

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 15 DECEMBER 2015 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING

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

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

2 APOLOGIES

3 MINUTES

3 - 10

To confirm and sign the Minutes of the meeting held on 24 November 2015.

4 DECLARATIONS OF INTERESTS

5 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
(BIRMINGHAM AND SANDWELL)

To appoint a Labour Member of the Committee to serve on the Joint Health Overview and Scrutiny Committee (Birmingham and Sandwell) in place of Councillor Karen McCarthy.

11 - 16

6 **REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE**

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care.

17 - 58

7 **LOCAL PERFORMANCE ACCOUNT 2014-15**

Alan Lotinga, Service Director, Health and Wellbeing.

59 - 66

8 **WORK PROGRAMME 2015/16**

For discussion.

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

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

10 **OTHER URGENT BUSINESS**

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

11 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

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

**MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY
24 NOVEMBER 2015 AT 1000 HOURS IN COMMITTEE ROOMS 3 AND 4
COUNCIL HOUSE, BIRMINGHAM**

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

IN ATTENDANCE:-

Charles Ashton-Gray, Strategic Performance and Engagement Manager, BCC
Judith Davis, Better Care Fund Programme Director, BCC
John Denley, Assistant Director, People Directorate, BCC
Emma Fitzgibbons, Commissioning Manager, People Directorate, BCC
Melanie Gray, Performance Management Officer, Customer Care and Citizen Involvement Team, BCC
Paul Holden, Committee Manager, BCC
Rose Kiely, Group Overview and Scrutiny Manager, BCC
Martin Keating, Disability Officer and Hate Crime 'Bronze' Lead, Equality and Diversity, West Midlands Police
Mary Latter, Joint Commissioning Mental Health Manager (Dementia), BCC
Alan Lotinga, Service Director, Health and Wellbeing, BCC
Gail Sadler, Research and Policy Officer, BCC

NOTICE OF RECORDING

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

APOLOGIES

268 Apologies were received on behalf of Councillors Maureen Cornish, Brett O'Reilly and Sharon Thompson for their inability to attend the meeting.

MINUTES

269 The Minutes of the meeting held on 20 October, 2015 were, subject to the amendment of the Member's surname in paragraph d) of Minute No. 263 to read "Aikhlaq", confirmed and signed by the Chairperson.

DECLARATIONS OF INTERESTS

- 270 Councillor Karen McCarthy declared that she served as a governor on the Birmingham Women's Hospital and Councillor Mohammed Aikhlaq clarified that he was a governor of the Heart of England NHS Foundation Trust, not a director on the Board.
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BIRMINGHAM BETTER CARE FUND UPDATE

- 271 Alan Lotinga, (Service Director, Health and Wellbeing) and Judith Davis (Better Care Fund Programme Director), BCC were in attendance.

At this juncture, the Service Director advised the meeting that at the National Health Service Journal Awards the previous week the Sandwell and West Birmingham Clinical Commissioning Group (CCG) had been voted CCG of the year and the Birmingham Children's Hospital NHS Foundation Trust was voted provider Trust of the year. The Chair asked that the Service Director pass on the Committee's congratulations to the relevant parties.

The following PowerPoint slides were presented to the Committee:-

(See document No. 1)

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

- a) The Service Director confirmed that unless the 3.5% reduction in emergency admissions was achieved the payment for performance monies would remain with the CCG. Adult Social Care would find it more difficult to keep in budget and there'd be a need to look at other ways of bringing the budget back into line. In referring to half-year information, he highlighted that there was already a projected £6 million overspend
- b) A Member referred to language barriers that existed and constituents who'd had issues with home care workers. He queried how carers' performance was monitored and what help was available to help people transfer to other providers.
- c) Further to b) above, the Service Director considered that the challenge was to make specialists in different languages more accessible to a wider range of health and social care workers, not just front-line social workers. He indicated that it was quite a task to ensure that support provided by domiciliary / home care workers was consistent and felt that in the longer term there was a need to secure more help from communities and people around the service users. He also highlighted that the private sector provided the vast majority of domiciliary / home care support and in indicating that the workers received low pay referred to the need for the right cost / quality balance to be achieved.
- d) In drawing attention to Scheme 3 (Place Based Integration and Accountable Community Professional) a Member commented that no information had been provided regarding how the approach would be customised to the different communities within Birmingham. In querying whether there was a Ward or District based model he also enquired how it was proposed to involve the elected Members.

- e) Further to d) above, the Better Care Fund Programme Director reported that the debate on what the geographical model should be had yet to take place and acknowledged that there was a lot of public health information available at District and Ward level. However, this bore no resemblance to the way that GP Practices were currently organised and in which it looked like they would be structured in the future. In relation to building bridges between the statutory services and voluntary sector she advised the meeting that the model emerging was to have Wellbeing Co-ordinators who would work with General Practice to identify people that were isolated or vulnerable; link them with existing voluntary organisations; and also support the individuals until they were properly embedded. Members were advised that there would not be a single provider of this service - an area approach was being taken and it was anticipated that the most appropriate local voluntary sector providers would be found. A pilot procurement exercise was about to be launched.
- f) Reference was made to the new Vanguard care models and it was indicated that as far as possible processes were being put in place to facilitate joint health and social care assessments - unlike a year ago the means were now available. It was highlighted that Torbay had successfully carried out joint assessments for a decade.
- g) In relation to reablement services, the Service Director considered that there was a need to improve the use of the top floors of the 4 Care Centres and that if they could be made to mirror the Kenrick Centre it would go a long way to achieving success across the board. He also stated that there should be an absolute maximum 6 weeks' stay in respect of the use of reablement / enhanced assessment beds.
- h) Further to g) above, Members were advised that the Care Centres were largely full and that work was taking place to smooth out the admission, review and discharge arrangements. All hospitals / units and adult social care would soon be using the same city-wide policy. However, it was highlighted that there was reluctance to take people who had challenging behaviour and that discussions were taking place with the Birmingham Community Health Care NHS Trust, which provided much of the service, on the issue of taking people with dementia.
- i) A Member considered that more conversations needed to take place between groups at a local level on the integration of services. Furthermore, he was of the view that having social workers in GP practices should be pursued and, in highlighting that not all patients needed to see a GP, enquired how many practices had Community Matrons. He also referred to involving the public more in helping their neighbours and supporting vulnerable people.
- j) The Better Care Fund Programme Director considered that it was increasingly being recognised that supportive communities was the way forward in terms of delivering a sustainable system and that this would form a significant part of the conversations next year. She stated that she welcomed the changes taking places in respect of GP practices where there would be fewer organisations to engage with, rather than talking to hundreds of individual practices. The Programme Director indicated that she did not have details of how many surgeries had access to Community Matrons but considered that they all should through one route or another. In relation to community services, she referred to how much GPs valued their District Nurses and Health Visitors and felt that there was a need to reach a point where they could be re-integrated back into General Practice.

However, it was underlined that the only real way to channel new funds into community services was by reducing activity in the acute sector.

The Chair thanked the representatives for reporting to the meeting.

BIRMINGHAM SAFEGUARDING ADULTS BOARD (BSAB) ANNUAL REPORT 2014/15

272 Alan Lotinga (Service Director, Health and Wellbeing), BCC presented the following PowerPoint slides to the Committee:-

(See document No. 2)

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

- a) The Service Director undertook to arrange for a report on the evaluation of the 2014/15 Eyes and Ears campaign to be e-mailed to Members of the Committee.
- b) Members were advised that the BSAB previously had about 40 members which given the size of the board made decision-making difficult. It now only comprised representatives of the three Birmingham Clinical Commissioning Groups (CCGs), Local Authority, West Midlands Police and also the Chief Officer of the local Healthwatch organisation. However, there was also a wider group of stakeholders to challenge, support and help drive through initiatives. The Service Director informed the meeting that he'd chaired the BSAB for 4 years and that the plan was to have the board independently chaired (as was the case in respect of the Birmingham Safeguarding Children Board) by the spring of 2016.
- c) A Member asked how well trained staff who undertook investigations of abuse were and voiced concern for the safety and care of vulnerable individuals who did not fall within the 80 per cent performance target. He highlighted that as the target was being exceeded there was no alert to failings in supporting some vulnerable people. Furthermore, he considered that the target should be set at a more challenging level.
- d) The Service Director was of the view that there was a good training regime for front-line professionals and considered that it was particularly important that they were up-to-date and knew who to turn to for advice in respect of service user mental capacity issues. He also advised the meeting that limited funding had been provided to appoint some additional adult safeguarding officers. In relation to time limit targets, he indicated that they could be set at a more challenging level but felt that the crucial issue was whether the threshold for what was regarded as abuse was set at the right level. He also referred to the need to involve people who'd already been through the system more in order to understand their experiences, whether they had been properly communicated with throughout the process and if they viewed their outcomes to be the right ones. He considered that the main focus should be on targets around the quality of the safeguarding process.
- e) It was highlighted that a detailed breakdown of information on such issues as the types of abuse and places where it occurred was available in the annual report which had been e-mailed to Members and in respect of which there were some colour copies available at the meeting.

- f) Further to the safeguarding performance information shown on the sixth slide, the Service Director undertook to provide Members with the actual figure for how many days, on average, it was taking to carry out assessments.
- g) In relation to self-neglect, the Service Director highlighted that hoarding was more and more becoming an issue and in referring to work that was taking place indicated that he could provide Members with further information in this regard.

The Chair thanked the Service Director, Health and Wellbeing for reporting to the meeting.

PROGRESS REPORT – ‘ADULTS WITH AUTISM AND THE CRIMINAL JUSTICE SYSTEM’ INQUIRY

273 The following report and accompanying West Midlands Police in-house training package on autism awareness were received:-

(See document Nos. 3 and 4)

Martin Keating (Disability Officer and Hate Crime ‘Bronze’ Lead), Equality and Diversity, West Midlands Police introduced the item. John Denley (Assistant Director) and Emma Fitzgibbons (Commissioning Manager), People Directorate, BCC were also in attendance.

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

- a) The Disability Officer indicated that he did consider that they had come a long way in making the word autism part of everyday vocabulary in the West Midlands Police and keeping people with autism and mental health issues away from the criminal justice system or being charged with offences.
- b) Members were advised by the Disability Officer that he could make sure that the package information available was rolled out to the courts in the West Midlands area.
- c) The Disability Officer reported that autism awareness training was not mandatory in the West Midlands Police owing to other priorities / budget pressures. However, he pointed out that package information was scheduled to be rolled out to all their neighbourhood teams and that there would be information available on the Police’s internal website.
- d) It was indicated that in general there was a lower level of engagement with BME communities on the issue of autism as there could be a cloud of secrecy, with some citizens being less inclined to come forward and seek support.
- e) In referring to not just the criminal justice system but the wider picture, the Assistant Director advised the Committee that the 2012 Joint Strategic Needs Assessment on Autism was being reviewed. He highlighted the need for a whole systems approach in terms of putting people with autism in a better position in Birmingham and made reference to looking at how support could be provided across all public sector agencies.

- f) Members were advised that owing to work that had been undertaken, particularly by Autism West Midlands, there was now much more awareness of Autism Awareness Cards and their significance compared to a few years ago.

Members indicated that they concurred with the view of the Chair that the spirit of the Inquiry's recommendations, which largely fell within the remit of the West Midlands Police, were being followed through and that the matter could be discharged from the Work Programme, subject to the proviso that if any specific issues arose they could be brought back to the Committee.

The Chair thanked the representatives for reporting to the meeting and their work in implementing the recommendations.

