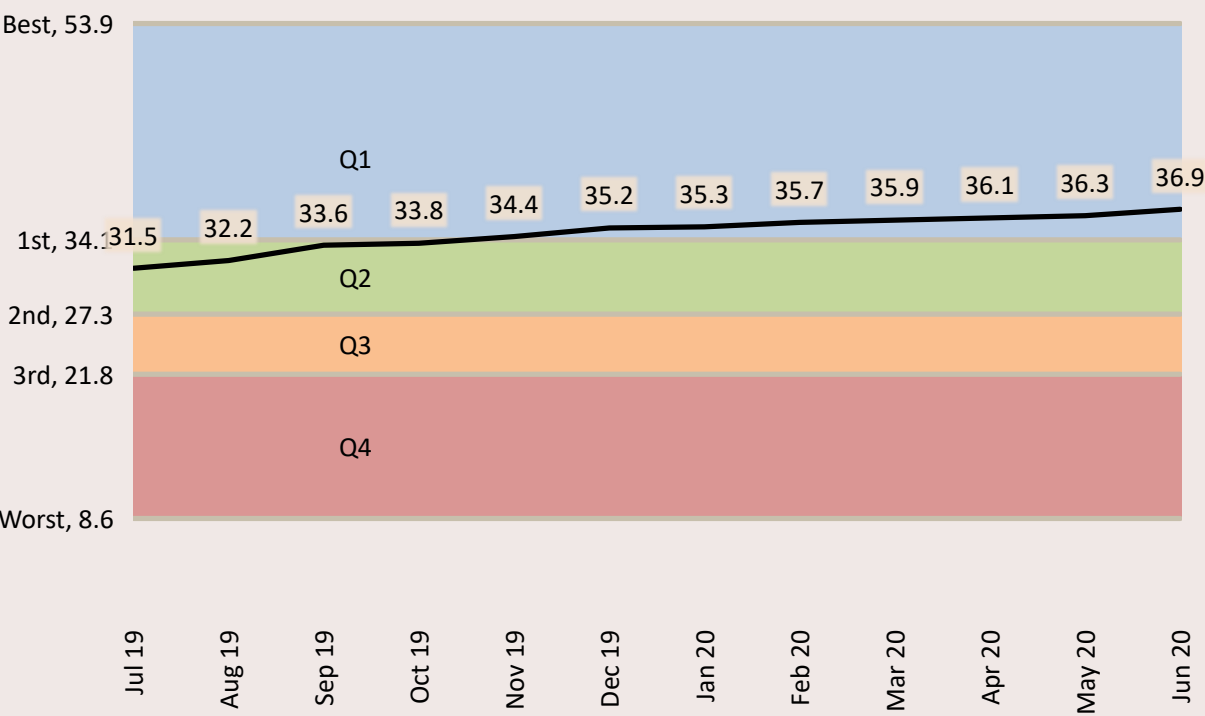
[Return to Scorecard](#)

[Next: Direct payments quartiles >](#)

Theme: Personalised Support

Uptake of Direct Payments

Performance against national quartiles



Benchmarking data is taken from 2018/19 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Packages Difference
		Figure	%	
Worst	8.6%	-28.3	-77%	-2288
3rd	21.8%	-15.1	-41%	-1221
2nd	27.3%	-9.6	-26%	-776
1st	34.1%	-2.8	-8%	-226
Birmingham	36.9%			
Best	53.9%	17.0	46%	1374

Current Quartile	1st
Distance to next quartile	N/A
Distance to top quartile	N/A

Theme: Personalised Support

The percentage of people who receive Adult Social Care in their own home

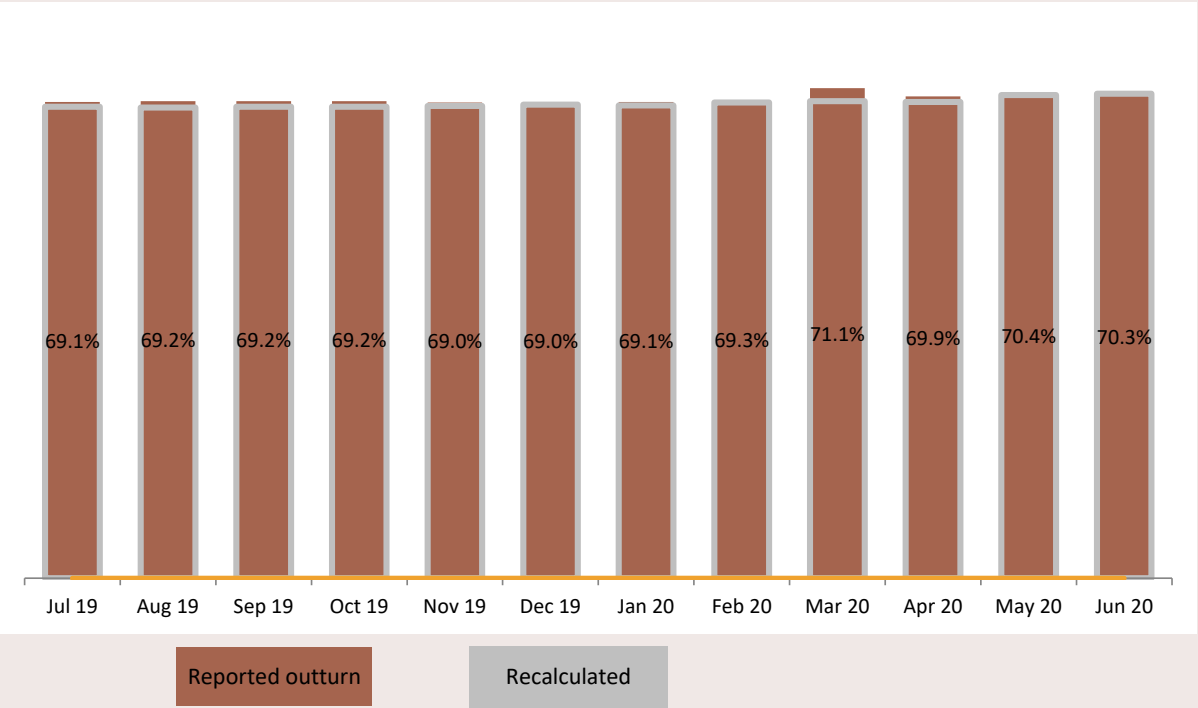
AMBER

Change:

Down
(Red) 0.1 pp

Last Month	This Month	Preferred
70.4%	70.3%	Travel: Upwards
Recalculated: 70.1%		

Source:
Carefirst via finance team. Snapshot proportion of people receiving long-term services who do not receive residential or nursing care



Commentary:

The proportion of people receiving support from us in their own homes has dropped very slightly this month. Over the longer term, we have seen an incremental improvement in this measure, and we expect to see some slight fluctuation.

