

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 21 JULY 2020 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

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

2 APOLOGIES

To receive any apologies.

3 DECLARATIONS OF INTERESTS

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

3 - 10

4 ACTION NOTES/ISSUES ARISING

To confirm the action notes of the meeting held on 16th June 2020.
(1400-1405hrs)

11 - 16

5 FINANCIAL OUTTURN 2019/20 - ADULT SOCIAL CARE

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care;
Professor Graeme Betts, Director of Adult Social Care.
(1405-1420hrs)

17 - 32

6 COVID-19 UPDATE

1. Cabinet Member for Health and Social Care - (1420-1440hrs)
2. Update from Public Health - (1440-1515hrs)

33 - 66

7 **2019/20 END OF YEAR ADULT SOCIAL CARE PERFORMANCE MONITORING REPORT**

Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care.
(1540-1600hrs)

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

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

9 **OTHER URGENT BUSINESS**

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

10 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

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

BIRMINGHAM CITY COUNCIL**HEALTH AND SOCIAL CARE O&S COMMITTEE****1400 hours on 16th June 2020, via Microsoft Teams – Actions****Present:**

Councillor Rob Pocock (Chair), Mick Brown, Peter Fowler, Mohammed Idrees, Ziaul Islam and Paul Tilsley.

Also Present:

Andy Cave, Chief Executive Officer, Healthwatch Birmingham.

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

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office.

Debbie Le Quesne, Chief Executive, West Midlands Care Association.

Alison Malik, Head of Commissioning (Adult Care).

Gail Sadler, Scrutiny Officer.

Dr Justin Varney, Director of Public Health.

1. NOTICE OF RECORDING

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

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

Councillor Diane Donaldson

4. ACTION NOTES/ISSUES ARISING

The action notes for the meeting held on 19th May 2020 were agreed.

11th February meeting – Outstanding Actions

Review of In-House Enablement Service

Tim Normanton provided diversity data for the In-House Enablement Service Workforce on 20th May 2020.

18th February meeting – Outstanding Actions

Sexual Health: Testing and Treatment Service in Birmingham – Umbrella

The committee was informed that Natalie Slayman-Broom had now left Umbrella and her successor had been contacted to provide further information on the clinical trials that Umbrella are involved with.

Adult Social Care Performance Monitoring – Month 8

Clarification on the number of beds inappropriately occupied across the whole of the estate i.e. each hospital was circulated to members of the committee on 2nd June 2020.

17th March meeting – Outstanding Actions

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

Dr Marion Gibbon to ask the Public Health Evidence Team if geographical data on substance misuse on a ward-by-ward basis city-wide can be provided.

Scoping of the Infant Mortality Review

Dr Marion Gibbon to provide geographical data on infant mortality city-wide, and if possible also mapped against air pollution emissions.

Public Health colleagues have been occupied dealing with Covid-19 and have been unable to provide the additional information to date. Scrutiny Officers have asked if the information could be made available for circulation before the next meeting in July.

5. COVID-19 UPDATE

a) Update from the Cabinet Member for Health and Social Care

Councillor Paulette Hamilton gave an overview of work being undertaken by the Adult Social Care Directorate in response to Covid-19 including:-

Care Homes – Officers have had regular contact with care homes to provide information, advice and guidance.

Infection Control Fund – The council have received the first allocation of £4.881m to be disseminated to care homes and aim to do this within 10 days of receipt. A second allocation is expected in July.

Councillor Hamilton also referred to the Health and Wellbeing Board meeting held on 23rd April 2020 in response to issues/concerns being raised in communities, especially the black, Asian and minority ethnic population (BAME), around health inequalities during the Covid-19 pandemic. The findings from that meeting were sent to Public Health England (PHE) who were undertaking a review looking at the

impact of Covid-19 on the BAME groups. PHE published the report in June and had taken into consideration suggestions put forward by stakeholders.

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

- Public Health have been running a survey into the impact of Covid-19 on peoples lives. Initial analysis suggests that more people are spending less time being physically active and less likely to be eating a healthy diet. As a mitigation, the City Council have commissioned some YouTube videos on how to be more physically active and a series of cooking videos. This would suggest that coming out of lockdown we will see an increase in both childhood and adult obesity.
- The survey also asks about loneliness and mental wellbeing and, similarly, has identified that more people have felt lonely during lockdown and have seen a deterioration in mental health and wellbeing. This could be further exacerbated due to the economic impact of Covid-19 and potential job losses. Public Health are currently working with partners to try and mitigate against this in the short term but also preparing for the longer-term effects of that.
- The Cabinet Member for Health and Social Care apologised on behalf of the Communications Team for failing to promote Loneliness Awareness Week (which fell during the week of the Committee meeting), which she said she would address during the latter part of that week.

RESOLVED:

- Dr Varney to forward links to the YouTube videos for Members to disseminate in their Wards and to community contacts.
- The Cabinet Member for Health and Social Care be invited to attend the next meeting to discuss the impact of Covid-19 on mental health and wellbeing and how the city is preparing to address this.

b) Test and Trace.

Dr Justin Varney (Director of Public Health) gave a summary of the current situation of Covid-19 in Birmingham including the potential for a 2nd wave of the pandemic. He concluded by outlining how 'Test and Trace' will be implemented city-wide.

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

- Currently do not have access to a breakdown of data by Ward but information at medium super output areas is available. Currently analysing that information which, as would be expected, is identified a higher proportion of Covid-19 deaths in geographical areas where there are a large number of care homes.
- Have also been analysing 'excess' deaths i.e. average number of deaths over the last 5 years per month compared to current year. Particularly in April and

May there was an increase in the excess number of deaths. Working with the Registrar's Officer to look at death certificates during that period to look at the cause of deaths. Initial assessment shows those excess deaths are people with pre-existing conditions e.g. cancer.

- Working with the Clinical Commissioning Groups, particularly in West Birmingham, who are instigating a Death Review Audit process where GPs will examine the case notes of a sample of people who have died during that period to try to understand why that person died at that time.
- There will be a second wave of the pandemic because, currently, a vaccine isn't available and, even if trials are successful, anticipate it would not be available until late spring/early summer 2021. Also, at the moment, there is no effective drug treatment to kill the virus. It could be that as lockdown is relaxed the number of people infected is relatively small and manageable. On the other hand, if it should come in autumn/winter, at the same time as seasonal flu, this could be quite serious in terms of pressure on the NHS.
- Dr Varney explained the 'Test and Trace' model and roles/responsibilities nationally, regionally and at local government level. A Local Outbreak Plan would need to be in place by the end of June and will be presented to the Local Covid Outbreak Engagement Board. Board meetings will be available to the public via livestreaming.
- Local implementation issues and risks were also set out along with which organisation responsibility for enforcement predominantly sits.
- The financial allocation to the City Council to support 'Test and Trace' is circa £8.4m but clarity was being sought about the length of time that the funding covered. Currently, working on 12 months.
- Concern was raised surrounding the list of vulnerable people who had been identified for shielding by the NHS centrally and GPs. Then a 2nd tier of patients who were vulnerable but not clinically shielded which led to confusion.
- Have done a huge amount of engagement with communities through local community radio, faith groups and bi-lingual Q&As with existing online channels. Also commissioned the in-house Brasshouse Service to produce resources about social distancing etc. in different languages.
- National guidance has been produced to help people who live in shared facility accommodation e.g. properties of multiple occupation but it is a real challenge.
- There is clear national guidance that a face covering must be worn when travelling on public transport and West Midlands Transport have been working to empower staff to challenge people and refuse entry.

RESOLVED:

- Dr Varney to circulate the updated PowerPoint presentation which included an extra slide on 'Enforcement'.

- The committee to receive a further update from Public Health on 'Test and Trace' at the next meeting in July.

c) West Midlands Care Association

Debbie Le Quesne (Chief Executive, West Midlands Care Association) and Alison Malik (Head of Commissioning - Adult Care) gave a presentation which provided an update on the relationship between BCC and the independent care sector and how they had worked together to support the health of residents within care homes.

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

- Worked with system partners to coordinate communication with care homes to provide support and reduce the burden of being overwhelmed with contact from many organisations.
- Personal Protective Equipment (PPE):-
 - Training was provided on the use of PPE to some care homes.
 - Initially, the availability of supplies was very difficult and expensive i.e. the cost of a mask rose from 2p to £1.60. Now the association is paying in the region of 45p.
 - The city council ensured that national guidance was issued to all care providers.
- Funding:-
 - Extra costs of PPE equipment and agency staff. The city council offered financial assistance to providers to cover the additional cost.
 - A reduction in demand for care because people have chosen to stay in their own homes or have gone into discharge to assess settings rather than care homes.
 - A lot of families pay a 'top up' fee for a relative's care home. Unsure what the economic impact of Covid-19 will have due to job losses and the ability to fund this.
- Insurance:-
 - A lot of insurance companies are choosing to opt out of insuring the care home market.
- Testing:-
 - Initially, did not know whether patients being discharged from hospital into care homes had Covid-19 or not.
 - Uncertain about how long to isolate people after being discharged from hospital.
 - Implications for care homes of high staff absence levels.

- Hospitals now test patients 48 hours before discharge but there is always the possibility of being infected in those 2 days before discharge.
- The association has begun to hold webinars to ensure care homes are made aware of what is happening locally.
- Staffing:-
 - Have seen high levels of staff absence but this is slowly reducing.
 - Longer-term risk of whether somebody would want to work in the care sector on a minimum wage and also at risk of being infected with Covid-19.
 - The city council has provided financial support to fund additional hours to cover staff absence.
- Discharge from hospital:-
 - Implemented the national 'Discharge to Assess' model in March. In Birmingham this meant patients were, on the whole, discharged into a short-term bed first to assess their needs and Covid-19 status.
 - Birmingham Community Healthcare Trust provided a wrap-around service of nurses and clinicians to support care homes.
 - Worked with West Midlands Care Association's Trusted Assessor Scheme who undertake on behalf of independent care providers for people in hospital who need long-term care. Trusted Assessors worked in specific hospitals to avoid movement between hospitals.

RESOLVED:

- Members of the committee submit questions to Scrutiny Officers who will liaise with Debbie Le Quesne/Alison Malik for a response.
- Debbie Le Quesne and Alison Malik, in their respective roles of provider and commissioner, are invited to provide a further report to the committee.

d) Healthwatch Birmingham

Andy Cave (Chief Executive Officer, Healthwatch Birmingham) told the committee that a survey that Healthwatch had been conducting had run for 9 weeks and closed on 12th June 2020. Work was now being undertaken to analysis the dataset. The focus of the survey was twofold:-

1. To identify vulnerable citizens in need of support and signpost them to relevant information.
2. To hear individuals concerns or issues around health and social care as a consequence of lockdown.

The findings of the survey are being summarised and will be available in two weeks' time.

Healthwatch have also undertaken a poll to understand peoples' experiences of digital transformation/communication as many health services in Birmingham

are providing consultations over the telephone or video-link rather than face-to-face.

RESOLVED:

Andy Cave is invited to the next meeting to present the findings of the survey.

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

None.

7. OTHER URGENT BUSINESS

Councillor Peter Fowler queried whether a response had been received from Chris Naylor, Interim Chief Executive, to the cross-party letter sent on behalf of the HOSC raising concerns about the enactment of Care Act Easements.

RESOLVED:

Scrutiny Officers to submit a further email to the Interim Chief Executive which reflects the concerns of the committee and requests a response as soon as possible.

8. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

9. DATE AND TIME OF NEXT MEETING

The Chairman confirmed that the next meeting would take place on 21st July 2020 at 2.00pm and, provisionally, 1st September 2020 at 2.00pm for the subsequent meeting.

The meeting ended at 1606 hours.



Health and Social Care O&S Committee:

2019/20 Financial Outturn Report

Background

On 18th June, members of the Resources O&S Committee considered the 2019/20 City Council Financial Outturn Report. The committee focussed their attention on four directorates, one of which was Adult Social Care, with the outcome of their deliberations being summarised in a note to Cabinet Members prior to the Cabinet meeting on 23rd June 2020. The HOSC is invited to consider these issues summarised below.

Excerpt from the 2019/20 Financial Outturn Report

In Appendix A, Section 2, the following Key Issues were reported pertaining to Adult Social Care:-

There is an underspend of £12.7m in Adult Social Care after recommended net transfer from reserves of £1.1m. The underspend largely relates to:

- *There is an £9.6m underspend in Packages of Care comprising £7.3m reductions in numbers and unit costs achieved in Older People client group as a result of the Directorate's transformation programme and work relating to the Three Conversations model and Customer Journey. In addition, there is £1.9m lower than anticipated costs relating to the roll out of the Framework and £1.2m lower than anticipated costs relating to the provision for bad debts offset by £0.8m one off pressure for settlement of a legal case relating to historical residential packages of care costs.*
- *There is a £1.2m underspend against Corporate Director budget. Birmingham Community Equipment Loan Store budget has underspends due to a credit in respect of the previous financial year of £0.5m and capitalisation of £0.5m. There is £0.2m of other minor underspends.*
- *There is an underspend of £1.1m in Assessment and Support Planning due to vacancies of £1.0m and other minor underspend of £0.1m.*
- *The underspend of £1.7m in Commissioning relates to £1.0m one-off third-party grant, £0.3m one off underspend against computer costs and £0.4m other minor variations*
- *These are partially offset by an overspend of £0.9m against Specialist Care Services largely relating to staffing costs.*

Matters Arising/Resolution for consideration by HOSC

During the discussion that took place, Resources O&S members noted the following:-

- There is an underspend reported of £9.6 million on packages of care; though members felt that there was little specific detail of the £8.6m of that underspend that related to older people.
- On the underspend in general, whilst members did state that senior officers should be congratulated for achieving such a good budgetary result, it was also noted that members needed to be assured that the underspend is not a result of displacement activity (e.g. assessments not taking place).
- The Resources O&S Committee would refer the service issues to the Health and Social Care O&S Committee to understand the reasons for that underspend in more detail.

Briefing note to : Health & Social Care Overview & Scrutiny Committee

Subject: 2019/20 Financial Outturn - Adults

1. Purpose of Note

- 1.1** To provide additional information to The Health and Social Care Overview and Scrutiny Committee to explain the reasons for the 2019/20 Adult Packages of Care underspend in more detail to assure members that the underspend is not as a result of displacement activity.

2. 2019/20 Packages of Care Outturn

- 2.1** The overall outturn position against Packages of Care in 2019/20 was an underspend of £9.582m against budget of £211.954m as follows:

Service Area	2019/20 Budget	2019/20 Outturn	2019/20 Variance
	£m	£m	£m
Learning Disabilities	94.806	94.303	(0.503)
Mental Health	12.803	12.362	(0.441)
Older People	72.635	64.078	(8.557)
Physical Disabilities	29.617	29.520	(0.097)
Working Age Dementia	2.093	2.109	0.016
	211.954	202.372	(9.582)

- 2.2** This outturn position has arisen partly due to a number of one-off underspends:

- A reduction in the provision set aside for bad debts of £1.169m,
- An underspend of £1.946m linked to the ongoing phased roll out of framework pricing, and
- Additional income received totalling £0.8m relating to the resolution of historic disputed invoices for jointly funded care.

- 2.3** The underspend is primarily due to the implementation of the 3 Conversations Model which has now been rolled out and is live across all Social Work Teams. This approach has delivered significant efficiencies through improved use of voluntary and community support and social capital. The implementation of the 3Cs model has resulted in a reduced number of service users receiving residential based care and an increase in the number of Direct Payments in line with the Directorate's policy to support people in community settings. The ongoing savings delivered through this approach will be an essential element of the delivery of significant "step up" savings targets against packages of care in both 2020/21 and 2021/22.

- 2.4** The key variations from budget for each service area are set out in the following paragraphs together with supporting activity numbers.

- 2.5** Activity data is based on the number of recorded care packages on Carefirst at a point in time each quarter and is subject to some monthly variation as new packages start/packages are deleted. In addition, please note that package numbers relate to individual care packages, not service users so there may be some duplication where a service user has more than one service (e.g. Home Care & Day Care).

3. Learning Disabilities

- 3.1** An underspend of £0.503m against budget of £94.807m, largely due to increased number of Direct Payments and Supported Living costs totalling £1.473m, offset by a reduction in Residential Care costs of £1.863m, partly due to reduced residential care numbers but also a one off credit for £0.8m relating to the resolution of historic disputed invoices for jointly funded care.

Learning Disability Care Package Numbers by Quarter:

			Mar	Jun	Sep	Dec	Mar
			19	19	19	19	20
Learning Disabilities							
LD	LT Nursing		39	37	37	38	40
LD	LT Residential		807	788	779	770	768
LD	Home Support		417	412	391	386	384
LD	Supported Living		333	333	346	367	367
LD	Direct Payments		602	604	625	649	664
LD	Day Opportunities		808	796	784	780	781
	Total Packages		3,006	2,970	2,962	2,990	3,004

4. Mental Health

- 4.1** An underspend of £0.441m against a budget of £12.803m relating mainly to Home Support costs where the service has seen a minor reduction in activity against budget within this client group over the last year compared to budget.