**CUSTOMER CARE AND CITIZEN INVOLVEMENT TEAM COMMENTS,
COMPLIMENTS AND COMPLAINTS ANNUAL REPORT 2014-2015**

274 The following information briefing and accompanying annual report were received:-

(See document Nos. 5 and 6)

Charles Ashton-Gray (Strategic Performance and Engagement Manager) and Melanie Gray (Performance Management Officer), Customer Care and Citizen Involvement Team, BCC were in attendance.

The Strategic Performance and Engagement Manager introduced the item. During the discussion that ensued the following were amongst the issues raised and responses further to questions:-

- a) In particularly referring to domiciliary care, the Strategic Performance and Engagement Manager indicated that there had been discussions with a service-user led board for commissioning in terms of trying to make people feel more empowered to make calls if they had a concern. In addition, he advised Members that he could ensure that leaflets which service users could complete and return were more widely available.
- b) Further to paragraphs 4.1.2 and 4.1.3 contained in the report, a Member enquired whether there was trend data over a number of years for the number of complaints received (217 in 2014/15) and the total pieces of complaint information / requests for service (511 in 2014/15).
- c) It was highlighted that there were a disproportionately high percentage of complaints from the Mental Health and the Pakistani / Indian client bases listed in figures 6.2.3 and 6.3.3. Furthermore, the Member considered that a more "forensic" approach was needed in terms of addressing issues and homing-in on what the problems were so that services could be improved.
- d) In responding to queries from the Chair who drew attention to paragraph 4.5.8 contained in the report, the Strategic Performance and Engagement Manager undertook to make enquiries regarding what the response time performance indicators were in respect of the Core Cities.

The Chair thanked the representatives for reporting and asked that the information requested be made available to the Members.

PROGRESS REPORT ON IMPLEMENTATION: ‘LIVING LIFE TO THE FULL WITH DEMENTIA’

The following report was submitted:-

(See document No. 7)

Alan Lotinga (Service Director, Health and Wellbeing) and Mary Latter (Joint Commissioning Mental Health Manager (Dementia)), BCC were in attendance. The Service Director, Health and Wellbeing introduced the report.

During the discussion the following were amongst the issues raised and responses further to questions:-

- a) In relation to recommendation R01, a suggestion was made that Councillor Mick Brown (who was the Lead Member for Mental Health) also be appointed as Lead on Dementia. However, the Member indicated that he felt that consideration should also be given to appointing a District Lead for Dementia so that the work did not become isolated and was more fully owned across the City.
- b) Further to a) above, Councillor Karen McCarthy undertook to raise the issue of appointing an overall District Lead plus leads for each of the areas at a meeting of the District Chairs to be held on 26 November 2015 and to respond to the Member direct. In addition, in responding to other comments made, she undertook to seek to ensure that dementia was included in all the Committees' District Plans and raise the matter of receiving training to become a dementia friend.
- c) In relation to R03, the Chair reported that he'd contacted the Cabinet Member for Children's Services the previous day and had received confirmation by e-mail that the request outlined in the recommendation had been communicated to all the schools. Further to other comments made, he confirmed that a letter could be sent to the Cabinet Member requesting that she also ask the Birmingham Education Partnership to encourage schools to include dementia awareness as part of the PSHE curriculum for Year 9 students.
- d) The Chair, in referring to R04, highlighted that he'd not received any dementia awareness information and questioned whether all the other Members of the City Council had been sent any. It was agreed that the Cabinet Member's Assessment be changed to "3 - Not Achieved (Progress Made)" with an anticipated completion date of April 2016.
- e) A Member commented that she'd been interested to hear during the presentation of the report that a conference was held on dementia the previous week but did not believe that all the District Chairs were invited. The representatives undertake to arrange for the information / materials associated with the conference to be made available for circulation.
- f) The Committee agreed that R13 be changed to "3 - Not Achieved (Progress Made)" with an anticipated completion date of April 2016 given that the Dementia Information and Support for Carers model was not currently available across the City and the outcome of the bid submitted by the Lead Commissioner to the Integrated Commissioning Board was not yet known.

The Chair thanked the representatives for reporting to the meeting.

275 **RESOLVED:-**

That, subject to the amendment of R01 to “2 (Achieved (Late))” and both R04 and R13 to “3 - Not Achieved (Progress Made)” with anticipated completion dates of April 2016, the Cabinet Member’s Assessments be accepted.

The Chair thanked the representatives for reporting to the meeting.

2015/16 WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 8)

276 **RESOLVED:-**

That the Work Programme be noted.

PETITION – AIR POLLUTION MONITORING

277 Councillor Andrew Hardie submitted a petition containing 190 signatories received from Ecosutton relating to the need for air pollution monitoring to take place in the City and considered that the petition needed to be seen by Public Health.

OTHER URGENT BUSINESS

Multi-Agency Safeguarding Hub (MASH) - Child Protection Teams

278 At this juncture, Councillor Andrew Hardie indicated that he had concerns regarding the movement of Child Protection Teams from the MASH to create short-term Assessment and Intervention Teams. The Chair highlighted that discussions would need to take place with the relevant Cabinet Member and Scrutiny Chair on this issue.

AUTHORITY TO CHAIR AND OFFICERS

279 **RESOLVED:-**

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

The meeting ended at 1216 hours.

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CHAIRPERSON

HEALTH AND ADULTS OVERVIEW AND SCRUTINY COMMITTEE DECEMBER 2015

REPORT OF CABINET MEMBER FOR HEALTH AND SOCIAL CARE

REPORT BY: COUNCILLOR PAULETTE HAMILTON

1. PURPOSE OF REPORT

This report sets out my portfolio priorities for 2015/16 and updates Members of the Overview and Scrutiny Committee on recent announcements and future issues.

2. RESPONSIBILITIES

The executive's key focus of this portfolio is to create a city – where people live long, healthy and independent lives in their own homes.

The development of the Health and Wellbeing Board, together with the transfer of public health functions from the NHS adds coherence to the policies and actions around the health and wellbeing needs of the residents of Birmingham, across all life stages from young children to older people.

The Cabinet Member has accountability for:

Adult Social Care and Health	Development of the Health and Wellbeing Board and relationships with the NHS and private providers. Strategic leadership of social care services and safeguarding for adults. Development of an integrated health and social care economy in Birmingham
Public Health	Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities

The Cabinet Member will advise the Cabinet Member for Neighbourhood Management and Homes on:

Pre-tenancy Services	Assessing housing need, options for vulnerable adults, children and young people and offenders. Temporary accommodation provision. Initiatives for rough sleepers
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The Cabinet Member will work with Executive Members for Districts on:

Healthy Communities	Healthy living through sport and leisure services
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3. Priorities

Health and Social Care

Working in partnership with our Health; other partners and our service users to create a seamless integrated health and social care provision across the City. The emphasis being to help maintain independence and provide care to those who need it. Those who need services should be able to access services they need irrespective of who the provider is. Ensuring that everyone can have access to high quality advice and information on services available so our vulnerable citizens and their carers / families at times of need; are not passed from one provider to another provider. Ensuring we grasp the opportunities in the Combined Authority with respect to mental health and “troubled individuals”

The **outcomes** will be more people having more control and independence and peace of mind; that support when needed is easier to identify and accessible.

Actions

- This work will be delivered through the work underway with the Better Care Fund and more joined up working being delivered through our Health and Wellbeing Board.
- Working in partnership with our citizens and health partners to reshape our health and social care system; to provide modern effective health and social care services that focus on improving the lives and outcomes of our service users.
- Working with our citizens, partners to lead on designing new models of care and structures that deliver that care.
- Ensuring that assessment of need for adult services starts as early as possible in a young person’s life and looking at support from the earliest intervention possible prenatal.
- Focusing on the Delivery on outcomes underpinned in the policy document “A fair deal in times of austerity”.

Choice, Control and Independence

Improving access to the right information either via telephone or via the Web providing a service that is accessible so people are able from the initial contact get the advice and information or links to services they may want to access.

The **outcomes** will be enabling our citizens to have greater control and independence and informed choice of who they want to provide the care and support they require and where they want it provided.

Actions

- Realigning efforts on the Younger Adults Reprovision; and implementing actions that ensure the direction of travel remains on ensuring our citizen’s outcomes are improved through promoting independence first; followed by family and community support and then social care / health services
- The way we will work to do this is through improving our communication and online information and advice so people can readily access information on where to go to access services they require.

- Through encouraging and enabling easier take up of **Direct Payments and Individual Budgets**, giving our citizens direct control of the purse strings to buy the services that they want from whom giving them the freedom to choose what services will support them to be more independent, active and improve their quality of life.
- Making sure we do not put off take up of direct control though too much paperwork and bureaucracy.
- Giving our citizens the freedom to information and advice; and ensuring our processes are streamlined so our citizens are aware of health and care services available irrespective of who the provider is and that they are enabled to make informed choices and access these services.

Public Health

To be a City where all our citizens have a high quality of health irrespective of where they live in our city.

The **outcomes** will be a healthier city with our independent active citizens enjoying a high quality of life engaged in their communities.

Actions

- The way of delivering this will be through our investment in a targeted prevention activity. Ensuring appropriate intervention and prevention services and support are targeted to those who are considered at risk earlier to reduce the need for more high cost services later and reduce the unacceptable health inequalities that currently exist.
- Promoting and encouraging community resilience so citizens are helped by local communities to reduce the need for direct social care provision.
- Focusing on improved housing choices in partnership with other housing providers, reducing conditions such as overcrowding and its effects on illness such as mental health.

Adult Safeguarding

The **vision** is for a Birmingham where our vulnerable citizens feel safe and live with dignity and independence engaged lives in their communities.

The **outcomes** will be ensuring that our vulnerable citizens are safe, helping them to remain independent for longer. Supporting local communities to be stronger to better help people remain in their own homes.

Actions

- We will continue to promoting the very successful Eyes and Ears Campaign so people are aware of warning signs and where to go if they have concerns.
- Ensuring this information continues to be widely promoted so vulnerable adults are aware of safeguarding and what they can do if they are at risk.

Health and Wellbeing Board

Earlier this year Birmingham University at the request of the HWB Chair and Board were commissioned to undertake a brief review of the Board's functioning to date and to help identify future directions of travel. Following on from receipt of the review a

development workshop was held with board members and three main areas of consensus were identified with associated actions reflected in the recommendations of the report, these include:

- That the HWB has to be a genuinely joint body.
- That the HWB needs to be primarily an influencing body, which brings together key partners to articulate key values, set the tone and encourage behaviours that are consistent with this.
- That there is more to HWB transparency than live-streaming and that there is scope to develop a more formal approach to engagement to support different and at times “difficult” conversations.

Since receiving the report, and coming into post in discussion with the Cabinet Member for Childrens Service the CCGs were asked to nominate to the Vice Chair position and Gavin Ralston was appointed. I subsequently invited a provider representative to become a Board Member and Tracey Taylor has now joined the Board as the provider representative.

On 24th November the Board and members of the operation’s group attended a Health and Wellbeing Board workshop to look at future direction and reviewing the HWB strategy on one page. At the workshop partners agreed that there was a need for the Health and Wellbeing Board to strengthen its role as a key decision making body shaping the direction and influencing work of all partners.

4. OTHER KEY PROGRAMMES

In addition to the priorities outlined above, there are a number of other key programmes that will be progressed during 2015/16 including:

- Promoting the use of Shared Lives; which provide better outcomes for vulnerable adults that are not able to live alone
- Working with Health to see how we can deliver services more radically using the Better Care Fund as a mechanism to do this.
- Staff engagement on new ways of working and embedding the policy framework ‘A Fair Deal in times of Austerity’ to drive discussions with service users.
- Proposals around the future development of the in-house Specialist Care Services are under consideration as part of the future council programme. The options being considered include consolidating, externalising and recommissioning the services presently delivered by the in-house provider.
- Quality Assurance Framework, the dashboard information and quality rating for residential/nursing and care at home is now accessible to the public via the Birmingham.gov.uk website.