We are continuing to help people to remain living in their communities for as long as possible, so long as it meets their care needs and does not place them at risk. We have a variety of policies and initiatives in place to support this aim. These include our Home First policy, which aims to prevent discharging people from hospital into a care home wherever we can avoid it. We have implemented a Discharge to Assess model in hospitals which means we are not undertaking any long term planning for people while they are in hospital. Instead, the assessment takes place in the community with the aim of supporting people to remain as independent as possible for as long as possible. Our Early Intervention Community Team is helping to keep people at home following discharge from hospital. With it, we aim to prevent people being admitted to care homes by providing them with an intensive period of support that helps them be as independent as possible. We are also supporting people at the hospital ‘front door’, linking them into their communities to avoid hospital admission and supporting them to remain at home.

Our Occupational Therapists continue to support our Social Workers to use equipment and assistive technology effectively so that people can remain in their homes for longer.

We have adopted a new model for social work across a large part of our service, the Three Conversations model, and we are in the process of rolling it out to the remaining teams. As part of the Three Conversation model, we focus on reconnecting people with their local communities as a source of support, and this should prevent, or at least delay, them needing to move into a care home. In some cases, it can even prevent people needing support at all.

Measure Owner: Balwinder Kaur Responsible Officer: Andrew Marsh / Amanda Jones

Frequently asked questions:

Theme: Personalised Support

The number of people who have Shared Lives

RED

Change:

Down
(Red) 2%

Last Month	This Month	Target
101	99	140
Recalculated: 100		

Source:
Carefirst service agreements



Commentary:

The number of people receiving a Shared Lives service from us has dropped slightly this month, following the significant improvement of the last few months. Over the last 12 months we have increased our take-up by a third. The rate that social work teams have been referring people to us has been low across all teams. We are now doing work to address this, including linking with our hospital teams to look for potential “step-down” placements for people, following stays in hospital.

Due to the Covid-19 outbreak, we are not able to offer the same service as we were. We are hoping to maintain the 99 placements we currently have, by focussing on:

- Offering daily check-in calls to our carers
- Supporting our carers with their personal protective equipment (PPE) needs
- Supporting our staff’s and carers’ morale
- Dealing with any placement breakdowns that might occur
- Continuing to take enquiries, and making placements where it is essential

This month, our Directorate Management Team agreed a one-off set of payments, recognising the additional pressures from the Covid-19 outbreak, that we will be giving to our carers who have long-term placements. This will take the form of 3 payments of £500, in April, July and October.

During this challenging time, we are continuing to make urgent placements where they are appropriate, to keep vulnerable people safe and free from exploitation. We are also making placements to support people being discharged from hospital. We are using the technology available to us, so that we can do this with as little “in person” contact as possible. We are still approving new carers where it is safe to do so, and have recruited 3 more during this time.

Measure Owner:
John Williams

Responsible Officer:
Zakia Loughead

Frequently asked questions:

Theme: Prevention and Early Help

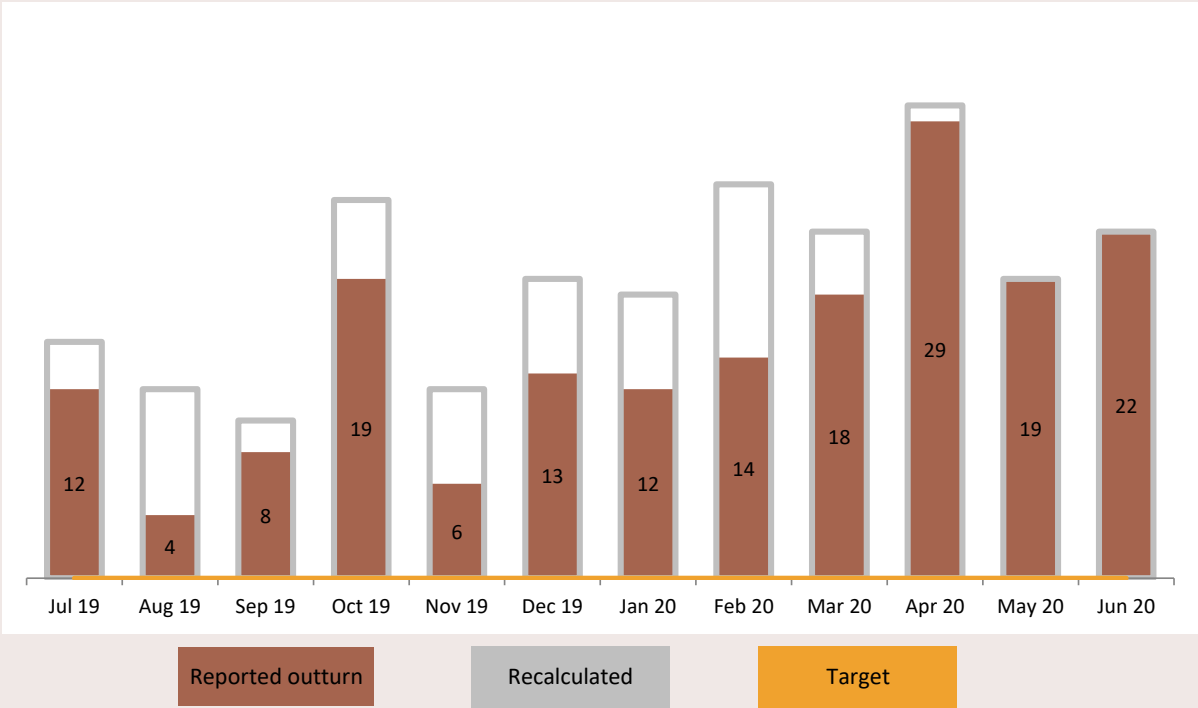
Number of completed safeguarding enquiries which involved concerns about domestic abuse

GREEN

Change:
Up
(Red) 15.8%

Last Month	This Month	Target
19	22	N/A
Recalculated: 19		

Source:
Carefirst



Commentary:

126 Safeguarding Enquiries were completed in June, of which 22 involved allegations of domestic abuse - 17.5%
In the last 12 months there have been 228 completed enquiries relating to this. Of these 92% achieved their expressed outcomes, 86% felt that they were involved, 85% felt that they had been listened to, 84% felt we had acted on their wishes, 77% felt safer and 75% felt happier as a result of our intervention.