Mental Health Care Package Numbers by Quarter:

			Mar	Jun	Sep	Dec	Mar
			19	19	19	19	20
Mental Health							
MH	LT Nursing		75	79	77	75	71
MH	LT Residential		255	250	256	263	257
MH	Home Support		125	131	122	120	113
MH	Supported Living		124	131	137	141	144
MH	Direct Payments		75	189	193	201	225
MH	Day Opportunities		18	19	17	16	14
	Total Packages		672	799	802	816	824

5. Older People

5.1 An underspend of £8.557m against budget of £72.635m as a result of:

- a £1.169m reduction in bad debt provision,
- a £1.946m underspend linked to the phased roll out of framework pricing, and
- a £4.688m reduction as part of the roll out of the 3 Conversations and Customer Journey projects which has resulted in a reduced number of service users receiving residential, nursing care and home care and a significant increase in the number of Direct Payments.

Older Adults Care Package Numbers by Quarter:

			Mar	Jun	Sep	Dec	Mar
			19	19	19	19	20
Older Adults							
OA	LT Nursing		1,080	1,104	1,093	1,105	1,067
OA	LT Residential		1,400	1,381	1,390	1,392	1,385
OA	Home Support		3,323	3,223	3,162	2,978	2,939
OA	Supported Living		44	47	61	59	62
OA	Direct Payments		1,056	1,153	1,211	1,312	1,402
OA	Day Opportunities		256	237	216	202	189
	Total Packages		7,159	7,145	7,133	7,048	7,044

6. Physical Disabilities

6.1 An underspend of £0.097m against budget of £29.617m as a result of reduced Home Support offset by increased number of Direct Payments.

Physical Disabilities Care Package Numbers by Quarter:

			Mar	Jun	Sep	Dec	Mar
			19	19	19	19	20
Physical Disabilities							
PD	LT Nursing		124	121	118	115	118
PD	LT Residential		106	104	103	99	100
PD	Home Support		790	757	738	688	673
PD	Supported Living		42	44	50	50	57
PD	Direct Payments		716	722	747	788	833
PD	Day Opportunities		237	233	231	220	211
	Total Packages		2,015	1,981	1,987	1,960	1,992

Healthwatch Birmingham

Helping to improve the response of Birmingham's health and social care services to the coronavirus pandemic

Supporting people during lockdown

- From the 9th April 2020 we heard from citizens via an online questionnaire, which asked if they, or someone they knew, needed support accessing:
 - Supplies
 - Medical care
 - Social care
 - Emotional support
 - Covid-19 related information
- Sharing the survey
 - We invited H&S providers and commissioners, and 3rd sector partners, to promote the survey with their service users
 - We placed adverts on Facebook, and we used twitter to 'spread the word'.
- We continued to hear feedback and support people via our Online Feedback Centre and our Information and Signposting service

Supporting people during lockdown

- The survey closed on the 16th June; we obtained 792 responses
- 577 Birmingham citizens completed the questionnaire across all constituencies (either for themselves or for someone else)
 - 152 were self-isolating/shielding
 - 345 were social distancing
 - 29 were previously self-isolating/shielding
 - 21 did not know.
 - (30 blank for this question)

Negative Feedback: Supplies

- 1 in 5 said that they were not able to access sufficient supplies (114/547)

“Well intentioned but insufficiently informed generalised food parcels are likely to be wasteful”

“Not enough to last 2 days. Loads of sugary food (diabetic). Got other health/mobility problems so can’t cook for myself”

“Shopping – the local shops are fine if you plan to live on tinned meatballs”

“Unfortunately I pay my bills and for my food etc using only cash. Therefore I have to break my isolation”

“Shops nearby with no fresh food”

Negative Feedback: Medical Care

- Just under a third of people that had needed medication, treatment or appointments said they had not received the medical care they needed (n=121/328)

“Heart clinic cancelled.

Assessment for orthopaedic problem cancelled.

Husband is waiting for a colonoscopy, no advice.

Husband awaiting cataract x2 survey.

In pain with broken tooth no help as dentist closed. Had advice but of no use. ... Advice re. appointment would be good”

Positive Feedback: Medical care

“Granton Medical Centre has done an excellent job of making sure we could still have urgent phone appointments and medicines needed, whilst having suspected coronavirus, and with issues afterwards – thank you”

“Dermatology at the QE called to check on me”

“Lloyds Pharmacy delivers my MS injections. I order my insulin and blood testing equipment through my GP app, Patient Access, then I ask someone to collect them”

Negative Feedback: Social care

- 42% of people receiving social care said that they needed more support during lockdown (14/33)

“Usually attends day centre – centre has closed and shielding so had to get rid of help around the house”

“My sister is my full-time carer and she cannot get any masks or gloves. Has to buy her own when she can get them as she’s trying to protect me and herself.”

“Under adult social services, but cancelled care services as had no confidence in being kept safe with different carers coming to the house, as they were not using PPE or washing hands”

Positive Feedback: Social care

“First practice healthcare have continued providing my care visits as normal and have been very good”

“Solitaire Care agency – all the carers are good and try their best to keep safe, but are buying own masks as the agency only provide for customers with Covid-19 virus or suspected symptoms”

“They have someone from the local authority who comes in to clean”

Negative Feedback: Emotional support

- Over a quarter said that they needed more emotional support (124/546)

“Solitary confinement is used as a punishment in prisons. Is having a psychological impact, lack of motivation, sleeping more than 12 hours a day, lack of energy.. Loneliness”

“Lost job at start of lockdown due to health, so struggling with loss of identify and isolation from friends and wider family.”

“A recognition that self-isolation for elderly people who live alone is not easy”

Supporting people during lockdown

- 97 people contacted our information and signposting service during lockdown
- Where required and possible, we immediately provided information and signposting to individuals needing support (telephone, email, website)
- Where we could not find information/organisations to signpost to, to meet unmet need, we informed H&S providers, and 3rd sector orgs to request information and/or support for those individuals
- Usually H&S providers/3rd sector provided information/support and the SU need was met.

Sharing feedback about experiences of health and social services during lockdown

- We identified ongoing issues affecting a number of people – e.g.
 - Unable to obtain food that meets dietary requirements due to medical conditions
 - Support for carers at home
 - Poor discharge from hospital
 - Lack of treatment or appointments for cancer patients
 - Lack of orthopaedic support or appointments
 - Poor of mental health team support
 - People who need additional support not being identified by social care
 - Lack of general practice appointments/checks, including poor digital consultations
 - Lack of dental care
 - Lack of day services
 - Lack of access to food/other supplies
- We shared these issues with individual providers and commissioners, and with relevant groups and committees across the city.

Data analysis and findings: what next

- Analysis of demographic gaps in our survey respondents will inform our future focus on specific communities across Birmingham
- Analysis of feedback to inform our future focus of:
 - issues to be investigated
 - our rolling gather of data (i.e. 'We heard this, we want to find out more'.)
- Publicly sharing positive feedback about individual organisations
- Sharing positive and negative feedback with commissioners and regulators via our quarterly report
- Sharing findings with Public Health and CCGs

Opportunities afforded by the lockdown

- We formed new relationships with 3rd sector orgs and how we might use these to hear feedback from people with protected characteristics in the future.
- We provided Health & Social Care with a better understanding of people's experiences during lockdown/gaps in services and are using this as a basis for working better with those organisations.
- We are developing innovative ways to hear feedback (e.g. virtual coffee mornings)

Our role during the recovery and restoration of services

- To encourage Health & Social Care commissioners/regulators to:
 - use patient feedback to identify gaps in needed support during the previous lockdown
 - Involve patients and the public in the restoration, recovery and redesign of services – including retaining services changes implemented during the pandemic i.e. digital access
- To be aware of post-lockdown changes to H&S policy/design/delivery of services
 - Either from 121 meetings with key stakeholders or during Healthwatch Birmingham's attendance at committee meetings
 - To use this knowledge to ensure we hear service user feedback about these changes

Our role during the recovery and restoration of services

- To hear service user feedback indicating that Health & Social Care commissioners and providers have:
 - reduced service gaps, revealed by pandemic/lockdown.
 - communicated improvements in the design and delivery of services to service users
 - ensured that service users have heard and understand these changes to services, and the improved support available.
 - ensured that SU have access to, and are using, this support and there are no demographic barriers
- To develop innovative ways of hearing feedback from a diverse selection of communities across Birmingham (e.g. virtual coffee mornings).

Thank you for listening

Questions?

Delayed Transfers of Care

(see also pages 3 and 4)

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

Target: 7.95 M12 performance: 11.56 **RED** (February data due to release schedule)

Item 7

What happened:

-Delays rose in January and then fell slightly for February

What were the challenges:

-There was a high level of demand in the discharge hubs

What we are doing:

We were unable to provide commentary this month due to pressures arising from the Covid-19 pandemic.

-Our teams have continually reviewed people to see if they could return home safely

-We have worked with partners such as the Clinical Commissioning Group to increase capacity in the discharge hubs

Clients reviewed in the last 12 months

(see also page 5)

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

Target: 85.0% M12 performance: 72.3% **RED**

What happened:

-Performance dropped this month

What we are doing:

We were unable to provide commentary this month due to pressures arising from the Covid-19 pandemic.

-An action plan to address underperformance is in development

-We are continuing work to redesign our approach to reviews within the Three Conversations model

Direct Payments

(see also pages 6 and 7)

The proportion of eligible clients in receipt of a Direct Payment

Target: 35.0% M12 performance: 35.9% **Green**

What happened:

-We have increased the number of people receiving direct payments and are have exceeded our end-of-year target.

-Based on 2018-19 Ascof, we are now in the top quartile of councils for this measure.

What we are doing:

-We are anticipating a slow-down in take-up due to the Covid-19 pandemic, as people may feel more assured by commissioned services such as Homecare.

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

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

Shared Lives (see also page 8)

The number of people who have shared lives

Target: 140 M12 performance: 96 **RED**

What happened:

We have continued to increase the number of people receiving Shared Lives
We have increased take-up over the course of the year by over 25%

What we are doing:

- Due to the Covid-19 pandemic, we are not able to offer the same level of service, and will focus maintaining our existing placements, by supporting with carers' moral and PPE needs, and dealing with any placement breakdowns.
- We are continuing to make urgent placements where appropriate, to help keep vulnerable people safe
- We are using the available technology to avoid "in person" contact where possible
- We are approving new carers where it is safe to do so

People with Learning Disabilities supported into employment by PURE project (see also page 9)

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

Target: n/a M12 performance: n/a

What happened:

- This measure replaced "The proportion of people with learning disabilities in employment" for Q3.
- Due to the labour-intensive data-collection and pressures from the Covid-19 pandemic, the project were unable to provide us with data this quarter.
- Over the quarter from October to December, the Project succeeded in supporting 4 adults with learning disabilities into employment, and a further 11 into education and training.

What we are doing:

We were unable to provide commentary this month due to pressures arising from the Covid-19 pandemic. The following is from the previous quarter's commentary:

- The PURE Project (Placing vulnerable Urban Residents into Employment and training) aims to support various groups of people aged 29 and over into employment, including people with Learning and other disabilities.
- Our work is carried out by a range of specialist contractor organisations
- The project's delivery phase launched in June 2019, and we expect that the number of people we help into employment will increase over the following months as the work gathers pace.
- We have already engaged with 142 people with learning disabilities.
- The project is due to run over 19 months, and we are having discussions to establish a suitable target profile for the measure.

Theme: Use of Resources

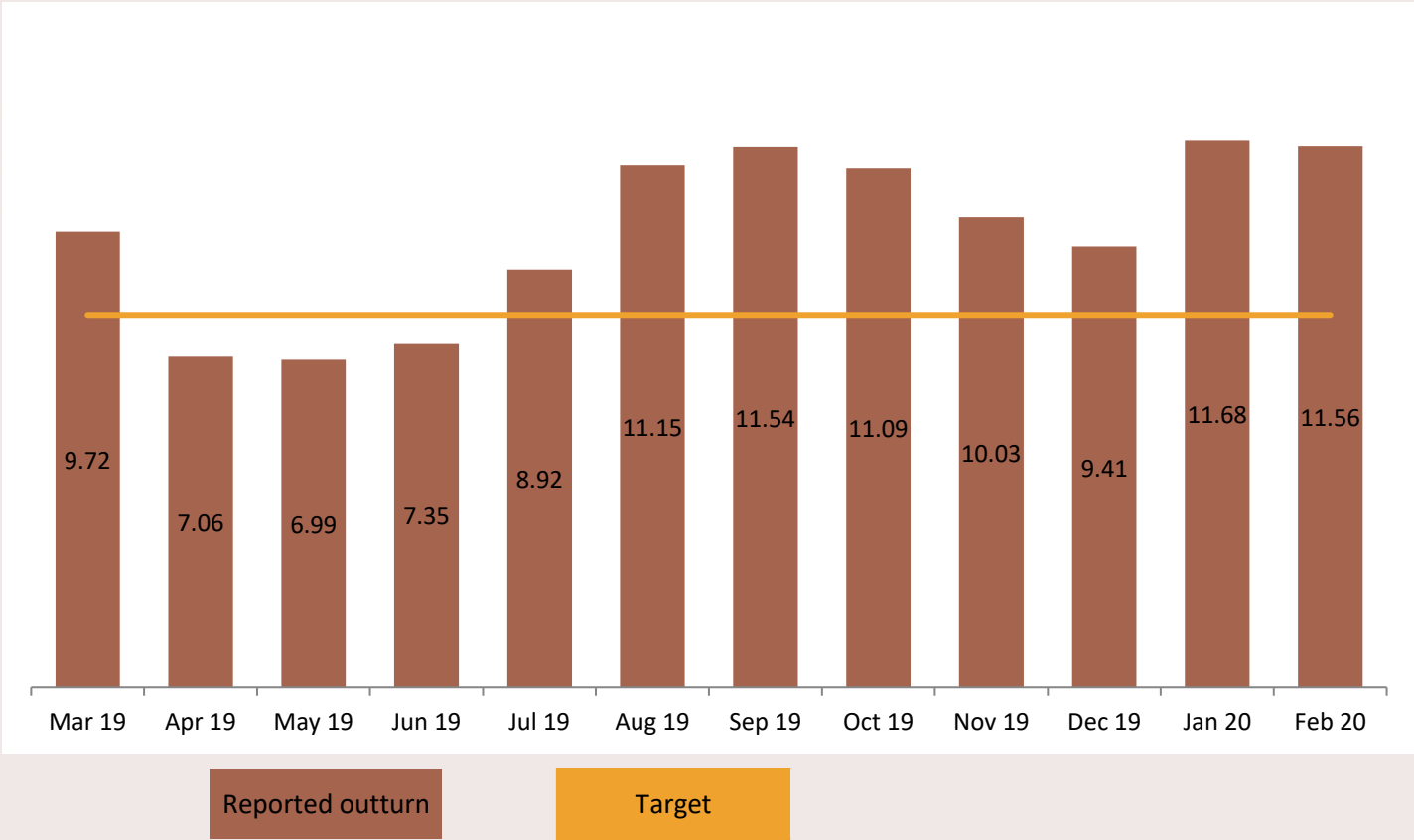
Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

RED

Change:
Down
(Green) 1%

Last Month	This Month	Target
11.68	11.56	7.95

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



Commentary:

We are unable to provide commentary this month due to the additional pressures on staff (including senior staff) resulting from the Covid-19 outbreak.