5. KEY BUDGET ISSUES

The portfolio has a budget of £297.797m; the current spend is £168.5m at this current time we have a projected overspend of £6.2m.

Mitigations

The Directorate continues to implement a range of actions to address the shortfall in the Younger Adults re-provision programme including:

- improving programme and drilling down on process management arrangements.
- reviewing and reducing agency spend where safe to do so.
- securing wider public support to move people from residential care.
- reviewing in-house learning disability day care needs to be provided in future and commissioning new services.
- increasing the scale and take up of Direct Payments.
- firmer control of external placements.
- learning from other Councils.
- working with our partners and other agencies to see who is better placed to provide services.

6. RECENT GOVERNMENT ANNOUNCEMENTS

Following the Chancellor's Budget announcement, the challenge for Social Care and Health in Birmingham has become even greater. We are working with our partners to look at the implications of these policies which will undoubtedly impact on some of the most vulnerable people in our City, in particular the Public Health cuts in particular is a challenge in our ability to continue to provide much needed prevention services for some of our vulnerable citizens.

7. Improvements

In spite of the huge budget challenges we face; I am delighted on the improvements that we have been able to make over the last year including:

- Refurbishment and opening of Viscount House as a facility to enable people with learning disabilities to live as independently as possible.
- Successfully recommissioned a number of services in partnership with stakeholders and following extensive consultation with service users – including Sexual Health Services; Drug and Alcohol services.
- Commissioning of Sexual Health Services: The new Birmingham/Solihull 'Umbrella' Sexual Health Service commenced on 1st August 2015, delivered by the lead organisation UHB Hospital. Key outcomes are increasing Chlamydia detection rates, early HIV detection and treatment, as well as reducing unplanned conception rates. The community based model is being realised with a diverse supply chain and the increased use of general practices. Having a single system of sexual health services which reduces sexual violence and promotes services in primary care, both pharmacies and GPs.
- Integrated Commissioning of Substance Misuse Treatment and Prevention System: The new contract delivered through CRI, has now been operational for just over 6 months. Initial achievements include the review of all clients receiving medication and also a safeguarding review of all children whose parents are receiving services provided through the system.
- We now have a single system to support people with drug and alcohol problems to recover and get back to work.
- Reduced rates of TB by working closely with all our partners and especially the NHS.
- Establishment of a Mental Health System Strategy Board; which has led to Health taking the lead with the transfer of Adults Social Care Mental Health budget. Health now commission all Mental Health services across the City. Birmingham City Council are a key partner on this Board.

- Capital investment in the refurbishment of our homeless centres.
- Development of Market Position Statements; which are accessible online including an MPS documents for Older Adults, Learning Disability and Physical Disability. The Housing in Later Life MPS has now been finalised and will shortly be available online.

8. Good News

Four of our Social Workers of the Year Awards – which celebrate good social work practice. The winners are:

- Elizabeth Spencer – Gold Award for Newly Qualified Adult Social Worker of the Year
- Harprit Rai – Gold Award for Adult Social Worker of the Year
- Hospital Extended Team – Gold Award for Creative and Innovative Practice
- Shabnam Sharif – Silver Award for Mental Health Social Worker

Congratulations also to Amanda J. Jones and Gian Saini who were finalists in the Team Leader of the Year: Adult Services category.

Councillor Paulette Hamilton
Cabinet Member Health and Social Care

Information briefing

Report from: Strategic Director for People

Report to: Health and Social Care Overview and Scrutiny Committee

Date: 15 December 2015

Title: “How are we doing?” - Local Performance Account 2014/15

Summary

Compared with the previous year, our performance improved on measures such as:

- quality of life;
- control over daily life
- carers’ satisfaction with services;
- access to information and advice; and
- a generally feeling of safety.

Compared with the previous year, our performance fell on measures such as:

- delayed transfers of care;
- citizens’ satisfaction with services;
- consulting with carers about support provided; and
- feeling safe as a result of using services.

Background

The Local Performance Account (LPA) is an annual report that the Directorate for People is required to publish for citizens as an overview of how adult social care services have performed during the year.

The LPA was introduced as part of the adult social care sector-led improvement approach after central government abolished the adult social care national performance framework in 2010. From this date we no longer had to provide the Care Quality Commission (CQC) with an Annual Performance Assessment but still needed to ensure that citizens had information on how adult social care services were performing.

Local Performance Account 2014/15

The LPA is a public document to give residents a picture of:

- How well adult social care is performing
- Changes and challenges we are facing
- Our plans for improvement.

There is no prescribed content or format for the LPA. We base ours on the Adult Social Care Outcomes Framework (ASCOF). In developing the format of our LPA we asked for comments from members of our two Citizen led Quality Boards – Assessment & Support Planning and Commissioning, and also work with West Midlands Performance Group to improve the quality of local accounts.

The content of the 2014/15 LPA has been shared with members of the Citizen led Quality Boards for comments and will go to Healthwatch Birmingham, following the incorporation of comments from Health and Social Care Overview and Scrutiny Committee.

Once the LPA has been signed off it will be published and loaded onto <http://www.birmingham.gov.uk/>. Previous issues of the LPA are available at: <http://www.birmingham.gov.uk/AdultCareServices>

Purpose of report

Health and Social Care Overview and Scrutiny Committee are asked to consider the draft 2014/15 LPA and to make comment prior to its submission to Healthwatch Birmingham.

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How are we doing?

The Local Performance Account for Directorate for People Adults' Social Care Services

1st April 2014 – 31st March 2015

**An overview of the performance of Birmingham City
Council's adults' social care services 2014/15.**

Contents page

Executive summary.....	3
Welcome.....	5
Introduction - What does adult social care do?	6
Care Act 2014.....	6
How many people accessed short term and long term support in 2014/15?.....	7
How much did we spend on adult social care in 2014/15 and what did we spend it on?.....	8
Adult Social Care Outcomes Framework	10
Enhancing quality of life for people with care and support needs	11
Delaying and reducing the need for care and support	18
Ensuring that people have a positive experience of care and support.....	22
Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm	27
What are our plans for Adult Social Care 2015/2016?	30
How well do you think we did in 2014/15?	31
Sources of further information.....	31
Glossary.....	33
Appendix 1 – List of authorities used for comparison.....	35
Appendix 2 – Key performance figures	36

Executive summary

How many people accessed short term and long term support?

- 4,937 people accessed short term support.
- 15,862 people accessed long term support.

How much did it cost to provide adult social care?

- The net expenditure for adult social care for 2014/15 was £272.5 million.
- 74.4% of this was spent on directly providing care to citizens, buying care from other organisations and providing direct payments.

How well did we do?

Compared with the previous year, our performance improved on measures of:

- quality of life of citizens who use services;
- carers' quality of life;
- control over daily life;
- carers' overall satisfaction with services;
- access to information and advice; and
- a general feeling of safety.

Compared with the previous year, our performance fell on measures of:

- delayed transfers of care;
- overall level of satisfaction of citizens who use services;
- consultation with carers about support provided; and
- feeling safe as a result of using services;

Developments in 2014/15

These included:

- implementing proposals to reduce the number of younger adults admitted to residential care;
- improving support for carers;
- developing proposals for increasing the use of direct payments;
- preparing for the new Customer Journey;
- preparing for implementation of the Care Act 2014;
- obtaining sign off of Birmingham's Better Care Fund Plan;
- piloting an enablement service to citizens receiving home care commissioned by the Council;
- winning a number of national, prestigious awards;
- completing the Community Navigator Service project;
- preparing for a joint approach between children's and adults' social care to transition;
- working with our Citizen-led Quality Boards;
- organising an Opportunities Fair;
- developing a public version of the quality ratings for care providers;
- piloting a survey of clients contacting the Adults and Communities Access Point (ACAP);
- consulting on savings proposals;
- running a campaign to raise awareness of financial abuse of vulnerable adults;
- planning for the Making Safeguarding Personal initiative in Birmingham; and
- responding to the challenges of the Cheshire West judgement which considerably expanded Deprivation of Liberty Safeguards protection.

Welcome

Welcome to the fifth Local Performance Account for Birmingham City Council's Directorate for People adults' social care services. This gives an overview of how services performed in 2014/15.

The Directorate for People is committed to improving the outcomes for residents who have eligible unmet care needs. We are also committed to working with our partners to develop services for people that help them live as independently as possible.

During the year, Birmingham City Council and the directorate continued to face significant budget pressures, but protecting our most vulnerable citizens remained our top priority. This Local Performance Account lets the citizens of Birmingham know how we are making use of public money, the changes we are making and how well we are meeting people's needs for adult social care.

In February 2015 the directorate took part in a 'Peer Challenge' as part of our programme for identifying where further improvements could be made to services given the continuing financial challenges facing us. A team of senior managers and councillors from another authority visited adult social care services to look at how we conduct our business and to provide us with ideas for improvement. The main points identified during the Peer Challenge visit included our high ambitions for services and the need for robust programme management to meet our challenging savings targets. The team also recognised a number of strengths including our unique and innovative structure for adult social work, the quality ratings developed for providers and the work of our Citizen-led Quality Boards. The report and action plan from the Peer Challenge was approved at the Cabinet meeting in March 2015. It was very helpful to have support for adult social care services from the highest level in the City Council.

We would welcome your views on this Local Performance Account. Please tell us how well you think we did in 2014/15 by using the contact details found in the 'How well do you think we did?' section towards the end of the Local Performance Account.

Photos of Peter Hay and of Councillor Paulette Hamilton to be added

**Peter Hay CBE
Strategic Director
Directorate for People
Birmingham City Council**

**Councillor Paulette Hamilton
Cabinet Member
Health and Social Care
Birmingham City Council**

Introduction - What does adult social care do?

The Directorate for People is part of Birmingham City Council.

This Local Performance Account refers to adults' social care services within the Directorate for People.

Adult social care services support adults in Birmingham to live as independently as possible and to be part of their local community.

If someone may be eligible for services from us, we carry out an assessment of their social care needs. We work with people who are eligible to find out what their social care needs are and what they can do for themselves to meet their needs. If they cannot meet their needs themselves, we help them to get services that will support them and that will help them to be as independent as possible.

If someone is not eligible for our services, we give them information and advice on other services that are available to help them to continue to live independently and to maintain their quality of life.

You can find more information about services in Birmingham on our adult social care website called '**My Care in Birmingham**'. It can help people identify their social care needs and provides information about the range of support that is available in Birmingham. The website address is:
<http://www.mycareinbirmingham.org.uk/>

Care Act 2014

In May 2014 the Care Act became law. This brought together a number of existing adult social care laws and introduced new duties for local authorities. Although the Act became law in 2014 the majority of it was not enforced until April 2015, with most of the remainder coming into force in April 2016. The cap on care costs, based upon current information, may operate from April 2020.

Information on the Care Act (2014) is available on the GOV.UK website:
<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

How many people accessed short term and long term support in 2014/15?

All local authorities submit a range of information to the Government each year on the number of people supported. In 2014/15 the way that local authorities measured and reported on their performance changed. Many of the performance measures are now calculated from a source of data called the Short and Long Term (SALT) collection.

In 2014/15:

- 4,937 people accessed short term services (excluding Occupational Therapy, Blue Badge applications, equipment and information and advice); and
- 15,862 people accessed long term services.

Throughout this report we describe how adult social care services performed during the year.