Measure Owner: Responsible Officer:
Paul Hallam

Frequently asked questions:

Theme: Prevention and Early Help

Percentage of completed safeguarding enquiries which involved concerns about domestic abuse

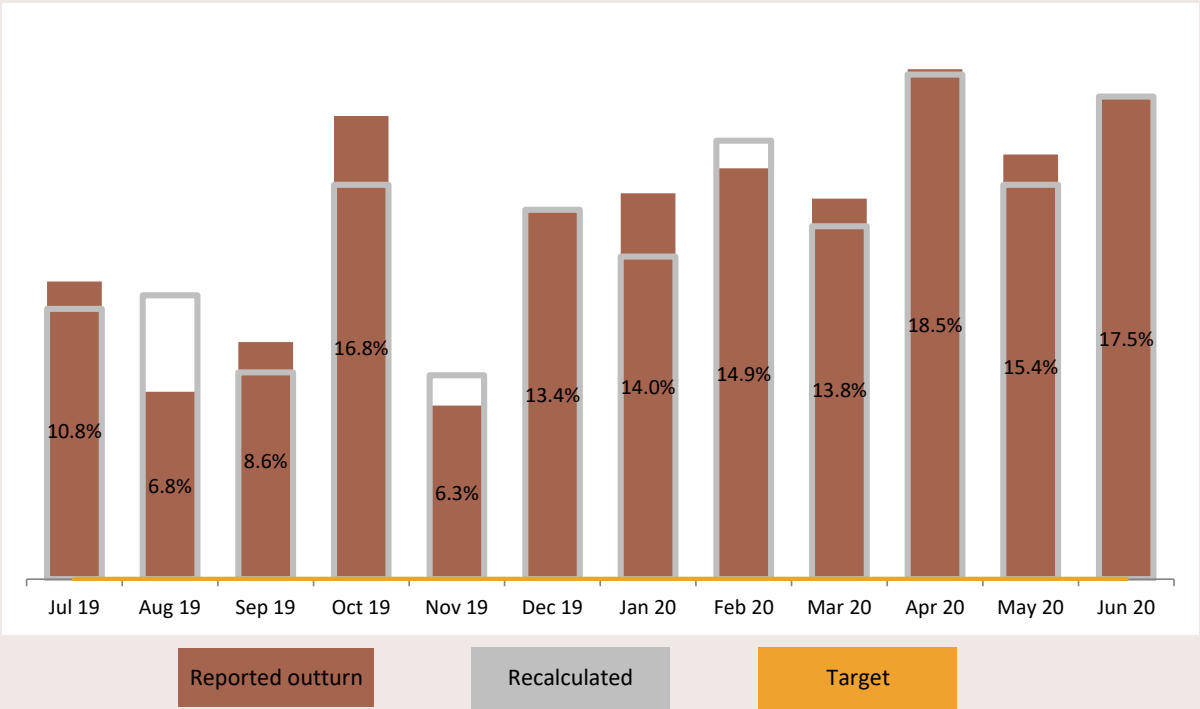
GREEN

Change:

Up
(Red) 2 pp

Last Month	This Month	Target
15.4%	17.5%	N/A
Recalculated: 14.3%		

Source:
Carefirst



Commentary:

126 Safeguarding Enquiries were completed in June, of which 22 involved allegations of domestic abuse - 17.5%

In the last 12 months there have been 228 completed enquiries relating to this. Of these 92% achieved their expressed outcomes, 86% felt that they were involved, 85% felt that they had been listened to, 84% felt we had acted on their wishes, 77% felt safer and 75% felt happier as a result of our intervention.

Measure Owner:

Responsible Officer:
Paul Hallam

Frequently asked questions:

[< Previous: DV safeguarding count](#)

[Return to Scorecard](#)

[Next: LD Employment >](#)

Theme: Community Assets

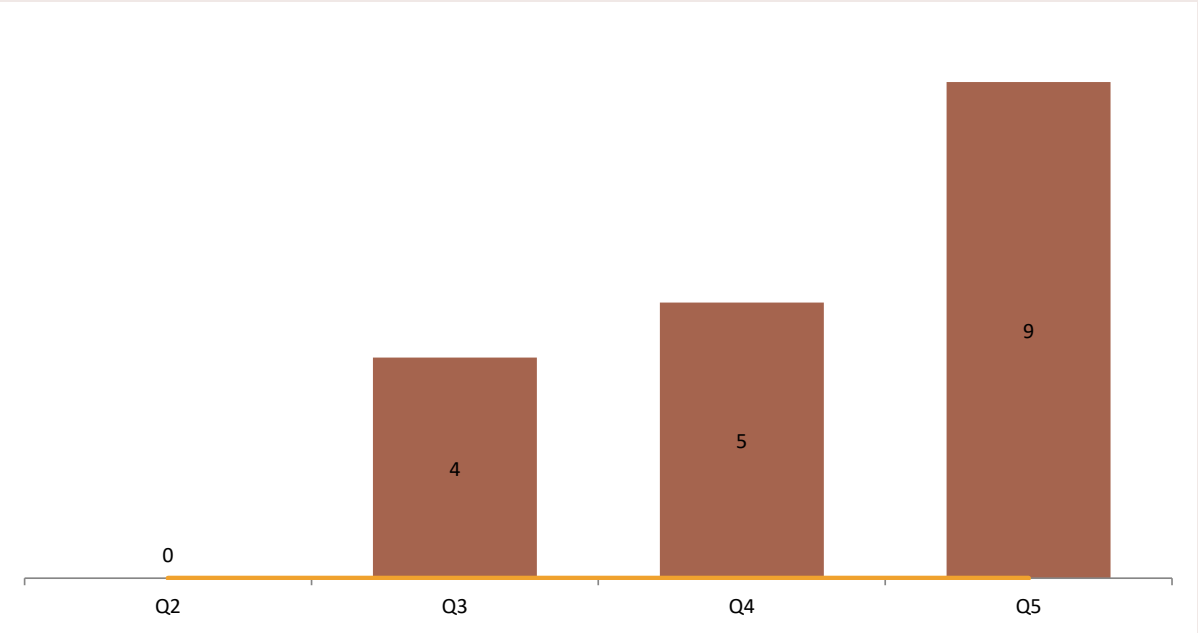
The number of people with Learning Disabilities who have been supported into employment by the PURE Project

GREEN

Change:
Up (Green) 80%

Prev. Quarter	Latest Quarter	Preferred
5	9	Travel: Upwards

Source:
Data supplied by PURE



Reported Outturn

Commentary:

The PURE Project (Placing vulnerable Urban Residents into Employment and training) succeeded in supporting 4 adults with Learning Disabilities into employment this quarter, bringing our total to 9, and supported a further 8 people into training opportunities

The project aims to support various groups of people aged 29 and over into employment, including people with Learning and other disabilities, but also people who are homeless, leaving prison or care, recovering from substance misuse, or fleeing domestic abuse. Our work is carried out by a range of specialist contractor organisations- Midland Mencap and Rathbone in particular support people with Learning Disabilities, although we encourage cross-referrals between these organisations.