Measure Owner:
Balwinder Kaur

Responsible Officer:
Natalie McFall

Frequently asked questions:

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

[< Previous: Client social contact](#)

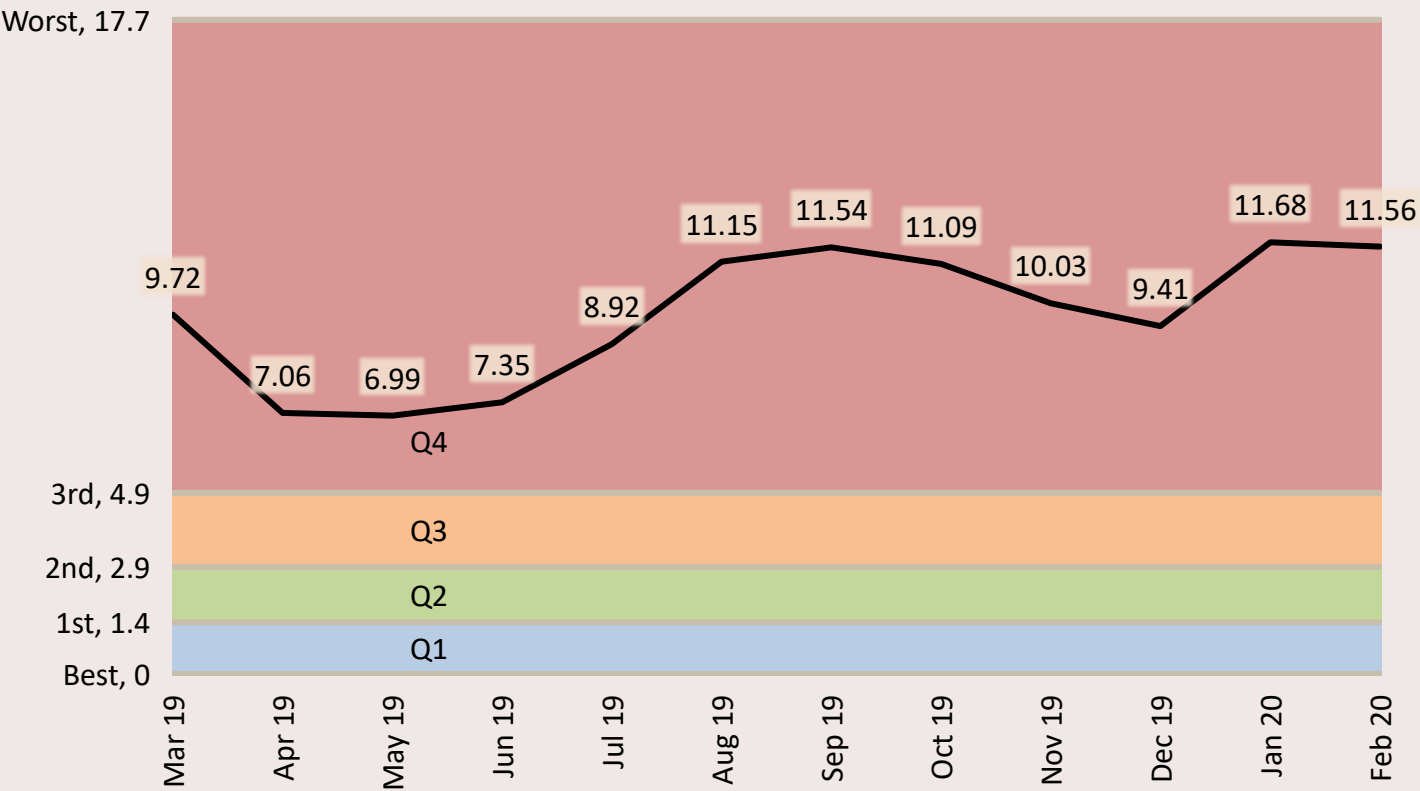
[Return to Scorecard](#)

[Next: DTOC Total quartiles >](#)

Theme: Use of Resources

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

Performance against national quartiles



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

Quartile	Score	Difference		Beds/day Difference
		Figure	%	
Worst	17.70	6.14	53%	52
Birmingham	11.56			
3rd	4.90	-6.66	-58%	-57
2nd	2.90	-8.66	-75%	-74
1st	1.40	-10.16	-88%	-87
Best	0.00	-11.56	-100%	-99

Current Quartile	4th
Distance to next quartile	57 Beds/day
Distance to top quartile	87 Beds/day

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

[< Previous: DTOC Total](#)

[Return to Scorecard](#)

[Next: Good provider all >](#)

Theme: Use of Resources

Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:

Down
(Red) 3.7 pp

Last Month	This Month	Target
76%	72.3%	85%

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



Commentary:

We are unable to provide commentary this month due to the additional pressures on staff (including senior staff) resulting from the Covid-19 outbreak.

Measure Owner:
John Williams

Responsible Officer:
Paul Hallam

Frequently asked questions:

Theme: Personalised Support

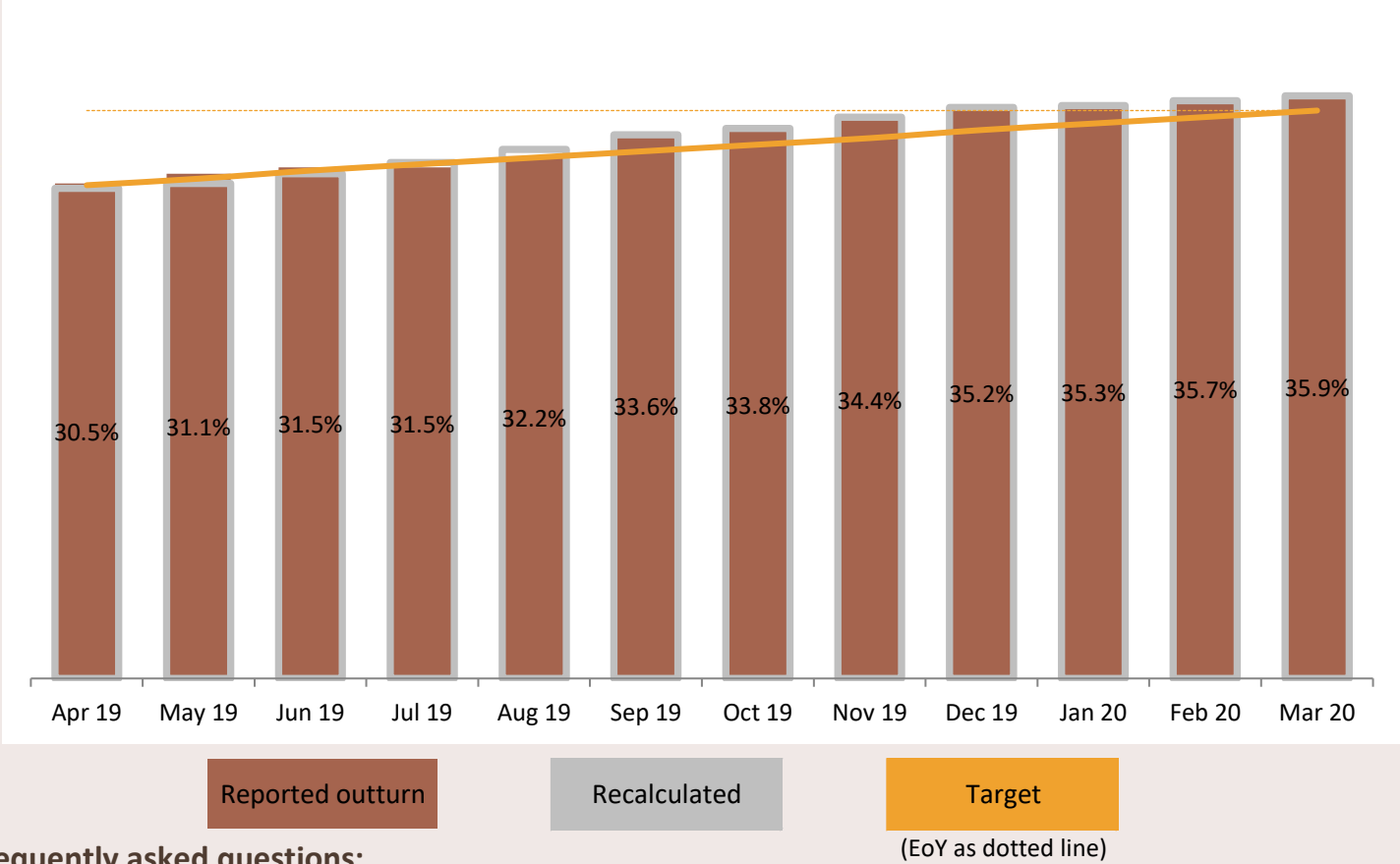
Uptake of Direct Payments

GREEN

Change:
Up
(Green) 0.2 pp

Last Month	This Month	Target
35.7%	35.9%	35%
Recalculated: 35.6%		(EoY 35%)

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



Commentary:

We have increased the number of people receiving direct payments again this month, and exceeded our end-of-year target, although the proportion has dropped slightly relative to the profile target. Based on the positions in the 2018-19 ASCOF measures, we are now in the top quartile of all councils for this measure.

We anticipate that citizen’s take-up of direct payments might slow down due to the Covid-19 outbreak and the emergency measures that are in place, as they begin to feel more assured by commissioned services such as homecare. Our workers will continue to encourage people to consider Direct Payments, and we will continue to train new workers on Direct Payments using online training tools.

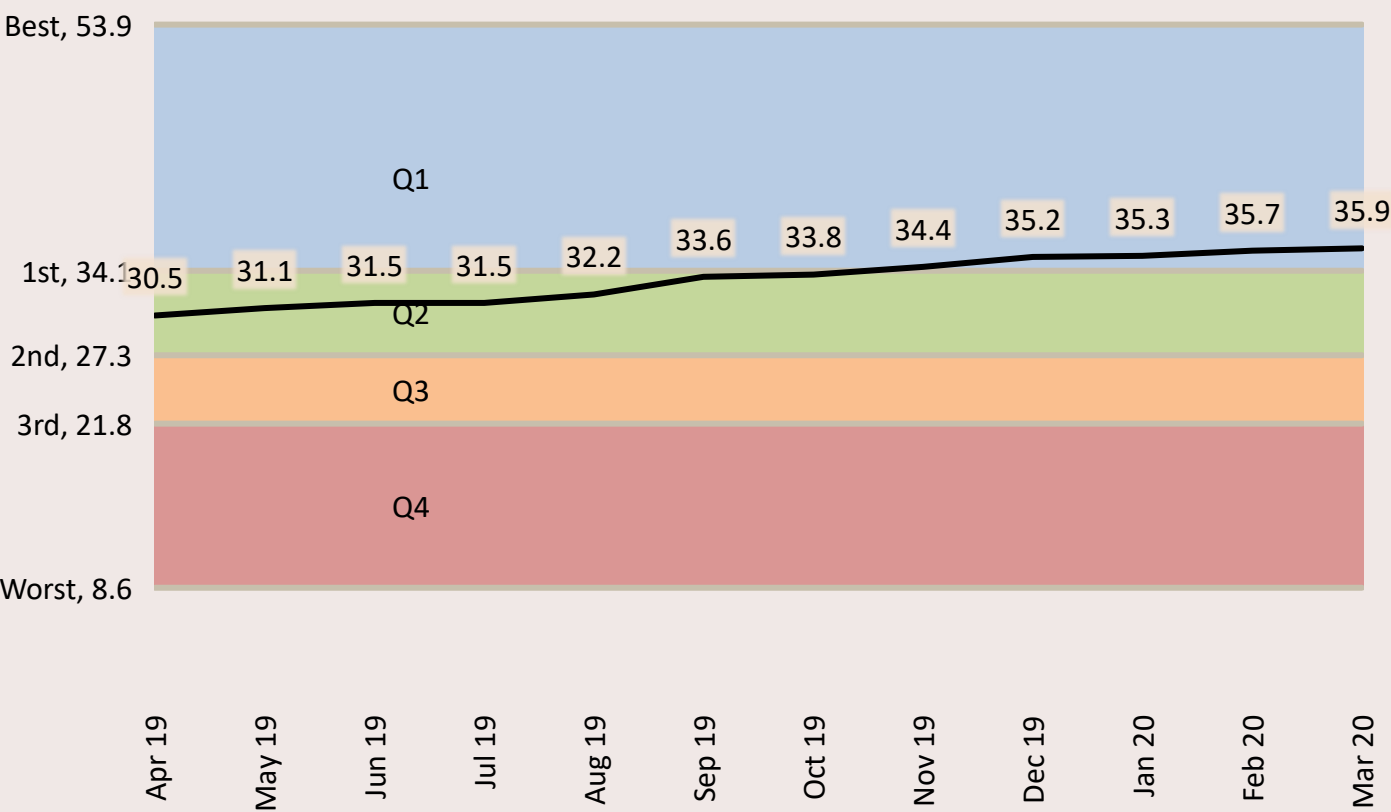
Measure Owner:
Balwinder Kaur

Responsible Officer:
Julia Parfitt

Frequently asked questions:

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

Performance against national quartiles



Quartile	Score	Difference		Packages Difference
		Figure	%	
Worst	8.6%	-27.3	-76%	-2207
3rd	21.8%	-14.1	-39%	-1140
2nd	27.3%	-8.6	-24%	-695
1st	34.1%	-1.8	-5%	-146
Birmingham	35.9%			
Best	53.9%	18.0	50%	1455

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

Theme: Personalised Support

The number of people who have Shared Lives

RED

Change:

Up
(Green) 4.3%

Last Month	This Month	Target
92	96	140
Recalculated: 92		

Source:

Carefirst service agreements



Commentary:

The number of people receiving a Shared Lives service from us has increased this month, continuing the significant improvement of the last few months. Over the course of this year, we have increased our take-up by over 25%. Due to the Covid-19 outbreak, we are not able to offer the same service as we were. We are hoping to maintain the 96 placements we currently have, by focussing on:

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

During this challenging time, we are continuing to make urgent placements where they are appropriate, to keep vulnerable people safe and free from exploitation. We are using the technology available to us, so that we can do this with as little "in person" contact as possible. We are still approving new carers where it is safe to do so, to maintain and increase Shared Lives' capacity to support people.

Measure Owner:
John Williams

Responsible Officer:
Zakia Loughead

Frequently asked questions:

Theme: Community Assets

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

N/A

Change:

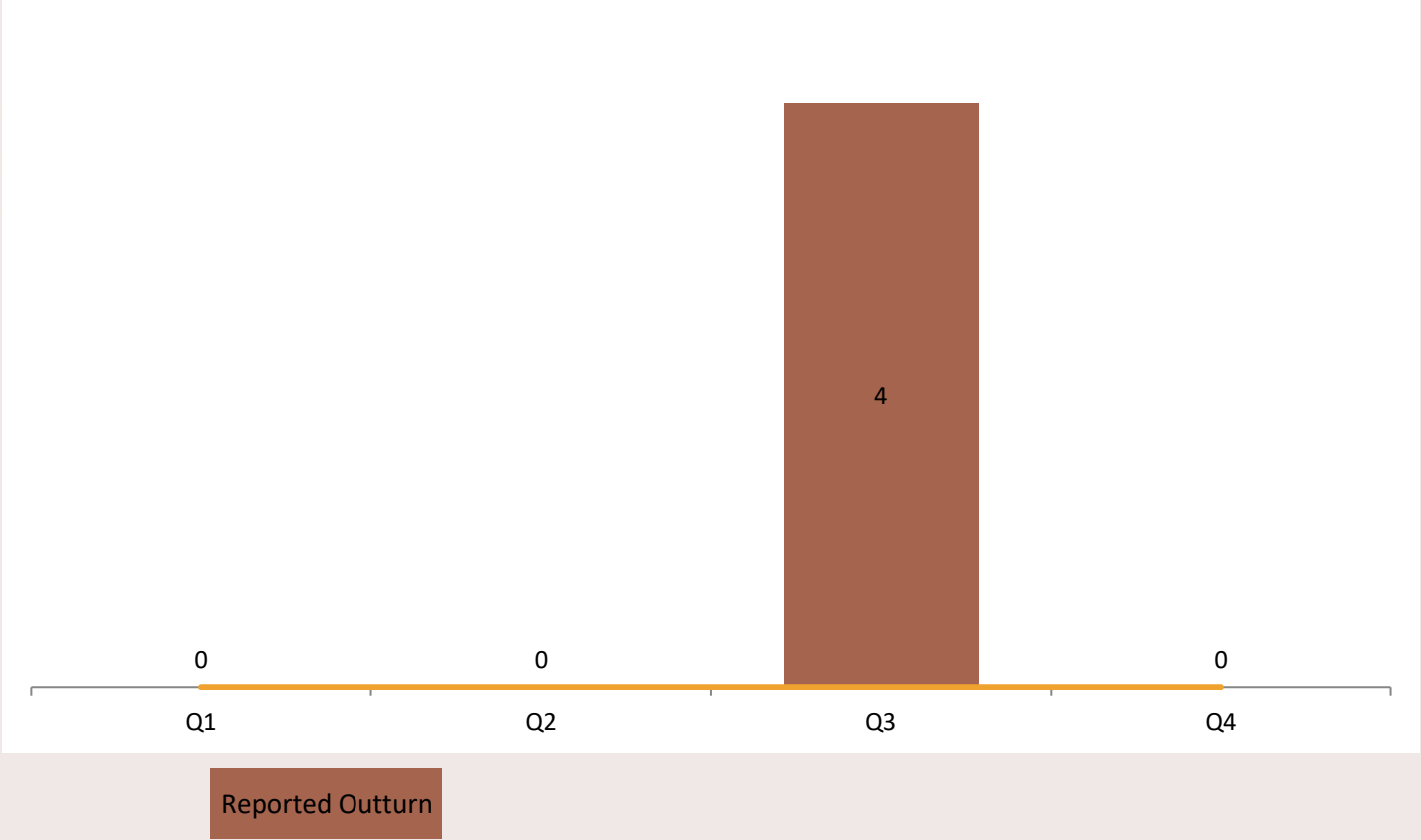
Prev. Quarter Latest Quarter Preferred

4

Travel: Upwards

Source:

Data supplied by PURE



Commentary:

We are unable to provide data or commentary this month due to the additional pressures on staff (including senior staff) resulting from the Covid-19 outbreak.

The following commentary was submitted for Q3:

This measure is new for quarter 3 and has replaced the previous measure on employment for people with Learning Disabilities.