For many measures of performance we report figures as per 100,000 population. We do this so we can compare ourselves with similar authorities that may not be the same size as us. We call this group of similar authorities, the 'comparator group'. (See Appendix 1 for a list of authorities included in the comparator group).

We have also provided an overview of key performance figures in Appendix 2.

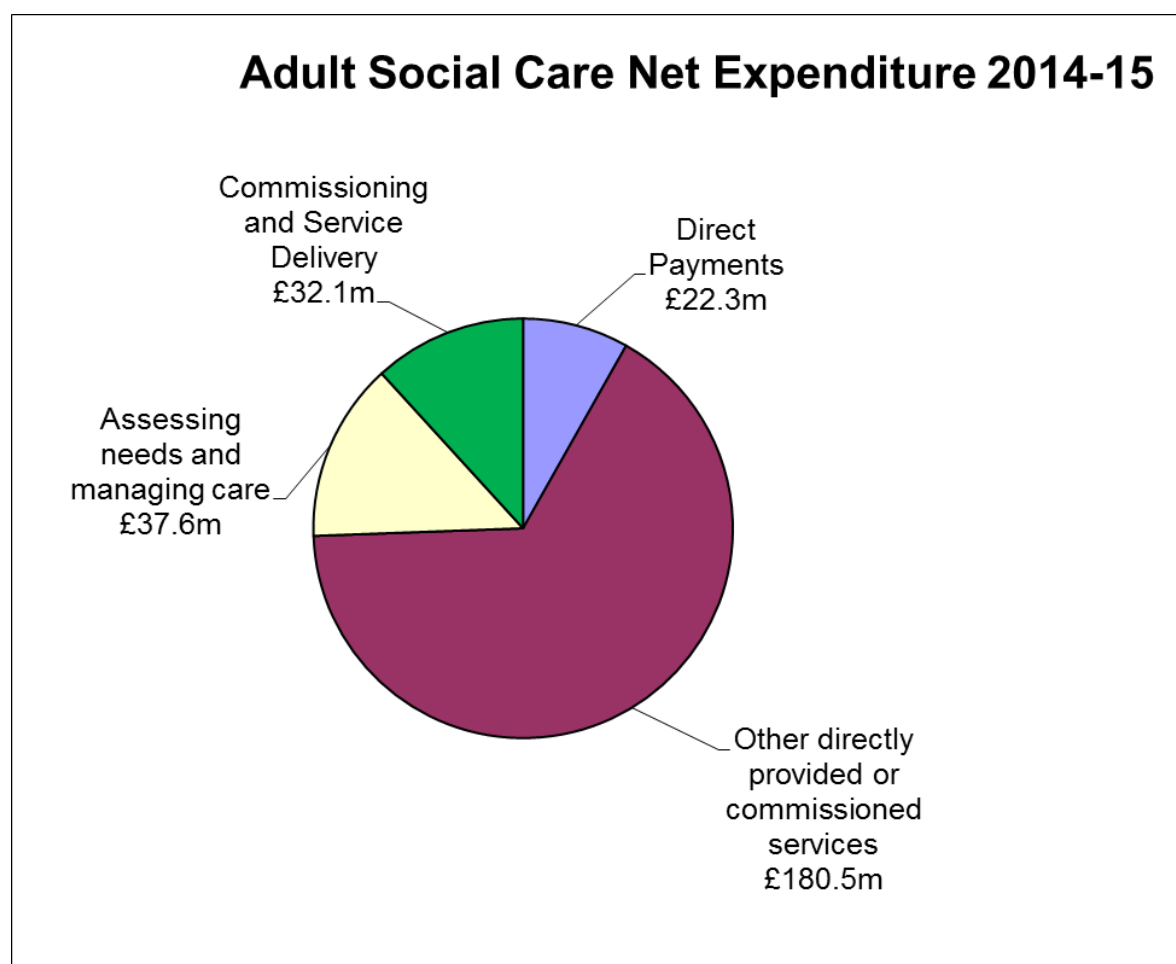
How much did we spend on adult social care in 2014/15 and what did we spend it on?

In total, the net expenditure on adult social care for the period 1st April 2014 to 31st March 2015 was £272.5 million.

The majority of this, £202.8 million (74.4%) was spent on directly providing care to citizens, buying care from other organisations and providing direct payments.

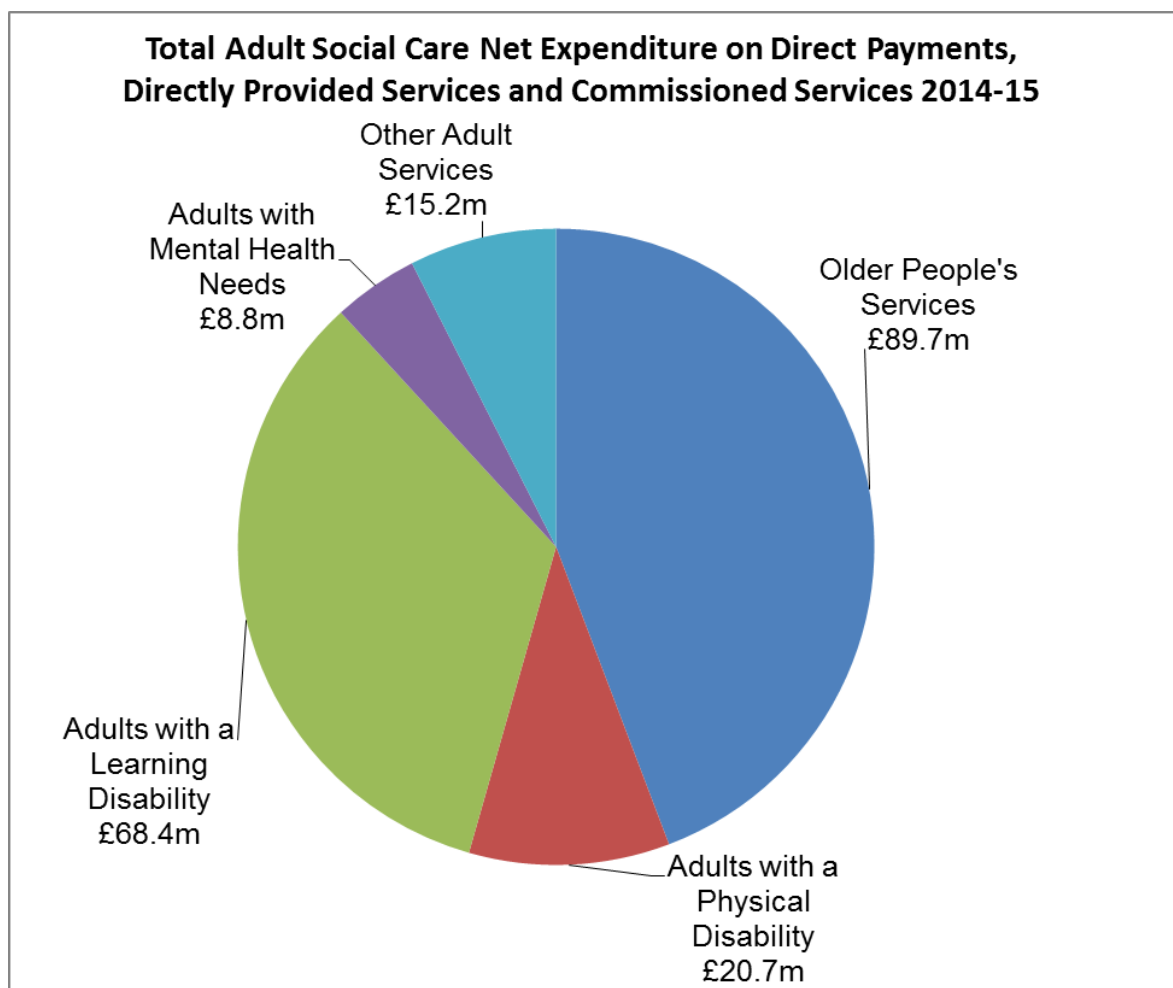
A direct payment is money paid by the Council to citizens who are eligible to receive social care services to spend on meeting their eligible, assessed care needs.

The chart shows net expenditure on adult social care for 2014/15.



This chart shows how the £202.8 million for direct payments and for directly provided and commissioned services was spent.

The majority was spent on services for people aged 65 and over (44.2%). This was followed by spending on care for those aged 18-64 with learning disabilities (33.7%).



During the year Birmingham City Council continued to face huge cuts in its grants from central Government. In 2014/15, Birmingham's adult social care services needed to make net savings of over £32 million.

Further information on the Council's budget and spending plans is available at the City Council's website:

<http://www.birmingham.gov.uk/>

Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework (ASCOF) is a set of outcome measures published by the Department of Health. They aim to measure the impact of adult social care support on a person's life. These measures are of value both nationally and locally for demonstrating the achievements of adult social care.

The ASCOF covers four areas, each having a number of outcome statements. The areas are:

- Enhancing quality of life for people with care and support needs;
- Delaying and reducing the need for care and support;
- Ensuring that people have a positive experience of care and support; and
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

Our Local Performance Account is written around these four areas. For each area we outline what we achieved in 2014/15 and how we performed.

You can find more information about ASCOF on the Health and Social Care Information Centre website at <http://www.hscic.gov.uk/catalogue/PUB18657>

Enhancing quality of life for people with care and support needs

This is concerned with social care-related quality of life. It means that:

- people can live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information;
- carers can balance their caring roles and maintain their desired quality of life;
- people manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs; and
- people are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

What did we achieve in 2014/15?

Implemented proposals to reduce the number of younger adults admitted into residential care

We commissioned a new model of care to support younger adults with learning disabilities to be as independent as possible and to provide better value for money for citizens. This new model of care resulted in fewer younger adults with learning disabilities being placed in residential care.

The care model is based around 'clustered' supported living, making greater use of behaviour support and enablement, promoting the Shared Lives service and using direct payments.

The increased use of clustered supported living, along with use of assistive technology and shared care hours, improved care and increased use of community based support.

We also provided younger adults with an intensive enablement service to increase their independence. This resulted in the use of the Shared Lives service by people who would traditionally have gone into residential care.

We saw a fall in the number of younger adults with learning disabilities supported to go into residential or nursing care from 50 in 2013/14 to 32 in 2014/15.

'Andrew', who is aged 48 and has learning disabilities, was living at home with his elderly mother who now needed care in a residential home. As Andrew's mother had helped him with his care, he was unable to continue living at home because of the potential risks to him.

The Shared Lives service identified a carer who was able to offer the level of support Andrew needed, as well as encouraging him to maintain his independence. Although the change was hard for both Andrew and his mother, he was positive about the move and the Shared Lives carer supported Andrew emotionally through this difficult time.

Andrew is now settled and says he is happy in his new home. He keeps in touch with his mother by telephone and visits her at the residential home. Andrew has his routine and is able to continue doing things that are important to him, such as watching football on television and noting down all the scores in a book. He continues to travel independently, for example, taking public transport to the local shops. He also goes to church, which he used to do with his mother until her health declined.

The Shared Lives carer uses an enablement approach which means that Andrew has developed new skills and is involved in activities that he had never taken part in before. For example, Andrew now manages small amounts of money whereas before his mother managed all his money.

The Shared Lives service received an emergency referral for 'Barbara' because of safeguarding concerns. Barbara is a 46 year old lady with a learning disability who had been subjected to abuse and was refusing to go home from the day centre she attended.

The Shared Lives service gathered the information needed to identify a suitable respite carer to support Barbara. Then the Shared Lives worker went to the carer's home ready to meet and welcome Barbara. The carer, Shared Lives service and Barbara's social worker worked together to ensure Barbara had the essentials she needed, as she had no money or clothes with her.