We were in the early days of the project at the beginning of the Covid-19 outbreak, and it has had a severe impact on our progress. It has resulted in a lack of suitable employment opportunities due to businesses being closed, and many of the people we engage with are very vulnerable and have been having to shield. In addition, many of our staff were moved onto other work in order to support the pandemic effort. However, we have taken this opportunity to put in place new data collection practices and reconcile the data we have.

The Covid-19 outbreak has also affected our ability to promote the project to the people who may benefit. We were able to fit in one roadshow event before lockdown, but we have had to cancel several others, including our planned drop-in sessions at the John Lewis Community Café.

The project has now engaged with 212 adults with learning disabilities, and further 1,108 other people. When we engage with someone, we carry out an in-depth analysis of the person's needs, and work to produce an action plan. We were previously doing this face-to-face, but in the current circumstances we have been using online services such as Zoom. We have been carrying out a questionnaire at the beginning and the end of the process, and we are analysing the results to see what affect the project has had on each person's motivation and outlook.

We are also looking to reinstate our jobs clubs, and we are looking at the possibility of a volunteering scheme as a stepping-stone to employment, particularly in light of the expected redundancies coming out of this crisis.

Measure Owner: John Williams
Responsible Officer:

Frequently asked questions:

Theme: Community Assets

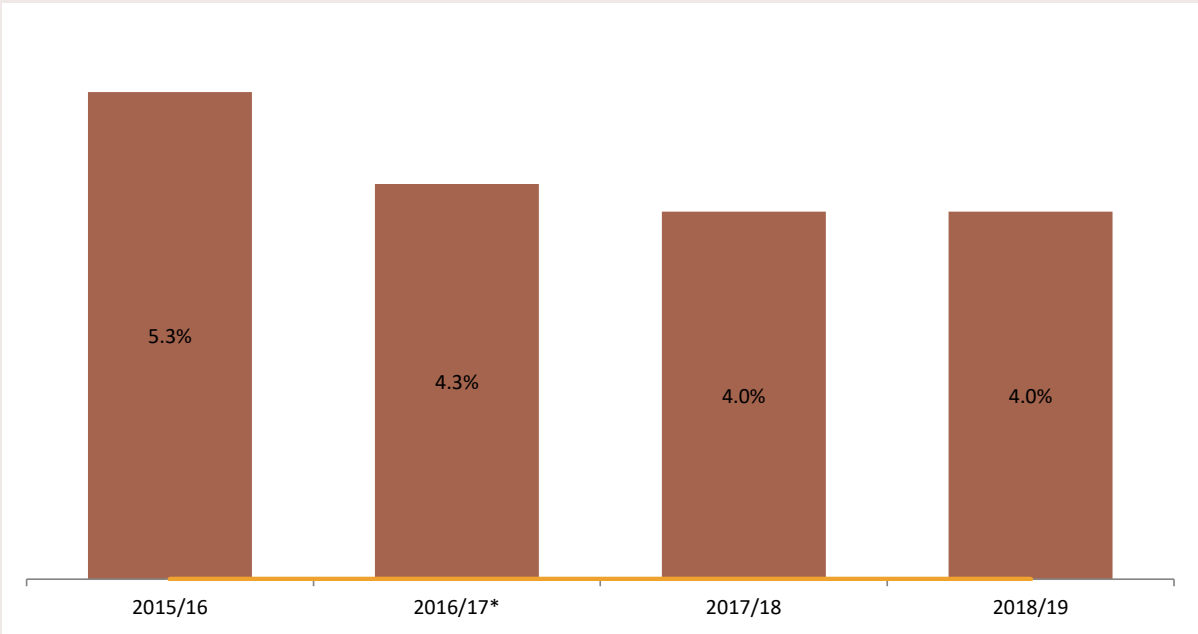
The percentage of adults in contact with secondary mental health services in employment

GREEN

Change:
Static
(Amber) 0 pp

Prev. Quarter	Latest Quarter	Preferred
4%	4%	Travel: Upwards

Source:
NHS Digital



Reported Outturn

Commentary:

2019/20 data available in January 2021 (delayed due to Covid-19)

Measure Owner:
John Williams

Responsible Officer:
John Williams

Frequently asked questions:

This is issued annually as part of the Ascof set of measures.

*Please note that due to national data quality issues, NHS Digital did not release this as an official Ascof measure for this year, and this figure should be viewed as a guide only.

[< Previous: LD Employment](#)