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

Over the quarter from October to December, the PURE Project has succeeded in supporting 4 adults with learning disabilities into employment, and a further 11 into education and training. The project’s delivery phase launched in June, so it is still early days, and we expect that the number of people we help into employment will increase over the following months as the work gathers pace. As the project is supported by the European Social Fund (ESF), we have to comply with their strict requirements for evidence, so there were some successes that we haven’t been able to include in our figures. We have since held training sessions with our providers to ensure that they properly understand the reporting requirements and are credited for their successes.

We have already engaged with 142 people with learning disabilities. We hope to build on this foundation by encouraging more referrals from social work colleagues, and we expect the providers who are working with us to build their own caseloads from the community too.

The project is due to run over 19 months, and we are having discussions to establish a suitable target profile for the measure.

Measure Owner: Responsible Officer:

John Williams

Frequently asked questions:

Cabinet Scorecard - March 2020

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

1. Use of Resources

Measure	Status	Target	Last Month	This Month	D o T	Constit- uencies	Bench- markable
1Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)	RED	7.95	11.68	11.56	Down (Green)		✓
2The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)	AMBER	75%	78.9% (Q2)	74.8% (Q3)	Down (Red)		
3Proportion of clients reviewed, reassessed or assessed within 12 months	RED	85%	76%	72.3%	Down (Red)	✓	
4The number of long-term admissions to residential or nursing care per 100,000 over 65s	GREEN	560	515.7 (Q2)	509.7 (Q3)	Down (Green)		

2. Personalised Support

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
5Social work client satisfaction - postcard questionnaire.	GREEN	70%	97% (Q3)	99% (Q4)	Up (Green)		
6Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	GREEN	85%	91%	85%	Down (Red)	✓	
7Uptake of Direct Payments	GREEN	35% (EoY 35%)	35.7%	35.9%	Up (Green)	✓	✓
8The percentage of people who receive Adult Social Care in their own home	GREEN	DoT Only	69.3%	71.1%	Up (Green)		✓
9The number of people who have Shared Lives	RED	140	92	96	Up (Green)		

Cabinet Scorecard - March 2020

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

3. Prevention and Early Help

Measure		Status	Target	Last Month	This Month	D o T	Const.	B/mark
10	Number of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	14	18	Up (Red)		
11	Percentage of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	14.9%	13.8%	Down (Red)		✓

4. Community Assets

Measure		Status	Target	Last Month	This Month	D o T	Const.	B/mark
12	The number of people with Learning Disabilities who have been supported into employment by the PURE Project	N/A	DoT Only	4 (Q3)	(Q4)			
13	The percentage of adults in contact with secondary mental health services in employment	GREEN	DoT Only	4% (2017/18)	4% (2018/19)	Static (Amber)		✓
14	The proportion of people who use services who reported that they had as much social contact as they like	RED	DoT Only	46.5% (2017/18)	44% (2018/19)	Down (Red)		✓
15	The proportion of carers who reported that they had as much social contact as they like	RED	DoT Only	28.3% (2016/17)	25.1% (2018/19)	Down (Red)		✓

Theme: Use of Resources

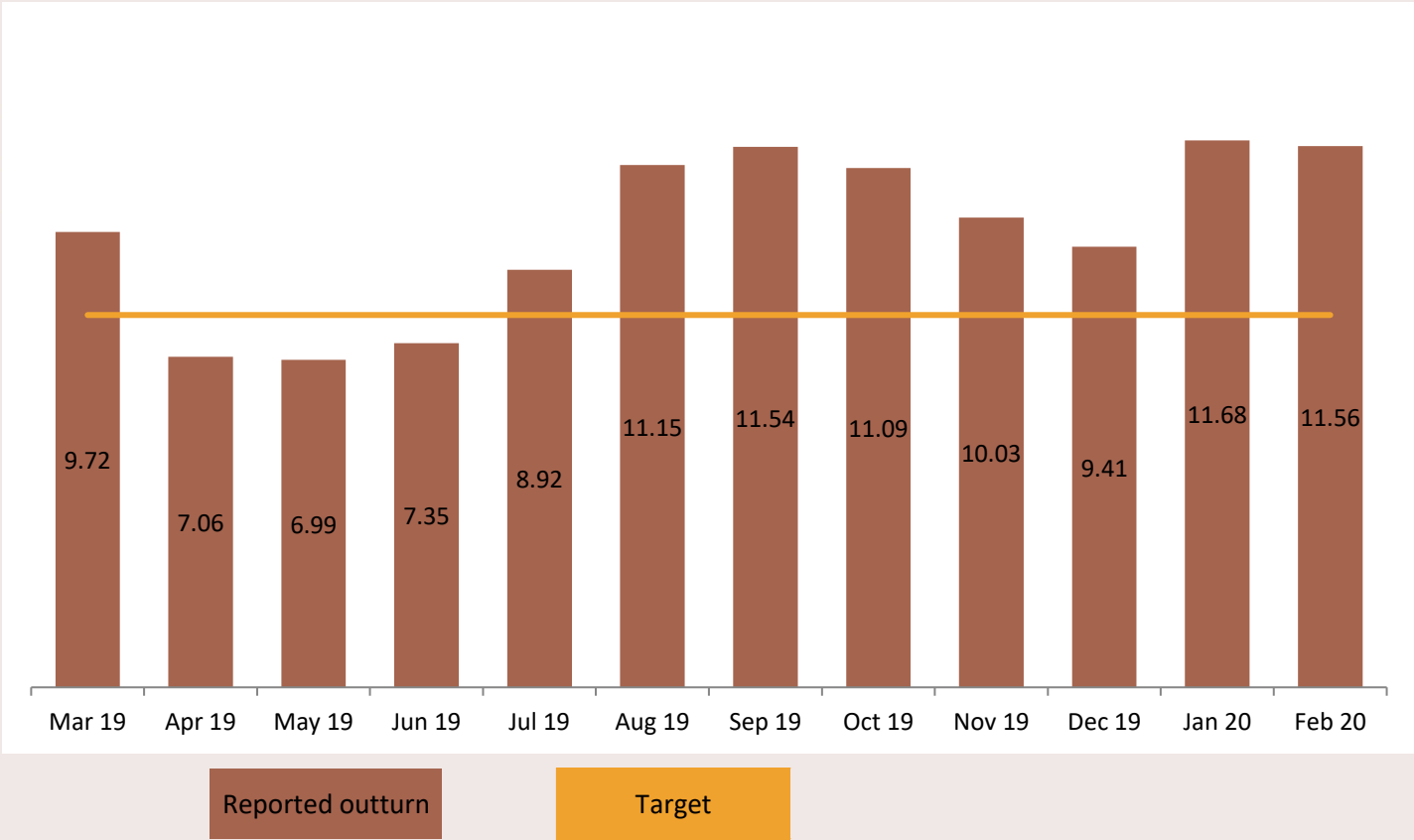
Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

RED

Change:
Down
(Green) 1%

Last Month	This Month	Target
11.68	11.56	7.95

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



Commentary:

We are unable to provide commentary this month due to the additional pressures on staff (including senior staff) resulting from the Covid-19 outbreak.

Measure Owner:
Balwinder Kaur

Responsible Officer:
Natalie McFall

Frequently asked questions:

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

[< Previous: Client social contact](#)

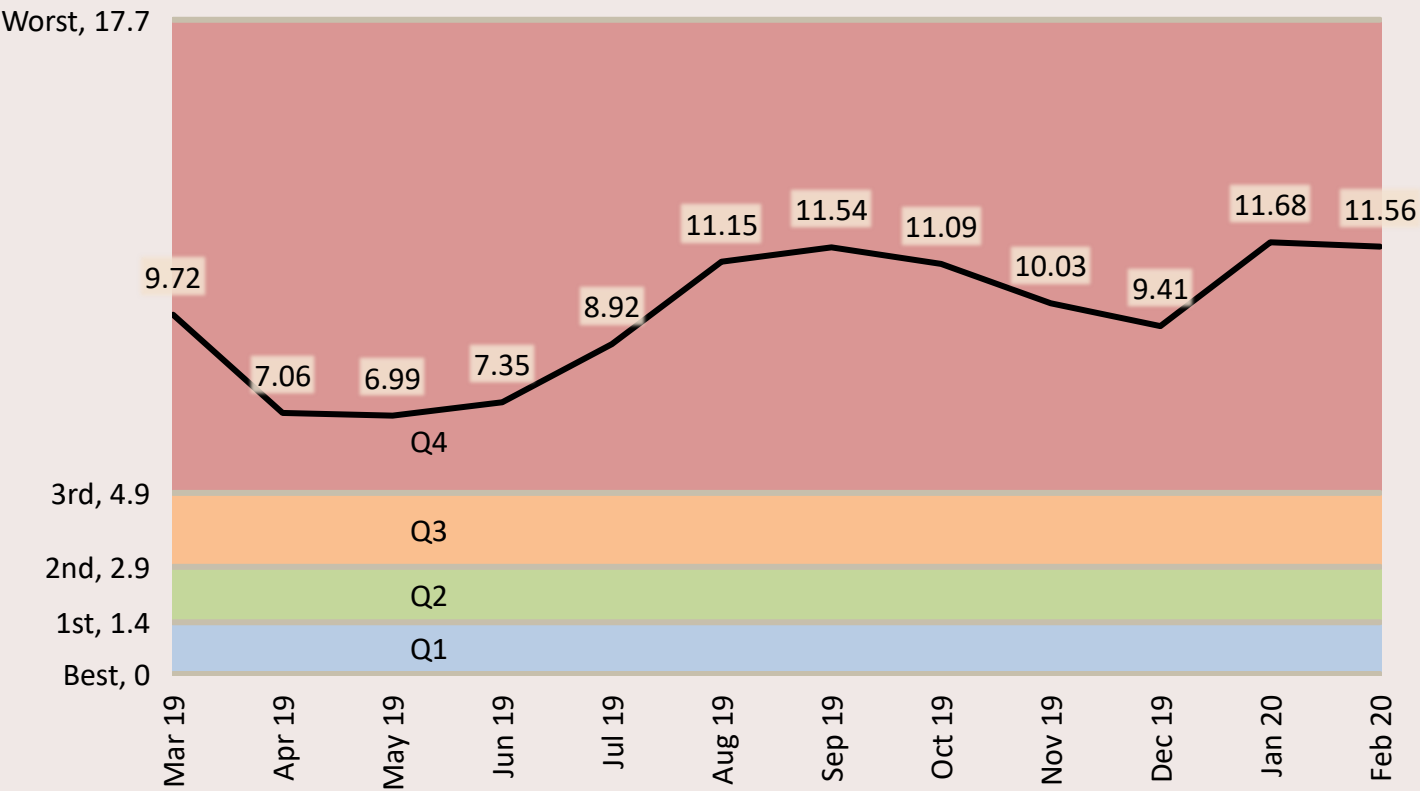
[Return to Scorecard](#)

[Next: DTOC Total quartiles >](#)

Theme: Use of Resources

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

Performance against national quartiles



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

Quartile	Score	Difference		Beds/day Difference
		Figure	%	
Worst	17.70	6.14	53%	52
Birmingham	11.56			
3rd	4.90	-6.66	-58%	-57
2nd	2.90	-8.66	-75%	-74
1st	1.40	-10.16	-88%	-87
Best	0.00	-11.56	-100%	-99

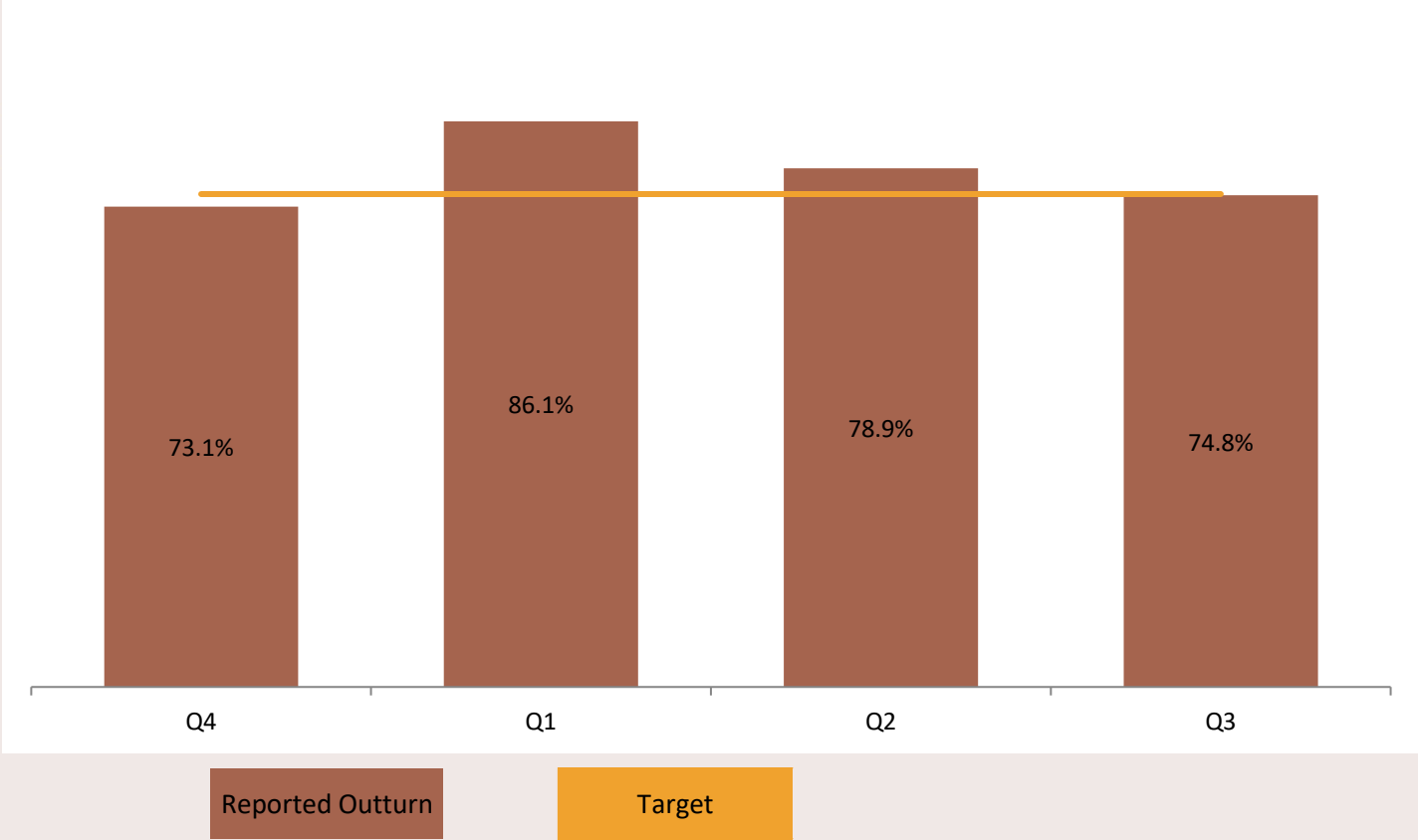
Current Quartile	4th
Distance to next quartile	57 Beds/day
Distance to top quartile	87 Beds/day

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

[< Previous: DTOC Total](#)

[Return to Scorecard](#)

[Next: Good provider all >](#)



Commentary:

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

This quarter, among the providers who dropped from a Silver rating following either BCC or CQC inspections were 3 care homes with over 130 service users and one large homecare provider with over 200 service users, which contributed to the fall in performance. Overall, 82.3% of our citizens who receive home support from us are with a provider rated as silver or gold, as are 69.6% of citizens receiving residential or supported living services.

We are working hard with inadequate providers, and in particular the larger ones, in order to improve the overall quality of support available, and to increase the available capacity for new services ready for the higher levels of demand that we see over winter. Since May 2018, we have worked with 25 such providers, 5 of which we decommissioned, but the remaining 20 improved. This work has also shown us that it takes around 6 months to turn around and improve an inadequate provider.

We have started analysing the data gathered from our annual quality reviews and the areas where providers face challenges in delivering high-quality care, and we are now putting together support packages to help improve areas of concern. We hope to have these in place by the end of the year.

Measure Owner:
Alison Malik

Responsible Officer:

Frequently asked questions:

Theme: Use of Resources

Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:

Down
(Red) 3.7 pp

Last Month	This Month	Target
76%	72.3%	85%

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



Commentary:

We are unable to provide commentary this month due to the additional pressures on staff (including senior staff) resulting from the Covid-19 outbreak.

Measure Owner:
John Williams

Responsible Officer:
Paul Hallam

Frequently asked questions:

Theme: Use of Resources

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

GREEN

Change:

Down
(Green) 1.2%

Prev. Quarter	Latest Quarter	Target
515.7	509.7	560
Recalculated: 0		

Source:
Carefirst



Commentary:

The number of people who we placed permanently in care homes has dropped slightly since the last reported quarter (September 2019). This represents a significant improvement from the same period last year, and we continue to exceed the target comfortably. The figure of 509.7 represents 765 new admissions between January 2019 and December 2019, compared to 790 in the period between October 2018 and September 2019, and 929 between January 2018 and December 2018. In hospitals, we follow a Home First policy. We aim to avoid placing people permanently in care homes when they are discharged from hospital, and support them to remain in their own home whenever this is possible. In the community, our social work teams have adopted a “Three Conversations” model of working. Under this model, social workers focus on connecting people with their communities as a source of support, and actively seek out opportunities and assets in the community that can help to meet people’s needs.