Barbara remained with the carer and now lives with her on a long-term basis. The Shared Lives service transferred Barbara's day activities to a location closer to her new home so that she is able to maintain her routines. Barbara is also supported to attend counselling sessions.

Barbara is part of the carer's family. She has become more independent and helps to prepare meals as well as managing some of her money herself. Barbara's carer takes her out to social events of her choosing and she attends car boot sales - which she loves but was unable to go to before.

Living as part of a Shared Lives family has enabled Barbara to develop her skills and allowed her to express how she is feeling.

Improved support for carers

In 2014 'Forward Carers' was awarded a contract to provide carers' services. Forward carers is a consortium of 20 not-for-profit organisations led by Midland Mencap.

Forward Carers runs the 'Birmingham Carers Hub' that provides a single point of access for carers to a range of support services and can be accessed from the Internet, by telephone and social media: <http://www.birminghamcarershub.org.uk/>

During 2014-15 the Birmingham Carers Hub:

- Registered and assessed 11,454 carers;
- Registered 2,025 carers with the Carers Emergency Response Service (CERS), which responded to 91 emergencies;
- Provided a programme of training sessions for carers including: moving and lifting people safely, first aid, and wellbeing for carers affected by autism; and
- Promoted carer wellbeing with a programme of activities including mindfulness, yoga and sport.

CERS received a call on the emergency line from paramedics attending an 82 year old man, 'Mr D', who had chest pains and needed to go to hospital. Mr D was the carer for 'Mrs D', an 83 year old bed-bound lady, and he would not leave Mrs D until he knew she was safe. CERS staff were immediately dispatched and arrived within 45 minutes of receiving the call. CERS provided support to Mrs D, who had a number of conditions including dementia, until Mr D was able to return home 48 hours later. Following this, CERS arranged support so Mr D could attend outpatient appointments. The support provided by CERS meant Mrs D was able to remain in her home where she felt safe. Both the Mr D and his GP contacted CERS to report how impressed they were with the service and the GP was surprised to hear that it is free for carers living in the community.

When 'Mr E' suffered a mini-stroke and was admitted to hospital, social care services contacted CERS who then provided 48 hours support for his wife. As Mr E was very ill and unable to return home in the short-term, CERS supported a social worker to find emergency respite care for 'Mrs E' who had dementia. CERS provided support for Mrs E whilst an assessment was carried out by a nursing home. The CERS officer then helped Mrs E to pack what she needed and escorted her to the nursing home; ensuring she was safe and comfortable. This process was carried out at a suitable pace to reduce any anxiety in Mrs E and it assured Mr E that his wife was being appropriately cared for.

Developed proposals for increasing the use of direct payments in adult social care

Direct payments are available to people who have been assessed as being eligible for council-funded social care. A direct payment is money paid by the Council to a person (or someone acting on their behalf) so they can arrange their own support, instead of receiving social care services arranged by the Council. This gives them more choice and control over their care and support.

By listening to citizens' experiences of getting and using a direct payment, we developed some ideas on how to make direct payments easier to use. Members of the directorate's Citizen-led Quality Boards helped create proposals from these ideas which were to be consulted on from May 2015. Details of the proposals are available at: <https://www.birminghambeheard.org.uk/bcc/my-life-care-money>

In addition, citizens, students and Birmingham City Council staff worked together to make a film about direct payments and the support available. The film recounts the experiences of people with disabilities, family carers and social workers with direct payments. It was launched in February 2015 and is available on YouTube at: <https://www.youtube.com/watch?v=5k6AEkJ5xK0>

Prepared for the new Customer Journey

During the year we prepared for the new Customer Journey. The Customer Journey is the process and pathways by which people move through Birmingham City Council's care system.

The new Customer Journey is aimed at improving the experience of those who contact us or use our services, and ensures we are complying with the requirements of legislation such as the Care Act 2014. We are streamlining processes by separating out standard and complex social work.

Our ACAP services (Adults and Communities Access Point) underwent major changes in preparation for the new Customer Journey. ACAP provides a first response service, when contact is first made with the service, and a second response service, if we need to ask further questions to ensure we provide the correct advice to citizens. Changes to ACAP included work on providing for online referrals, in addition to the option for telephone referrals, and ensuring that carers are identified right at the beginning of the process. Citizens who contact us regarding Occupational Therapy (OT) services can now go directly to the OT service.

ACAP staff now carry out a more detailed assessment at the second response stage to determine an individual's eligibility and the impact of an individual's needs on their wellbeing. If required, this assessment may lead to an enablement service. All second response staff are trained in identifying preventative services to ensure citizens receive the most appropriate intervention to maintain their independence.

We also engaged with staff and members of the Citizen-led Quality Boards to make the Customer Journey easier and more efficient. This included their help in designing a form

that captures details on citizens who contact us, with the aim of only asking citizens for their details once.

Prepared for implementation of the Care Act 2014

In 2014/15 we made arrangements to prepare us for the requirements of the Care Act coming into force. These arrangements included preparations for carers' assessments and for the introduction of national eligibility criteria which will be used to decide if an individual is entitled to care and support from the Council.

How well we did do in 2014/15?

We used the ASCOF (Adult Social Care Outcomes Framework) to measure the effect of support on people using Birmingham's adult social care services in terms of:

- quality of life;
- control over daily life;
- living in the community; and
- social contact.

Quality of life

Self-reported quality of life measure for citizens who use services

We measured 'Quality of life' using the answers to questions in an annual survey we send out to people receiving a service from us. This is called the Adult Social Care Survey.

The questions in the survey covered areas such as choice and control, personal cleanliness, access to food and drink, whether their home was clean and comfortable, safety, contact with other people, how people spent their time and the impact of needing help to do things.

The score for quality of life, as reported by people who use our services, increased from 18.7 in 2014 to 18.9 in 2015. Our performance was slightly better than the average score of 18.8 for other similar authorities.

Social care-related quality of life score	Improved
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Self-reported quality of life measure for carers

We also carried out the annual survey of our carers (called the Carers' Survey) and, from this, we found that their quality of life score had increased slightly from 7.0 in 2014 to 7.1 in 2015. However, this was below the average score of 7.7 for other similar authorities.

Carer-reported quality of life score	Improved
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Control over daily life

By 'control over daily life' we mean people having the choice to do things or to have things done for them as they like and when they want.

The results from the Adult Social Care Survey showed an improvement between 2014 and 2015 in the level of control people felt they had over their daily life.

The percentage of people who said they had 'as much control as they wanted' or 'adequate control' over their daily life increased from 70.0% to 73.5%. However, our performance on this was below the average of 74.7% for similar authorities.

Control over daily life	Improved
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Living in the community

Not everyone who currently lives in residential or nursing care needs to be there and so we look at how we can make sure that people live in the community where this is appropriate.

In the figures we reported nationally for 2014/15, the percentage of adults with a learning disability known to us who lived in their own home or with their family was much lower than the average for other similar authorities. When we looked into this we identified an issue with how we recorded the data which meant the reported figure did not accurately reflect the percentage of people living in the community. We have put together a plan to address issues with the quality of this data.

Using other information we collect about services, we identified that in 2014/15 67% of younger adults with learning disabilities who were receiving long-term support were living in the community as they were accessing community based services such as home care and day care.

The percentage of adults in contact with secondary mental health services (community or hospital based mental health services), and known to us, who lived independently was 63.8% in 2014/2015 which was a little higher than the average of 63.2% for similar authorities.

Social contact

The Adult Social Care Survey collects information on level of social contact as an indicator of social isolation.

In 2014/15, 43.5% of people who used our services said they had as much social contact as they wanted. This was slightly below the average of 43.7% found in other similar authorities.

Delaying and reducing the need for care and support

This is concerned with preventing people becoming reliant on ongoing social care support and, where they do, that it is provided in the most appropriate setting. It means that:

- everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs;
- people and their carers are less dependent on intensive care services as a result of earlier diagnosis, intervention and enablement; and
- when people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

In 2014/15 what did we achieve?

Worked towards improving quality of services and ending duplication by using the Better Care Fund programme to pool health and social care resources

The Better Care Fund (BCF) is a shared budget between health and social care to bring about closer working to deliver better services.

In September 2014 Birmingham's Health and Wellbeing Board supported and agreed the draft local Better Care Fund (BCF) Plan for joining up health and social care. This paved the way for better multi-agency working to provide appropriate care for people in their own home so they do not have to go into hospital.

Along with most other areas across the country, the Birmingham Plan went through several iterations before it was finally and formally signed off by NHS England and the Secretary of State for Health in February 2015. This was a significant achievement in what is, arguably, the most complex health system in England. It was followed shortly afterwards by the co-signing of an agreement under the terms of Section 75 of the National Health Service Act 2006, underpinning the BCF pooled budget of £90 million.

The principles for the Better Care programme are: keeping people well where they live, making help easier to get, better care at times of crisis and making the right decisions when people can no longer cope.

The programme comprises a number of projects to bring about the changes needed to transform services and support. These projects include creating services that work over seven days, setting up a combined access point to make it easy to use health and social care services, and getting people back home from hospital quickly with the right care and support.

More information about the Better Care programme is available at:

<http://birminghambettercare.com/>

Piloted an enablement service to citizens who were receiving home care commissioned by Birmingham City Council

Enablement is an intensive short-term service designed to maximise independence. We implemented a pilot to offer an enablement service to citizens who were receiving home care commissioned by the Council. In 95% of the cases no change was made to the care being provided as the care package was appropriate to meet the client's needs. From the pilot we were able to establish that only a small percentage of clients who already receive home care have the potential to benefit from enablement services.

Won a national award for the 'Supported Integrated Discharge (SID)' project

The HSJ (Health Service Journal) Awards are highly regarded, national awards that recognise projects and initiatives delivering healthcare excellence and innovation. The Supported Integrated Discharge (SID) project won the Secondary Care Service Re-design category in the 2014 awards <https://awards.hsj.co.uk/winners-2014>

The SID Project, which is a collaboration between the Heart of England Foundation Trust, Birmingham City Council and Solihull Metropolitan Borough Council, was praised by judges as an "*outstanding integrated success*". The project helps frail elderly patients to return to their homes after an acute illness.

Completed the Community Navigator Service project

The Community Navigator Service was a project providing a preventative type service to help reduce demand on specialist health and social care services. It aimed to promote the health and wellbeing of citizens in Kingstanding and Ladywood by improving access to local services. The service used a mixed of employed and local unpaid volunteers to help their local communities. The project came to an end in 2015. Birmingham's Better Care Fund Plans now provide further opportunities to explore approaches to prevention and early intervention.

Prepared for a joint approach between children's and adults' social care to transition

Transition refers to the progress of young people with disabilities as they move from childhood to adulthood.

We propose to make the transition process smoother and more effective by establishing a joint approach with children's social care to transitions. During the year we prepared for bringing together children's social workers, adults' social workers and family support workers to support, in a more integrated way, young people with disabilities aged 14-25 years.

How well we did do in 2014/15?

Enablement service

The enablement service provides intensive short term support that aims to encourage and assist people to lead as independent and fulfilling life as they can. It helps people to 'do things for themselves' rather than 'have things done to them'.

We saw a slight fall in the number of people starting an enablement service from 3,524 in 2013/14 to 3,451 in 2014/15. However, the service was more effective with the proportion of new clients completing an enablement programme who required no ongoing support at the end increasing from 52.1% in 2013/14 to 53.7% in 2014/15.