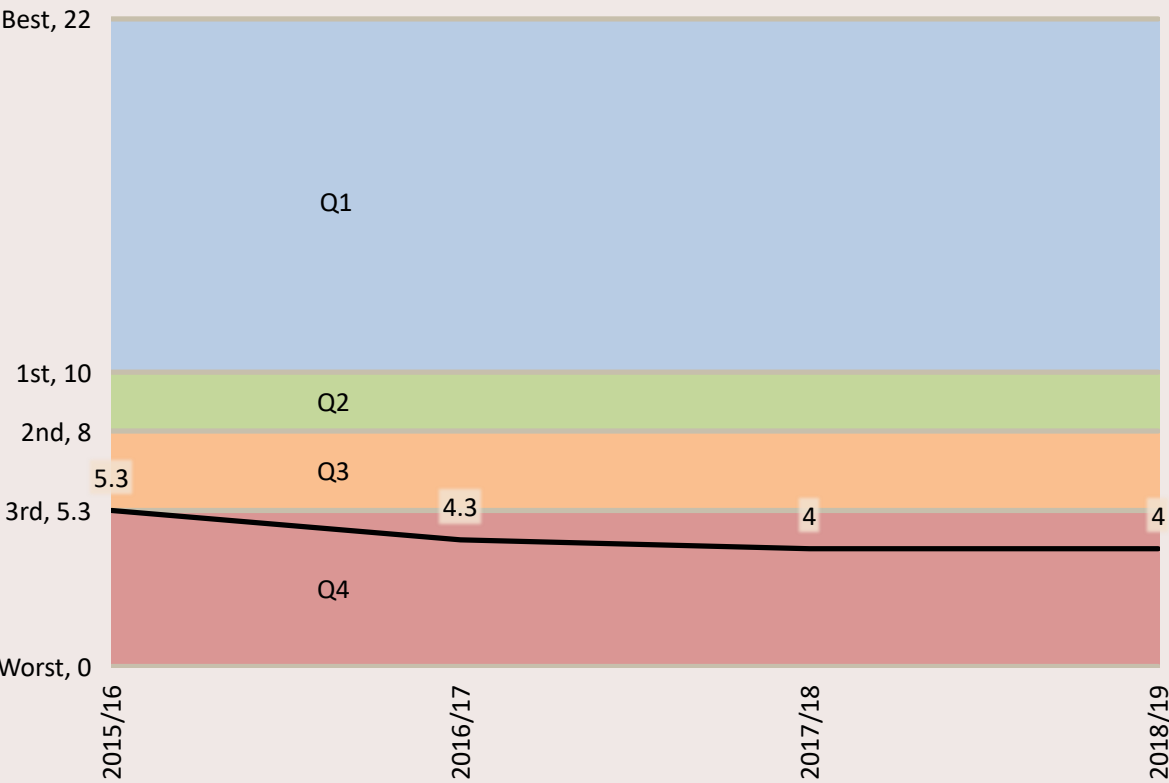
[Return to Scorecard](#)

[Next: MH Employment quartiles >](#)

Theme: Community Assets

The percentage of adults in contact with secondary mental health services in employment

Performance against national quartiles



This is issued annually as part of the Ascof set of measures.

*This is external data, and no numerator or denominator were given, so it is not possible to calculate the difference in terms of individuals in employment.

Benchmarking data is taken from 2018/19 Ascof

This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		People* Difference
		Figure	%	
Worst	0.0%	-4.0	-100%	
Birmingham	4.0%			
3rd	5.3%	1.3	33%	
2nd	8.0%	4.0	100%	
1st	10.0%	6.0	150%	
Best	22.0%	18.0	450%	

Current Quartile	4th
Distance to next quartile	
Distance to top quartile	

Theme: Community Assets

The proportion of people who use services who reported that they had as much social contact as they like

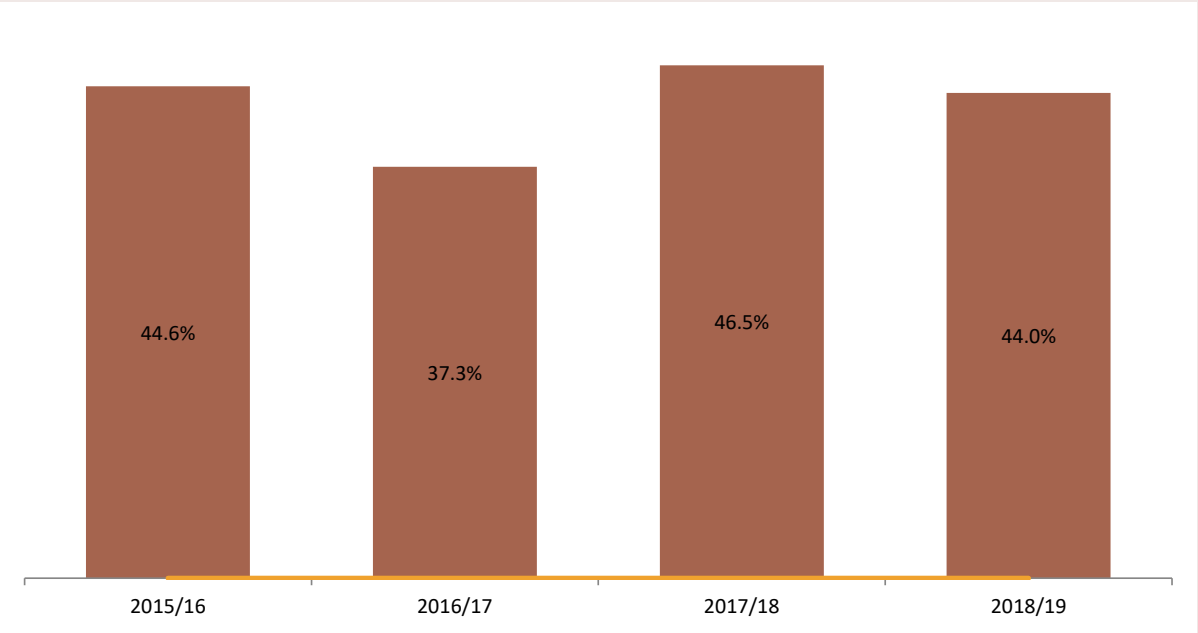
RED

Change:

Down
(Red) 2.5 pp

Prev. Quarter	Latest Quarter	Preferred
46.5%	44%	Travel: Upwards

Source:
NHS Digital



Reported Outturn

Commentary:

2019/20 data available in January 2021 (delayed due to Covid-19)

Measure Owner: Responsible Officer:

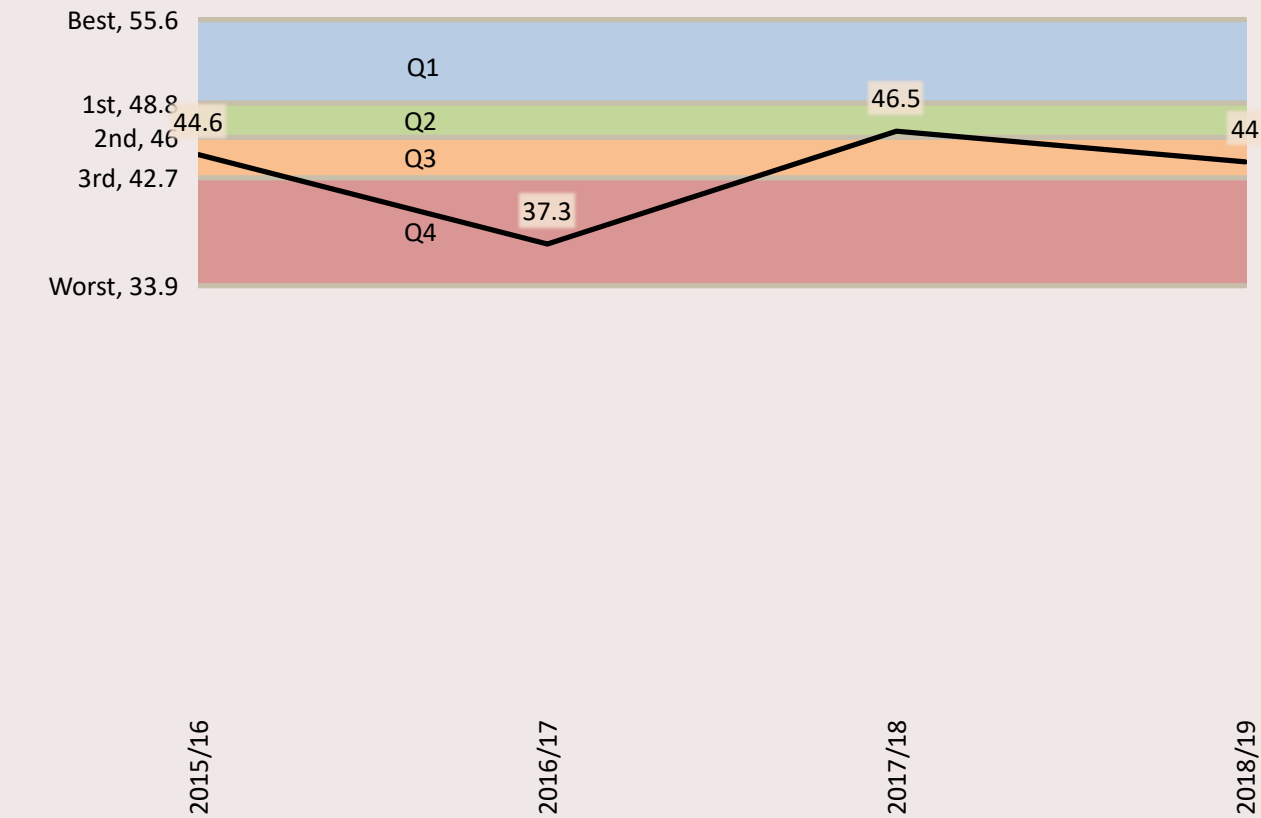
Frequently asked questions:

This is issued annually as part of the Ascof set of measures

Theme: Community Assets

The proportion of people who use services who reported that they had as much social contact as they like

Performance against national quartiles



This is issued annually as part of the Ascof set of measures

Benchmarking data is taken from 2018/19 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Est. people Difference
		Figure	%	
Worst	33.9%	-10.1	-23%	-1125
3rd	42.7%	-1.3	-3%	-145
Birmingham	44.0%			
2nd	46.0%	2.0	5%	223
1st	48.8%	4.8	11%	534
Best	55.6%	11.6	26%	1292

Current Quartile	3rd
Distance to next quartile	223 Est. people
Distance to top quartile	534 Est. people

Theme: Community Assets

The proportion of carers who reported that they had as much social contact as they like

RED

Change:

Down
(Red)

3.2 pp

Prev. Quarter

28.3%

Latest Quarter

25.1%

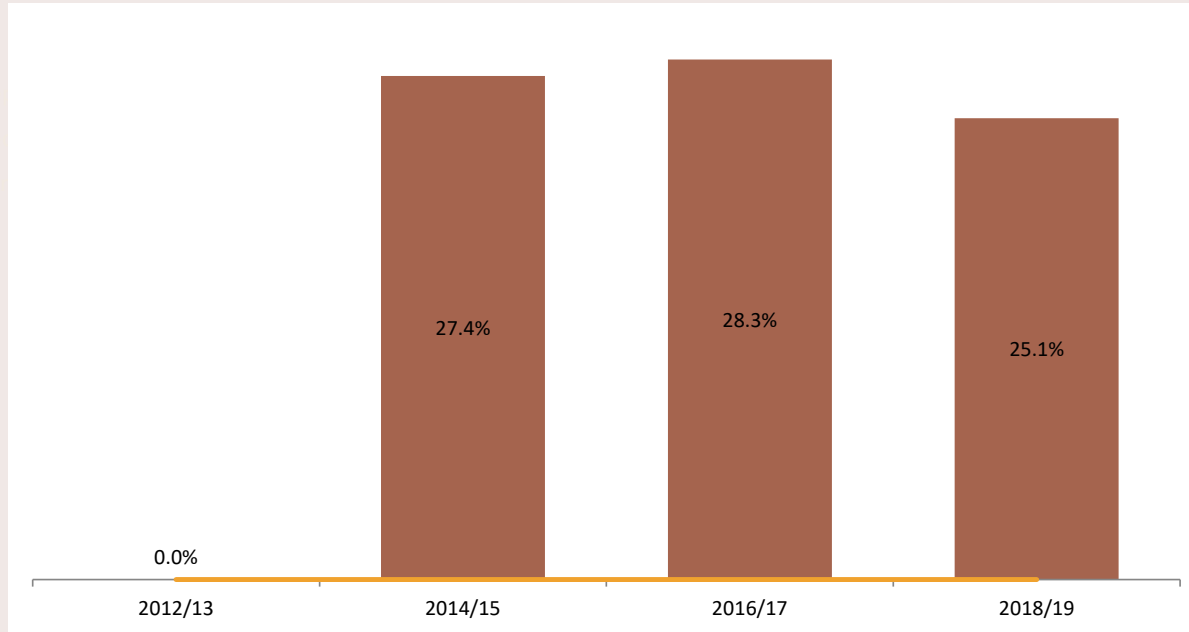
Preferred

Travel:

Upwards

Source:

NHS Digital



Reported Outturn

Commentary:

This is biennial, however NHS Digital has decided to postpone the 2020/21 survey due to Covid-19. This will now take place in 2021/22, and this measure will next be updated in late 2022.