Measure Owner:
Balwinder Kaur

Responsible Officer:
Pauline Mugridge

Frequently asked questions:

[< Previous: Reviews](#)

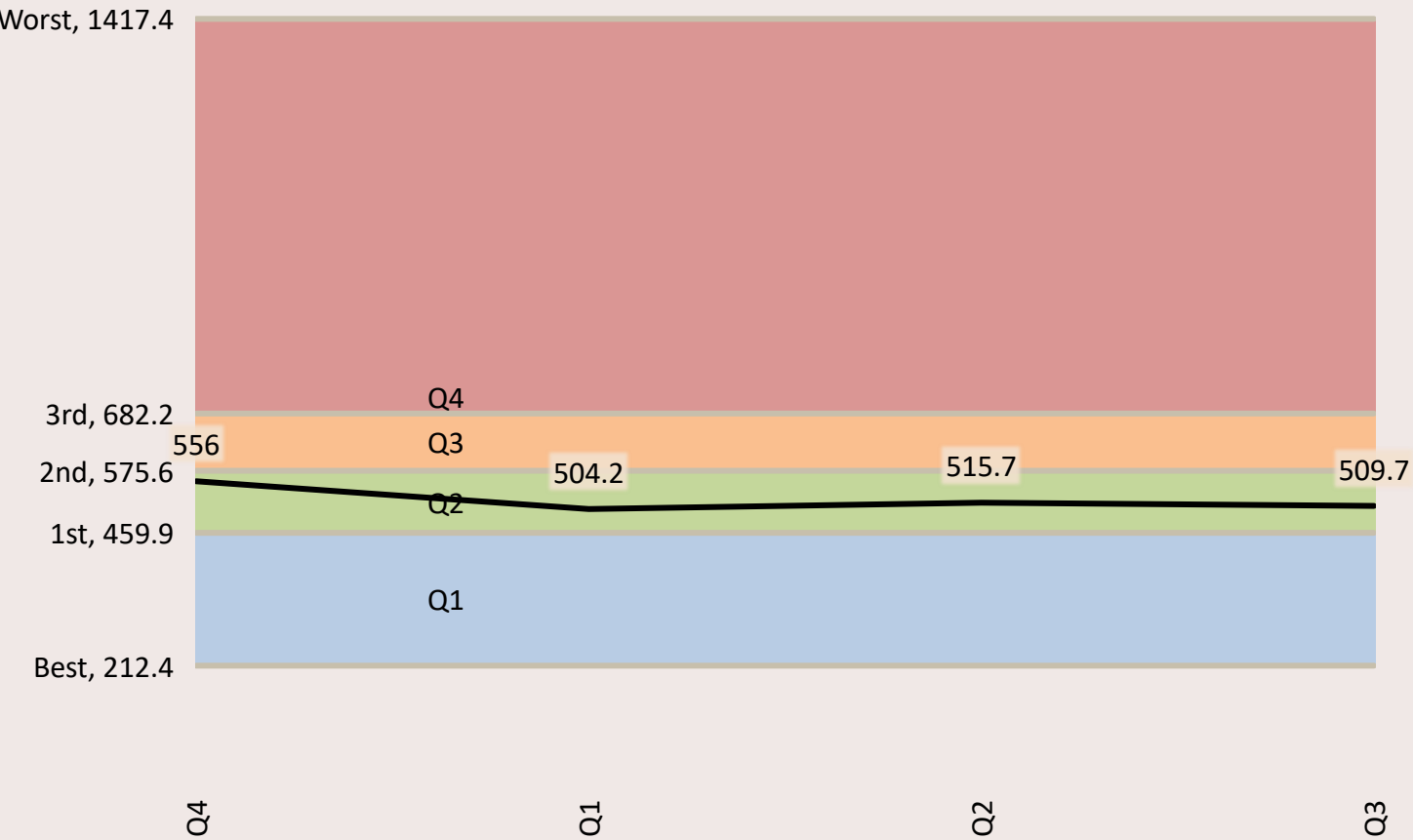
[Return to Scorecard](#)

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

Theme: Use of Resources

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

Performance against national quartiles



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

Quartile	Score	Difference		Admissions Difference
		Figure	%	
Worst	1417.4	907.7	178%	1343
3rd	682.2	172.5	34%	255
2nd	575.6	65.9	13%	97
Birmingham	509.7			
1st	459.9	-49.8	-10%	-74
Best	212.4	-297.3	-58%	-440

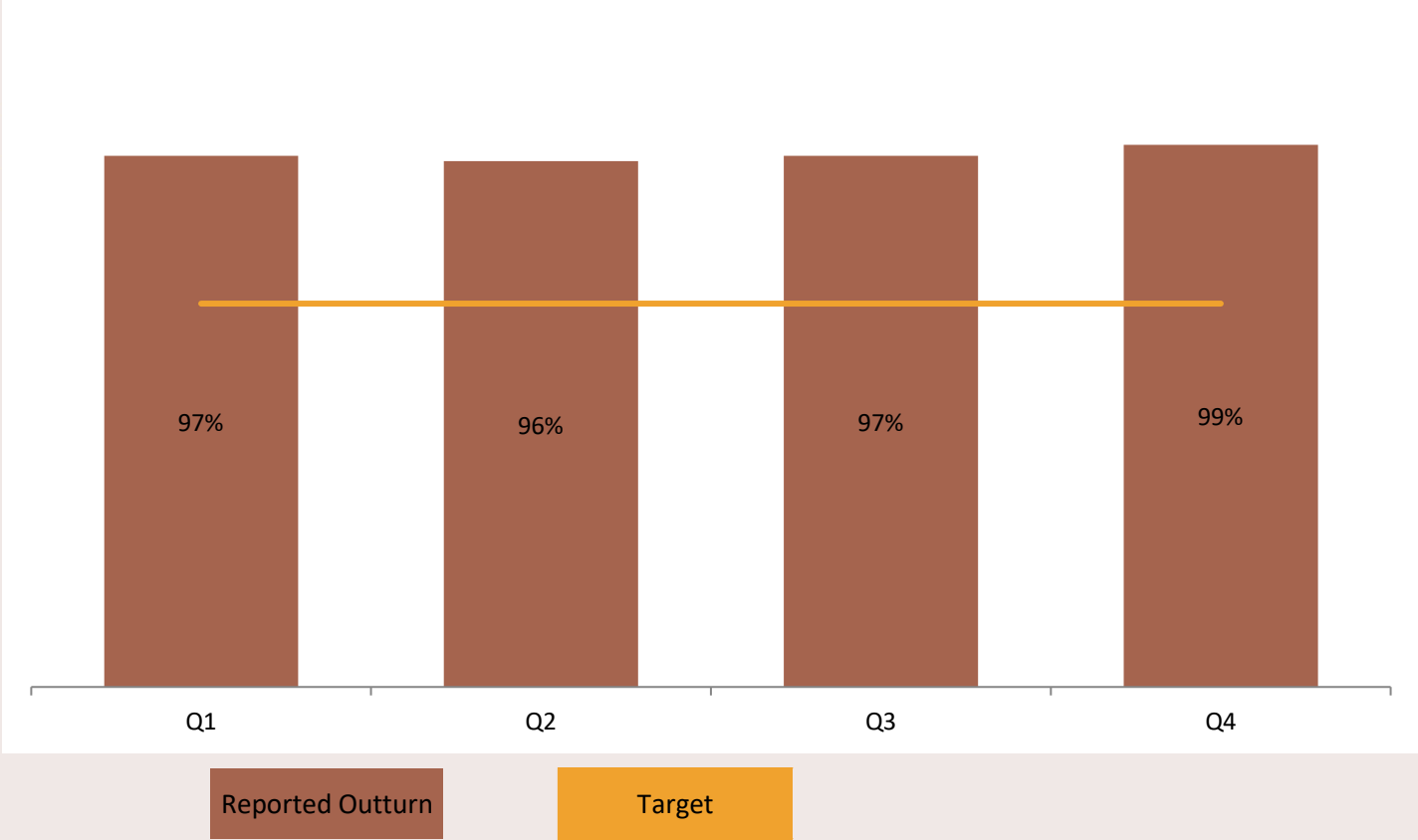
Current Quartile	2nd
Distance to next quartile	74 Admissions
Distance to top quartile	74 Admissions

GREEN

Change:
Up
(Green) 2 pp

Prev. Quarter	Latest Quarter	Target
97%	99%	70%

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



Commentary:
We are unable to provide commentary this month due to the additional pressures on staff (including senior staff) resulting from the Covid-19 outbreak.

Measure Owner:
Fiona Mould

Responsible Officer:

Frequently asked questions:

Theme: Personalised Support

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

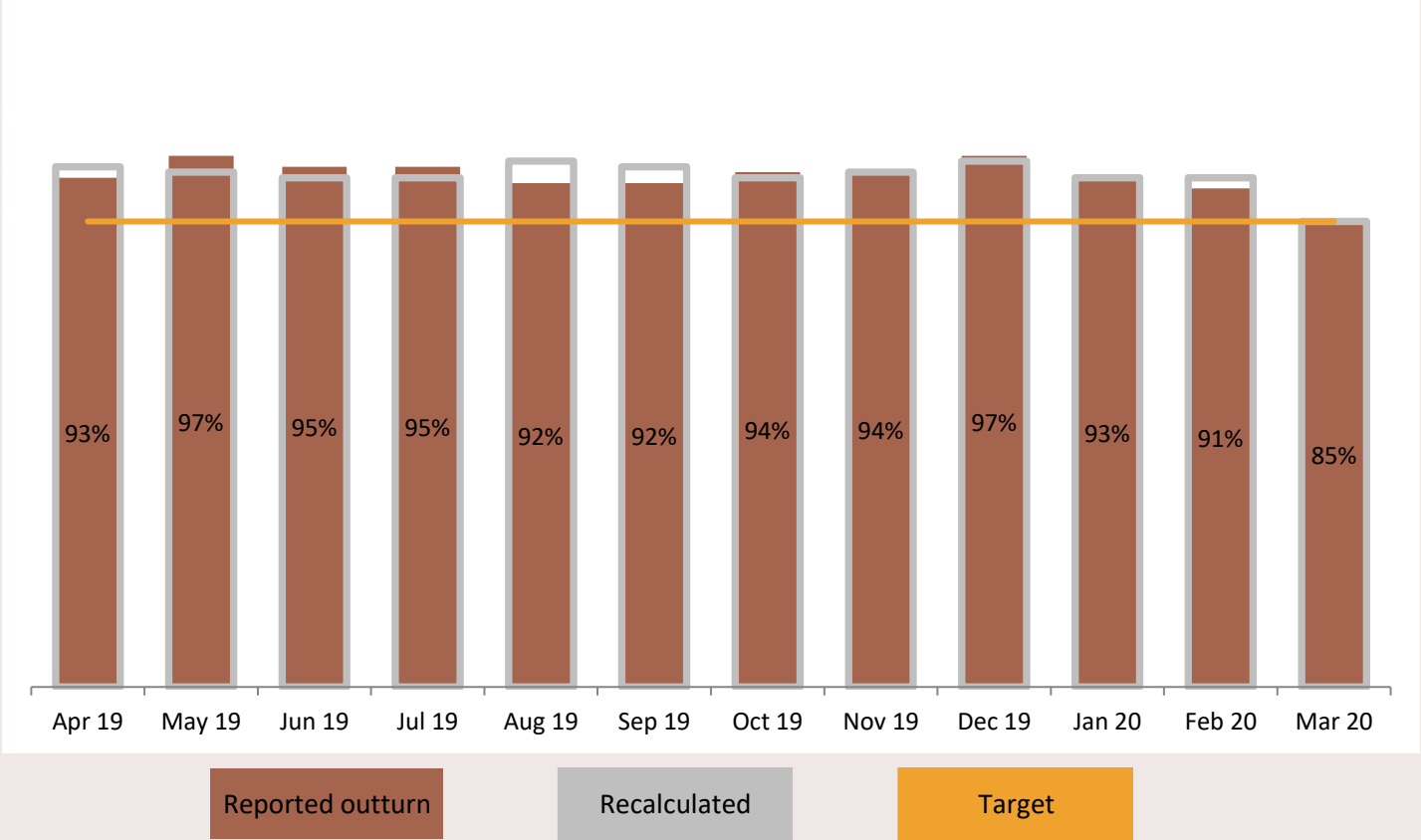
GREEN

Change:

Down
(Red) 6 pp

Last Month	This Month	Target
91%	85%	85%
Recalculated: 93%		

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



Commentary:

We are unable to provide commentary this month due to the additional pressures on staff (including senior staff) resulting from the Covid-19 outbreak.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

[< Previous: General satisfaction](#)

[Return to Scorecard](#)

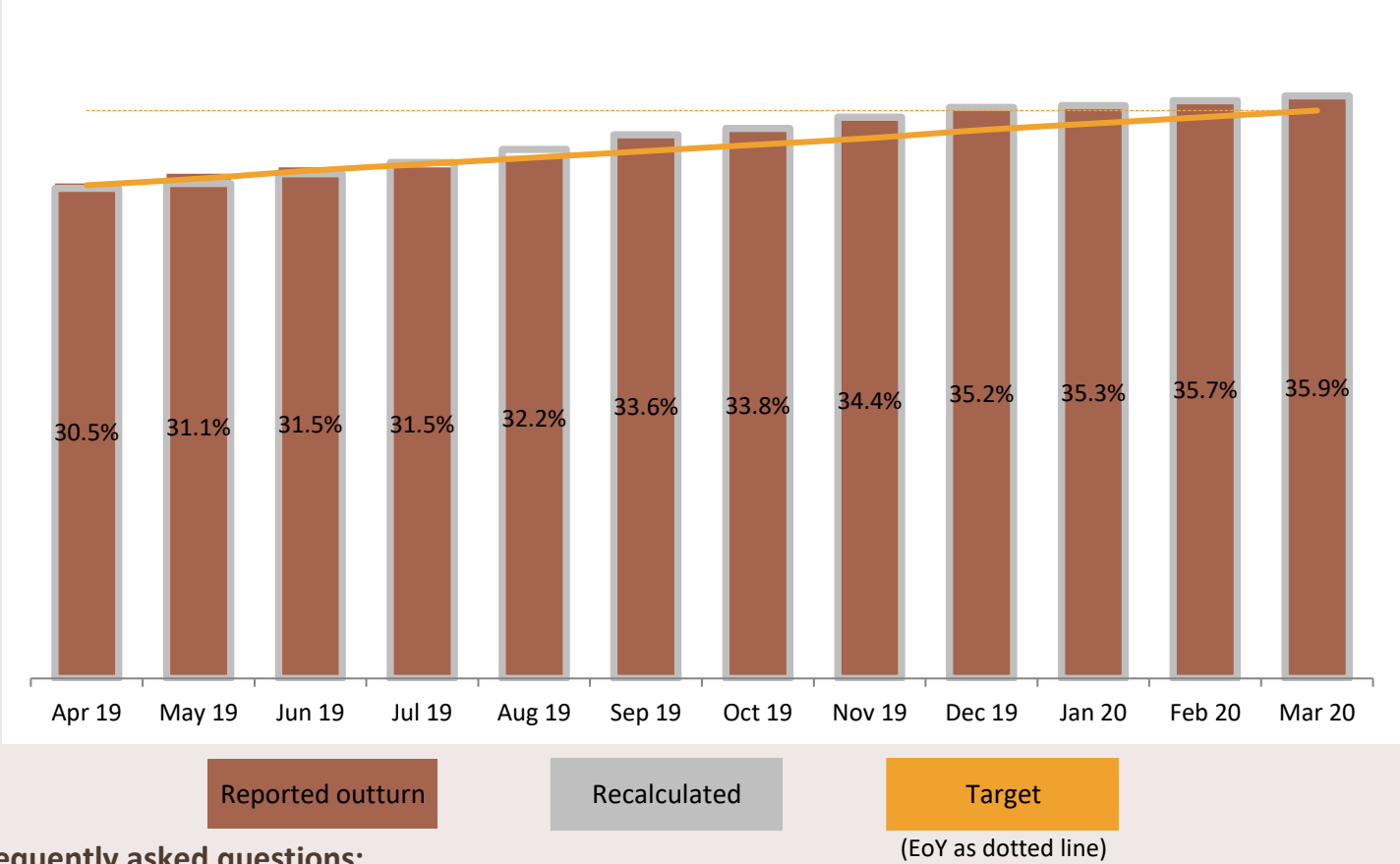
[Next: Direct payments uptake >](#)

GREEN

Change:
Up
(Green) 0.2 pp

Last Month	This Month	Target
35.7%	35.9%	35%
Recalculated: 35.6%		(EoY 35%)

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



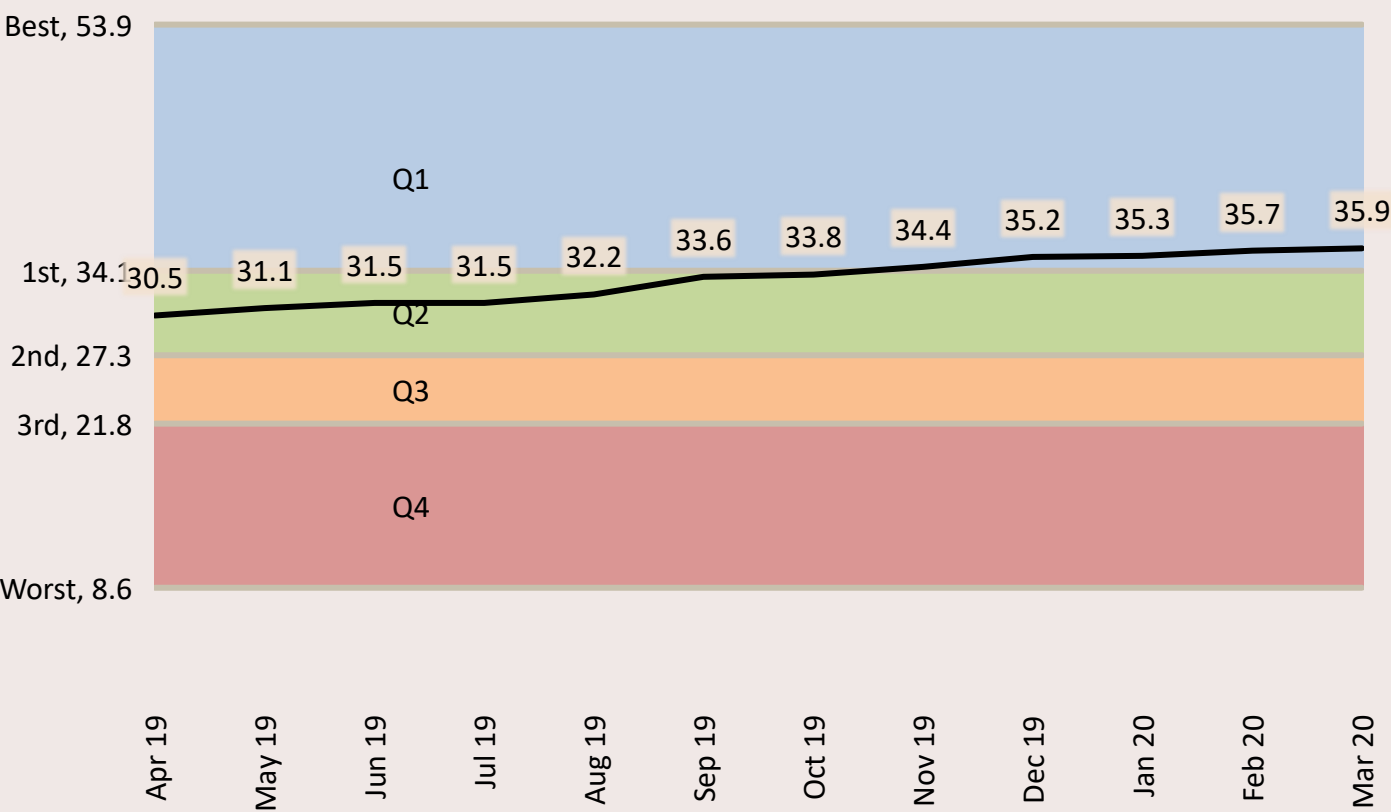
Commentary:
We have increased the number of people receiving direct payments again this month, and exceeded our end-of-year target, although the proportion has dropped slightly relative to the profile target. Based on the positions in the 2018-19 ASCOF measures, we are now in the top quartile of all councils for this measure.
We anticipate that citizen’s take-up of direct payments might slow down due to the Covid-19 outbreak and the emergency measures that are in place, as they begin to feel more assured by commissioned services such as homecare. Our workers will continue to encourage people to consider Direct Payments, and we will continue to train new workers on Direct Payments using online training tools.

Measure Owner: Balwinder Kaur
Responsible Officer: Julia Parfitt

Frequently asked questions:

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

Performance against national quartiles



Quartile	Score	Difference		Packages Difference
		Figure	%	
Worst	8.6%	-27.3	-76%	-2207
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2nd	27.3%	-8.6	-24%	-695
1st	34.1%	-1.8	-5%	-146
Birmingham	35.9%			
Best	53.9%	18.0	50%	1455

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

Theme: Personalised Support

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

GREEN

Change:

Up
(Green) 1.8 pp

Last Month

69.3%

Recalculated:
70.7%

This Month

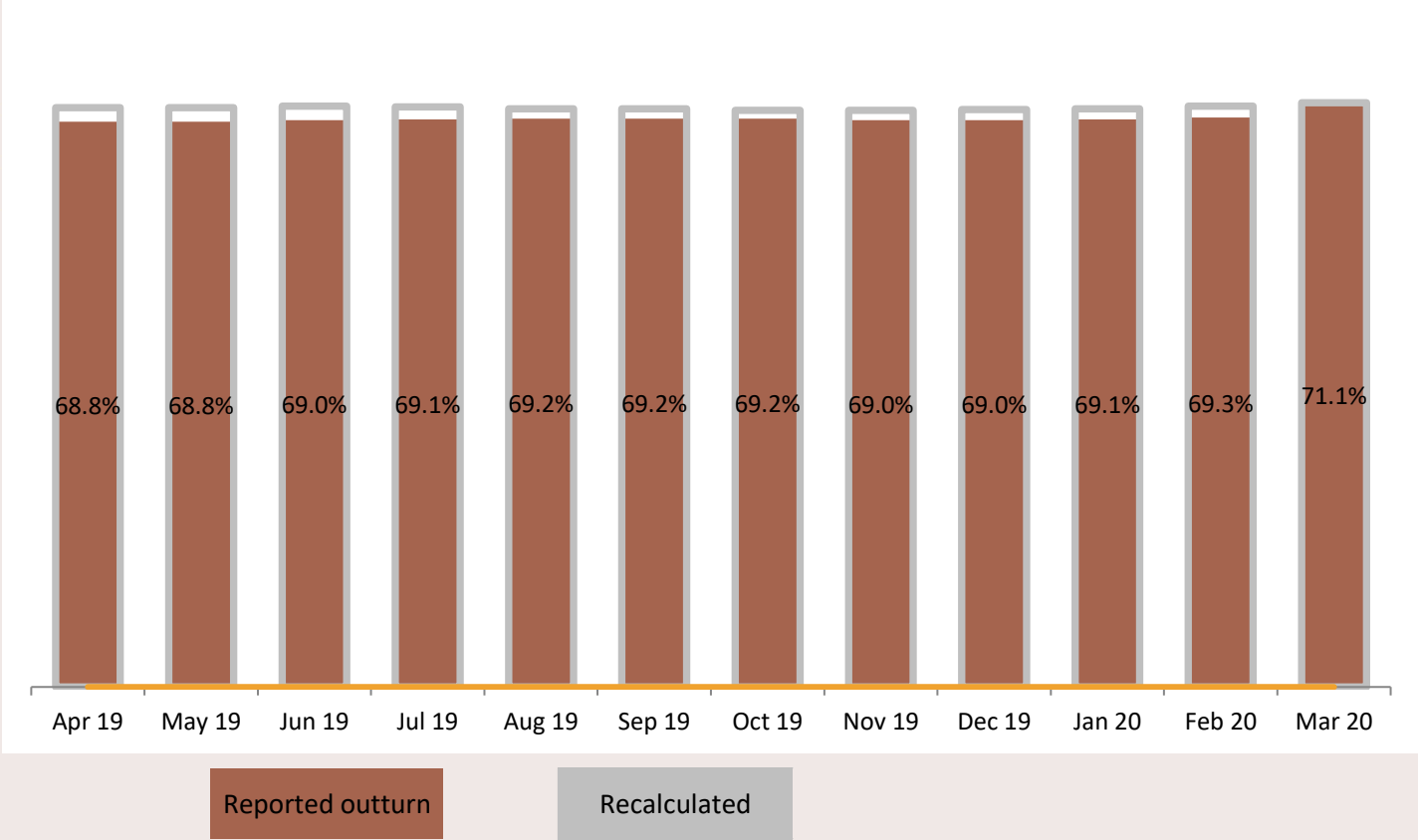
71.1%

Preferred

Travel:

Upwards

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



Commentary:

The proportion of people receiving support from us in their own homes has increased this month. Over the longer term, we have seen an incremental improvement in this measure.

We are continuing to help people to remain living in their communities for as long as possible, so long as it meets their care needs and does not place them at risk. We have a variety of policies and initiatives in place to support this aim. These include our Home First policy, which aims to prevent discharging people from hospital into a care home wherever we can avoid it. As part of Home First we are running a pilot of an intensive home care service to assist people to return home when previously they would have needed to move to a nursing home. Our Occupational Therapists continue to support our Social Workers to use equipment and assistive technology effectively so that people can remain in their homes for longer.

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

Our Early Intervention project is helping to keep people at home following discharge from hospital. With it, we aim to prevent people being admitted to care homes by providing them with an intensive period of support that helps them be as independent as possible.

Measure Owner:
Balwinder Kaur

Responsible Officer:
Andrew Marsh / Amanda Jones

Frequently asked questions:

[< Previous: Direct payments quartiles](#)

[Return to Scorecard](#)

[Next: Shared lives uptake >](#)

RED

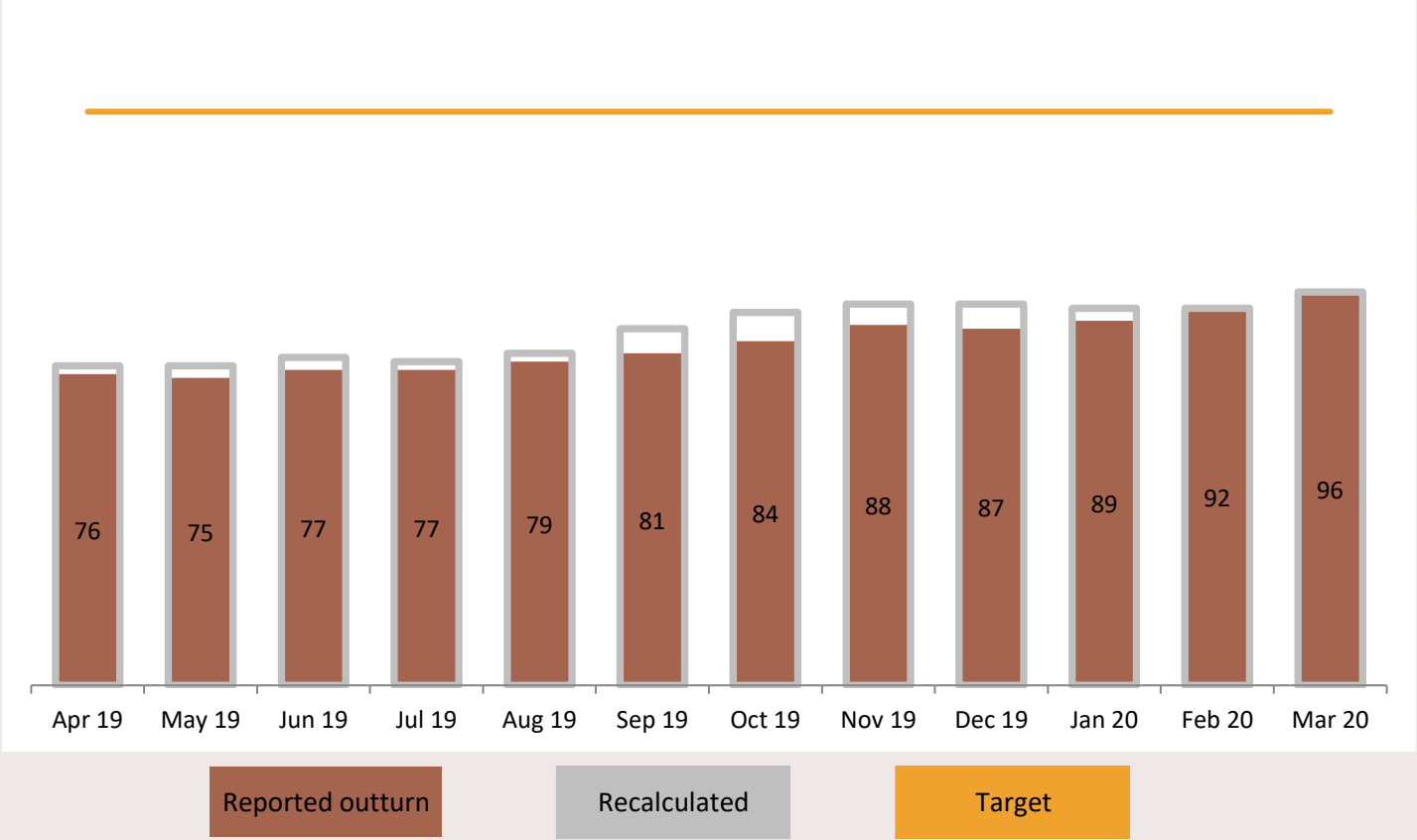
Change:

Up
(Green) 4.3%

Last Month	This Month	Target
92	96	140
Recalculated: 92		

Source:

Carefirst service agreements



Commentary:

The number of people receiving a Shared Lives service from us has increased this month, continuing the significant improvement of the last few months. Over the course of this year, we have increased our take-up by over 25%.

Due to the Covid-19 outbreak, we are not able to offer the same service as we were. We are hoping to maintain the 96 placements we currently have, by focussing on:

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

During this challenging time, we are continuing to make urgent placements where they are appropriate, to keep vulnerable people safe and free from exploitation. We are using the technology available to us, so that we can do this with as little "in person" contact as possible. We are still approving new carers where it is safe to do so, to maintain and increase Shared Lives' capacity to support people.

Measure Owner:
John Williams

Responsible Officer:
Zakia Loughead

Frequently asked questions:

Theme: Prevention and Early Help

Number of completed safeguarding enquiries which involved concerns about domestic abuse

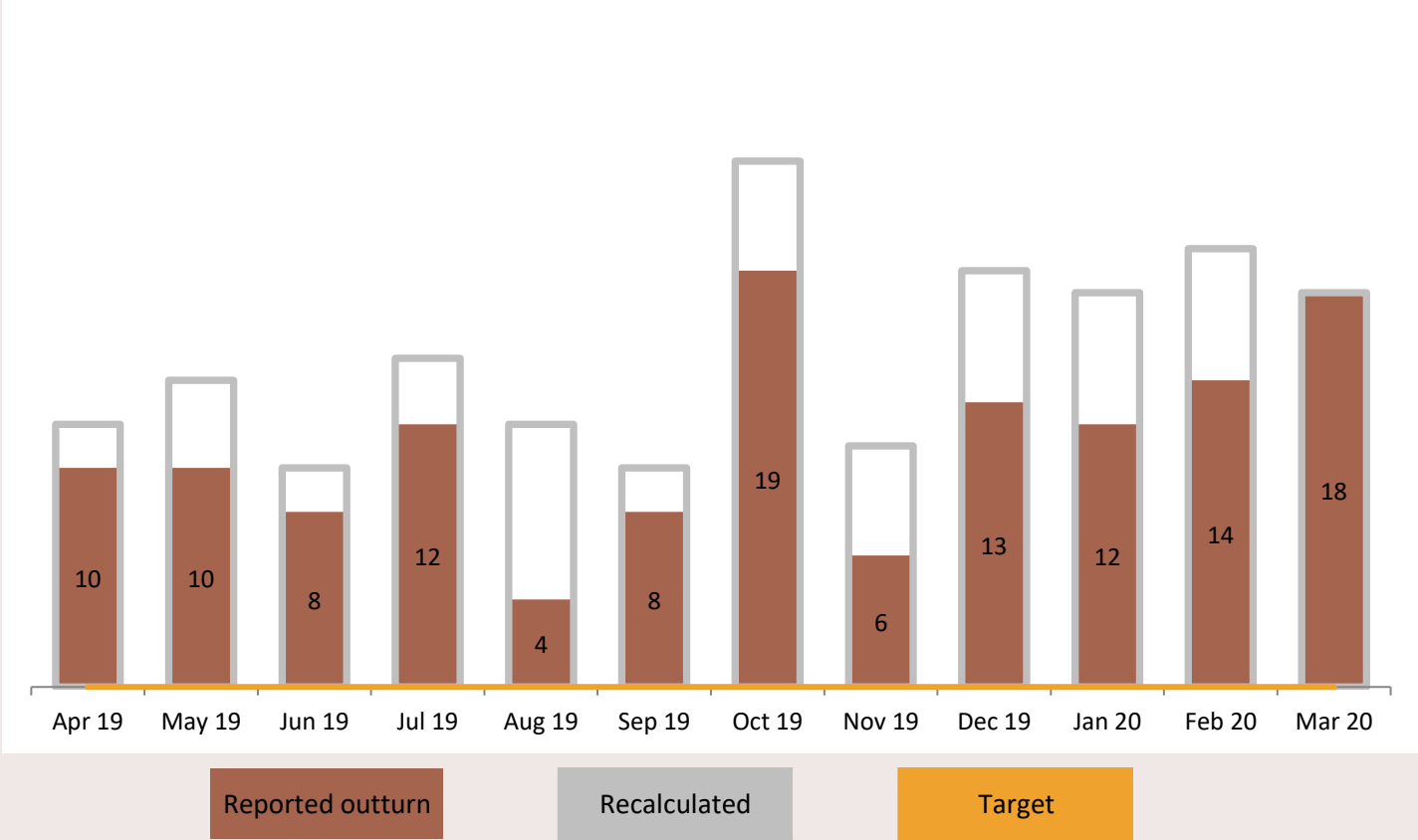
GREEN

Change:

Up
(Red) 28.6%

Last Month	This Month	Target
14	18	N/A
Recalculated: 20		

Source:
Carefirst



Commentary:

130 Safeguarding Enquiries were completed in March, of which 18 involved allegations of domestic abuse - 13.8%
In the last 12 months there have been 183 completed enquiries relating to this. Of these 94% achieved their expressed outcomes, 90% felt that they were involved, 89% felt that they had been listened to, 88% felt we had acted on their wishes, 79% felt safer and 79% felt happier as a result of our intervention.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

Theme: Prevention and Early Help

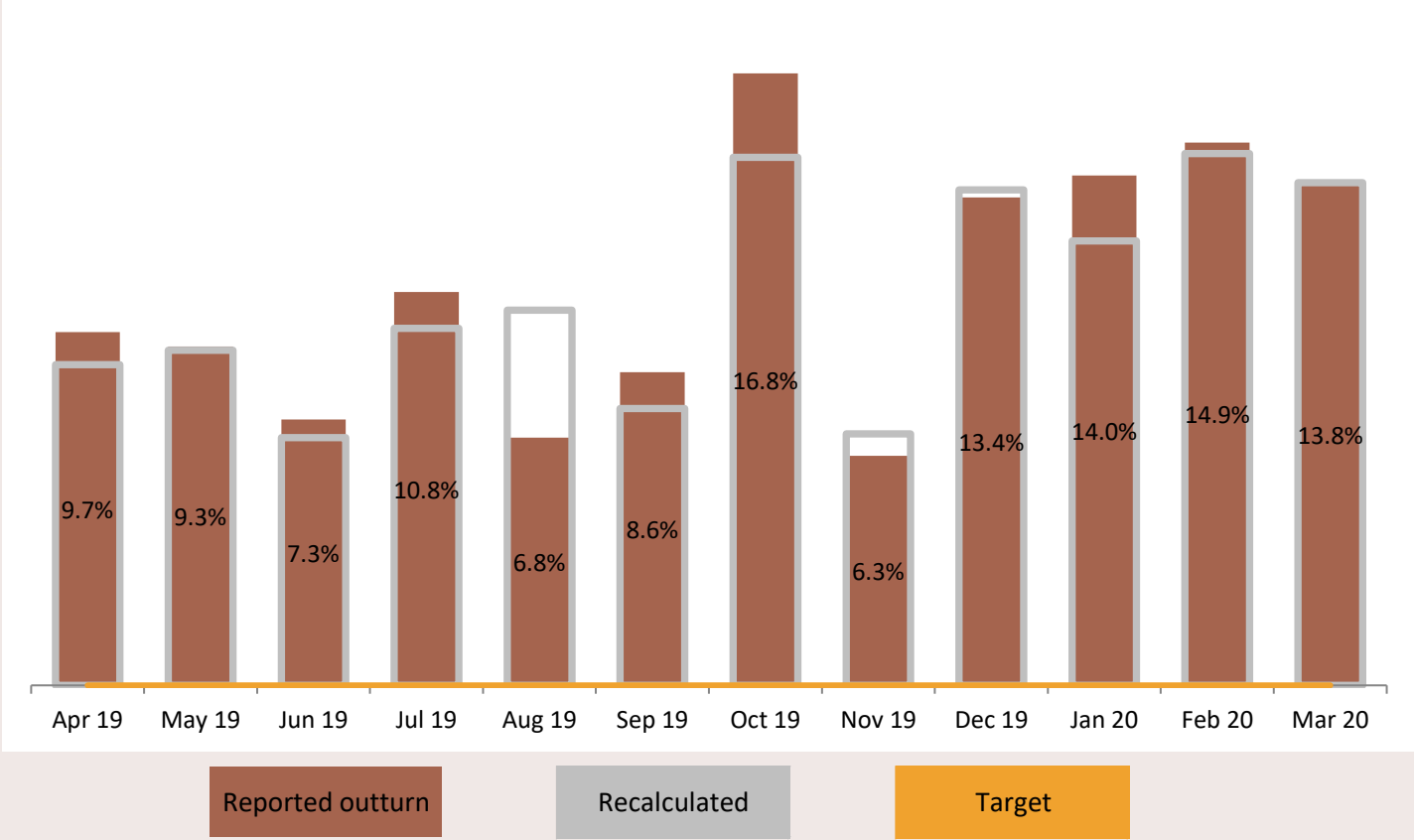
Percentage of completed safeguarding enquiries which involved concerns about domestic abuse

GREEN

Change:
Down
(Red) 1 pp

Last Month	This Month	Target
14.9%	13.8%	N/A
Recalculated: 14.6%		

Source:
Carefirst



Commentary:

130 Safeguarding Enquiries were completed in March, of which 18 involved allegations of domestic abuse - 13.8%

In the last 12 months there have been 183 completed enquiries relating to this. Of these 94% achieved their expressed outcomes, 90% felt that they were involved, 89% felt that they had been listened to, 88% felt we had acted on their wishes, 79% felt safer and 79% felt happier as a result of our intervention.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

Theme: Community Assets

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

N/A

Change:

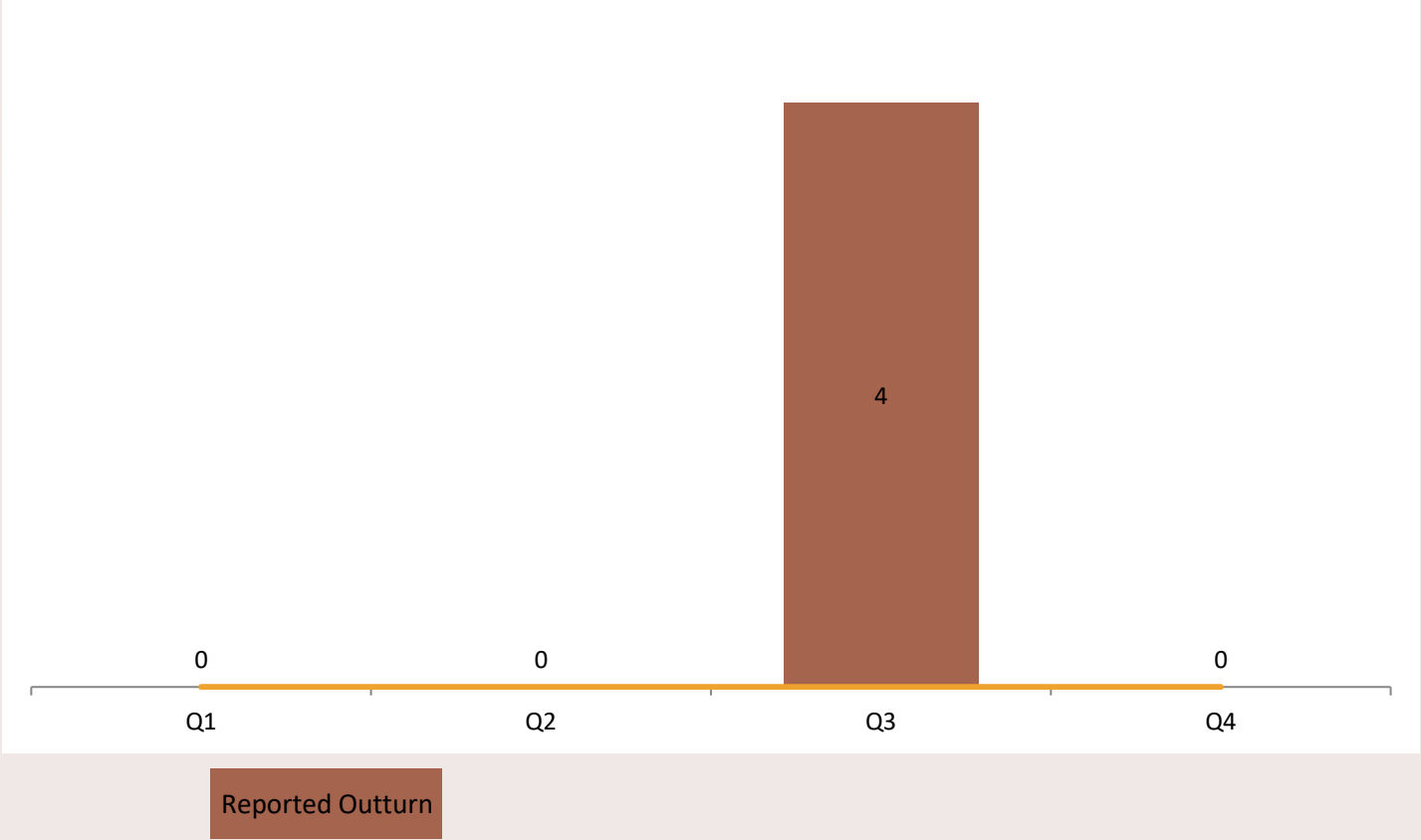
Prev. Quarter Latest Quarter Preferred

4

Travel: Upwards

Source:

Data supplied by PURE



Commentary:

We are unable to provide data or commentary this month due to the additional pressures on staff (including senior staff) resulting from the Covid-19 outbreak.

The following commentary was submitted for Q3:

This measure is new for quarter 3 and has replaced the previous measure on employment for people with Learning Disabilities.

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

Over the quarter from October to December, the PURE Project has succeeded in supporting 4 adults with learning disabilities into employment, and a further 11 into education and training. The project’s delivery phase launched in June, so it is still early days, and we expect that the number of people we help into employment will increase over the following months as the work gathers pace. As the project is supported by the European Social Fund (ESF), we have to comply with their strict requirements for evidence, so there were some successes that we haven’t been able to include in our figures. We have since held training sessions with our providers to ensure that they properly understand the reporting requirements and are credited for their successes.

We have already engaged with 142 people with learning disabilities. We hope to build on this foundation by encouraging more referrals from social work colleagues, and we expect the providers who are working with us to build their own caseloads from the community too.

The project is due to run over 19 months, and we are having discussions to establish a suitable target profile for the measure.

Measure Owner: Responsible Officer:

John Williams

Frequently asked questions:

Theme: Community Assets

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

GREEN

Change:

Static
(Amber) 0 pp

Prev. Quarter

4%

Latest Quarter

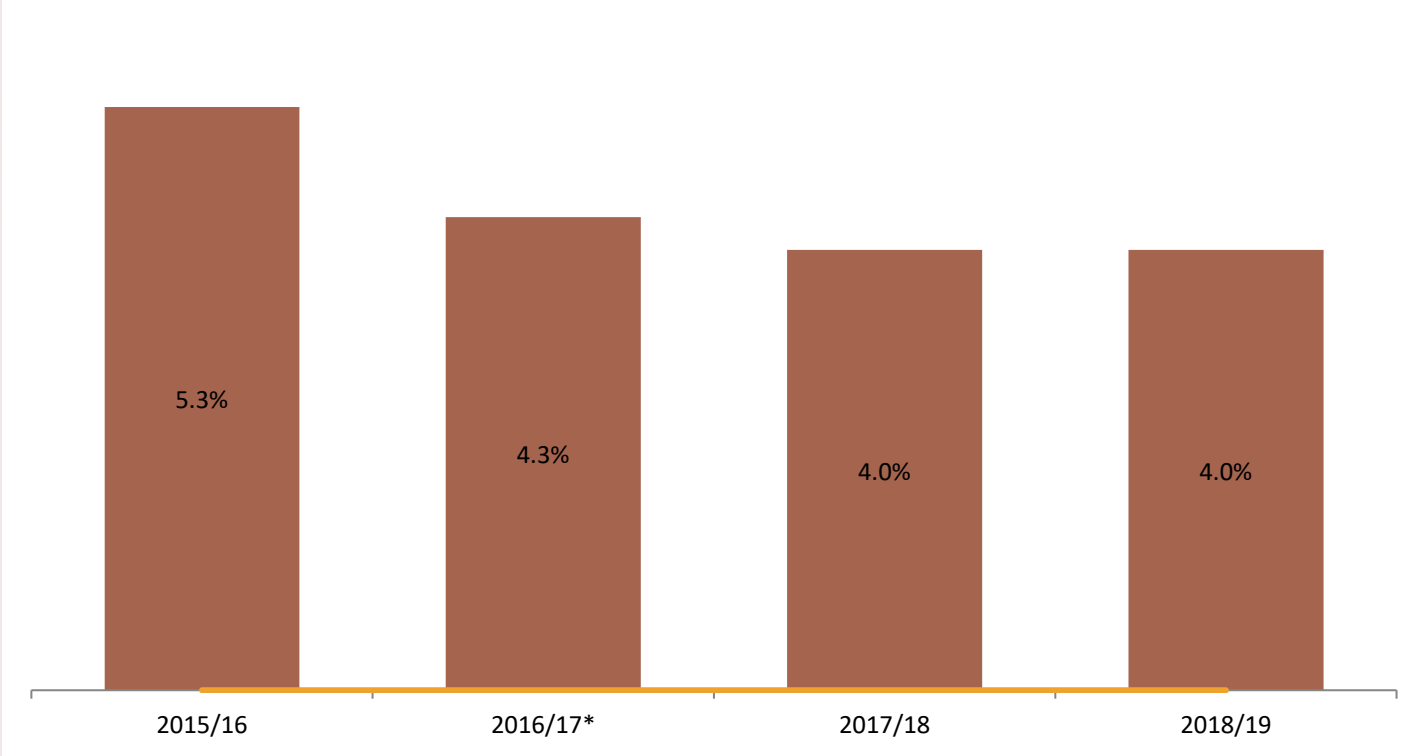
4%

Preferred

Travel:

Upwards

Source:
NHS Digital



Reported Outturn

Commentary:

2019/20 data will be available around November 2020

Measure Owner:
John Williams

Responsible Officer:
John Williams

Frequently asked questions:

This is issued annually as part of the Ascof set of measures.
*Please note that due to national data quality issues, NHS Digital did not release this as an official Ascof measure for this year, and this figure should be viewed as a guide only.

[< Previous: LD Employment](#)

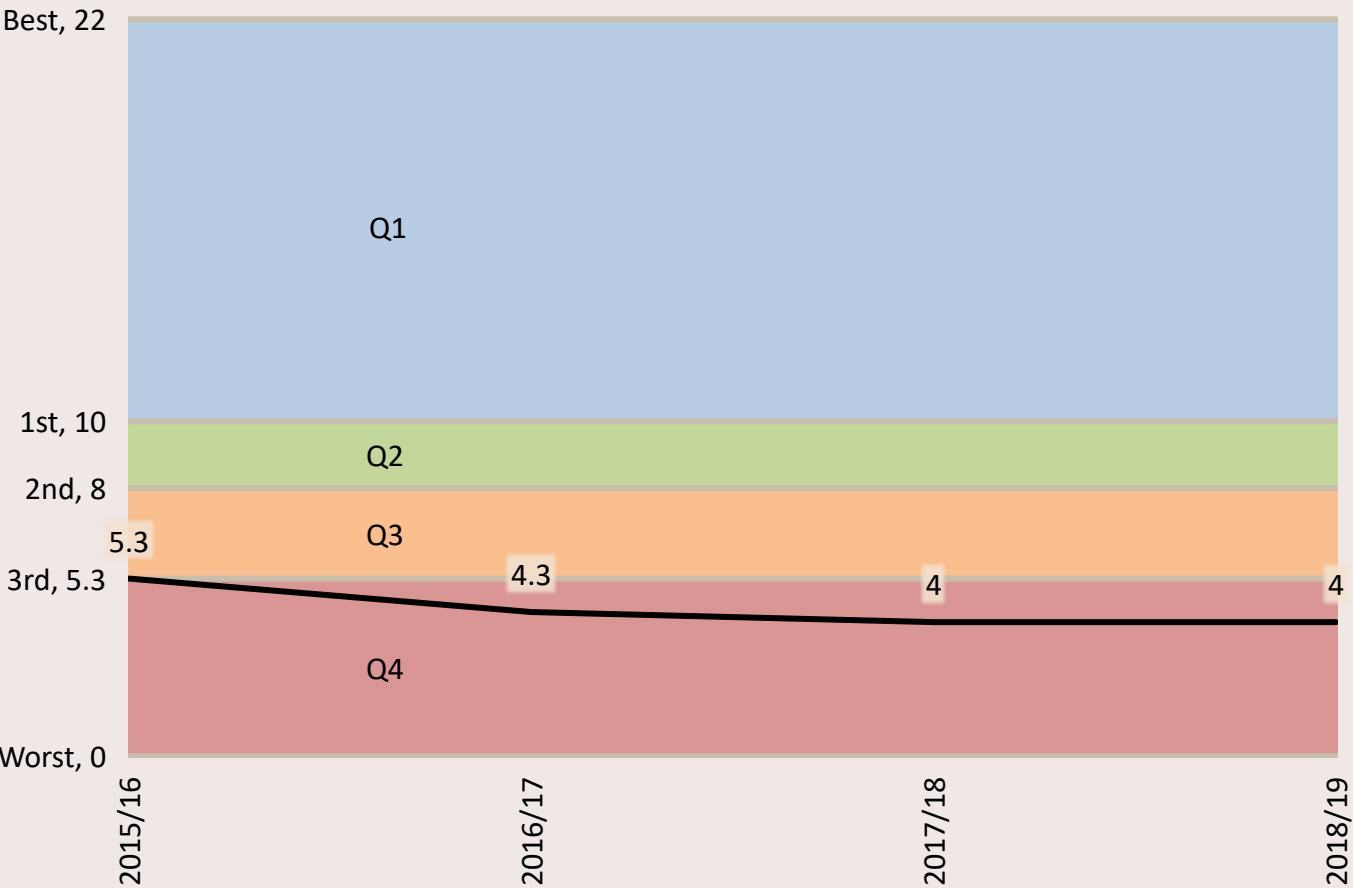
[Return to Scorecard](#)

[Next: MH Employment quartiles >](#)

Theme: Community Assets

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

Performance against national quartiles



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

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

Benchmarking data is taken from 2018/19 Ascof

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

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

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

Theme: Community Assets

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

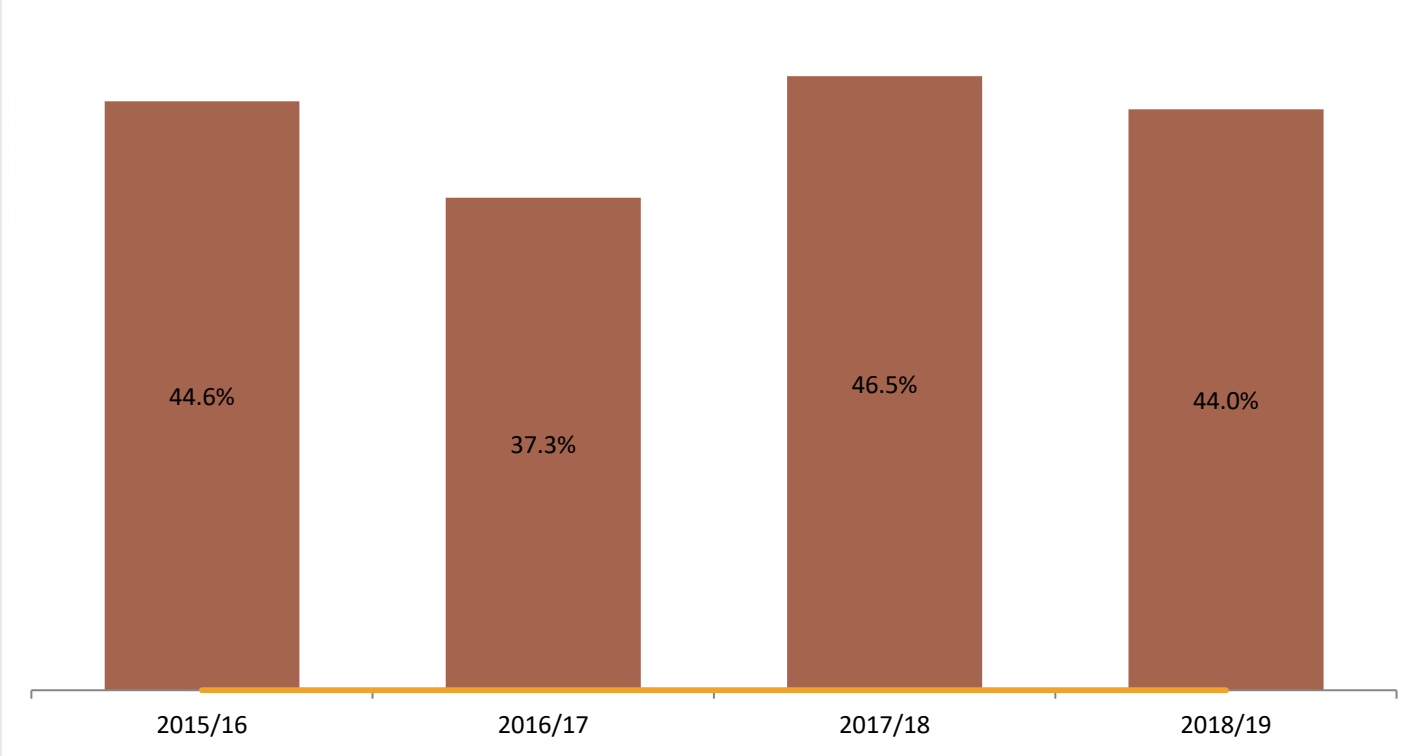
RED

Change:

Down
(Red) 2.5 pp

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

Source:
NHS Digital



Reported Outturn

Commentary:

2019/20 data will be available around November 2020

Measure Owner: Responsible Officer:

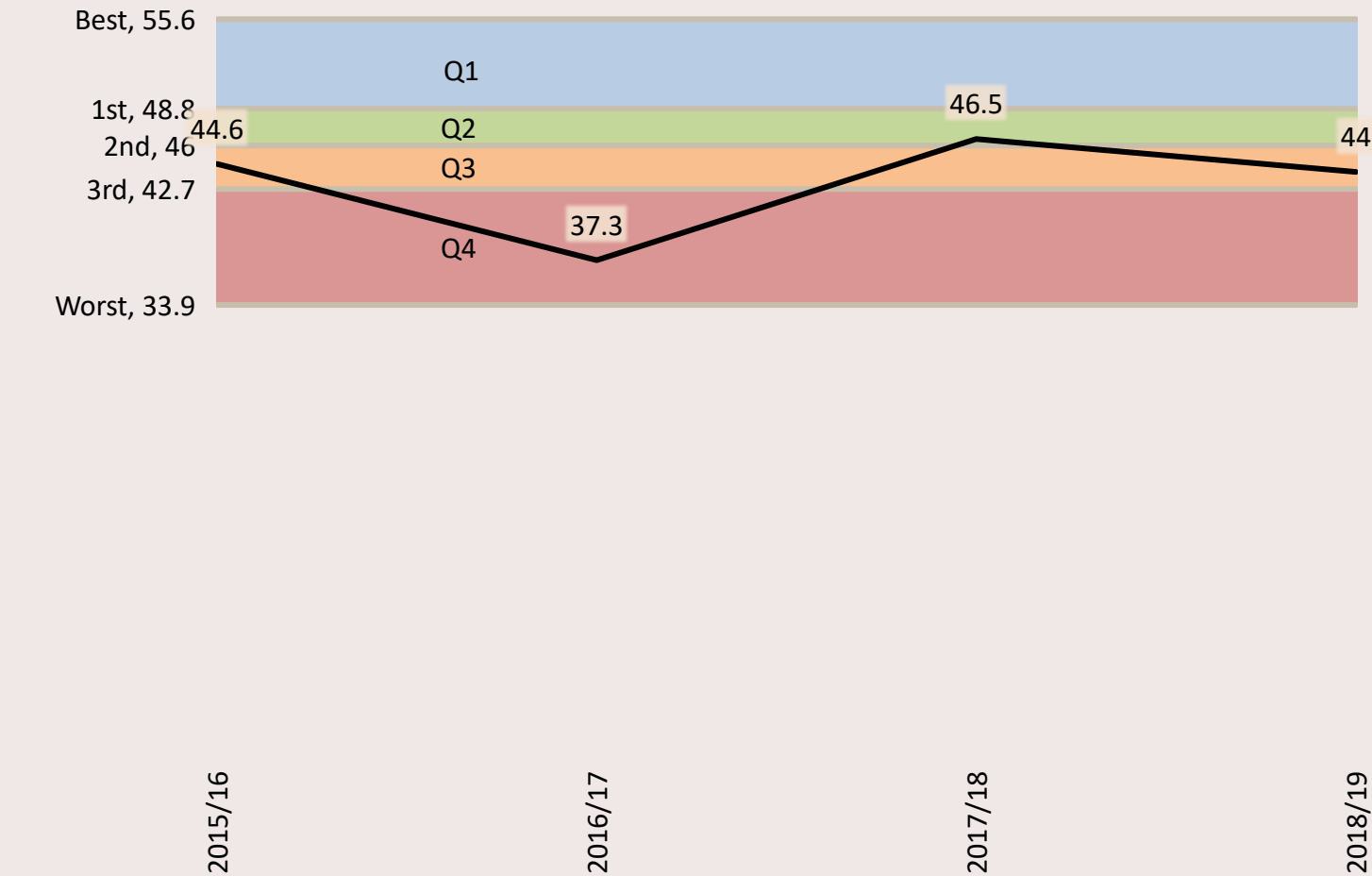
Frequently asked questions:

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

Theme: Community Assets

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

Performance against national quartiles



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

Benchmarking data is taken from 2018/19 Ascof

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

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

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

[< Previous: Client social contact](#)

[Return to Scorecard](#)

[Next: Carer social contact >](#)

Theme: Community Assets

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

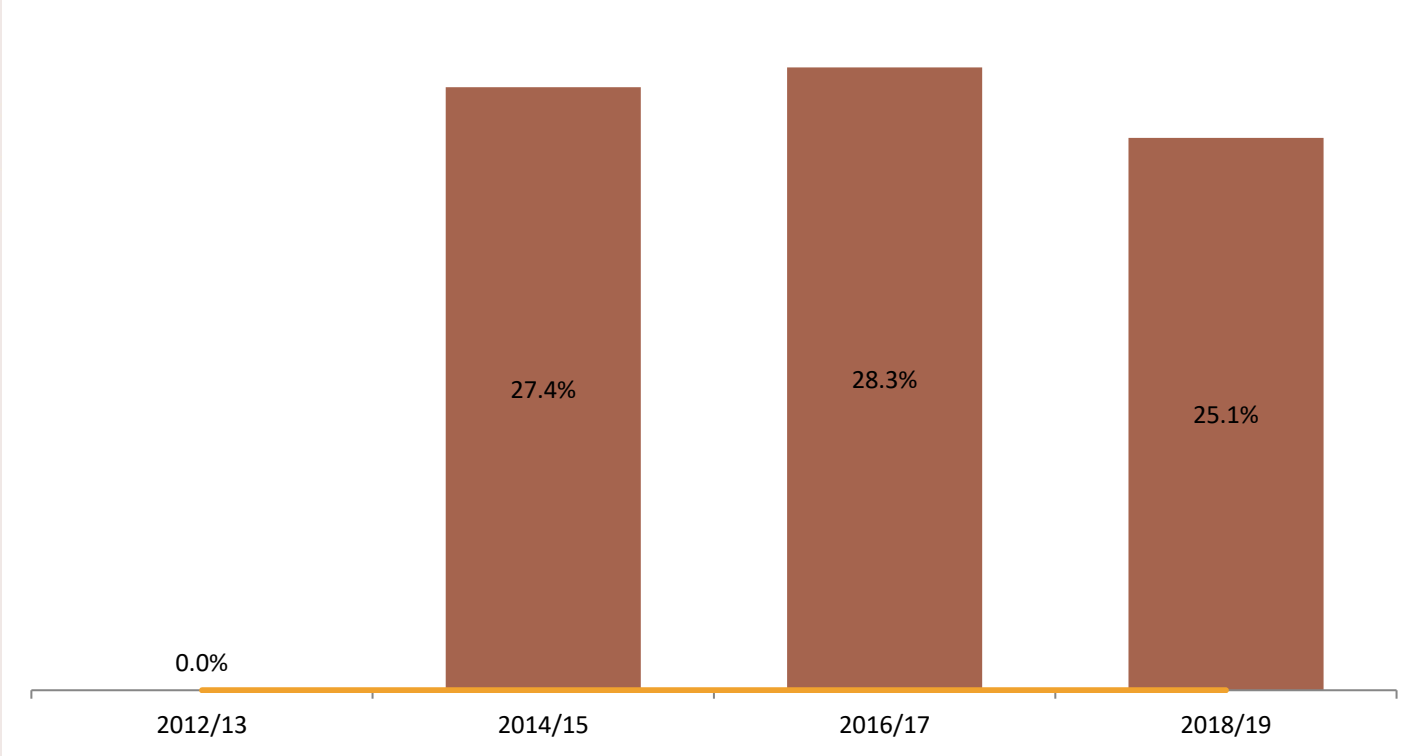
RED

Change:

Down
(Red) 3.2 pp

Prev. Quarter	Latest Quarter	Preferred
28.3%	25.1%	Travel: Upwards

Source:
NHS Digital



Reported Outturn

Commentary:

Measure is biennial: 2020/21 data will be available around November 2021

Measure Owner: Balwinder Kaur	Responsible Officer: Fiona Mould / Austin Rodriguez
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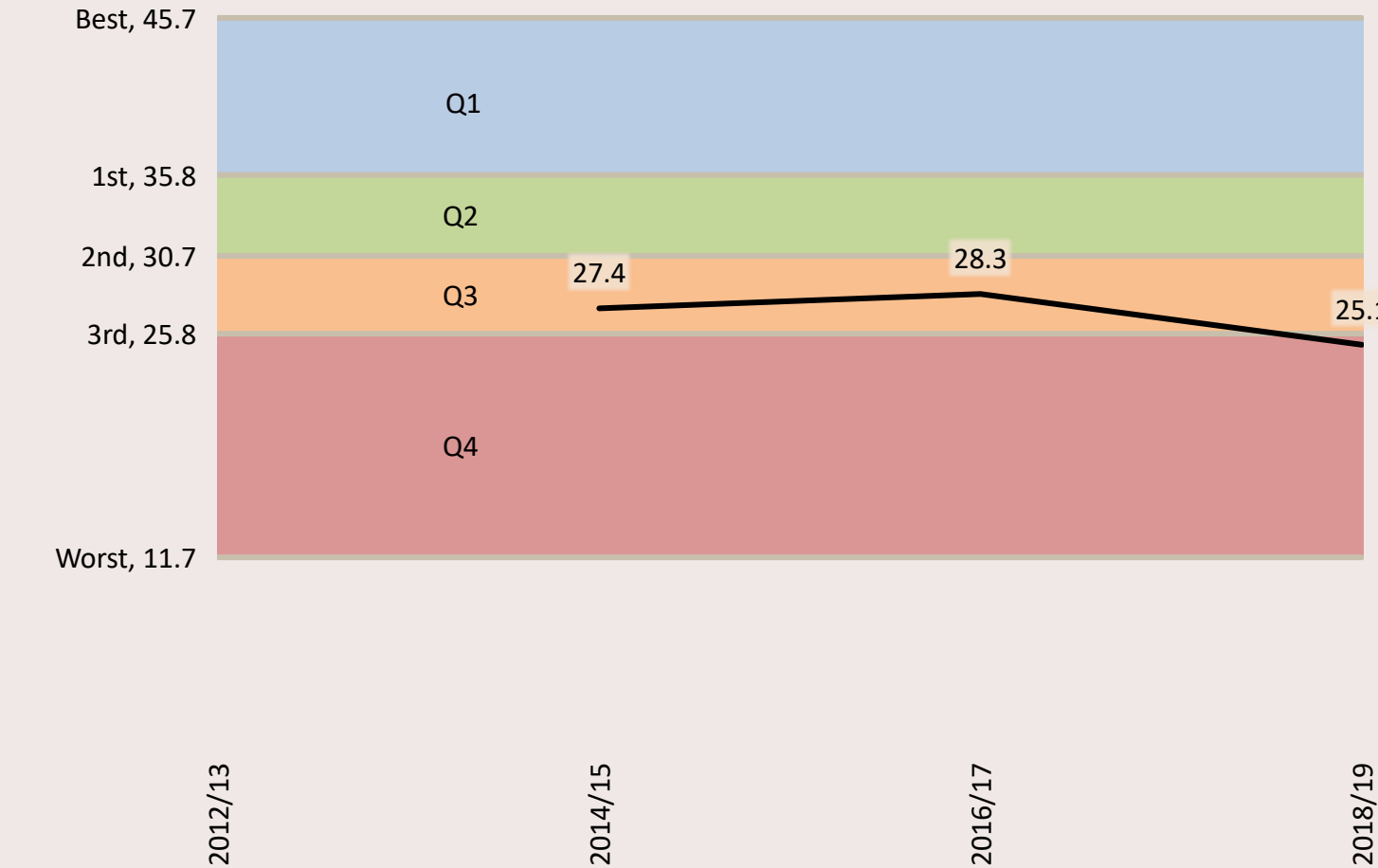
Frequently asked questions:

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

Theme: Community Assets

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

Performance against national quartiles



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

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

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

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