We used the ASCOF (Adult Social Care Outcomes Framework) to measure the effect of support on people using Birmingham's adult social care services in terms of:

- delayed transfers of care; and
- admissions to residential care.

Delayed transfers of care

A delayed transfer of care is when a patient is ready to leave hospital but is prevented from doing so for one or more reasons. The measure of 'Numbers experiencing delayed transfers of care' reflects the ability of the whole system (hospitals, community-based care and social care) to ensure that patients are transferred appropriately from hospital.

Between 2013/14 and 2014/15 there was an increase in the numbers experiencing delayed transfers of care. In 2014/15 the average number of people delayed per 100,000 population was 20.3 compared with 19.0 in 2013/14. This was much higher than the average of 12.5 in similar authorities.

Numbers experiencing Delayed Transfers of Care	Worsening
--	-----------

There was also an increase in the delays attributable to adult social care. This increased from 10.7 per 100,000 population in 2013/14 to 11.3 in 2014/15. This was much higher than the average of 5.1 in similar authorities.

Numbers experiencing Delayed Transfers of Care attributable to adult social care	Worsening
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The increases in delayed transfers of care need to be viewed within the context of the challenging environment for hospitals in Birmingham in 2014/15. There was a month on month increase in the number of older adults admitted to Accident and Emergency departments throughout this period, resulting in increased hospital activity for the

unplanned care of frail elderly people. This was reflected in the increased number of social care assessments undertaken by hospital teams with them completing, on average, 290 more assessments a month in 2014/15 compared with 2013/14.

The closure of one of our primary Enhanced Assessment Bed (EAB) units in February and March 2015 because of a very rare infectious disease outbreak also affected transfers from hospital. EABs are for patients who are medically fit to leave hospital and allow patients to be assessed outside of the hospital environment. We will be increasing the number of EABs and making further improvements to the process for allocating patients to them. Use of EABs results in a better assessment of a person's long-term needs and gives them extra time to recover. This improves the likelihood of their returning home rather than going into long-term care.

We are continuing to work with our health partners to identify better ways of working to reduce length of hospital stay and delayed transfers of care. We will be implementing the new Customer Journey in 2015/16 and social work staff will move into a multidisciplinary discharge hub at University Hospital Birmingham. This will further improve communication between professionals and support patients to leave hospital as soon as they are fit to be discharged. In addition, the Better Care Fund plans will enable more effective working with partners.

Admissions to residential care

The proportion of new permanent admissions to residential care for people aged 18-64 years per 100,000 population was 16.0 in 2014/15 which was above the average of 13.2 for similar authorities.

The proportion of new permanent admissions to residential care for adults aged 65 and over per 100,000 population was 781.1 in 2014/15, which was above the average of 727.0 for similar authorities.

However, the number of clients of all ages whom we supported to go into care homes fell between 2013/14 and 2014/15. In 2014/15 we supported 126 people aged 18-64 to go into care homes compared with 137 in 2013/14 (8.0% reduction). For people aged 65+, we supported 913 clients to go into care homes compared with 1,038 in 2013/14 (12.0% reduction). These reductions reflect benefits arising from our enablement services and use of Enhanced Assessment Beds (EAB) which help keep individuals independent and avoid permanent placements in care homes. In 2014/15, 38% of the placements in the EAB service resulted in the person returning home. These are clients who would probably have gone into a care home without the EAB service.

Ensuring that people have a positive experience of care and support

This is concerned with measuring people's experience of care and support. It means that:

- people who use social care and their carers are satisfied with their experience of care and support services;
- carers feel that they are respected as equal partners throughout the care process;
- people know what choices are available to them locally, what they are entitled to, and who to contact when they need help; and
- people, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

In 2014/15 what did we achieve?

Continued to work with our Citizen-led Quality Boards

The Directorate for People has two Citizen-led Quality Boards – one covering the work of Assessment and Support Planning services and one for Commissioning. Citizens who use services and carers on these Boards work with staff to provide quality assurance based on their experiences. More information about the Boards is available at:

<http://www.birmingham.gov.uk/cqb>

Members of both Citizen-led Quality Boards continued to contribute their time and expertise. Some examples of their involvement included:

- **Contributing to Staffordshire County Council's Peer Review**
Two Board members accompanied senior Birmingham City Council staff on a three day visit to Staffordshire County Council as part of a 'Peer review'. The Peer Review team acts as a 'critical friend', reviewing another council's practices in a challenging but supportive way. The Board members participated in a range of meetings with staff, people who use services and representatives from organisations that provide social care services. Both Board members found it a valuable learning experience which they shared by contributing articles to the Directorate for People's social work staff newsletter.

- **Supporting the directorate's Celebrating Success staff awards**
Members of the Citizen-led Quality Boards took turns to judge submissions to the directorate's Celebrating Success Awards for staff, which are held four times a year. As well as helping to choose winning entries, they attended the awards' celebrations where they met the winners and talked to them about their work. Board members enjoyed contributing to recognising and sharing good practice, learning more about the work of social workers and found the case studies of real life practice inspiring.
- **Participating in focus groups**
Board members took part in focus groups where they provided valuable feedback, advice and suggestions about how to improve a range of services, for example, how to communicate in accessible ways.
- **Assisting the Birmingham Safeguarding Adults Board (BSAB)**
Representatives participated in the Information and Communication subgroup of the BSAB; helping to develop and promote the campaign - 'Suspect it, Report it' - aimed at raising awareness of financial abuse of vulnerable adults.
- **Meeting with the Cabinet Member for Health and Social Care**
The Chairs and Vice Chairs of the two Boards meet together to plan workloads and meeting agendas. They also meet with the Cabinet Member for Health and Social Care every three months to discuss issues raised by Board members.
- **Developing a public version of the quality ratings of care providers**
Members of the Board contributed to the development of a webpage where citizens can view the quality ratings of providers of residential and home care services.

Organised an Opportunities Fair to help citizens understand our policy document - 'Social care for adults in Birmingham: A fair deal in times of austerity'

<http://www.birmingham.gov.uk/opportunitiesfair2014>

The 2014 'Moving Forward Together' Opportunities Fair took place in Birmingham over two days on 30 September and 1 October 2014. This free event was organised to help citizens understand the adult social care policy document – 'A fair deal in times of austerity'. It also provided information on a range of opportunities and types of support available including the Shared Lives Service, Carers' Hub and direct payments. Citizens as well as staff were involved in the design and delivery of the event.

Approximately 1,500 people from all over Birmingham visited the Opportunities Fair over the two days and had the opportunity to speak with the 20 exhibitors. One visitor commented: *"Got exactly the help I needed to start the ball rolling for my daughter"*.

Developed a public version of the quality ratings for providers of care homes and home support services

The directorate has in place a process to monitor the quality of residential and home care services in Birmingham that produces quality ratings for providers. In 2014 we developed a public version of these quality ratings which we launched at the directorate's Opportunities Fair. Members of the Citizen-led Quality Boards contributed to the development of the quality ratings webpages which can now be viewed on the Internet at: <http://www.birmingham.gov.uk/adult-social-care/provider-quality-dashboard>

The webpages allows citizens to find the quality rating for a particular care home or home support service.

Piloted a survey of clients contacting the Adults and Communities Access Point (ACAP)

ACAP is the first point of contact that citizens have with adult social care services. In June 2014 ACAP staff and members of the Citizen-led Quality Boards piloted a telephone survey of clients contacting ACAP. This was then rolled out, with 2,024 clients participating in the survey between June 2014 and May 2015. 95% of those participating in the survey felt the advisor had given them the information and advice they were looking for.

Consulted on savings proposals

The Council continues to struggle with massive cuts in government funding and has to look at what services it will provide in the future and how it will provide them.

Between December 2014 and February 2015 we consulted on the savings proposals for the Directorate for People in the 'People Directorate 2015/16 Proposed Budget Consultation'. This included specific proposals for assessment and support planning, universal and preventative services commissioned from the Third Sector, Healthwatch Birmingham and our in-house care services. We responded to citizens' concerns regarding changes to the Supporting People service and to services commissioned from Third Sector organisations by reducing the savings proposed for these. <https://www.birminghambeheard.org.uk/bcc/peoplebudget15>

Three of our social workers earned national recognition

The excellent practice of our social workers was recognised in 2014 with successes in the national Social Worker of the Year Awards. These prestigious awards celebrate the outstanding achievements of social workers across England. Three Birmingham social workers received national recognition by winning top prizes:

- Ariela Reed – Silver Award in the Lifetime Achievement category;
- Joanne Lowe – Gold Award winner of the Adult Social Worker category; and
- Julia Parfitt – Gold Award winner of the Team Leader Adult Services category.

More information is available at: <http://www.socialworkawards.com/award-entry/previous-winners/>

Each Gold Award winner was invited to a reception at the Palace of Westminster in February 2015 to share their achievements with representatives from the Department of Health and Department for Education.

How well we did do in 2014/15?

We used ASCOF (Adult Social Care Outcomes Framework) to measure the effect of support on people using Birmingham's adult social care services in terms of:

- satisfaction with care and support services;
- access to information and advice;
- involvement of or consultation with carers about support planning.

Satisfaction with care and support services

Citizens who use services

Using the results from the Adult Social Care Survey, we saw a decrease in the proportion of people who were 'extremely' or 'very satisfied' with their care and support services. This fell from 62.4% in 2013/14 to 60.5% in 2014/15. It was also below the average of 62.3% in other similar authorities.

Overall satisfaction of people who use services with their care and support	Worsening
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We are making improvements to our Customer Journey to provide a better experience for citizens by ensuring a more joined up approach to service provision.

Carers

The results from our Carers' Survey showed us that 32.2 % were 'extremely' or 'very satisfied' with the support they had received from the local authority. Whilst this was an improvement compared with 27.4% in 2013/14, it was below the average of 38.2% in similar authorities.

Overall carer satisfaction with support provided	Improved
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Access to information and advice

Using the results from the Adults' Social Care and the Carers' surveys, we looked at the percentage of citizens who use services and carers who found it easy to find information about services. We found this had improved from 61.3% in 2013/14 to 69.8% in 2014/15, however, it remained slightly less than the average of 71.0% for similar authorities.

Access to information and advice	Improved
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Involvement of or consultation with carers about support planning

From the Carers' Survey we found that 60.5% of carers said they were 'always' or 'usually' involved or consulted about the support or services provided for the person they care for. This was lower than the 63.0% in the previous year. It was also below the average of 69.7% for similar authorities.

Carers involved or consulted about support and services provided	Worsening
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In 2015/16, in compliance with the Care Act, we will ensure carers are fully involved in assessment and support planning by ensuring they have access to a Carer's Assessment if they want one.

Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

This is concerned with keeping vulnerable people safe. It means that:

- everyone should be able to enjoy physical safety and feel secure;
- people are free from physical and emotional abuse, harassment, neglect and self-harm
- people are protected as far as possible from avoidable harm, disease and injuries; and
- people are supported to plan ahead and have the freedom to manage risks the way that they wish.

In 2014/15 what did we achieve?

Increased awareness of safeguarding issues with an Eyes and Ears campaign focusing on financial abuse

In September 2014, Birmingham Safeguarding Adults Board launched a six week campaign to raise awareness of the financial abuse of vulnerable adults in Birmingham: <http://www.bsab.org/eyes-and-ears/>

The campaign encouraged anyone who was concerned that a vulnerable adult might be at risk of abuse to report their concern to the Adults and Communities Access Point (ACAP). Posters and leaflets were distributed to local hospitals, GP surgeries, libraries and other public buildings. Adverts also appeared on local radio, buses and trains.

During the campaign period there was a 21% increase in calls to ACAP compared with previous weeks. There was also an increase in the numbers viewing Birmingham Safeguarding Adults Board's website.