Measure Owner:
Balwinder Kaur

Responsible Officer:
Fiona Mould / Austin Rodriguez

Frequently asked questions:

This is issued biennially as part of the Ascof set of measures

[< Previous: Client social contact quartiles](#)

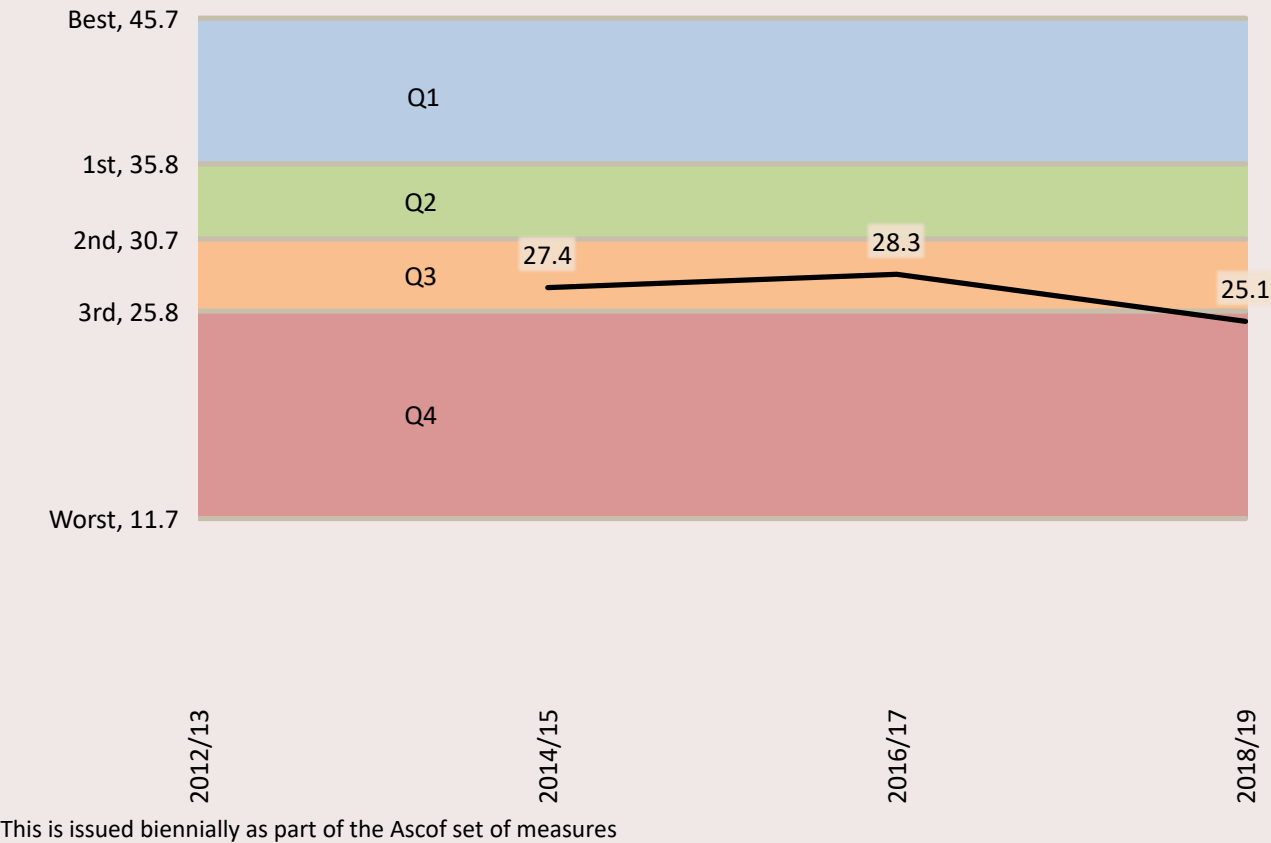
[Return to Scorecard](#)

[Next: Carer social contact quartiles >](#)

Theme: Community Assets

The proportion of carers who reported that they had as much social contact as they like

Performance against national quartiles



Benchmarking data is taken from 2018/19 Ascof

This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Est. people Difference
		Figure	%	
Worst	11.7%	-13.4	-53%	-397
Birmingham	25.1%			
3rd	25.8%	0.7	3%	21
2nd	30.7%	5.6	22%	166
1st	35.8%	10.7	43%	317
Best	45.7%	20.6	82%	610

Current Quartile	4th
Distance to next quartile	21 Est. people
Distance to top quartile	317 Est. people



Health & Social Care O&S Committee: Work Programme 2020/21

Chair:	Cllr Rob Pocock
Deputy Chair:	Cllrs Mick Brown
Committee Members:	Cllrs Debbie Clancy, Diane Donaldson, Peter Fowler, Mohammed Idrees, Ziaul Islam and Paul Tilsley
Officer Support:	Scrutiny Officer: Gail Sadler (303 1901) / Emma Williamson (464 6870) Committee Manager: Errol Wilson (675 0955)

1 Meeting Schedule

Date	Agenda Item	Officer Contact / Attendees
16th June 2020 1400 hours (via Microsoft Teams) Report Deadline: 4 th June	COVID-19 UPDATE <ul style="list-style-type: none">Cabinet Member for Health and Social CareImplementation of Track and Trace in BirminghamWest Midlands Care AssociationHealthwatch Birmingham	Councillor Paulette Hamilton; Dr Justin Varney/Elizabeth Griffiths; Debbie Le Quesne/Alison Malik; Andy Cave.
21st July 2020 1400 hours (via Microsoft Teams) Report Deadline: 9 th July	COVID-19 UPDATE 2019/20 End of Year Adult Social Care Performance Monitoring Report	Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care.
1st September 2020 1400 hours (via Microsoft Teams) Report Deadline: 20 th August	Black Country and West Birmingham CCGs Future Commissioning Intentions Public Health Update <ul style="list-style-type: none">Triple Zero Strategy – draft presentation on 'Substance Misuse Data' previously noted at July meeting.Covid-19 Update Healthwatch Birmingham Annual Report	Pip Mayo, Managing Director for West Birmingham, SWB CCG Dr Justin Varney, Director of Public Health / Elizabeth Griffiths, Assistant Director, Public Health. Andy Cave, Chief Executive Officer, Healthwatch Birmingham



Date	Agenda Item	Officer Contact / Attendees
1st September 2020 1000 hours Committee Rooms 3 & 4 Report Deadline: 20 th August	<u>INFORMAL SESSION</u> Work Programme 2020/21:- <ul style="list-style-type: none"> Engaging with Citizens and Service Users – Discussion Paper Public Health Adult Social Care Healthwatch Birmingham 	Councillor Rob Pocock June Marshall, Citizen Involvement Manager Dr Justin Varney, Director of Public Health Andy Cave, Chief Executive Officer, Healthwatch Birmingham
6th October 2020 1400 hours Via Microsoft Teams Report Deadline: 24 th September	Day Opportunities Proposals Consultation: Outcome of NDTi Report Investigation Public Health Update Forward Thinking Birmingham Adult Social Care Performance Monitoring	Professor Graeme Betts, Director of Adult Social Care Dr Justin Varney, Director of Public Health Elaine Kirwan, Deputy Chief Nurse, Mental Health Services/FTB Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care
17th November 2020 1000 hours Committee Rooms 3 & 4 Report Deadline: 5 th November	Public Health Update Birmingham Substance Misuse Recovery System (CGL) Period Poverty and Raising Period Awareness - Tracking Report	Dr Justin Varney, Director of Public Health Saba Rai, Interim Lead, Universal and Prevention Services, Adult Social Care and Health; Karl Beese, Commissioning Manager, Adult Public Health Services. Councillor Paulette Hamilton, Cabinet Member for Health & Social Care
8th December 2020 1000 hours Committee Rooms 3 & 4 Report Deadline: 26 th November	Public Health Update Budget Consultation:- <ul style="list-style-type: none"> Adult Social Care Public Health Infant Mortality – Evidence Gathering	Dr Justin Varney, Director of Public Health Cabinet Member for Health & Social Care; Professor Graeme Betts, Director of Adult Social Care. Dr Justin Varney, Director of Public Health.