Prepared for implementation of the Care Act which makes the Safeguarding Adults Board a statutory function

The Care Act 2014 provides a legal framework for how local authorities, the NHS and other agencies should protect adults at risk of abuse or neglect. It gives Safeguarding Adults Boards a clear basis in law for the first time.

The directorate appointed a permanent Head of Adult Safeguarding to strengthen leadership of this area. It also worked in partnership with Safeguarding Leads in the West Midlands region to review policy and procedures in response to the Care Act. A

working draft of the 'Adults safeguarding multi-agency policy and procedures for the protection of adults with care and support needs in the West Midlands' is available at: <https://www.bsab.org/publications/policy-procedures-and-guidance/>

Planned for 'Making Safeguarding Personal' – “No decision about me, without me!”

Making Safeguarding Personal (MSP) is a national initiative with the emphasis on doing safeguarding with people and not to them. It is about finding out what outcomes people want from safeguarding and then determining the extent to which these outcomes have been met.

During the year the directorate began implementing the MSP initiative in Birmingham. We briefed all our social work teams on the initiative and required them to ensure their practice follows MSP principles.

Responded to the challenges of the Cheshire West judgement

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 and are aimed at ensuring people are looked after in a way that does not inappropriately restrict their freedom.

A Supreme Court Judgement in March 2014 (known as the Cheshire West judgement, <http://www.bailii.org/uk/cases/UKSC/2014/19.html>) expanded DoLS protection to community settings. This means that people in supported living placements as well as those in care homes and hospitals are covered by DoLS protection.

We put in place plans to increase our capacity to complete DoLS assessments to respond to the increase in number of referrals following the Cheshire West judgement. These plans included increasing the number of specialist Best Interest Assessors (BIAs), commissioning training courses for staff and increasing the administrative support available.

How well we did do in 2014/15?

Safeguarding people

We had 4,604 safeguarding cases in Birmingham in 2014/15, a 17.2% increase on 2013/14 figures.

A high proportion of referrals were regarding individuals who were not receiving any services (45.2%), which was slightly down from 46.1% in 2013/14.

12.6% of the referrals were from the person themselves, a friend, family member or neighbour and a high proportion of alleged abuse took place in the individual's own home (46.8%).

We exceeded all the targets we set ourselves around how quickly we investigated potential safeguarding issues:

- 95.3% of safeguarding referrals were completed within 24 hours, above the target of 95.0%;
- 92.7% of safeguarding assessments were completed within 28 days of referral, exceeding the target of 80.0%; and
- 86.1% of Case Conferences were completed within 38 days of referral, exceeding the target of 80.0%.

However, we missed our target for the percentage of safeguarding case files rated as good during audits. On average 74.3% of case files audited were good, missing the target of 85%. From the audits we identified key areas of practice to be addressed. We propose to make some changes to the audit in 2015/16 to ensure it includes the practice requirements of Making Safeguarding Personal and the Care Act.

We have also increased the number of Safeguarding Adults Officer posts to support social workers to develop their safeguarding adults practice.

We used ASCOF (Adult Social Care Outcomes Framework) to measure the effect of support on people using Birmingham's adult social care services in terms of:

- how safe people felt; and
- how safe services made people feel.

How safe people did people feel?

In the Adult Social Care Survey, 70.8% of respondents said they felt as safe as they wanted. This was up slightly from the 69.2% in 2013/14. It was also above the average of 67.9% recorded in other similar authorities.

People who use services who feel safe	Improved
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Did adult social care services help people feel safe?

The proportion of people in receipt of care who said the care makes them feel safe was 89.6% in 2014/15. This remained well above the average of 83.5% in similar authorities but was slightly down from our 2013/14 position, which was 91.1%.

People who use services who say the services make them feel safe	Worse
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What are our plans for Adult Social Care 2015/2016?

Enhancing quality of life for people with care and support needs

- Embedding the new Customer Journey.
- Evaluating our preparations for meeting the requirements of the Care Act 2014.
- Consulting on ways to improve the take up of direct payments to increase people's independence.
- Creating a Commissioning Centre of Excellence, providing evidence-based commissioning to improve outcomes and services for citizens.

Delaying and reducing the need for care and support

- Continuing our work with the Better Care Fund programme.

Ensuring that people have a positive experience of care and support

- Organising an Opportunities Fair focusing on the Care Act and using a direct payment.

Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

- Implementing the Making Safeguarding Personal initiative.

How well do you think we did in 2014/15?

Have your say by sending an email to us at: ci@birmingham.gov.uk

Or you can write to us at the following address:

Local Performance Account
PO Box 16434
Birmingham
B2 2ZB

Sources of further information

Adult social care information and advice for Birmingham

My Care in Birmingham - Birmingham's social care information and advice website:
<http://www.mycareinbirmingham.org.uk/>

If you think that you or someone you care for needs social care support, please call the Adults and Communities Access Point (ACAP) about getting an assessment of your (or their) social care needs: 0121 303 1234.

Birmingham's adult social care comments, compliments and complaints process

For information about the comments, compliments and complaints process for Birmingham's adult social care services please contact:

Customer Care and Citizen Involvement Team
Directorate for People (Adult Social Care)
Birmingham City Council
PO Box 16465
Birmingham
B2 2DG
Phone: 0121 303 5161 (option 1)
<http://www.birmingham.gov.uk/AdultCustomerCare>

Protecting adults from abuse and neglect

Information about abuse of vulnerable adults is available on Birmingham City Council's website at:
<http://www.birmingham.gov.uk/safeguardingadults>

If you think there has been a crime, call the West Midlands police on 0345 113 5000. In an emergency, phone 999.

If it is not an emergency but you are worried about possible adult abuse, please call the Adults and Communities Access Point (ACAP) on 0121 303 1234.

Performance of Birmingham's adult social care services

We have a webpage with information on how Birmingham's adult social care services are performing:

<http://www.birmingham.gov.uk/adultperformance>

Healthwatch

Healthwatch England is the independent consumer champion for health and social care in England.

<http://www.healthwatch.co.uk/>

Healthwatch Birmingham

The local Healthwatch in Birmingham:

- represents the views of people who use services, carers and the public on the Health and Wellbeing boards set up by local authorities;
- provides a complaints advocacy service to support people who make a complaint about services; and
- reports concerns about the quality of health care to Healthwatch England, which can then recommend that the Care Quality Commission take action.

<http://healthwatchbirmingham.co.uk/>

Glossary

Adult social care - Care and support for adults who need extra help to manage their lives and be independent

Adult Social Care Outcomes Framework (ASCOF) - Set of outcome measures to assess the impact of adult social care support on a person's life

Assessment - Process used to understand a person's needs and eligibility for services

Assistive technology - Technology that enables a person to remain independent and safe in their own home

Best Interest Assessor (BIA) - A BIA assesses whether a deprivation of liberty is occurring, or is likely to occur, and, if so, whether it is in the best interests of the person being assessed

Care homes - These provide 24 hour care, with or without nursing, in an environment suitable for the needs of ill, frail or disabled people.

Care Quality Commission - This is the independent regulator for health and adult social care services in England

Clustered supported living - Groups of houses or apartments with shared staff

Community based services - Services provided to support clients living in the community

Consortium - An association of several groups/companies formed for a particular purpose

Delayed transfers of care - This refers to when a patient is ready to leave hospital but is prevented from doing so for one or more reasons

Direct payment - A cash payment given to clients on a regular basis by the Council so the client can arrange their own care

Eligibility - This refers to when a person's needs meet the criteria for council-funded care and support

Enablement - An intensive short-term service designed to maximise independence

Enhanced assessment - This is where a patient's ability to cope is assessed away from the acute hospital environment. It allows for a greater number of personal living skills to be observed and so provides a more accurate assessment of an individual's abilities

Long Term Support - Ongoing support to maintain an individual's quality of life

Net expenditure - Gross expenditure less specific service income and specific grants. (Gross expenditure is the total cost of providing services before deducting income from Government grants, or fees and charges for services)

Preventative services - Services to prevent more serious problems developing

Residential care - Care in a care home

Review - Checks that a client's needs are still being met

Safeguarding - Process of ensuring that adults at risk are not being abused, neglected or exploited

Shared care hours - Care is provided by one person to several recipients in the same setting at the same time

Shared Lives Service - This is where Shared Lives carers share their family and community life with someone who needs support to live independently

Short Term Support - A time limited period of support with the aim of ensuring the client becomes as independent as possible

Transition - Transition refers to the progress of young people with disabilities as they move from childhood to adulthood

Appendix 1 – List of authorities used for comparison

The 'Comparator Group' is made up of 15 other local authorities with a similar demographic make up to Birmingham. The cities in our comparator group changed in 2014/15.

In 2014/15 our comparator group comprised:

- Bolton
- Bradford
- Coventry
- Derby
- Kirklees
- Leeds
- Leicester
- Liverpool
- Luton
- Nottingham
- Oldham
- Sandwell
- Sheffield
- Walsall
- Wolverhampton

Appendix 2 – Key performance figures

The following tables show the number of people supported by our adults' social care services in 2014/15 and compares this to the average for other similar local authorities (comparator group).

In 2014/15 all local authorities were required to change the way they measured and reported nationally on the performance of adult social care services. Many of the performance measures are now calculated from a data source called the Short and Long Term (SALT) collection. This means we are unable to compare our performance with that of previous years on certain measures.

2014/15 was the first year of collecting and reporting performance figures in this way and local authorities may have interpreted the measures differently. This means figures may need to be revised in the future. The following performance figures, therefore, need to be viewed within this context.

Number of requests for support from new clients – per 100,000 population

We received requests for support from a lower proportion of people aged 18-64 than the average for our comparator group. However, we received requests for support from a higher proportion of people aged 65+ than the average for other similar local authorities.

Age	Area	2014/15
18 - 64	Birmingham	1697.9
	Comparator group	1945.4
65+	Birmingham	17405.7
	Comparator group	15964.6

Number of clients receiving long term services for more than 12 months who had a review – per 100,000 population

A review checks that the services a person is receiving continues to meet their needs.

As part of our approach to encourage independent living we carry out reviews to ensure that individuals continue to receive appropriate care.

In 2014/15 we carried out reviews for a higher proportion of people aged 18-64 than the average for our comparator group. However, we carried out reviews for a lower proportion of people aged 65+ than the average for our comparator group.

Age	Area	2014/15
18 - 64	Birmingham	348.8
	Comparator group	310.9
65+	Birmingham	2672.2
	Comparator group	2876.9

Number of clients living in long term nursing or residential services as at 31/03/2015 - per 100,000 population

For both age groups (18-64 and 65+) we had a higher proportion of people living in long term nursing or residential services compared with the average in the comparator group.

Age	Area	2014/15
18 - 64	Birmingham	162.2
	Comparator group	126.1
65+	Birmingham	2074.5
	Comparator group	1927.3

However, as described earlier in this report, we know from other measures that the number of people supported to go into care homes in Birmingham fell for both age groups between 2013/2014 and 2014/2015.

Number of clients accessing Direct Payment or part Direct Payment services as at 31/03/2015 – per 100,000 population

For both age groups (18-64 and 65+) we had a lower proportion of people using a direct payment compared with the average in the comparator group. We are continuing to look at how we can increase the use of direct payments across both age groups.

Age	Area	2014/15
18 - 64	Birmingham	144.4
	Comparator group	252.6
65+	Birmingham	302.3
	Comparator group	577.4

Number of clients accessing community based services (excluding those receiving Direct Payments) as at 31/03/2015 – per 100,000 population

Community based support includes services such as home care and day care.

We had a lower proportion of people in both age groups (18-64 and 65+) accessing community based services compared with the average in the comparator group.

Age	Area	2014/15
18 - 64	Birmingham	380.6
	Comparator group	416.3
65+	Birmingham	2717.4
	Comparator group	2814.8

Number of carers assessed separately from the client (excluding joint assessments) - per 100,000 population

We assessed a higher proportion of carers compared with the average in the comparator group.

Age	Area	2014/15
All Ages	Birmingham	292.4
	Comparator group	260.2

**If you need this information in another format or language
please contact:**

Customer Care and Citizen Involvement Team
Directorate for People (Adult Social Care)
Birmingham City Council
PO Box 16465
Birmingham
B2 2DG

Phone: 0121 303 5161

Email: ci@birmingham.gov.uk



Health and Social Care Overview & Scrutiny Committee

2015/16 Work Programme

Committee Members: Chair: Cllr Majid Mahmood

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

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

Cllr Robert Pocock
Cllr Sharon Thompson
Cllr Margaret Waddington

Committee Support:

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

Committee Manager: Paul Holden (464 4243)

Schedule of Work

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



<p>20 October 2015 10.00am</p>	<p>Birmingham Substance Misuse Recovery System, CRI (Crime Reduction Initiative) – 6 months into new contract</p> <p>Tracking of the 'Homeless Health' Inquiry</p> <p>Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry</p>	<p>John Denley, AD People Directorate, Nic Adamson, Director CRI</p> <p>John Hardy, Policy & Development Officer / Jim Crawshaw, Integrated Service Head Homeless & Pre-Tenancy Services</p> <p>Michael Kay/Louise Collett/ Suman McCartney</p>
<p>24 November 2015 10.00am</p>	<p>Better Care Fund Update to include:</p> <ul style="list-style-type: none"> • Links to independent living • Direct Payments <p>2014/15 Safeguarding Adults Annual Report</p> <p>Tracking of 'Living Life to the Full with Dementia' Inquiry</p> <p>Progress Report on the 'Adults with Autism and the Criminal Justice System' Inquiry</p> <p>Customer Care & Citizen Involvement Team Comments, Compliments and Complaints Annual Report 2014-15</p>	<p>Alan Lotinga, Service Director, Health and Wellbeing / Judith Davis, Project Manager</p> <p>Alan Lotinga, Service Director, Health and Wellbeing</p> <p>Mary Latter, Joint Commissioning Manager Dementia/ Cllr Paulette Hamilton/Suman McCartney, Cabinet Support Officer</p> <p>Maria Gavin, Assistant Director Commissioning Centre of Excellence / Louise Collett, Service Director – Policy & Commissioning / Martin Keating, West Midlands Police</p> <p>Charles Ashton-Gray, Strategic Performance & Engagement Manager /Melanie Gray, Performance Management Officer</p>



15 December 2015 10.00am	Cabinet Member – Health and Social Care Local Performance Account 2014-15 (Adult Social Care Services) including an update on the West Midlands Peer Review Action Plan.	Cllr Paulette Hamilton/ Suman McCartney, Cabinet Support Officer Alan Lotinga, Service Director, Health and Wellbeing David Waller, AD
19 January 2016 10.00am	Healthwatch Update (Including implementation of new strategic approach and HWE Quality Standards) People with Learning Disabilities: Support with Employment and Housing Smoking Cessation including e-cigarettes (TBC) Infant Mortality in Birmingham - Intelligence Update (TBC)	Candy Perry, Interim CEO/ Brian Carr, Acting Chair Kalvinder Kohli, Service Lead Prevention & Complex, Commissioning Centre of Excellence Dr Adrian Phillips, Director of Public Health Dr Adrian Phillips, Director of Public Health
23 February 2016 10.00am	Update on the Sexual Health Services in Birmingham and Solihull – Umbrella - 6 months into the new contract (TBC) CrossCity CCG Operational Plan 2016/17 (TBC) Prostate Cancer and Health Inequalities – Information Briefing	John Denley, Consultant, Public Health Les Williams, Director of Performance & Delivery, CrossCity CCG Mr. Richard Viney Consultant Urological Surgeon and Senior Lecturer in Urology, UHB
22 March 2016 10.00am	CrossCity CCG Primary Care Strategy (TBC) Birmingham Community Healthcare NHS Trust - Update on new telephone triage system to access unscheduled dental care appointments at Birmingham Dental Hospital.	Karen Halliwell/ Lesley Evans, Interim Director of Primary Care & Integration, CrossCity CCG Carol Herity, Associate Director of Partnerships, B'Ham CrossCity CCG Andy Harrison, Chief Operating Officer Janet Clarke, Associate Director of the Birmingham Community Healthcare Trust Combined Community Dental Service



26 April 2016 10.00am	West Midlands Ambulance Service NHS Foundation Trust <ul style="list-style-type: none"> • General Trust Overview • Operational/Clinical Performance Update for 2014/15 (including winter) • WMAS 5 Year Strategy and Initiatives • Demonstration of an Automated External Defibrillator 	Diane Scott, Deputy CEO Nathan Hudson, General Manager Birmingham Division Mark Docherty, Director of Nursing, Quality and Clinical Commissioning
June 2016	Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry 0-25 Community Mental Health Services Forward Thinking Birmingham – 6 months into the new contract (TBC) Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry Tracking of the 'Living Life to the Full with Dementia' Inquiry	Dr Adrian Phillips, Director of Public Health/Charlene Mulhern/Dr Andrew Coward, Chair, B'ham South Central CCG Denise McLellan, Managing Director, Forward Thinking Birmingham Michael Kay/Louise Collett/ Suman McCartney Mary Latter, Joint Commissioning Manager Dementia/ Cllr Paulette Hamilton/Suman McCartney, Cabinet Support Officer

Items to be scheduled in Work Programme

- Urgent Care Strategy (To be confirmed)
- Mental Health Strategy (To be confirmed)
- Congenital Heart Disease Review – outcome from consultation on standards and service specification and next steps

Suggested items

Link to Council Priority

- Home Adaptations
- Independent Living
- Younger Adult Consultation
- Diabetes
- Personal Health Budgets
- Move of health visitors to local authority (Autumn 2015)



Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs Majid Mahmood, Karen McCarthy, Sharon Thompson, Andrew Hardie, Sue Anderson	
Meeting Date	Key Topics	Contacts
1 July 2015 2.00pm in Birmingham	<ul style="list-style-type: none"> Urgent Care Cardiology and Acute Services End of Life Care 	Jayne Salter-Scott, Andy Williams
22 nd September 2015 2.00pm in Sandwell	<ul style="list-style-type: none"> Urgent Care End of Life Care Primary Care Listening Exercise 	Jayne Salter-Scott, Senior Commissioning Manager, Sandwell & West Birmingham CCG
15th December 2015 2.00pm in Birmingham	<ul style="list-style-type: none"> Urgent and Emergency Care Programme Update End of Life Care Oncology Services, Sandwell & West Birmingham Hospitals NHS Trust (TBC) 	Jayne Salter-Scott, Senior Commissioning Manager, Sandwell & West Birmingham CCG Dr Roger Stedman, Medical Director, Sandwell & West Birmingham Hospitals NHS Trust
Joint Birmingham and Solihull Health Scrutiny Committee Work		
Members	Cllrs Majid Mahmood, Mohammed Idrees, Mick Brown, Robert Pocock, Andrew Hardie, Margaret Waddington, Sue Anderson	
Meeting Date	Key Topics	Contacts
21 July 2015 5.30pm in Birmingham	<ul style="list-style-type: none"> Non-Emergency Patient Transport HoEFT CQC Inspection Report 	Carol Herity, CrossCity CCG Sam Foster, Chief Nurse, HoEFT
6 th October 2015 4.30pm tea 5.00pm start in Solihull	<ul style="list-style-type: none"> Non-Emergency Patient Transport – results of consultation and proposed model HoEFT Surgery Reconfiguration Update – Site Plans for all 3 Trust Hospitals and update on CQC inspection issues. CCGs on Surgery Reconfiguration public consultation 	Carol Herity, CrossCity CCG Ruth Paulin, Lisa Thompson, Richard Steyn
25 th January 2016 5.00pm in Birmingham	<ul style="list-style-type: none"> Non-Emergency Patient Transport (NEPT) Consultation <ul style="list-style-type: none"> Further information around the feasibility of a fee paying service in the new contract HoEFT - <ul style="list-style-type: none"> Report on the outcome of the Monitor financial investigation. 	Les Williams, Director of Performance & Delivery, CrossCity CCG Dr Peter Ingham, GP Contracting Lead, CrossCity CCG



April TBA	<ul style="list-style-type: none"> Non-Emergency Patient Transport (NEPT) Consultation <ul style="list-style-type: none"> Detailed Consultation Plan 	Les Williams, Director of Performance & Delivery, CrossCity CCG Dr Peter Ingham, GP Contracting Lead, CrossCity CCG
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West Midlands Regional Health Scrutiny Chairs Network

1 July 2015	<ul style="list-style-type: none"> NHS England – West Midlands Neonatal Service Review Integrating Health and Social Care CQC – Update on Primary Medical Services 	
7 October 2015 9.30am	<ul style="list-style-type: none"> NHS 111 Contract – Dr Anthony Marsh, CEO WMAS, Mr Jon Dicken, Chief Officer SWBCCG (Lead Commissioners for NHS 111) NHS England – Updates on Specialised Commissioning and Neonatal Review Update on developments within the Centre for Public Scrutiny 	Dr Anthony Marsh, CEO of WMAS, Jon Dicken, Chief Officer SWBCCG Christine Richardson, AD Dr Geraldine Linehan, Regional Clinical Director Brenda Cook, CfPS Regional Advocate & Expert Adviser
3 February 2016 10.00am	Session facilitated by the Centre for Public Scrutiny	Brenda Cook, Regional Advocate, CfPS

CHAIR & COMMITTEE VISITS

Date	Organisation	Contact
18 January 2016 TBC	HEFT Reconfiguration of Surgery Services – Visit to new centres at:- <ul style="list-style-type: none"> Solihull (Dermatology) Heartlands (Minor Injuries Unit alongside A&E) Good Hope (Medical Assessment Unit) 	Professor Matthew Cooke, Deputy Medical Director, Strategy and Transformation
Jan/Feb	West Midlands Ambulance Service – Visit to an Ambulance Hub.	Diane Scott, Deputy CEO
Jan/Feb	Birmingham Substance Misuse Recovery System:- Visit to CRI premises, Scala House, Birmingham.	John Denley, AD Commissioning Centre of Excellence / Nic Adamson, Director CRI

INQUIRY:

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



Councillor Call for Action requests

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

Item no.	Item Name	Portfolio	Proposed date
000298/2015	Public Health Grant Reduction	Health & Social Care	26 January 2016
000355/2015	Public Report - Purchase of a Home Support Visit Monitoring System Full Business Case and Contract Award	Health & Social Care	26 January 2016
00541/2015	Public Report – Direct Payments in Birmingham – Consultation Findings	Health & Social Care	08 December 2015
000542/2015	Policy for the Use of Private Rented Sector to Meet Housing Needs	Health & Social Care	16 February 2016
000545/2015	Lifestyles Re-design Commissioning and Procurement Programme	Health & Social Care	08 December 2015
000546/2016	Public Report – Contract Award for School Health Advisory Service	Health & Social Care	26 January 2016
000582/2015	Independent Living Fund	Health & Social Care	19 October 2015
000295/2016	Extension of Community Equipment Service Contract (C0115) - Public	Health & Social Care	26 January 2016