Date	Agenda Item	Officer Contact / Attendees
26th January 2021 1000 hours Committee Rooms 3 & 4 Report Deadline: 14 th January	Birmingham Safeguarding Adults Board Annual Report Adult Social Care Performance Monitoring Infant Mortality – Evidence Gathering	Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board. Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care
16th February 2021 1000 hours Committee Rooms 3 & 4 Report Deadline: 4 th February	Birmingham Sexual Health Services – Umbrella (UHB) Direct Payments Health and Wellbeing Board Update	Saba Rai, Interim Lead, Universal and Prevention Services, Adult Social Care and Health; Karl Beese, Commissioning Manager, Adult Public Health Services. John Williams, Assistant Director, Adult Social Care / June Marshall, Citizen Involvement Manager, Adult Social Care Elizabeth Griffiths, Assistant Director, Public Health.
23rd March 2021 1000 hours Committee Rooms 3 & 4 Report Deadline: 11 th March	Birmingham Dementia Strategy Refresh Delayed Transfers of Care / Early Intervention Update Adult Social Care Performance Monitoring	Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG Balwinder Kaur, Assistant Director, Adult Social Care / June Marshall, Citizen Involvement Manager, Adult Social Care Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care
27th April 2021 1000 hours Committee Rooms 3 & 4 Report Deadline: 15 th April	Cabinet Member for Health and Social Care - Public Health Update. Black Country and West Birmingham CCGs Commissioning Arrangements - Update	Councillor Paulette Hamilton, Cabinet Member for Health & Social Care; Dr Justin Varney, Director of Public Health. Pip Mayo, Managing Director for West Birmingham, SWB CCG



2 Work to be programmed / Further work areas of interest

2.1 The following items could be scheduled into the work programme if members wish to investigate further:

- Adult Social Care Commissioning Strategy (Graeme Betts)
- Ageing Well Programme (Graeme Betts)
- Shared Lives Service Re-Design (Graeme Betts)
- Immunisation and Screening
- Childhood Obesity – Stocktake Report – Dr Justin Varney
- Neighbourhood Working (Joint presentation BSol CCG/BCC)
- Adult Social Care – Self Funders
- Triple Zero Strategy – Outcome of Consultation – Elizabeth Griffiths
- Covid-19 – Update from West Midlands Care Association
- Birmingham Community Healthcare – Public Health Contracts – Elizabeth Griffiths
- Integrated Care Systems (Rachel O'Connor, Assistant Chief Executive of the STP)

3 Chair & Committee Visits

Date	Organisation	Contact

4 Inquiry

Title:	Infant Mortality
Lead Member:	Councillor Rob Pocock
Inquiry Members:	Councillors Mick Brown, Debbie Clancy, Diane Donaldson, Peter Fowler, Mohammed Idrees, Ziaul Islam and Paul Tilsley
Evidence Gathering:	8 th December 2020 and 26 th January 2021
Drafting of Report:	February 2021
Report to Council:	13 th April 2021



5 Councillor Call for Action requests

6 Forward Plan for Cabinet Decisions

The following decisions, extracted from the Cabinet Office Forward Plan of Decisions, are likely to be relevant to the Health and Social Care O&S Committee's remit. **Please note this is correct at the time of publication.**

Reference	Title	Portfolio	Proposed Date of Decision
005730/2018	Sport and Leisure Transformation - Wellbeing Service	Health & Social Care	08 Sept 20
007776/2020	Horizon 2020 FOOD TRAILS Project	Health & Social Care	13 Oct 20
008003/2020	Refresh of Adult Social Care Vision and Strategy	Health & Social Care	13 Oct 20
008014/2020	Draft Day Opportunities Strategy	Health & Social Care	13 Oct 20



7 Joint Birmingham & Sandwell Scrutiny Committee Work

Members	Cllrs Rob Pocock, Mick Brown, Debbie Clancy, Ziaul Islam and Paul Tilsley	
Meeting Date	Key Topics	Contacts
July 2020 Sandwell		
October 2020 Birmingham		
January 2021 Sandwell		
April 2021 Birmingham		

8 Further work areas of interest/Work to be programmed

8.1 The following items could be scheduled into the work programme if members wish to investigate further:

- Local Health Workforce Issues.
- Access to GP Appointments.
- Further Update on the Midland Metropolitan University Hospital.



9 Joint Birmingham & Solihull Scrutiny Committee Work

Members	Cllrs Rob Pocock, Mick Brown, Diane Donaldson, Peter Fowler and Paul Tilsley	
Meeting Date	Key Topics	Contacts
11 th June 2020 @ 2.00pm Birmingham	<ul style="list-style-type: none"> Restoration of services at University Hospitals Birmingham NHS Foundation Trust (UHB) Birmingham and Solihull STP COVID-19 Service Changes – progress update 	Jonathan Brotherton, Chief Operating Officer, UHB Phil Johns, Deputy Chief Executive, BSol CCG
13 th October 2020 @ 6.00pm Solihull	<ul style="list-style-type: none"> Update on the Restoration and Recovery Plan Urgent Care update 	
December 2021 Birmingham	<ul style="list-style-type: none"> BSol CCG Finance Update BSol CCG Operational Plan 20/21 Urgent Care Update – NHS 111 First 	Paul Athey, Chief Finance Officer, BSol CCG
9 th March 2021 @ 6.00pm Solihull		
TO BE SCHEDULED	<ul style="list-style-type: none"> Update on the implementation of Phase 3 treatment policies Update on future QIPP plans Long Term Plan / Integrated Care Systems / Sustainability Transformation Partnership NHS Birmingham & Solihull Health App 	Paul Jennings, Chief Executive, BSol CCG

10 Further work areas of interest/Work to be programmed

10.1 The following items could be scheduled into the work programme if members wish to investigate further:

