

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 16 JULY 2019 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

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

2 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 APOLOGIES

To receive any apologies.

3 - 10

4 ACTION NOTES/ISSUES ARISING

To confirm the action notes of the meeting held on 18th June 2019.

11 - 24

5 PERIOD POVERTY - EVIDENCE GATHERING

Dr Justin Varney, Director of Public Health and Soulla Yiasouma, Joint Head of Youth Services.

25 - 70

6 ADULT SOCIAL CARE PERFORMANCE MONITORING SCORECARD -
END OF YEAR 18/19

Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care and David Rose, Performance Management Officer.

7 **REVIEW OF IN-HOUSE ENABLEMENT SERVICE**

Councillor Robert Pocock, Chairman, Health and Social Care Overview and Scrutiny Committee.

71 - 78

8 **WORK PROGRAMME - JULY 2019**

For discussion.

9 **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).

10 **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.

11 **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

1000 hours on 18th June 2019, Committee Room 3 & 4 – Actions

Present:

Councillor Rob Pocock (Chair)

Councillors: Mick Brown, Diane Donaldson, Peter Fowler, Mohammed Idrees, Ziaul Islam, Zaheer Khan and Paul Tilsley.

Also Present:

Neelam Heera, Founder of Cysters

Kally Judge, Commissioning Engagement Manager, Sandwell & West Birmingham CCG

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Angela Poulton, Deputy Chief Officer, Strategic Commission and Redesign, SWBCCG

Gail Sadler, Scrutiny Officer, Scrutiny Office

Dr Ian Sykes, Clinical Lead, SWBCCG

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. APPOINTMENT OF COMMITTEE AND CHAIRMAN

RESOLVED:

Members' noted the resolution of the City Council appointing the Committee, Chair and Members to serve on the Committee for the period ending with the Annual Meeting of the City Council 2020.

3. ELECTION OF DEPUTY CHAIR

RESOLVED:

Councillor Mick Brown was elected as Deputy Chair to substitute for the Chair if absent.

4. APOLOGIES

None.

5. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 14th May 2019 were agreed.

The following matters have arisen since the committee last met:

- Enablement Call-In Report

The Chair referred to the Cabinet report on the future of the Enablement Service that was called-in by the committee on 5th February 2019. A report detailing the committee's views was sent to the Executive for a response. The Executive accepted all of the resolutions put forward and withdrew the report. The Chair was given the opportunity to present the HOSC's call-in report to Cabinet on 22nd May. At that meeting, a new report with proposals for the Enablement Service was put forward by the Executive which recommended that "a review of enablement provision in BCC should be commissioned, led by Overview and Scrutiny and/or an independent party". A draft proposed Terms of Reference for the review will be put forward by the Scrutiny Office for consideration to the July HOSC.

- Mental Health Strategy

Joanne Carney (Associate Director of Joint Commissioning, BSol CCG) has provided the information on:-

- Dashboard indicators/data which underpin the 7 outcomes in the strategy.
- Information on children living in poverty in the City.

The data was emailed to members on 21st May and will also be forwarded to new members of the committee for information.

- Adult Social Care Draft Day Opportunities Strategy

The consultation period timeline has been extended from 6th July to 4th August 2019. This is because a challenge was put forward by a law firm, on behalf of carers, that information presented in the documentation was incomplete. The Council accepted the criticism and this has now been rectified.

A copy of the strategy will be forwarded to new members of the committee.

Any further comments that members wish to be included in the consultation response from HOSC should be forwarded to the Scrutiny Officers before the end of June.

Maria Gavin is still to forward information on the direct payments system which will be circulated upon receipt.

The committee agreed that they would like to take up the offer of visiting a Day Centre(s). The Scrutiny Officers will contact Maria Gavin to arrange a suitable date.

6. DECLARATIONS OF INTEREST

None.

7. TERMS OF REFERENCE

To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning adult safeguarding, social care and public health; and to discharge the relevant overview and scrutiny role set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012, including:

- The appointment of Joint Overview and Scrutiny Committees with neighbouring authorities; and
- The exercise of the power to make referrals of contested service reconfigurations to the Secretary of State as previously delegated to the Health and Social Care Overview and Scrutiny Committee by the Council.

RESOLVED:

Noted.

8. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES – APPOINTMENTS

Birmingham and Sandwell Joint Health Overview and Scrutiny Committee

(5 Members)

Labour (3); Conservative (1); Liberal Democrat (1)

Labour

Councillor Rob Pocock

Councillor Mick Brown

Councillor Ziaul Islam

Conservative

Councillor Peter Fowler

Liberal Democrat

Councillor Paul Tilsley

Birmingham and Solihull Joint Health Overview and Scrutiny Committee

(5 Members)

Labour (3); Conservative (1); Liberal Democrat (1)

Labour

Councillor Rob Pocock

Councillor Diane Donaldson

Councillor Zaheer Khan

Conservative

Councillor Peter Fowler

Liberal Democrat

Councillor Paul Tilsley

RESOLVED:

The Committee agreed to the appointments to the Joint Health Overview and Scrutiny Committees including Councillor Rob Pocock as Joint Chair.

9. MINOR SURGERY AND NON OBSTETRIC ULTRASOUND SERVICES (NOUS) LISTENING EXERCISE

Dr Ian Sykes (Clinical Lead, Sandwell and West Birmingham CCG); Angela Poulton (Deputy Chief Officer, Strategic Commissioning and Design, SWBCCG) and Kally Judge (Commissioning Engagement Manager, SWBCCG) attended the meeting to engage with members about proposals for the future provision of minor surgery and non-obstetric ultrasound services in Sandwell and West Birmingham.

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

- The potential advantage, through the Primary Care Networks, will allow single handed practices to come together to share services with other practices e.g. minor surgery.
- The reason given for Health Harmonies terminating the NOUS contract is that it was not in their strategic plan to continue providing this service.
- The three public meetings were advertised using the CCG patient/stakeholder list. Each patient was notified via a letter to make them aware of the public meetings. They were also advertised on the CCG website, social media and partner organisations have hosted the information on their websites. Promotion through the current provider was being picked up by the Contracts Team.
- For non-English speaking citizens, a translator can be provided at public meetings but must be booked in advance. Literature produced in different languages is always available on request.
- Going forward looking to establish a universal practice which is more patient focussed. Minor surgery performed in patients own practice or in a place that is local and the patient is familiar with.
- At the first public meeting on 4th June 12 people attended. Some of the themes coming out of the exercise were flexibility in accessing appointments e.g. day/evening; having choice of venue; being care friendly etc.
- It is vital for the NHS to encourage patients to self-help e.g. through the 111 services, CCG and through practice websites which have information about self-care.
- The findings of the exercise will be presented to the Service Redesign Committee in July for ratification and a copy of the report will then be forwarded to the Scrutiny Officers for circulation to members.
- Indirectly, it could be possible for the Primary Care Networks, in conjunction with the Care Alliance, to commission Health Harmonie to provide services if they so wished.
- No practices within the Primary Care Network would be more than 3-4 miles apart and very little crossover between Local Authority boundaries.

- Primary Care Networks are about likeminded practices working together but also ensuring they have an appropriate geographical and local authority based co-terminosity.
- Discussions taking place with Sandwell and West Birmingham Hospitals to provide both minor surgery and NOUS services on an interim arrangement when the contract ceases with Health Harmonies in July. Reassurance was given that no service will cease until an alternative was in place.

RESOLVED:

- Information regarding the number of single-handed practices remaining in the West Birmingham locality to be forwarded to the Scrutiny Officers.
- Scrutiny Officers to provide a list of City Councillors of the Perry Barr and Ladywood Wards that fall within the West Birmingham area to the Engagement Manager to circulate the information on service changes.
- Engagement Officer (SWBCCG) to liaise with Scrutiny Officers to schedule an update report to the next Birmingham/Sandwell JHOSC.

10. PERIOD POVERTY: EVIDENCE GATHERING

Neelam Heera (Founder of the charitable organisation Cysters) presented a comprehensive submission to the inquiry which set out the work being undertaken to tackle period poverty through their project 'Our Cysters'.

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

- Cysters has written to the major supermarkets to ask for donations but only Sainsbury's provides products on a regular basis. They also receive donations from a national organisation called Hey Girls.
- TV advertisements for sanitary products are now the norm but young girls still find the subject embarrassing. It was suggested that this may be because younger people tend to watch programmes through streaming which cut out the adverts. Cysters uses Instagram to promote reusable products and donation drives which is more appealing to the younger audience.
- BCC should work more closely with schools to educate students about period poverty on the following issues:-
 - Raising awareness/taking away the stigma.
 - The products available/disposal of sanitary items.
 - The environment – environmentally friendly products.
- One of the projects Cysters would like to undertake is making their own products but this would require a lot of grant funding.
- Donor fatigue is an issue. A lot of products are donated at the beginning of the year but this dwindles towards the end of the year.

- Cysters work with other charities to provide products for distribution to homeless individuals.
- Members requested that they would like to be sent links to Cysters via Facebook/Twitter in order to promote the organisation in their Wards.
- Cysters would like BCC to support their applications for Lottery funding etc.
- In Birmingham there are a lot of small organisations doing similar work. Going forward there needs to be more joined up thinking around this issue.
- Currently, Cysters volunteers store products in their own homes. Ideally, they require a central hub within Birmingham to store products but are not in a position to pay the large fees that are being sought by corporate organisations.

RESOLVED:

- Neelam Heera will provide:-
 - Statistical information.
 - Links to Cysters via Facebook/Twitter to be circulated to members.

11. WORK PROGRAMME – JUNE 2019

The work programme was noted.

Period Poverty Inquiry

Further evidence will be received at the next HOSC meeting on 16th July 2019.

Enablement Review

HOSC will carry out a review of the future of the Enablement Service over two sessions on 6th August and 3rd September 2019 with a report being presented to Cabinet in October/November 2019.

A draft terms of reference/scoping paper will be presented to the 16th July meeting.

Specialist Pancreatic and Liver Services University Hospital Coventry and Warwickshire and UHB

Information is required on the amalgamation/transfer of services across hospital sites and the implications for both Birmingham and Coventry.

Specialist Services

A briefing from commissioners/providers setting out what specialist services are provided within the West Midlands conurbation.

12. DATES OF MEETINGS

RESOLVED:

- The Committee agreed that meetings should be held at 1000 hours on the following Tuesdays in the Council House:-

| <u>2019</u> | <u>2020</u> |
|--------------|-------------|
| 18 June | 21 January |
| 16 July | 18 February |
| 6 August | 17 March |
| 3 September | 21 April |
| 17 September | 19 May |
| 15 October | |
| 19 November | |
| 17 December | |
- The Committee also approved Tuesdays at 1000am hours as a suitable day and time each week for any additional meetings required to consider 'requests for call in' which may be lodged in respect of Executive decisions.

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

None.

14. OTHER URGENT BUSINESS

None.

15. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED:-

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

The meeting ended at 1155 hours.

| | |
|---------------------------|--|
| Report to: | Birmingham Health and Social Care Overview and Scrutiny Committee |
| Date: | 16th July 2019 |
| TITLE: | BIRMINGHAM PUBLIC HEALTH – PERIOD POVERTY BRIEFING |
| Presenting Officer | Dr Justin Varney, Director of Public Health |

| | |
|---------------------|---------------------------|
| Report Type: | Information report |
|---------------------|---------------------------|

1. Purpose:

The purpose of this report is to issue the Committee with a Public Health briefing on Period Poverty.

2. Recommendations

The Health and Social Care Overview and Scrutiny Committee is asked to note Birmingham Public Health's briefing on Period Poverty.

3. Background

'Period poverty' (or menstrual hygiene management, MHM) refers to having a lack of access to sanitary products due to financial constraints. WHO/UNICEF (2012) has defined MHM as:

- Women and adolescent girls being able to use clean materials to absorb or collect menstrual blood, and to change them in privacy as often as necessary throughout their menstrual period.
- Being able to use soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used menstrual management materials.
- Women and girls having access to basic information about the menstrual cycle, and how to manage it with dignity without discomfort or fear.

Period poverty is a harsh reflection of poverty and inequality.

Not using sanitary products can lead to an increased risk of infections like bacterial vaginosis. The most representative research suggests about 1 in 10 girls and women have at some point been unable to afford sanitary wear. (Plan International

2017/GLA 2018).

There is one piece of research by a PR company GingerComms that reported a higher rate but this was an unweighted unrepresentative sample of women and girls and so is not a reliable figure.

Work by the Scottish Government on Period Poverty highlighted that period poverty was particularly distressing for teenage girls living in poor households who may feel unable to ask for money for sanitary products when they know their parents are struggling to pay for food and utilities. This highlights the impact of child poverty on adolescents.

Recent research from Kenya and the Pacific Islands, where period poverty is more prevalent, suggests that period poverty potentially has wider implications for example on education: girls' school experiences are negatively impacted if they are distracted, uncomfortable, or unable to participate because of anxiety over menstrual leakage and odour (Mason et al., 2013); and societal: where menstrual health management restrictions may include being excluded from religious and other social activities, any interaction with males, or travelling outside the home.

Given the shortage of information on period poverty globally, the expected sensitivities around the topic, and the lack of standardised tools and methods (Phillips-Howard et al., 2016), evidence is predominantly provided from qualitative, participatory and descriptive methods. There is no reliable national survey data on the scale or duration of period poverty in England.

There is a clear need for more research in this area.

4. Local Context

There are an estimated 324,900 women and girls in Birmingham aged between 10-50yrs, just over 56.6% of the total number of women in the city (see Birmingham age structure - Appendix 1).

Therefore based on the 1 in 10 women and girls affected by period poverty (Plan International 2017/GLA 2018), an estimated 32,490 girls and women between 10-50yrs have experienced period poverty at some point during their life.

Period poverty is a symptom of how poverty affects women and girls.

In Birmingham 4.6% of women aged 16-64yrs are claiming out of work benefits (March 2019), of these approximately 2/3rds are of reproductive age and are likely to be menstruating.

Women in Birmingham in full-time work earn on average £2.74 less per hour than men in the city working full time. Although the average weekly gross pay for women

in the city is £40 greater than the west midlands average and £2.4 higher than the UK average (2018); these average figures hide the inequalities experienced by the lowest earners in the city, those working less than full time and those not in employment.

42,500 children live in workless households in Birmingham (2017), there is not nationally reported data on the complete age profile of these children, however we know that 68,100 of these children are aged over 16yrs and will be likely to be menstruating. These children are included in the 70,875 children living in low income families (2016), although there is not an age break down of this data. Similarly no age profile is easily available for the 2,879 families who are homeless in the city in 2017/18.

We would expect period poverty to be closely linked to deprivation and therefore be more prevalent in the most deprived areas of the city.

5. Potential interventions

Addressing Women & Girls Living in Poverty

The most important step to address period poverty is to address poverty in the city, especially affecting women.

This could include focused work to address the employment gap affecting women, and the gender pay gap affecting women working in the city.

In 2006 Birmingham City Council jointly published a report on addressing poverty affecting women with the Sheffield Hallam University which made a series of policy recommendations for action; however there has not been any recent work to reflect on progress against these actions.

Providing Access to Free Sanitary Products

Less sustainable but more direct interventions are focused on the provision of free sanitary products in venues and spaces that are most accessed by women and girls living in poverty.

Key spaces where free sanitary products could be provided:

- Homeless shelters
- Drug and alcohol services
- Job Centre Plus
- Schools

Some organisations are already providing free sanitary products in the women and gender neutral toilets e.g. Birmingham LGBT Centre.

The Red Box Project is a national charity providing free menstrual products for young people in schools. www.redboxproject.org The Red Box Project is currently active in Birmingham Central, Birmingham South West, Great Barr and Sutton Coldfield.

In England, several Councils have put period poverty schemes in place. The most common method has been the strategic placement of free sanitary product supplies in key locations, such as schools, youth services, voluntary sector settings and food banks. Significant learning has already emerged from programmes aimed at addressing period poverty. For example, successful schemes tend to be those that make sanitary products available in a range of areas without the need for them to be requested via a teacher or other adult.

National government has announced an intention to fund provision of free sanitary products in both primary and secondary schools in 2020.

Education and Awareness of Menstruation

One of the most significant barriers for women is the social restrictions, beliefs and myths that influence the management of menstruation (Patkar et al., 2016). Many girls do not understand what is happening when they start menstruating, and they have limited knowledge on biological processes. Using education can be used to prevent and perpetuate such menstrual restrictions.

In both a UK and international context research has highlighted a gap around awareness and understanding of menstruation as a natural and normal part of the reproductive cycle and that sanitary products are an important part of supporting women's health.

Further research

Further research should explore the experiences and needs of various populations, including migrants and refugees; menstruators with disabilities; and transgender, queer, and non-binary menstruators. This requires an intersectional approach to menstrual health by exploring how, for instance, income interacts with race, ethnicity, age, and needs across the life cycle (Winkler, 2019).

6. References

Mason, L., Nyothach, E., Alexander, K., Odhiambo, F.O., Eleveld, A., Vulule, J., Rheingans, R., Laserson, K.F., Mohammed, A., & Phillips-Howard, P.A. (2013). 'We keep it secret so no one should know'—a qualitative study to explore young schoolgirls attitudes and experiences with menstruation in rural Western Kenya. PLoS ONE, 8: e79132. DOI: 10.1371/journal.pone.0079132]

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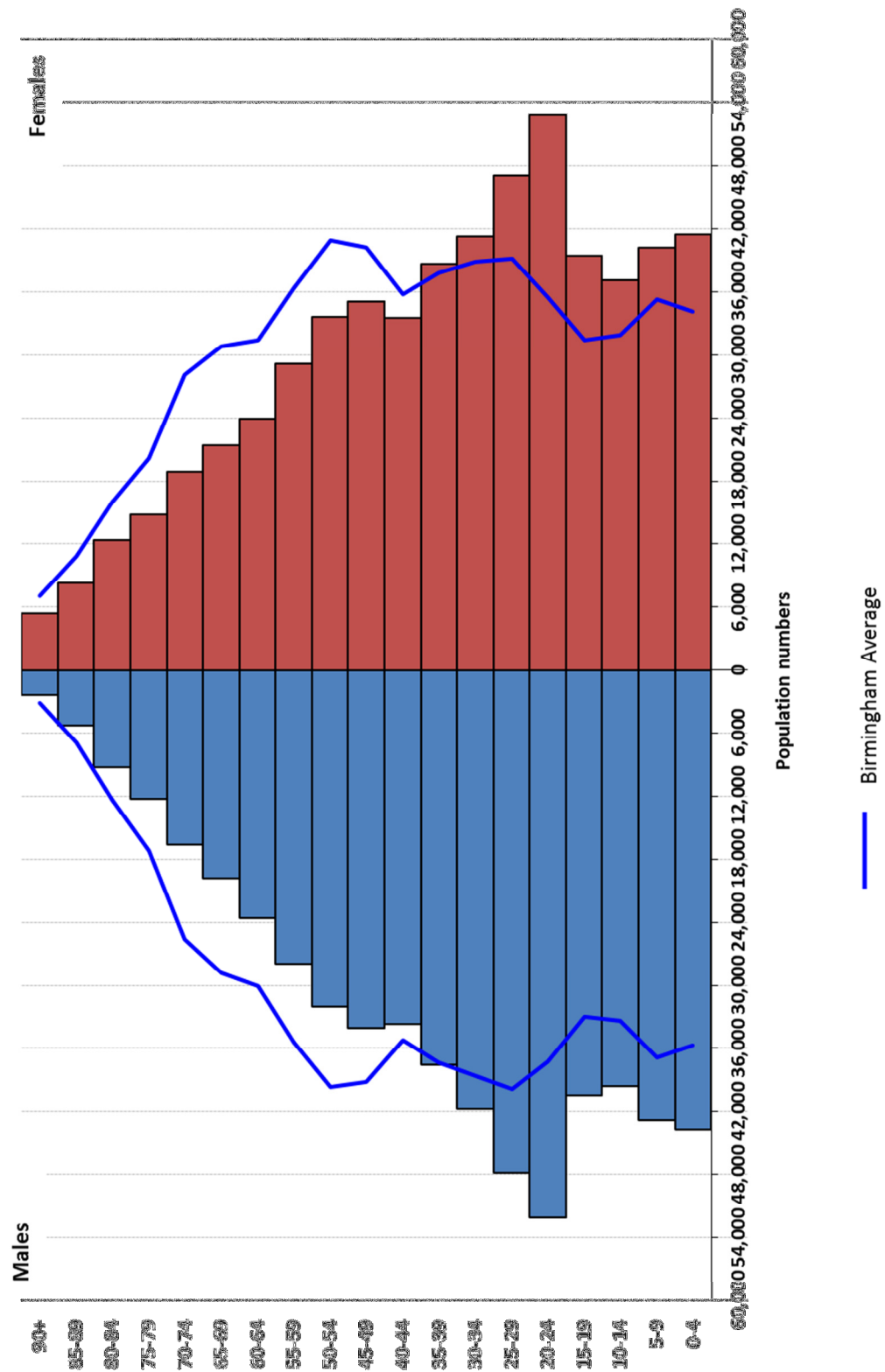
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WHO/UNICEF (2012). Report of the Second Consultation on Post-2015 Monitoring Report of a Consultation. The Hague. World Health Organization/United Nations International Children's Emergency Fund.

7. Appendices

Appendix 1: 2017 Mid-year population estimates: Birmingham age structure compared with England

Appendix 1: 2017 Mid-year population estimates: Birmingham age structure compared with England



Birmingham City Council – Birmingham Youth Service Birmingham

Health and Social Care Overview & Scrutiny Committee - Period Poverty

5th July 2017

Information - Birmingham Youth Service

The Youth Service is an open access service available to all young people, however most of its 15 centres are based in areas of greatest need within the city. Within this open access service it delivers targeted work to respond to local need. E.g. employment, drugs, preventing violent extremism, knife crime, teenage pregnancy to different groups of young people.

The Youth Service offers a broad range of opportunities, experiences and activities relevant to the needs of young people. The work takes place in a variety of venues and environments recognising the diversity and opportunities within the City.

Youth work is based on a youth worker building a positive relationship with a young person which is based on trust and mutual respect and then using that relationship to support and develop the learning experiences and personal development of the young person.

What did we use to do?

Every youth centre would also have a supply of sanitary products in the office. This would be reliant on young women coming to ask a worker for them. The rationale for this was more about if a young woman started her period and needed a sanitary product we could help her rather than the notion of period poverty.

What are we doing now?



In response to the recent campaign around period poverty and the heightened awareness on this issue we have provided all our centres with free accessible access to sanitary products in the female toilets.

This is a pilot project as we have to look at the financial impact of this if we cannot access free sanitary products. The Service is continuing to explore opportunities to access to free products to sustain this.

Soulla Yiasouma
(Joint Head of Birmingham Youth Service)

**PERIOD
POVERTY
INQUIRY
WRITTEN
SUBMISSIONS**



**Evidence offered by Girlguiding Birmingham to Birmingham City Council Health & Social Care
Overview and Scrutiny Committee regarding Period Poverty**

Girlguiding Birmingham would like to thank the Committee for inviting us to submit evidence to this enquiry. At a national level, Girlguiding has been campaigning to end Period Poverty and we are delighted that Birmingham is proactive in tackling this issue.

Girlguiding, at national level, have produced an educational resource pack which can be delivered to all age groups (from 5-18 years old) in partnership with Water Aid. Many Girlguiding groups all over Birmingham have completed this badge curriculum designed to raise awareness of Period Poverty as an issue and have already been awarded their badge. Further information can be found here: <https://www.girlguiding.org.uk/periodpoverty/> Some of our younger volunteers (18-25) have attended advocacy and information workshops run by menstruation educator Chella Quint. We suggest that Birmingham City Council could partner with us to encourage more girls and young women to complete the badge curriculum and workshops run by Ms Quint.

Individual groups and volunteers have worked to ensure that their members have easy and free access to period products in their weekly meeting places and during camps, residential events and other trips, but this is not yet consistent in every group across the city. Support could be offered to non-formal education providers to ensure all young women have access to period products.

In addition to this, Girlguiding groups across the city have taken a pledge to end the stigma around periods - "I pledge to tackle period stigma by talking openly about periods, so that no one feels embarrassed talking about them." We invite the Committee to take this pledge alongside us to be advocates for young women in the city.

Period Poverty – Evidence.

Change, Grow, Live is a service for adults (over 18s) experiencing difficulties with drugs or alcohol in Birmingham. Our support includes:

- Treatment and psychological support including
 - opioid substitute prescribing and detox
 - alcohol support and detox
 - blood borne virus testing and vaccination
- Family support
- Help in maintaining and finding employment
- A liaison team working across Birmingham's hospitals
- Tailored support for BME communities
- Support in finding accommodation and support for Birmingham's rough sleepers task force
- Mutual aid and peer support groups
- Criminal Justice employment programmes
- An inpatient detox service and community day care programme
- A small grants scheme supporting community level recovery projects
- Support for young people experiencing substance misuse issues who transition to adult service

We are currently working with approximately 5,800 service users across Birmingham and their families including approximately 2,900 children aged 0 – 18. These service users and their families often present with complex issues which may be impacted on by their living situation and accessing appropriate financial support.

We have a specialist Women's Team based in Ladywood who offer free sanitary products to the females who access this service and they will also signpost families to various organisations who can support them with ongoing issues such as access to foodbanks.

Our dedicated Homeless Team also offer free sanitary products to women who are rough sleeping across the city and again signpost to various organisations for ongoing provision and support when needed.

Our community venues and base at Scala House also provide food bank vouchers to service users which include providing products for themselves and their families.

Our risk assessment identifies those families with additional needs and this may include home visits to assess the needs of not only the service user but also that of the family and we work in partnership with various organisations across the city to address these needs which include living in poverty and accessing the right targeted support.

Delayed Transfers of Care

(see also pages 2 and 3)

Item 6

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

Target: 7.95 Q4 performance: 9.49 **RED** (February data due to release schedule)

What happened:

- We did not meet the target, and our performance has remained steady recently.
- This 12 month period is a significant improvement of the previous one- the average number of beds per day has dropped from 11.82 to 9.38.

What were the challenges:

- We have had a number of complex cases requiring Nursing Home care who can't be placed in Enhanced assessment beds (EAB) due to care needs, and some covered by section 117 of the mental health act. These people require lengthier assessments.
- Some hospital sites have experienced additional demand.

What we are doing:

- Early Intervention test sites are now active, and working to improve the patient journey
- We follow a "home first" principle to avoid unnecessary care home admissions
- We are using an intensive wrap-around homecare service for people who would otherwise require a care home bed
- The Clinical Commissioning Group is working with us to improve the movement of patients through EAB
- From March, we have put in place a 3-times-weekly conference call, including Commissioning and an Assistant Director, to solve the blockages keeping the 5 most delayed people in hospital.

Clients reviewed in the last 12 months

(see also page 4)

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

Target: 85.0% Q4 performance: 77.6% **RED**

What happened:

- We have not made the target, but
- We have made a concerted effort and improved performance from 69.8% to 77.6% in 8 weeks.
- We achieved this through overtime, and by managers encouraging staff to complete reviews already allocated to them.
- We estimate that our March performance would have been around 65% without this.

What were the challenges:

- Council-wide and directorate initiatives had a real impact on the capacity of our teams to conduct reviews.

What we are doing:

- We are developing a sustainable model to ensure that we complete reviews, taking the following actions:
- Reconsidering how reviews are defined in Birmingham, and identifying other opportunities for reviews
 - Reconsidering whether people other than social work staff should carry out reviews, including care providers
 - Looking at how we record reviews to meet statutory reporting requirements
 - Being smarter about allocating resources to reviews across the whole year
 - Developing a clear escalation process to senior management.

Direct Payments

(see also pages 5 and 6)

The proportion of eligible clients in receipt of a Direct Payment

Target: 30.0% Q4 performance: 30.2% **Green**

What happened:

We have achieved our target.

What went well:

We have followed a programme that included:

- co-production initiatives, and partnership working with support agencies and Commissioning
- encouragement and support from managers, and the hard work of social work staff
- training and development support to all social work teams

What we are doing:

We intend to continue providing training and development support, but with a focus on specific issues affecting individual teams.

Shared Lives

(see also page 7)

The number of people who have shared lives

Target: 140 Q3 performance: 76 **RED**

What happened:

We have made a small increase in the number of people who are living in a shared lives arrangement.

What we are doing:

- The Early Help and Prevention project board continues to oversee the improvement plan for Shared Lives.
- Our proposal to use the tendering process so that other providers can carry out matching clients and carers is on track
- The project board has signed off our proposal to use an incentive scheme to encourage carer recruitment. We also created a recruitment video for social media that continues to gain views.
- We are developing a "day opportunities" offer as part of shared lives for support in the daytime only.

People with Learning Disabilities in employment

(see also pages 8 and 9)

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

Target: 2.00% Q4 performance: 1.40% **RED**

What happened:

Our performance has improved for the third month running, although we recognise that it is less than the increase required to meet the target.

What we are doing:

- We have a specific action plan, and the Readiness and Delivery Project continues to meet regularly to address the problems around this measure.
- We have requested permission to recruit a lead person to support improvements
- The PURE Project (Placing vulnerable Urban Residents into Employment and training) have shared details of employers who have made a commitment to support vulnerable adults into employment. We will embed this into the Three Conversations social work model.
- Day Centre staff are identifying people who attend the centres who are interested in being employed
- We are encouraging social work staff to ensure that recording is correct, and we are in the process of examining more streamlined processes.

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)

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

RED

Change:
**Up
(Red)** 1.7%

| Last Month | This Month | Target |
|------------|------------|--------------------|
| 9.34 | 9.49 | 7.95 (EoY 7.95) |

Commentary:

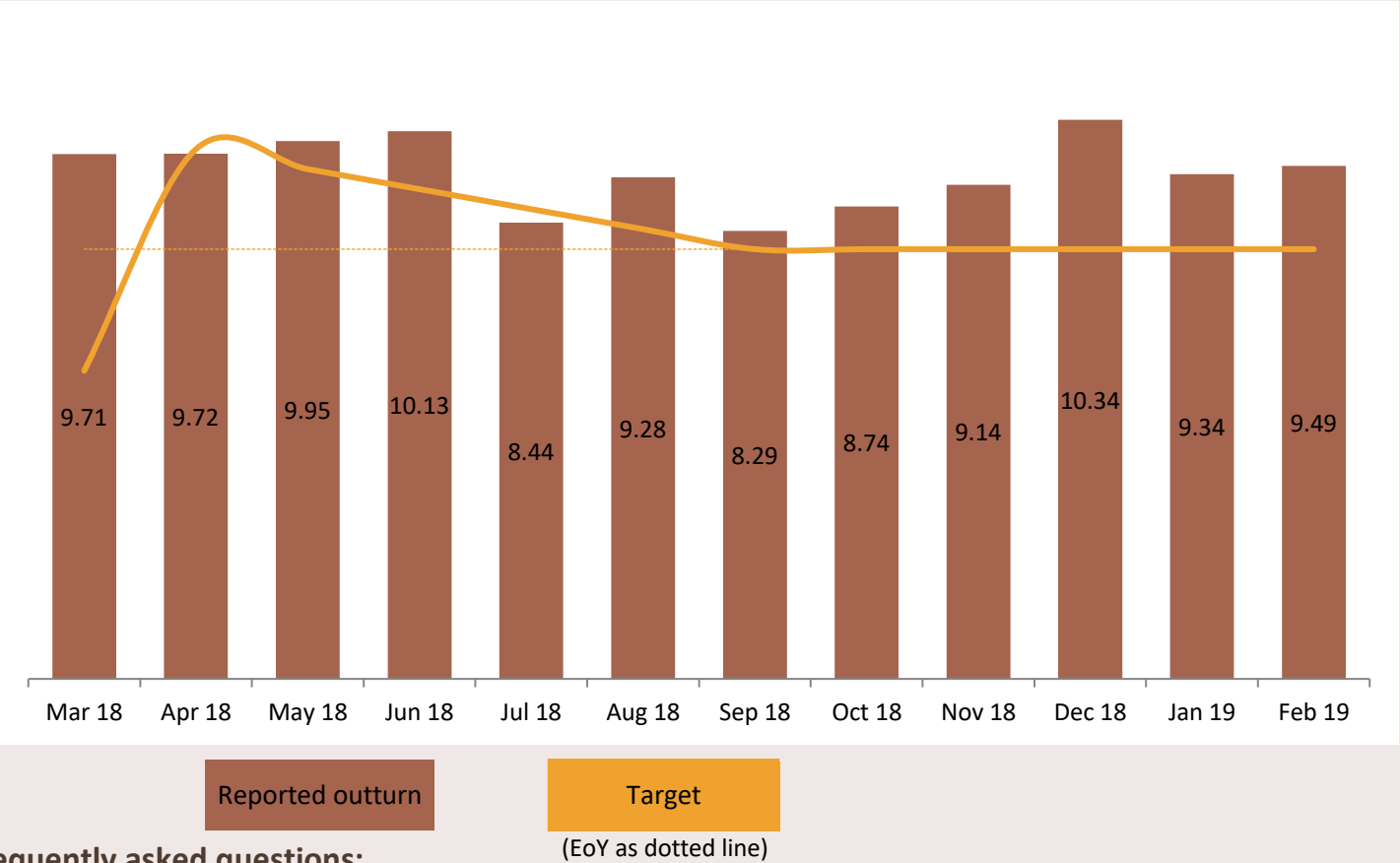
We are not meeting the target on this measure and we recognise that our performance has remained steady recently. However, our performance across these 12 months shows a significant improvement over the previous 12, with an average of 9.38 beds per day, down from 11.82.

Recently, we have had a number of complex cases involving people who need nursing home care, and who can't be placed in an enhanced assessment bed (EAB) due to their care needs, and some people whose care needs are covered by section 117 of the Mental Health Act. These assessments take longer to carry out, and result in additional delays.

We are currently addressing delays with a range of initiatives. Our Early Intervention programme test sites are all now active, and are working to improve the patient journey. We are continuing to follow a "home first" principle for care, to avoid placing people unnecessarily in care homes, and we are now using a wrap-around, intensive home-care service for people who would otherwise be waiting for a care-home bed. The Clinical Commissioning Group is working with us to improve the movement of patients through the EAB service.

From March, we have put in place a 3-times-weekly call that includes Adult Social Care Commissioning, chaired by an Assistant Director. This aims to solve the blockages keeping the 5 most delayed people in hospital. We are also encouraging managers to attempt new solutions to the problem of delays, with the understanding that any failures

| | |
|------------------------------------|--|
| Measure Owner: Pauline Mugridge | Responsible Officer: Natalie McFall |
|------------------------------------|--|



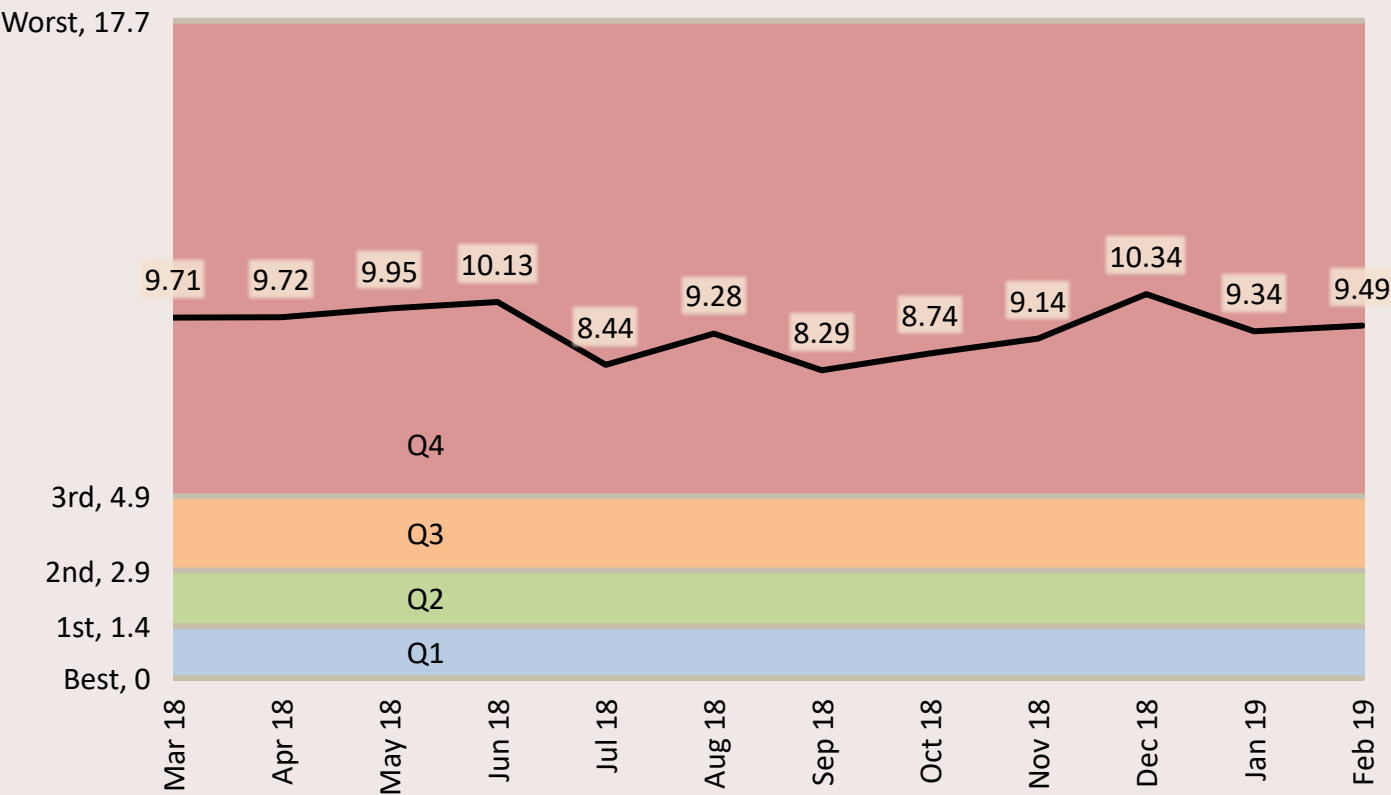
Frequently asked questions:

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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 2017/18 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 | 8.21 | 86% | 69 |
| Birmingham | 9.49 | | | |
| 3rd | 4.90 | -4.59 | -48% | -38 |
| 2nd | 2.90 | -6.59 | -69% | -55 |
| 1st | 1.40 | -8.09 | -85% | -68 |
| Best | 0.00 | -9.49 | -100% | -80 |

| | |
|---------------------------|-------------|
| Current Quartile | 4th |
| Distance to next quartile | 38 Beds/day |
| Distance to top quartile | 68 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.

Theme: Use of Resources

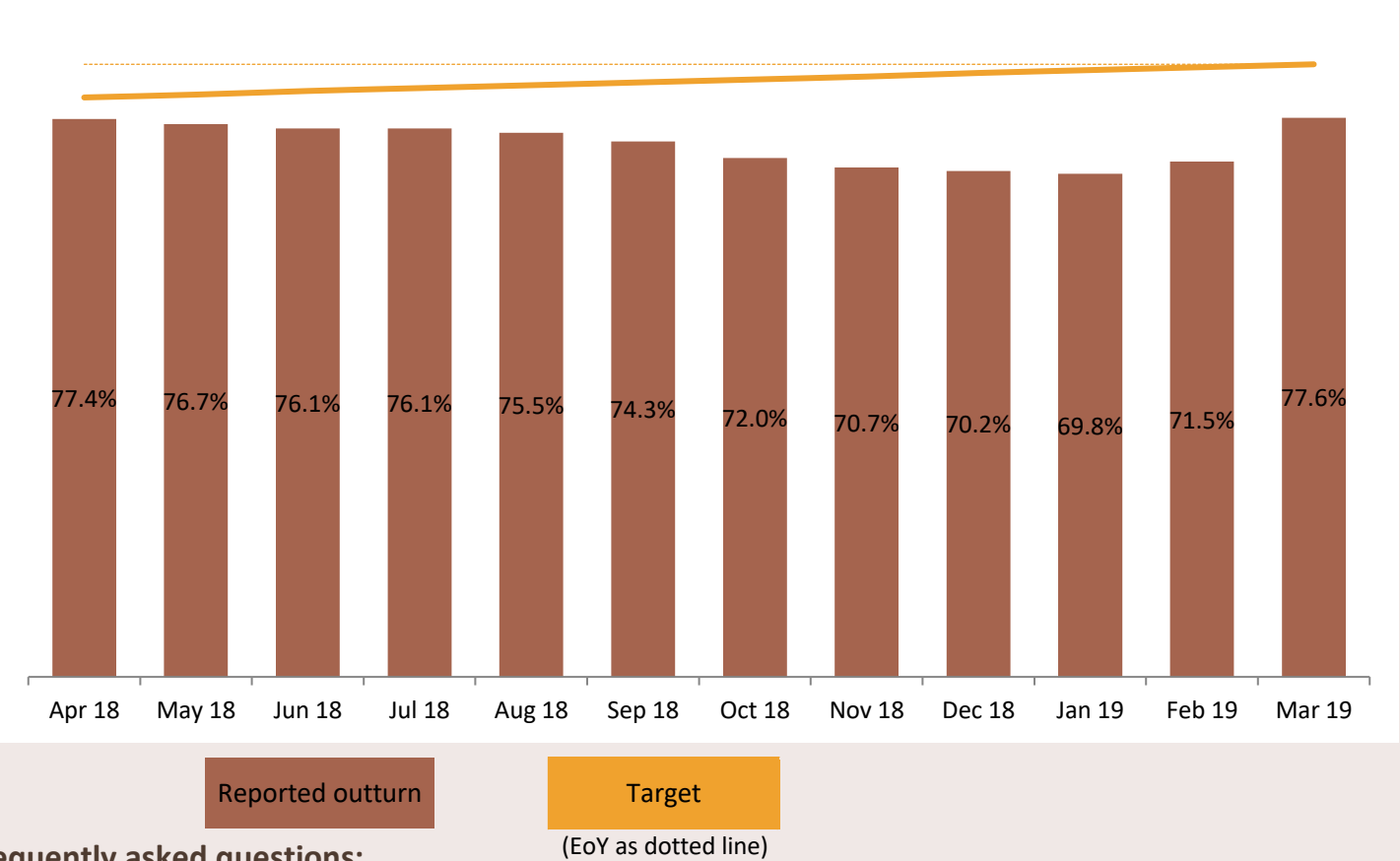
Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:
Up
(Green) 6.1 pp

| Last Month | This Month | Target |
|------------|------------|------------------|
| 71.5% | 77.6% | 85% (EoY 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



Frequently asked questions:

Commentary:

Whilst we have not met the target for this measure, we made a concerted effort and improved performance from 69.8% to 77.6% in 8 weeks. Council-wide and directorate initiatives had a real impact on the capacity of our teams to conduct reviews. We achieved the improvement in performance through overtime, and by managers encouraging staff to complete reviews already allocated to them. Without this, we estimate that our performance would have continued to drop and our March position would have been around 65%. For the future, we are developing a sustainable model to ensure that we complete reviews and meet our performance targets. We are taking the following actions in developing this future plan:

- Reconsider how reviews are defined in Birmingham and identify other opportunities for reviews, especially when a worker is already in contact with a citizen.
- Reconsider whether people other than social work staff should carry out reviews, such as service providers
- Look at how we record reviews in order to meet statutory reporting requirements
- Be smarter about how we allocate resources to reviews across the whole year
- Develop a clear escalation process to senior management in the event that competing priorities are likely to impact on performance.

Measure Owner:
Linda Harper

Responsible Officer:
Grace Natoli

Theme: Personalised Support

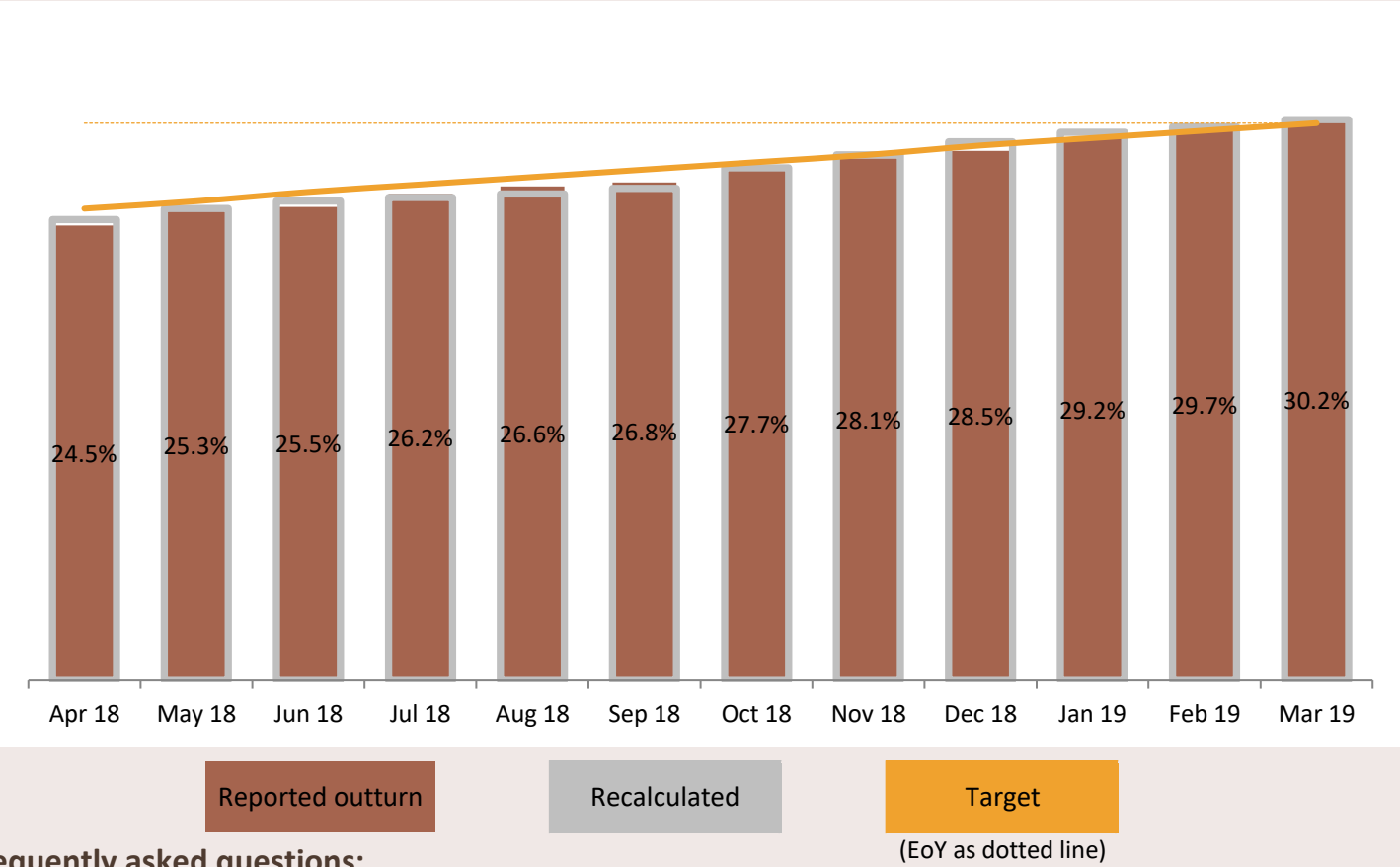
Uptake of Direct Payments

GREEN

Change:
Up
(Green) 0.5 pp

| Last Month | This Month | Target |
|------------------------|------------|-----------|
| 29.7% | 30.2% | 30% |
| Recalculated: 29.8% | | (EoY 30%) |

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 achieved our target of increasing the proportion of people who receive social care services in the community in the form of a direct payment to 30%. In order to do this, we have followed a programme that has included co-production initiatives, partnership working with support agencies and Adult Social Care Commissioning, encouragement and support from managers, and the hard work of social work staff. We have also provided training and development support to all social work teams in order to overcome some of the difficulties people were encountering when setting up direct payment services. We intend to continue providing training and development support into the new year, but with a focus on specific issues affecting individual teams.

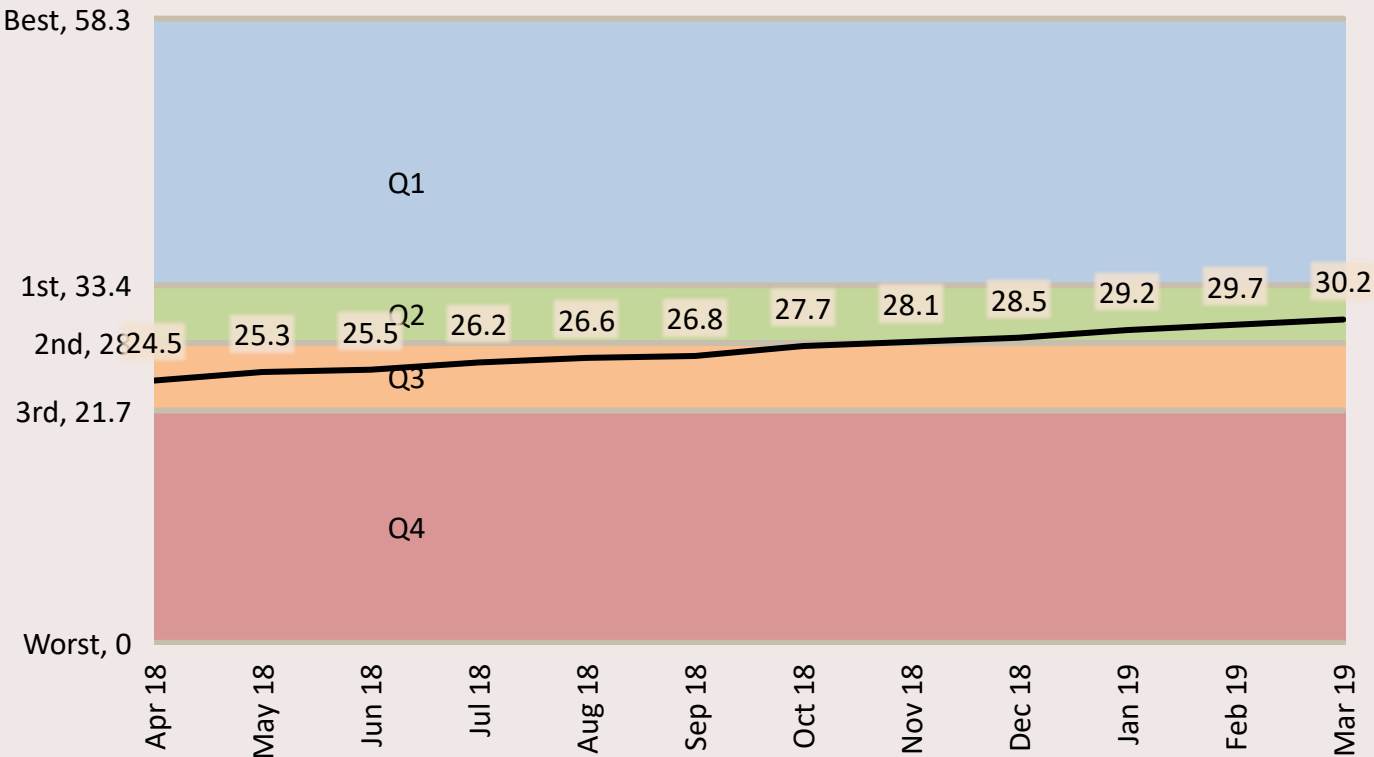
Measure Owner: Pauline Mugridge
Responsible Officer: Julia Parfitt

Frequently asked questions:

Theme: Personalised Support

Uptake of Direct Payments

Performance against national quartiles



Benchmarking data is taken from 2017/18 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

| Quartile | Score | Difference | | Packages Difference |
|------------|-------|------------|-------|---------------------|
| | | Figure | % | |
| Worst | 0.0% | -30.2 | -100% | -2492 |
| 3rd | 21.7% | -8.5 | -28% | -702 |
| 2nd | 28.0% | -2.2 | -7% | -182 |
| Birmingham | 30.2% | | | |
| 1st | 33.4% | 3.2 | 11% | 264 |
| Best | 58.3% | 28.1 | 93% | 2319 |

| | |
|---------------------------|--------------|
| Current Quartile | 2nd |
| Distance to next quartile | 264 Packages |
| Distance to top quartile | 264 Packages |

Theme: Personalised Support

The number of people who have Shared Lives

RED

Change:
Up
(Green) 1.3%

| Last Month | This Month | Target |
|---------------------|------------|-----------|
| 75 | 76 | 140 |
| Recalculated: 75 | | (EoY 140) |

Source:
Carefirst service agreements

Commentary:

We have made a small increase this month in the number of people who are living in a Shared Lives arrangement, which reflects the improvements we are making to our processes. We are currently in the process of matching another two people with Shared Lives carers.

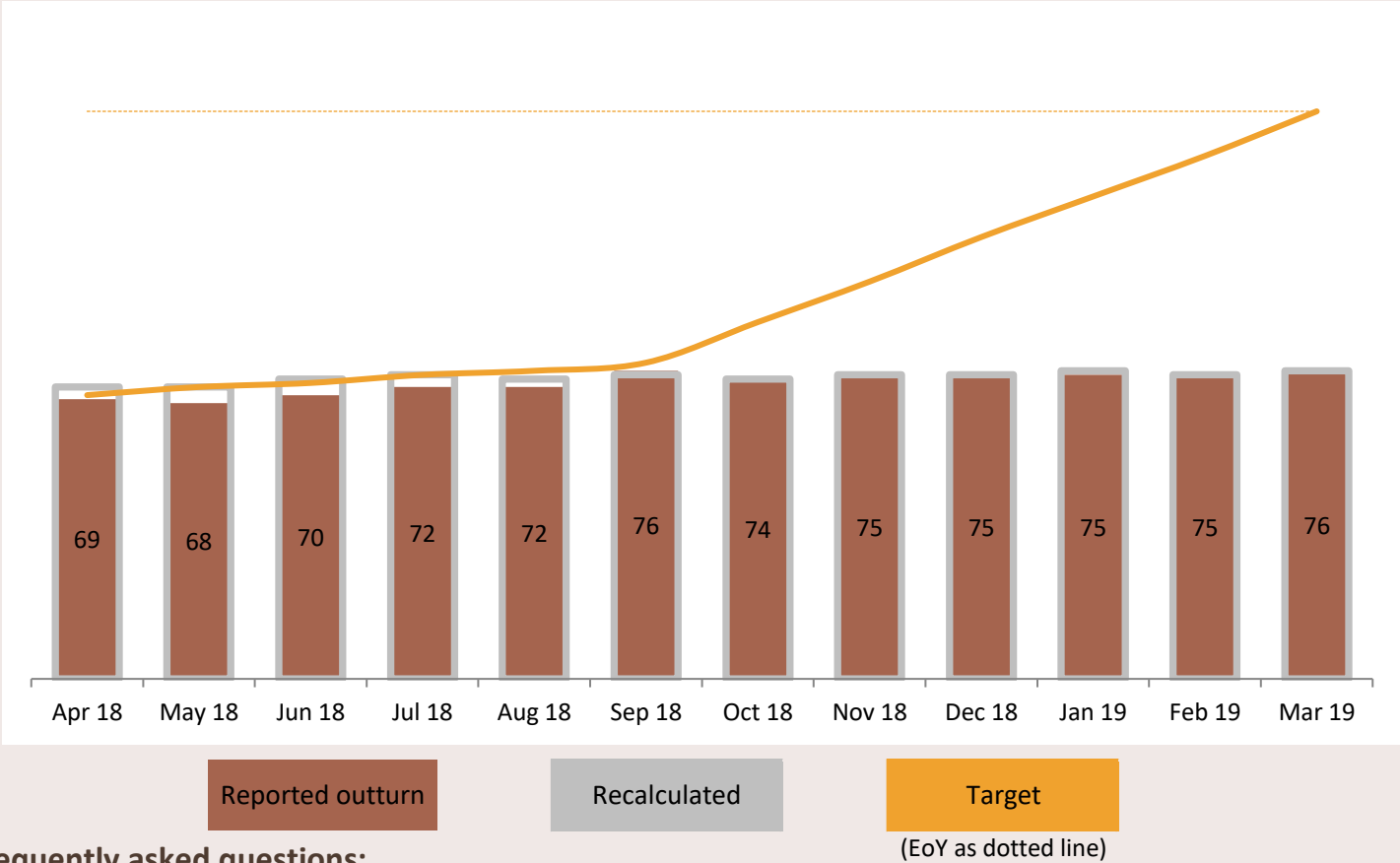
The Early Help and Prevention Project Board continues to oversee the improvement plan for Shared lives. Our proposal to use the tendering process so that other providers can carry out matching is on track.

An integral part of the development of our service is the recruitment of new carers, and at the time of writing, another 3 new carers are due to go to our recruitment panel for approval. To encourage recruitment, we proposed an incentive scheme for Shared Lives carers, and the project board has now formally signed this off. We also created a recruitment video in December for social media, and this continues to gain views.

We have also made progress in developing a “day opportunities” offer as part of Shared Lives, where we will match people with carers for support in the daytime only, rather than to live in their home, and we recognise this as key to the growth of Shared Lives as a service.

Measure Owner:
Linda Harper

Responsible Officer:
Sonia Mais-Rose



Frequently asked questions:

[< Previous: Care in own home](#)

[Return to Scorecard](#)

[Next: Home visits after births >](#)

Theme: Community Assets

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

RED

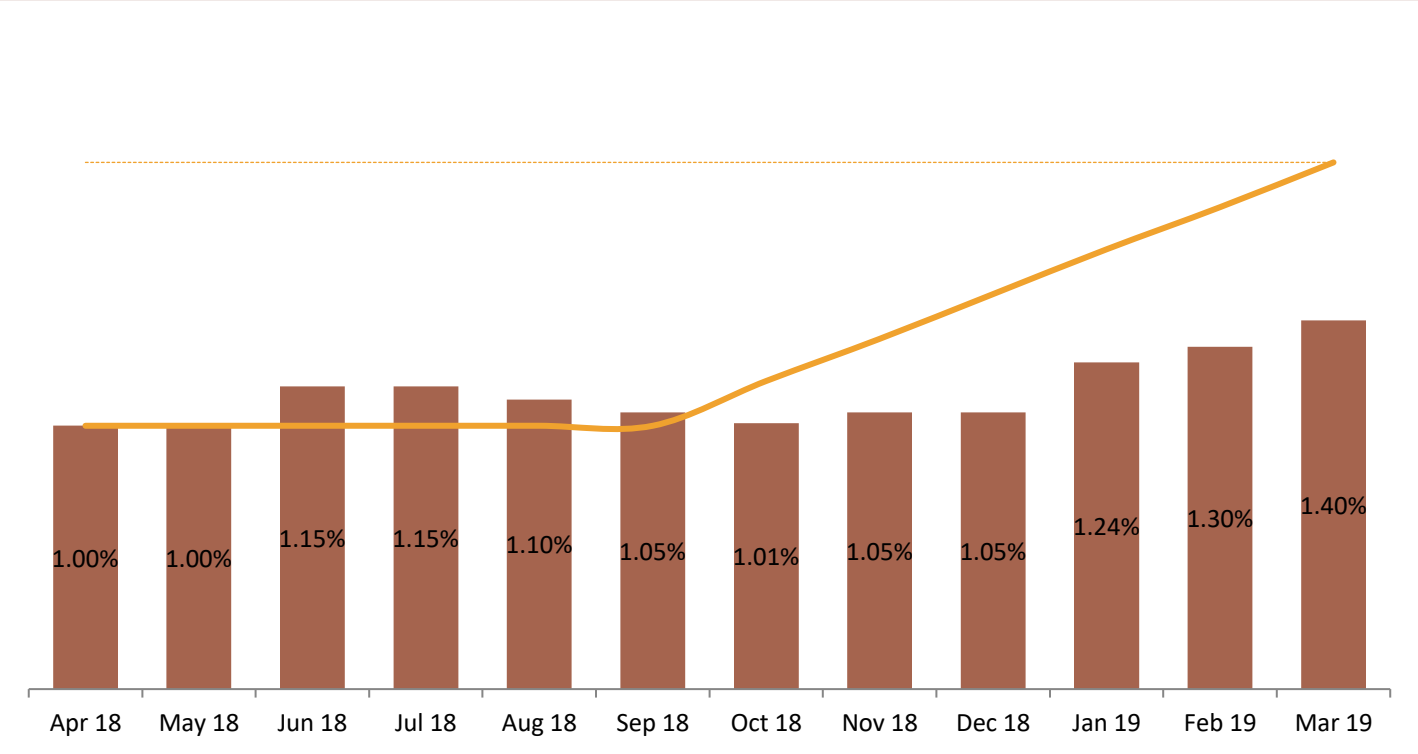
Change:

Up
(Green) 0.1 pp

| Last Month | This Month | Target |
|------------|------------|----------------|
| 1.3% | 1.4% | 2% (EoY 2%) |

Source:

Carefirst classifications



Reported outturn

Target
(EoY as dotted line)

Frequently asked questions:

Commentary:

Our performance against this measure has improved for the third month running, although we recognise that it is less than the increase required to meet the target. We have a specific action plan aimed at supporting people with Learning Disabilities into employment, and the Readiness and Delivery Project continues to meet regularly to address the problems around this measure. We have requested permission to recruit a lead person to support improvements to our performance, however we are waiting for approval.

As part of our link with the Pure Project (Placing vulnerable Urban Residents into Employment and training), they have shared the details of employers who have made a commitment to support vulnerable adults into employment. We will embed the use of this information as part of the three conversations model of social work to connect people with these opportunities. Day centre staff are supporting this by identifying people who attend the centres who would like to be employed. We expect that this will result in a gradual improvement over time.

We are also encouraging social work staff to ensure that our recording of this is correct and up to date to address any potential under-recording, and we are in the process of examining more streamlined recording processes.

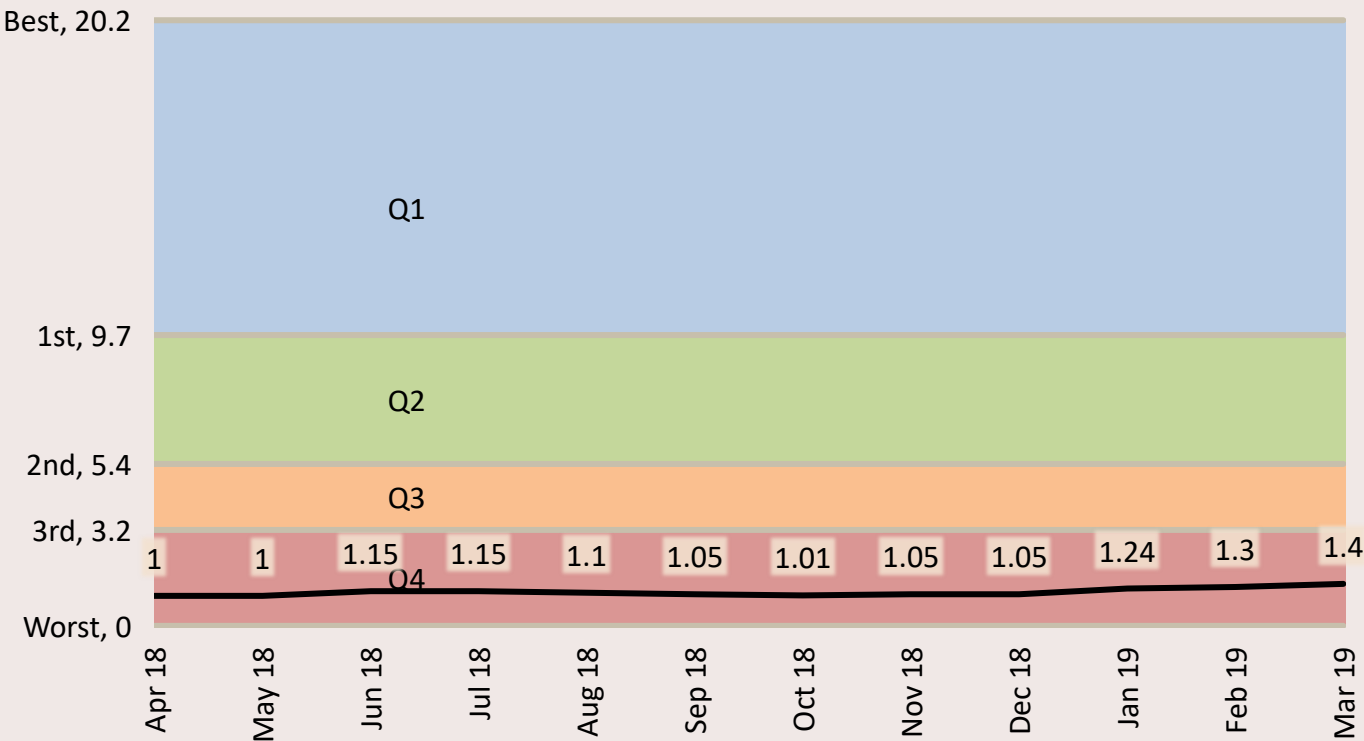
Measure Owner:
Linda Harper

Responsible Officer:
Sonia Mais-Rose

Theme: Community Assets

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

Performance against national quartiles



Benchmarking data is taken from 2017/18 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

| Quartile | Score | Difference | | People Difference |
|------------|--------|------------|-------|-------------------|
| | | Figure | % | |
| Worst | 0.00% | -1.40 | -100% | -29 |
| Birmingham | 1.40% | | | |
| 3rd | 3.20% | 1.80 | 128% | 37 |
| 2nd | 5.40% | 4.00 | 285% | 82 |
| 1st | 9.70% | 8.30 | 592% | 170 |
| Best | 20.20% | 18.80 | 1340% | 386 |

| | |
|---------------------------|------------|
| Current Quartile | 4th |
| Distance to next quartile | 37 People |
| Distance to top quartile | 170 People |

Cabinet Scorecard - March 2019

Produced by AC&H Information and Analysis Team (data from various sources)

Intended to be viewed full screen - go to "View" and "Full Screen" above

[Click for highlight view](#)

1. Use of Resources

| Measure | Status | Target | Last Month | This Month | D o T | Constit- uencies | Bench- markable | |
|--|--------|--------------------|---------------|---------------|-----------------|---------------------|--------------------|-----------------------------|
| 1 Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care) | RED | 7.95 (EoY 7.95) | 9.34 | 9.49 | Up (Red) | | ✓ | More detail |
| 2 The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly) | AMBER | 75% | 66.1% (Q3) | 73.1% (Q4) | Up (Green) | | | More detail |
| 3 Proportion of clients reviewed, reassessed or assessed within 12 months | RED | 85% (EoY 85%) | 71.5% | 77.6% | Up (Green) | ✓ | | More detail |
| 4 The number of long-term admissions to residential or nursing care per 100,000 over 65s | GREEN | 650 | 628.7 (Q2) | 611.5 (Q3) | Down (Green) | | | More detail |

2. Personalised Support

| Measure | Status | Target | Last Month | This Month | D o T | Const. | B/mark | |
|--|--------|------------------|-------------|-------------|-------------------|--------|--------|-----------------------------|
| 5 Social work client satisfaction - postcard questionnaire. | GREEN | 70% | 97% (Q3) | 93% (Q4) | Down (Red) | | | More detail |
| 6 Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were | GREEN | 85% | 92% | 90% | Down (Red) | ✓ | | More detail |
| 7 Uptake of Direct Payments | GREEN | 30% (EoY 30%) | 29.7% | 30.2% | Up (Green) | ✓ | ✓ | More detail |
| 8 The percentage of people who receive Adult Social Care in their own home | AMBER | DoT Only | 68.9% | 68.9% | Static (Amber) | | ✓ | More detail |
| 9 The number of people who have Shared Lives | RED | 140 (EoY 140) | 75 | 76 | Up (Green) | | | More detail |

Cabinet Scorecard - March 2019

Produced by AC&H Information and Analysis Team (data from various sources)

Intended to be viewed full screen - go to "View" and "Full Screen" above

[Click for highlight view](#)

3. Prevention and Early Help

| Measure | Status | Target | Last Month | This Month | D o T | Const. | B/mark |
|--|--------|----------|-----------------|-----------------|--------------|--------|-------------------------------|
| 10 The percentage of births that receive a face-to-face new-born visit within 14 days | GREEN | 90% | 90% (Q2) | 91% (Q3) | Up (Green) | | ✓ More detail |
| 11 Proportion of eligible people receiving an NHS health check | GREEN | 2.5% | 2.8% (Q2) | 2.9% (Q3) | Up (Green) | | ✓ More detail |
| 12 Rate of positive chlamydia screens (per 100,000 young people aged 15-24) | N/A | 2300 | 1628 (Q2) | (Q3) | | | ✓ More detail |
| 13 Number of smoking quitters at 12 weeks | GREEN | 168 | 201 (Q2) | 224 (Q3) | Up (Green) | | ✓ More detail |
| 14 Percentage of opiate drug users who are in full time employment for 10 working days following or upon discharge | GREEN | 19.3% | 20.7% (Q2) | 21.5% (Q3) | Up (Green) | | ✓ More detail |
| 15 Percentage of non-opiate drug users who are in full time employment for 10 working days following or upon discharge | GREEN | 34% | 36.8% (Q2) | 35.1% (Q3) | Down (Red) | | ✓ More detail |
| 16 Children under 5 attending wellbeing service | RED | 13500 | 9409 (Q2) | 5773 (Q3) | Down (Red) | | ✓ More detail |
| 17 Adults over 70 attending wellbeing service | GREEN | 19500 | 21675 (Q2) | 20485 (Q3) | Down (Red) | | More detail |
| 18 Number of completed safeguarding enquiries which involved concerns about domestic abuse | GREEN | N/A | 11 | 8 | Down (Red) | | More detail |
| 19 Percentage of completed safeguarding enquiries which involved concerns about domestic abuse | GREEN | N/A | 11.3% | 6.5% | Down (Red) | | ✓ More detail |
| 20 Fraction of mortality attributable to particulate air pollution | N/A | DoT Only | 6.2% (2016/17) | (2017/18) | | | ✓ More detail |
| 21 The percentage of children classed as overweight or obese at reception | GREEN | DoT Only | 24.7% (2016/17) | 23.6% (2017/18) | Down (Green) | | ✓ More detail |

4. Community Assets

| Measure | Status | Target | Last Month | This Month | D o T | Const. | B/mark |
|---|--------|-------------|-----------------|-----------------|------------|--------|-------------------------------|
| 22 The percentage of children classed as overweight or obese in Year 6 | AMBER | DoT Only | 40.1% (2016/17) | 40.5% (2017/18) | Up (Red) | | ✓ More detail |
| 23 The percentage of service users aged 18-64 with learning disabilities in employment | RED | 2% (EoY 2%) | 1.3% | 1.4% | Up (Green) | | ✓ More detail |
| 24 The percentage of adults in contact with secondary mental health services in employment | RED | DoT Only | 4.3% (2016/17*) | 4% (2017/18) | Down (Red) | | ✓ More detail |
| 25 The proportion of people who use services who reported that they had as much social contact as they like | GREEN | DoT Only | 37.3% (2016/17) | 46.5% (2017/18) | Up (Green) | | ✓ More detail |
| 26 The proportion of carers who reported that they had as much social contact as they like | N/A | DoT Only | 28.3% (2016/17) | (2018/19) | | | ✓ More detail |

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)

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

RED

Change:
**Up
(Red)** 1.7%

| Last Month | This Month | Target |
|------------|------------|--------------------|
| 9.34 | 9.49 | 7.95 (EoY 7.95) |

Commentary:

We are not meeting the target on this measure and we recognise that our performance has remained steady recently. However, our performance across these 12 months shows a significant improvement over the previous 12, with an average of 9.38 beds per day, down from 11.82.

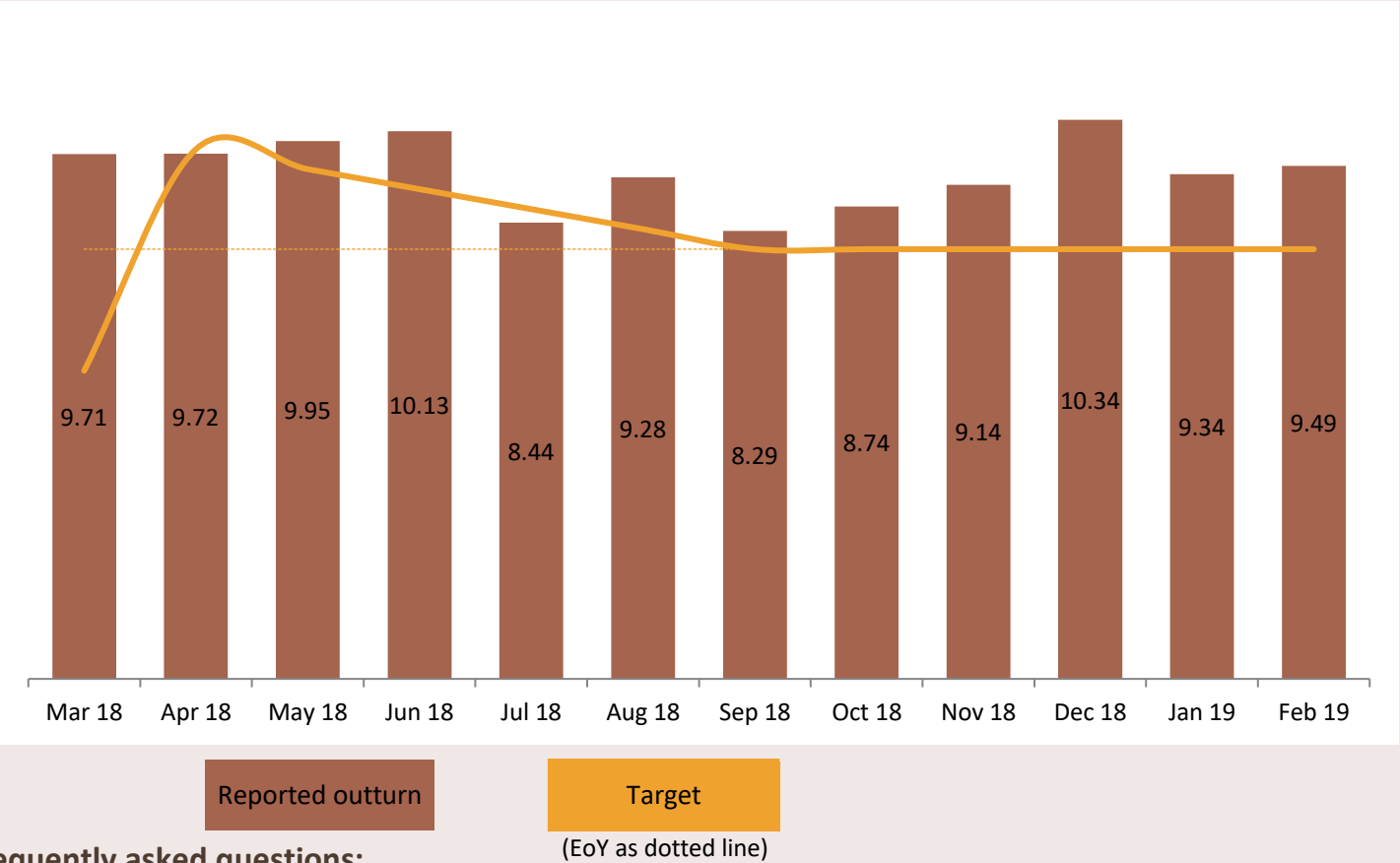
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Measure Owner:
Pauline Mugridge

Responsible Officer:
Natalie McFall



Frequently asked questions:

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[< Previous: Other drug users employment](#)

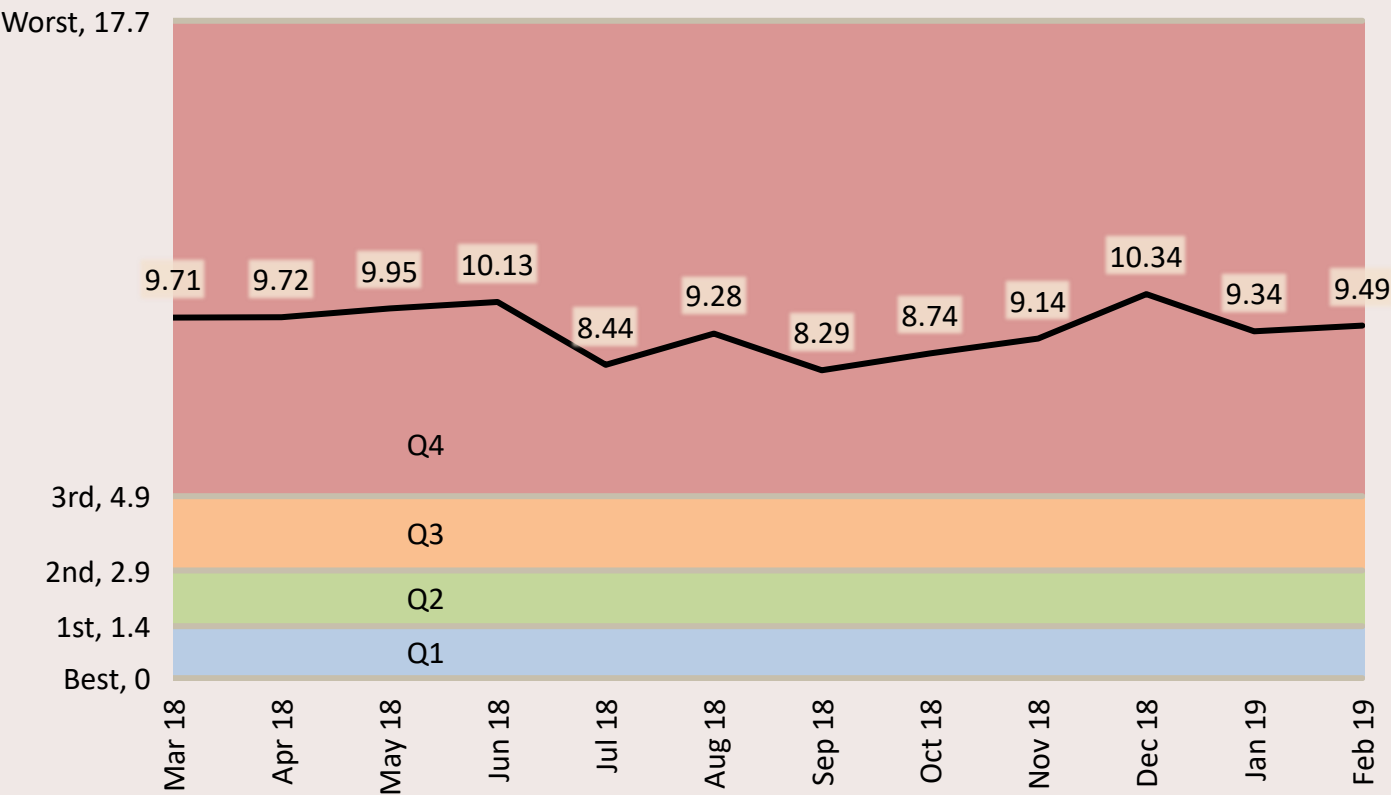
[Return to Scorecard](#)

[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



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|------------|-------|------------|-------|---------------------|
| | | Figure | % | |
| Worst | 17.70 | 8.21 | 86% | 69 |
| Birmingham | 9.49 | | | |
| 3rd | 4.90 | -4.59 | -48% | -38 |
| 2nd | 2.90 | -6.59 | -69% | -55 |
| 1st | 1.40 | -8.09 | -85% | -68 |
| Best | 0.00 | -9.49 | -100% | -80 |

| | |
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[< Previous: DTOC Total](#)

[Return to Scorecard](#)

[Next: Good provider all >](#)

Theme: Use of Resources

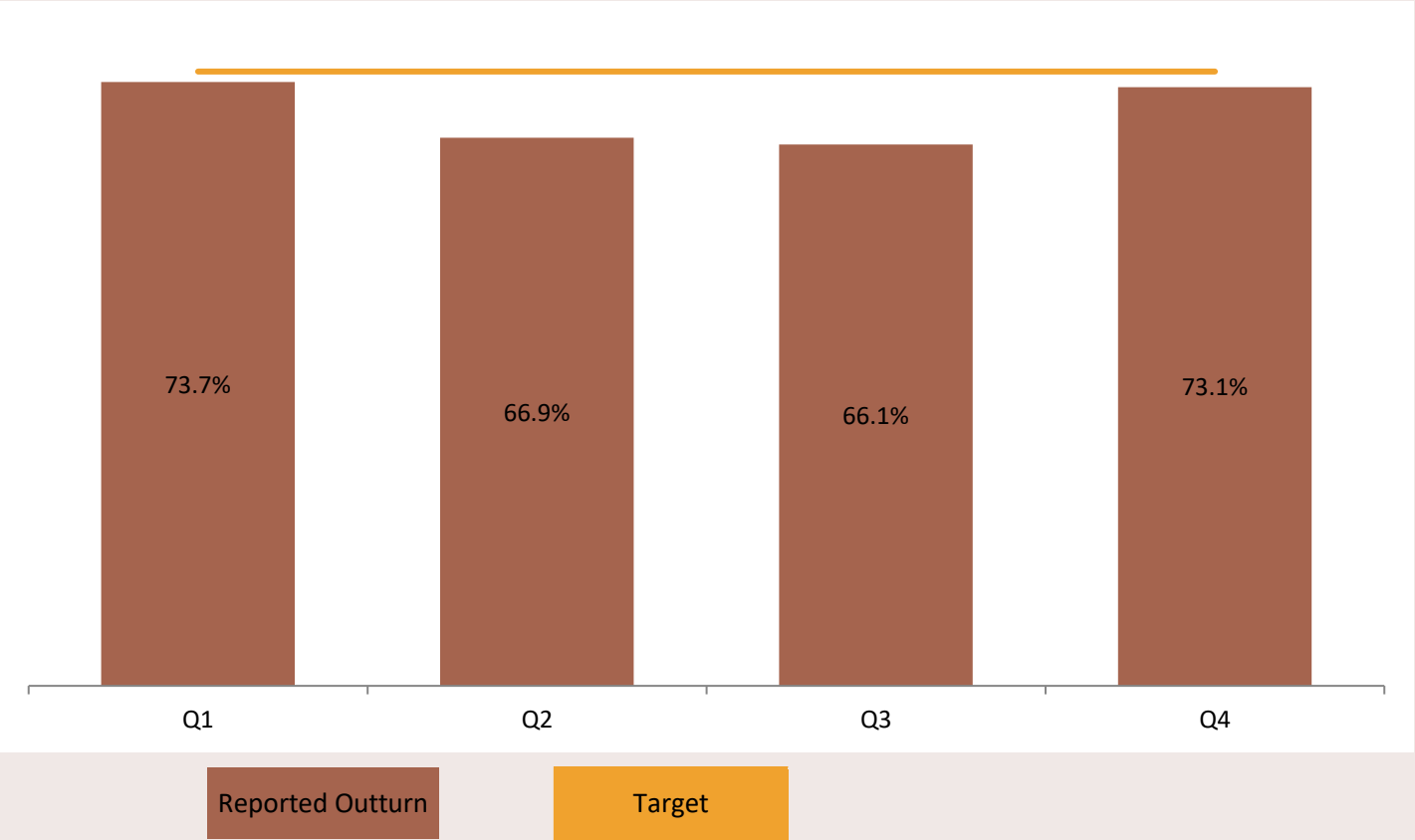
The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)

AMBER

Change:
Up
(Green) 7 pp

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 66.1% | 73.1% | 75% |

Source:
Carefirst service agreements and commissioning provider assessment data



Commentary:

Our performance against this measure has improved for this quarter (January to March 2019) from the previous quarter (October to December 2019). Over this period 27 service providers, supporting 349 people, have improved their quality rating from bronze to silver, and 11 providers, supporting only 95 people, dropped from silver to bronze. We also signed up 69 more providers to the new contract, and 48 of these achieved a silver rating.

While we have not achieved our 75% target this year, we set the target as we began to move to a new provider contract and quality assurance process, and this meant we made some assumptions that haven't been borne out. We were expecting to have moved our home care providers onto the new contract by the end of this year, but we are now due to do this in April 2019, and we expect that this will result in improved performance. We also moved from a system where providers assessed themselves, to a rigorous evidence-based approach, which resulted in a drop in some quality scores. After a year of working with this new system, we now have a consistent approach to assessing and reporting provider quality.

Finally, we have taken a "worst-first" approach to assessing providers' quality. Since we only include providers who have been assessed in this measure, it meant that our performance initially dropped before rising later in the year. We have found that the time it takes for providers to improve from lower ratings can vary quite significantly from a few weeks to 6 months, and this can result in delays to improvement in some cases.

Measure Owner:
Alison Malik

Responsible Officer:

Frequently asked questions:

[< Previous: DTOC Total quartiles](#)

[Return to Scorecard](#)

[Next: Reviews >](#)

Theme: Use of Resources

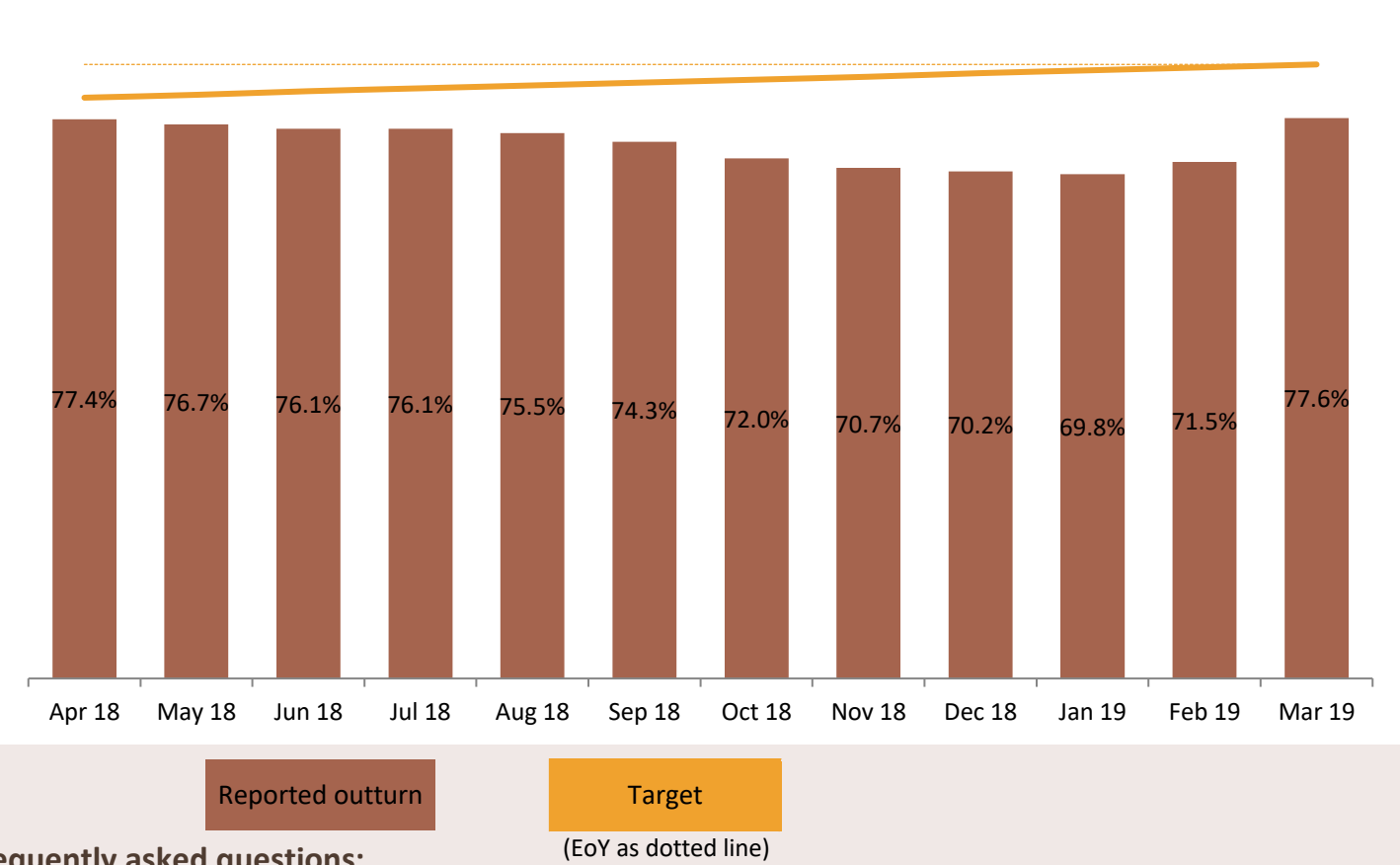
Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:
Up
(Green) 6.1 pp

| Last Month | This Month | Target |
|------------|------------|------------------|
| 71.5% | 77.6% | 85% (EoY 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



Frequently asked questions:

Commentary:

Whilst we have not met the target for this measure, we made a concerted effort and improved performance from 69.8% to 77.6% in 8 weeks. Council-wide and directorate initiatives had a real impact on the capacity of our teams to conduct reviews. We achieved the improvement in performance through overtime, and by managers encouraging staff to complete reviews already allocated to them. Without this, we estimate that our performance would have continued to drop and our March position would have been around 65%. For the future, we are developing a sustainable model to ensure that we complete reviews and meet our performance targets. We are taking the following actions in developing this future plan:

- Reconsider how reviews are defined in Birmingham and identify other opportunities for reviews, especially when a worker is already in contact with a citizen.
- Reconsider whether people other than social work staff should carry out reviews, such as service providers
- Look at how we record reviews in order to meet statutory reporting requirements
- Be smarter about how we allocate resources to reviews across the whole year
- Develop a clear escalation process to senior management in the event that competing priorities are likely to impact on performance.

Measure Owner:
Linda Harper

Responsible Officer:
Grace Natoli

Theme: Use of Resources

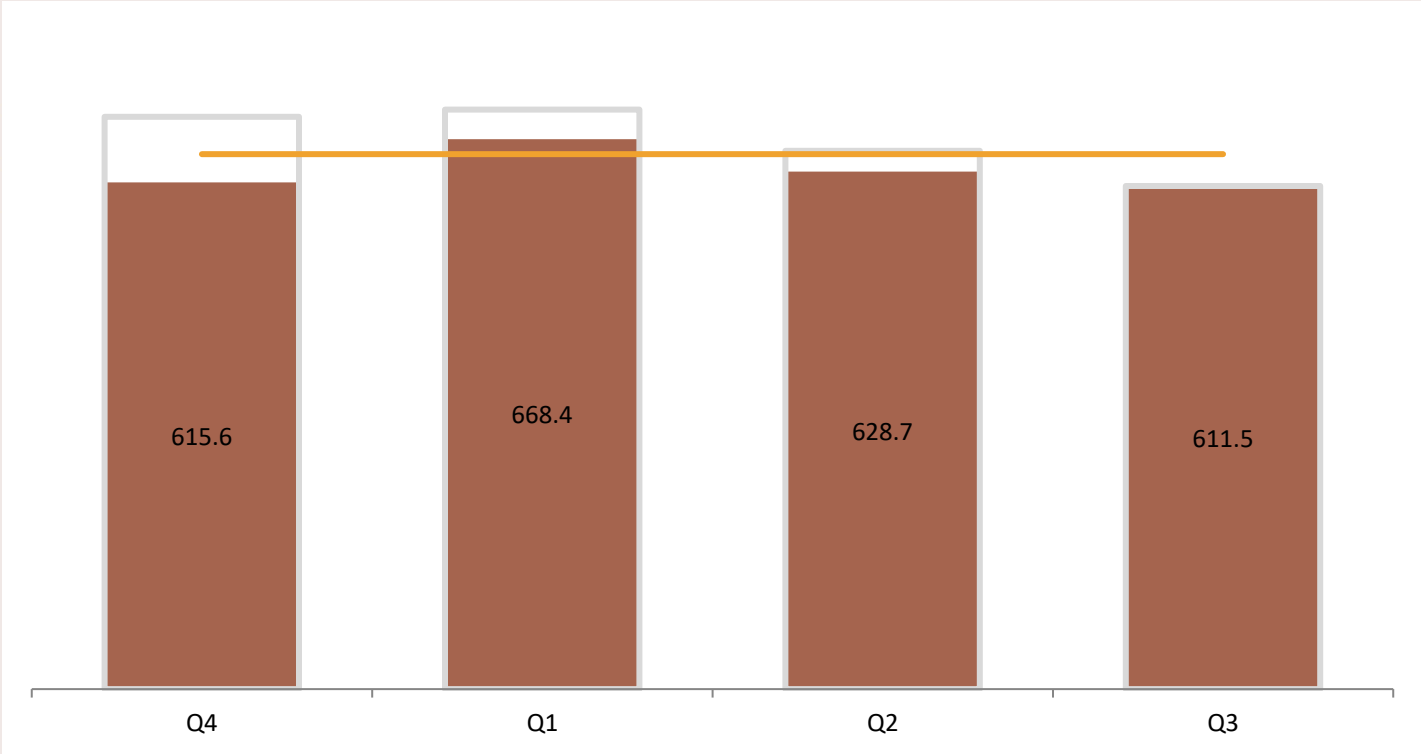
The number of long-term admissions to residential or nursing care per 100,000 over 65s

GREEN

Change:
Down
(Green) 2.7%

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 628.7 | 611.5 | 650 |
| Recalculated: | | 0 |

Source:
Carefirst



| | | |
|------------------|--------------|--------|
| Reported Outturn | Recalculated | Target |
|------------------|--------------|--------|

Commentary:

We have successfully kept our performance on this measure within the target and improved on our results for the previous quarters. The figure of 611.5 covers the 12 months up until December 2018, and represents 892 new admissions to care homes over that period.

In hospitals, we are continuing to follow our 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 been moving to 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:
Pauline Mugridge

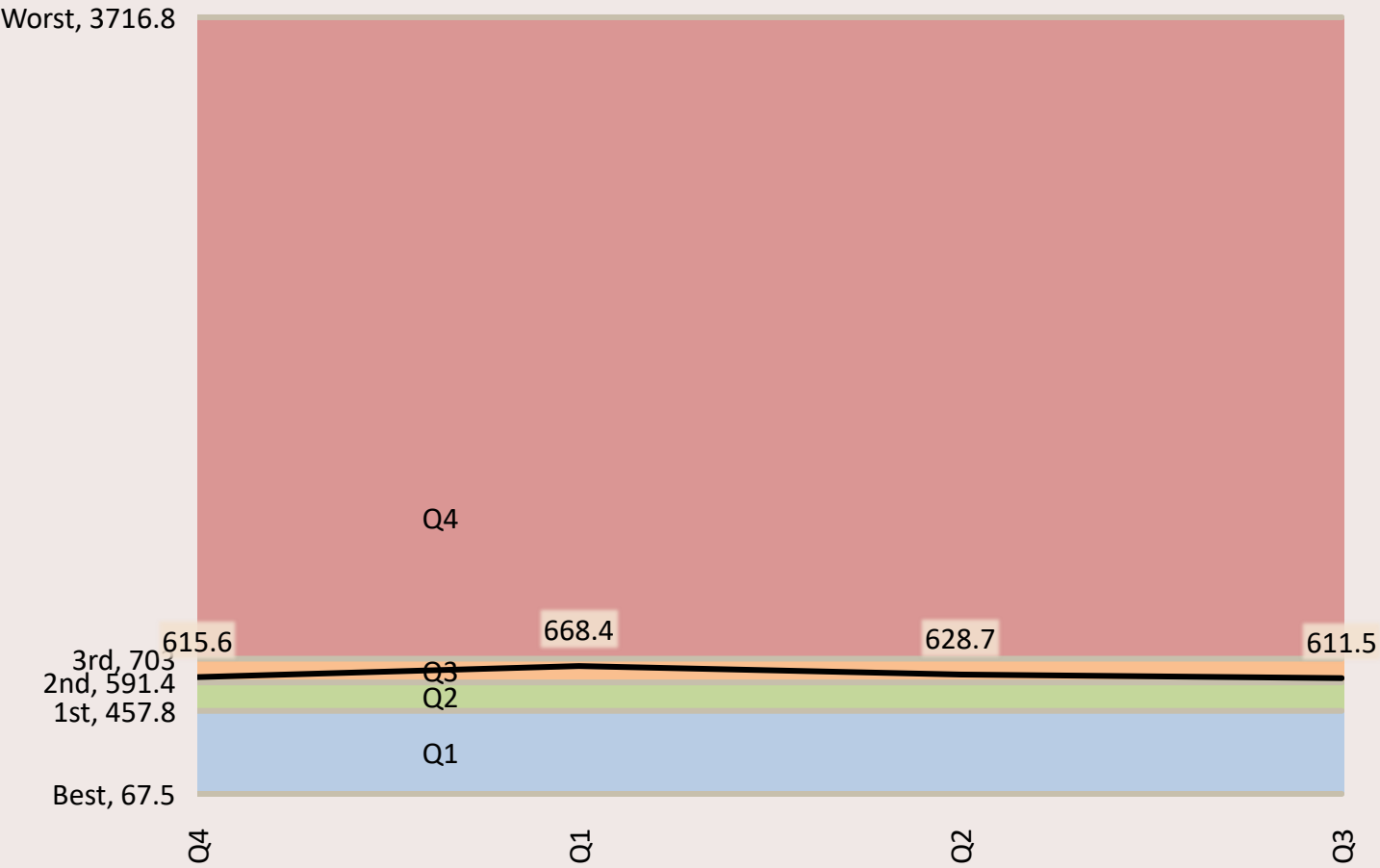
Responsible Officer:
Pauline Mugridge

Frequently asked questions:

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 2017/18 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

| Quartile | Score | Difference | | Admissions Difference |
|------------|--------|------------|------|-----------------------|
| | | Figure | % | |
| Worst | 3716.8 | 3105.3 | 508% | 4530 |
| 3rd | 703.0 | 91.5 | 15% | 133 |
| Birmingham | 611.5 | | | |
| 2nd | 591.4 | -20.1 | -3% | -29 |
| 1st | 457.8 | -153.7 | -25% | -224 |
| Best | 67.5 | -544.0 | -89% | -794 |

| | |
|---------------------------|----------------|
| Current Quartile | 3rd |
| Distance to next quartile | 29 Admissions |
| Distance to top quartile | 224 Admissions |

Theme: Personalised Support

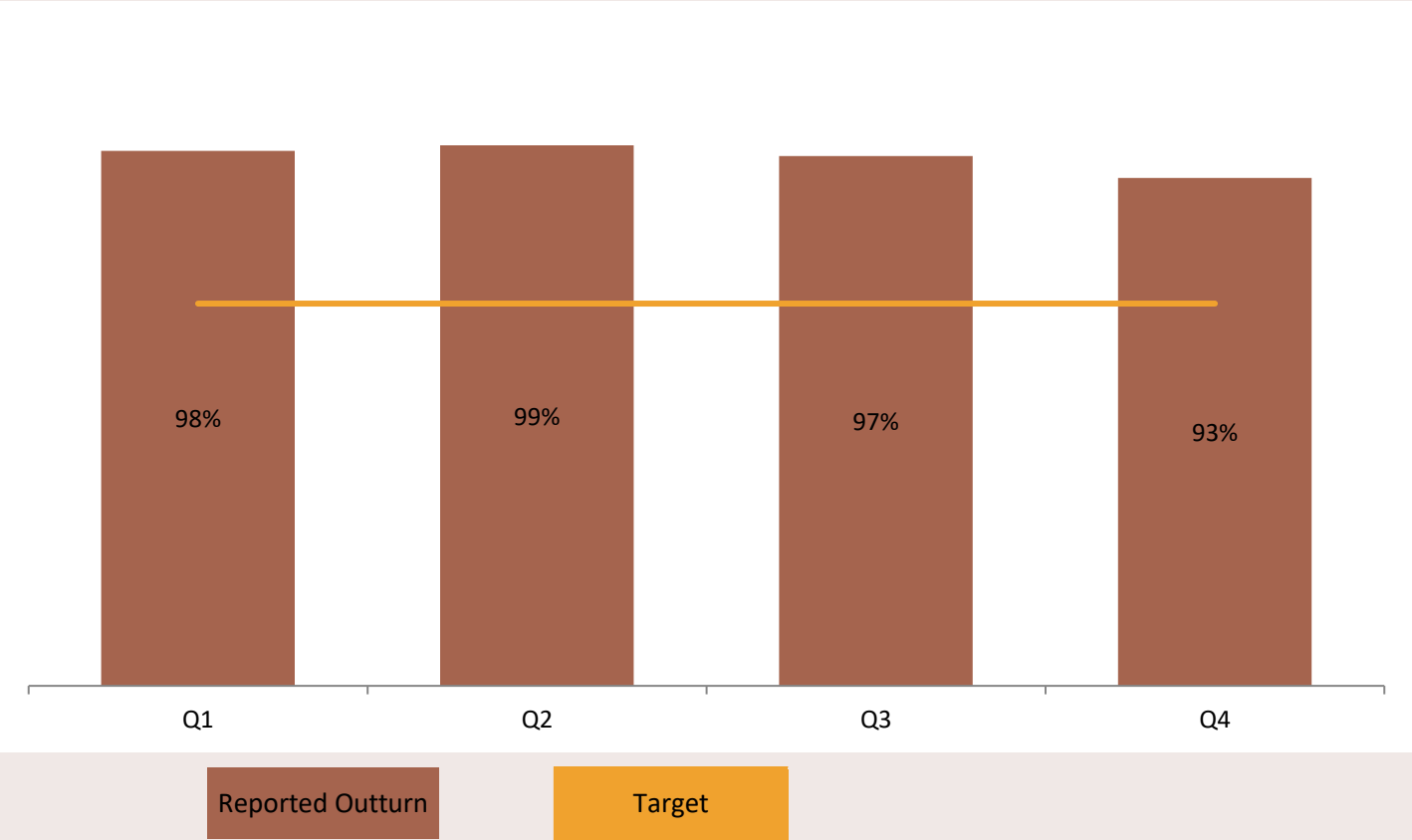
Social work client satisfaction - postcard questionnaire.

GREEN

Change:
Down
(Red) 3 pp

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 97% | 93% | 70% |

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



Commentary:

We have performed above the target on this measure across the year, and while the result for quarter 4 (January to March) is below our year average of 96%, it still shows overwhelmingly positive feedback. The drop in our performance this quarter came from the 10% of people who responded that they did not clearly understand what would happen next in their social care journey, and we will be ensuring that this is fed back to social workers. However, this is still a good result, and we also recognise that the responses to other questions were even more positive: in particular, 97% of people told us that they felt like they were treated by respect by the social worker. This reflects other feedback we receive regarding our social workers’ conduct.

We are pleased that we have received a consistently good rate of responses, 291 across the year. The postcard questionnaire was a new initiative that we introduced this year, and we are hoping to build on this success, by further encouraging social workers to make use of it, and embedding it into the day-to-day work of our teams. We will also be looking at boosting our response rate by opening up other methods, such as an online questionnaire, and emailed invitations, in order to build a fuller picture of our citizens’ experiences of our service.

Measure Owner: Fiona Mould Responsible Officer:

Frequently asked questions:

Theme: Personalised Support

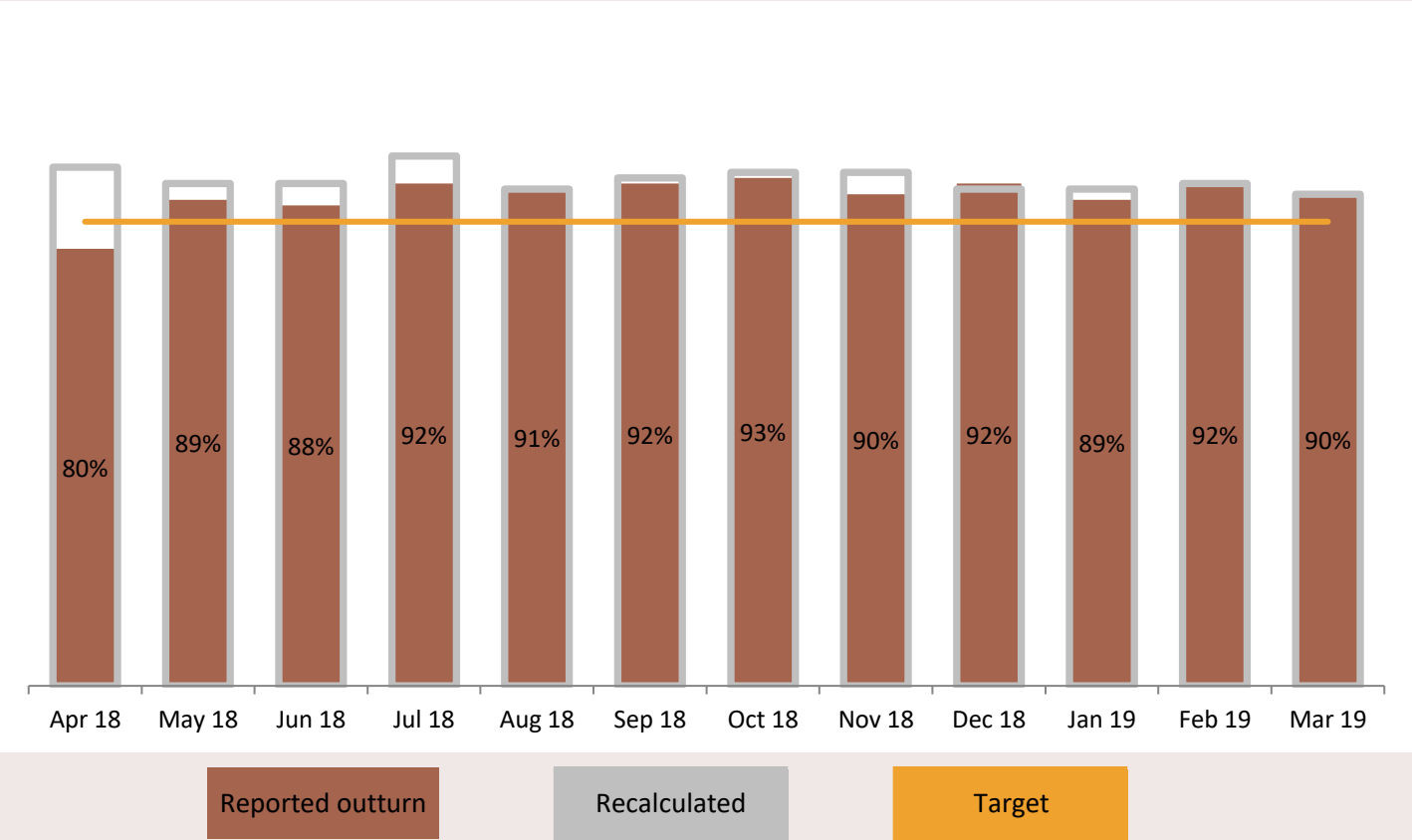
Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were

GREEN

Change:
Down
(Red) 2 pp

| Last Month | This Month | Target |
|----------------------|------------|--------|
| 92% | 90% | 85% |
| Recalculated: 92% | | |

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 have consistently met or exceeded the target for this measure and our performance for the year overall is 92.6%. As we have noted previously, this measure is based on relatively small numbers, so we expect some variation in the result, however the consistently high performance indicates to us that social work staff are making efforts to include vulnerable people in their Safeguarding Enquiries. Over the coming months, we expect to have to make changes to how we measure this. The Association of Directors of Adult Social Services (ADASS) has identified some large inconsistencies between local authorities in what we count as a "Safeguarding Enquiry". As a result, we expect guidance that will ask us to include more things as an enquiry, including some shorter interventions that would end before we would ask a person about their desired outcomes. This is likely to mean that our performance will appear to drop, without it actually being the case.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

Theme: Personalised Support

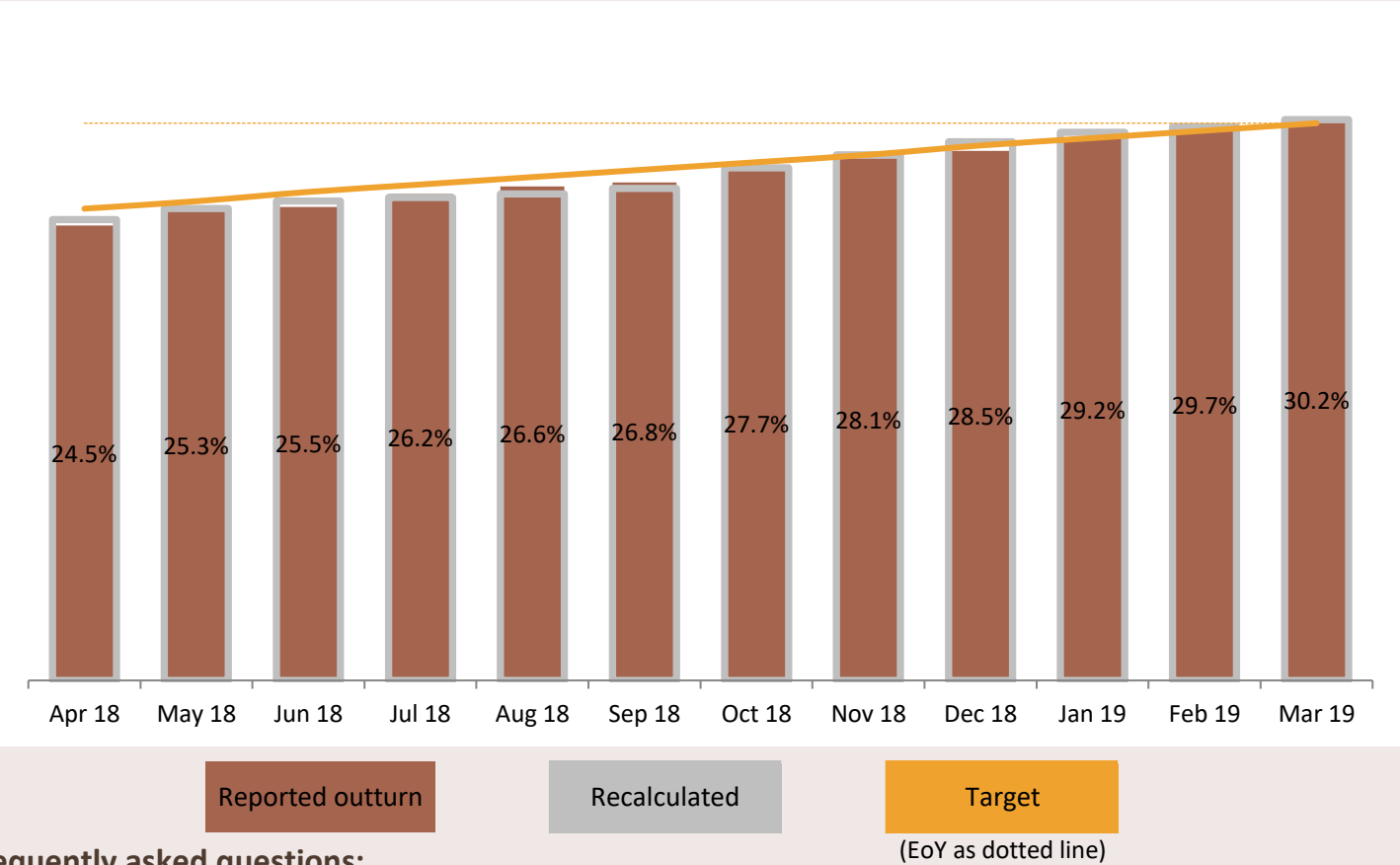
Uptake of Direct Payments

GREEN

Change:
Up
(Green) 0.5 pp

| Last Month | This Month | Target |
|------------------------|------------|-----------|
| 29.7% | 30.2% | 30% |
| Recalculated: 29.8% | | (EoY 30%) |

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 achieved our target of increasing the proportion of people who receive social care services in the community in the form of a direct payment to 30%. In order to do this, we have followed a programme that has included co-production initiatives, partnership working with support agencies and Adult Social Care Commissioning, encouragement and support from managers, and the hard work of social work staff. We have also provided training and development support to all social work teams in order to overcome some of the difficulties people were encountering when setting up direct payment services. We intend to continue providing training and development support into the new year, but with a focus on specific issues affecting individual teams.

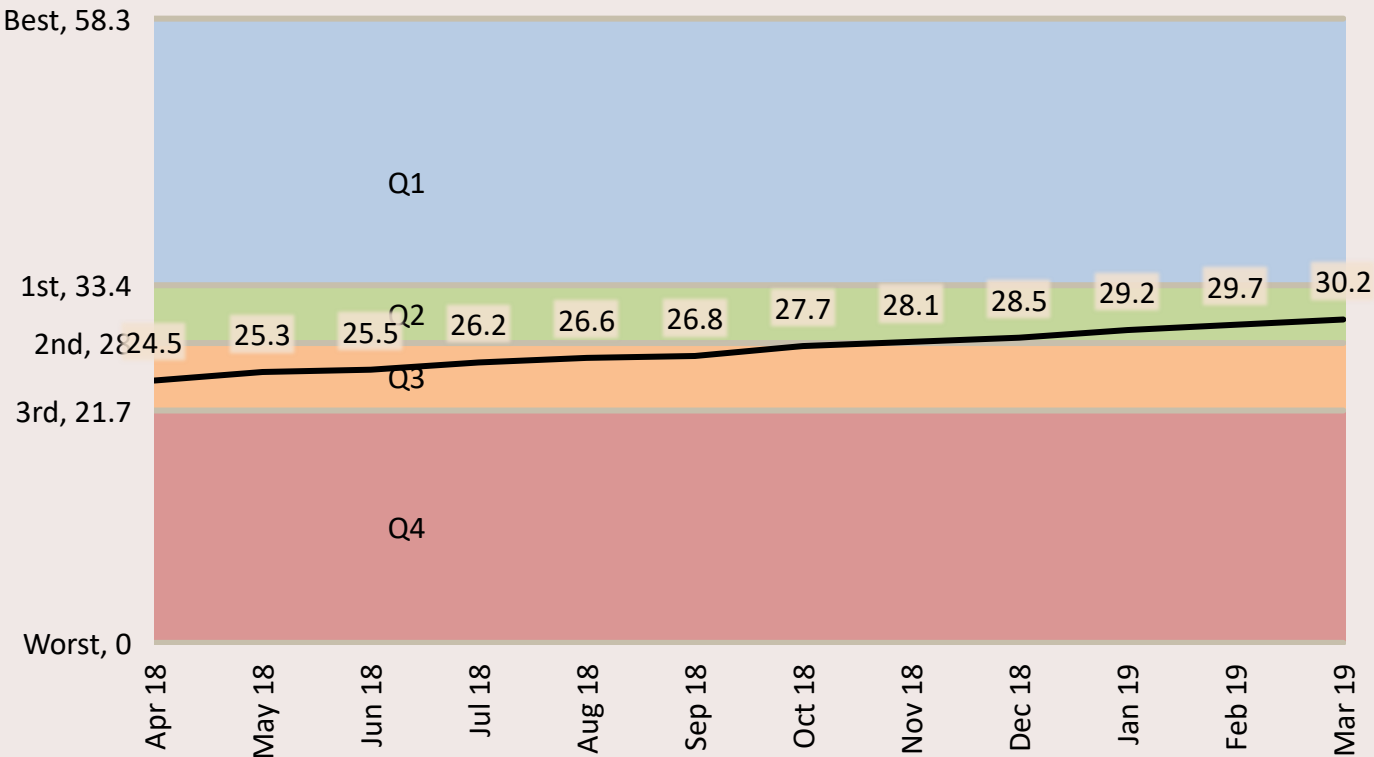
Measure Owner: Pauline Mugridge
Responsible Officer: Julia Parfitt

Frequently asked questions:

Theme: Personalised Support

Uptake of Direct Payments

Performance against national quartiles



Benchmarking data is taken from 2017/18 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

| Quartile | Score | Difference | | Packages Difference |
|------------|-------|------------|-------|---------------------|
| | | Figure | % | |
| Worst | 0.0% | -30.2 | -100% | -2492 |
| 3rd | 21.7% | -8.5 | -28% | -702 |
| 2nd | 28.0% | -2.2 | -7% | -182 |
| Birmingham | 30.2% | | | |
| 1st | 33.4% | 3.2 | 11% | 264 |
| Best | 58.3% | 28.1 | 93% | 2319 |

| | |
|---------------------------|--------------|
| Current Quartile | 2nd |
| Distance to next quartile | 264 Packages |
| Distance to top quartile | 264 Packages |

Theme: Personalised Support

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

AMBER

Change:

Static
(Amber) 0.1 pp

Last Month

68.9%

Recalculated:
68.6%

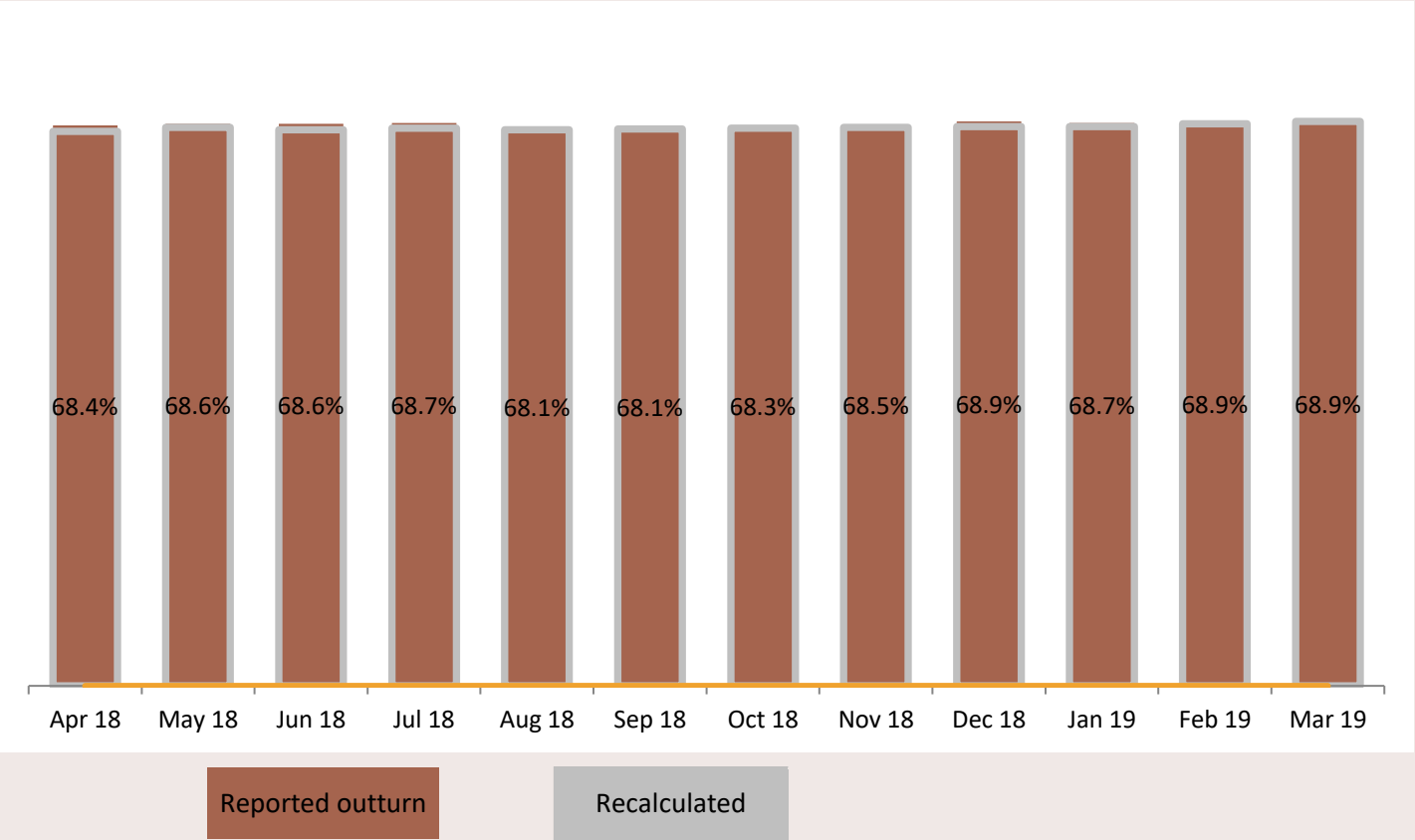
This Month

68.9%

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:

Across the course of this year, we have increased the proportion of the people who receive services from us in their own home by 0.5%. We would not expect this measure to change rapidly, because we have to consider the wishes and care needs of the people we support, and ensure that our decisions do not place them at risk, so we regard this as a good improvement.

In order to make this improvement, we have followed a variety of policies and initiatives which aim to support people to remain living in their communities for as long as possible. These include the Home First policy, which aims to prevent discharging people from hospital into a care home whenever we can avoid it, and as part of this policy, we are piloting an intensive home care service to assist people who would previously have required nursing home care to return to their own homes. Our occupational therapists actively support our social workers to ensure that we provide an appropriate level of care, and effectively use equipment and assistive technology to help people remain at home. We are in the process of adopting a new model for social work, Three Conversations, and we have been rolling it out to our teams over the course of this year. As a key part of this model, we aim to reconnect people with their local communities as a source of support, and this should delay or prevent them from needing to move permanently into a care home.

Measure Owner:
Pauline Mugridge

Responsible Officer:
Gian Saini

Frequently asked questions:

[< Previous: Direct payments quartiles](#)

[Return to Scorecard](#)

[Next: Shared lives uptake >](#)

Theme: Personalised Support

The number of people who have Shared Lives

RED

Change:
Up
(Green) 1.3%

| Last Month | This Month | Target |
|---------------------|------------|-----------|
| 75 | 76 | 140 |
| Recalculated: 75 | | (EoY 140) |

Source:
Carefirst service agreements

Commentary:

We have made a small increase this month in the number of people who are living in a Shared Lives arrangement, which reflects the improvements we are making to our processes. We are currently in the process of matching another two people with Shared Lives carers.

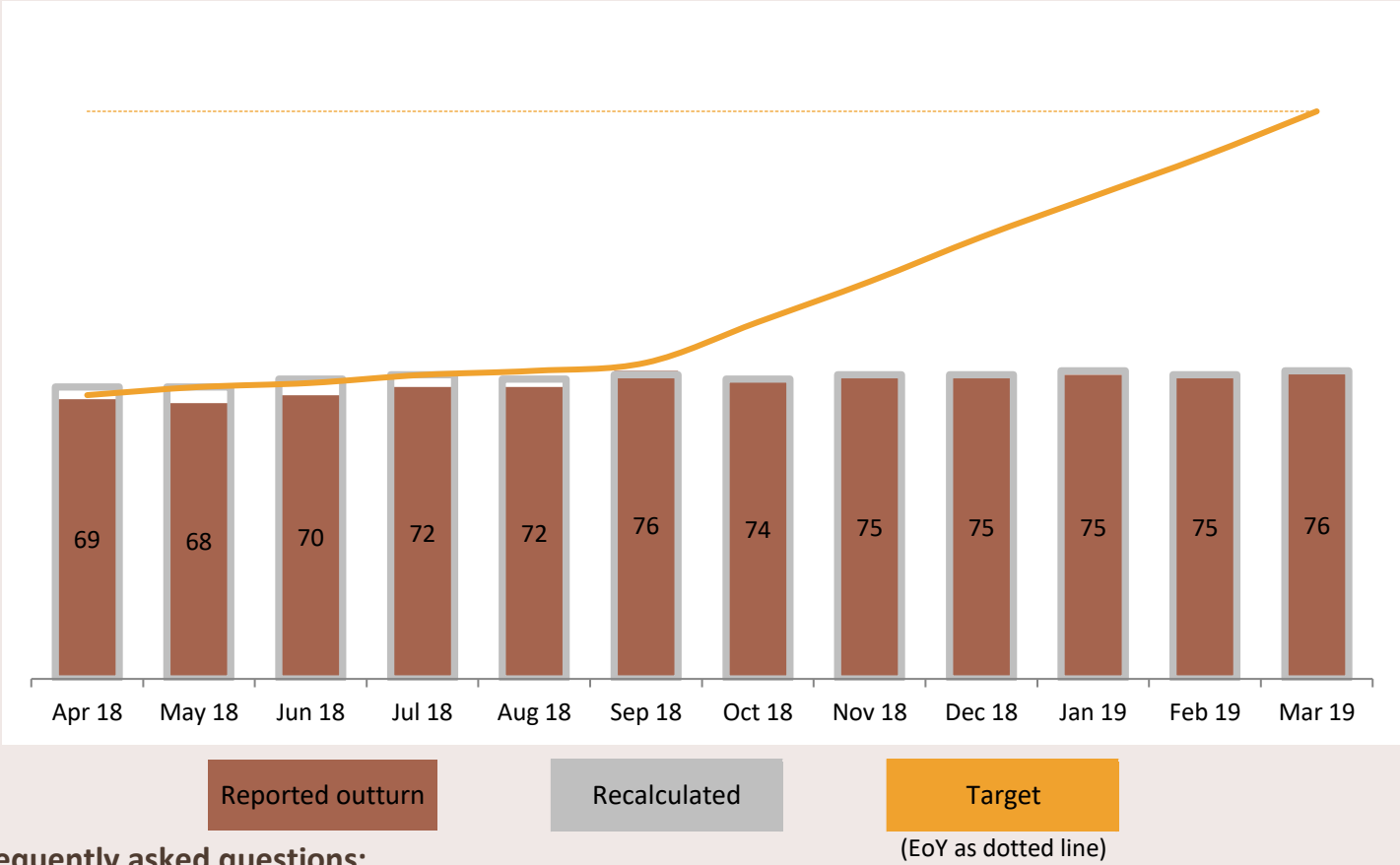
The Early Help and Prevention Project Board continues to oversee the improvement plan for Shared lives. Our proposal to use the tendering process so that other providers can carry out matching is on track.

An integral part of the development of our service is the recruitment of new carers, and at the time of writing, another 3 new carers are due to go to our recruitment panel for approval. To encourage recruitment, we proposed an incentive scheme for Shared Lives carers, and the project board has now formally signed this off. We also created a recruitment video in December for social media, and this continues to gain views.

We have also made progress in developing a “day opportunities” offer as part of Shared Lives, where we will match people with carers for support in the daytime only, rather than to live in their home, and we recognise this as key to the growth of Shared Lives as a service.

Measure Owner:
Linda Harper

Responsible Officer:
Sonia Mais-Rose



Frequently asked questions:

[< Previous: Care in own home](#)

[Return to Scorecard](#)

[Next: Home visits after births >](#)

Theme: Prevention and Early Help

The percentage of births that receive a face-to-face new-born visit within 14 days

GREEN

Change:
Up
(Green) 1 pp

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 90% | 91% | 90% |

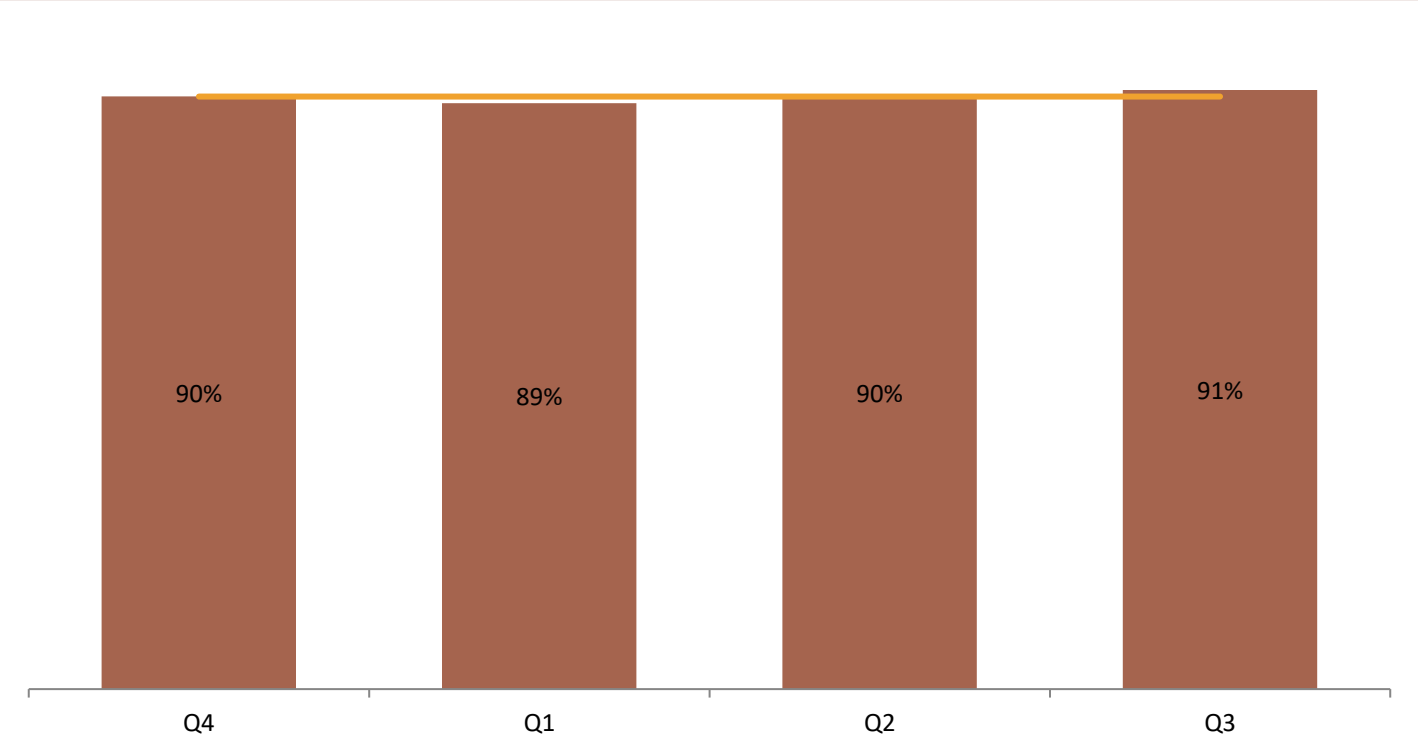
Source:
Public Health

Commentary:

Quarter 3 shows that the percentage of births that receive a new born face to face visit within 14 days of birth, has risen from 90% to 91% , exceeding the target of 90%.

Measure Owner:
Dennis Wilkes

Responsible Officer:
Fiona Grant



Reported Outturn

Target

Frequently asked questions:

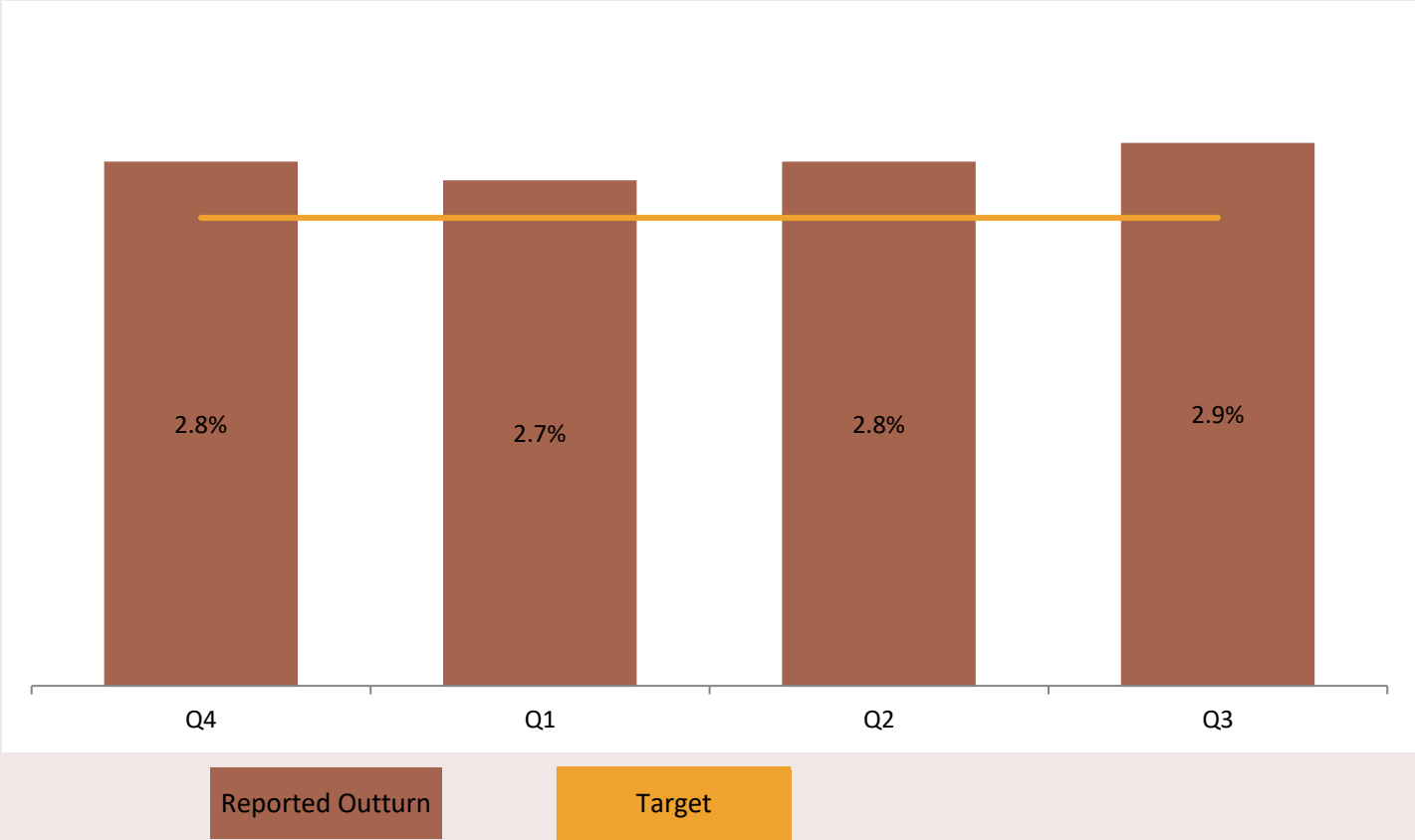
Theme: Prevention and Early Help
Proportion of eligible people receiving an NHS health check

GREEN

Change:
Up
(Green) 0.1 pp

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 2.8% | 2.9% | 2.5% |

Source:
Public Health



Commentary:

We have achieved over the target for the period April 2018 to December 2018. It is anticipated that the good performance will continue. This is a successful achievement as performance is currently being recorded manually due to the withdrawal of the IT Data Collection system as a result of GDPR. We are working with Birmingham and Solihull Clinical Commissioning Group and Solihull Council to establish a shared data system to monitor this outcome in future.

Measure Owner:
Dennis Wilkes

Responsible Officer:
Bhavna Taank

Frequently asked questions:

Theme: Prevention and Early Help

Rate of positive chlamydia screens (per 100,000 young people aged 15-24)

N/A

Change:

| Prev. Quarter | Latest Quarter | Target |
|--------------------|----------------|--------|
| 1628 | | 2300 |
| Recalculated: 0 | | |

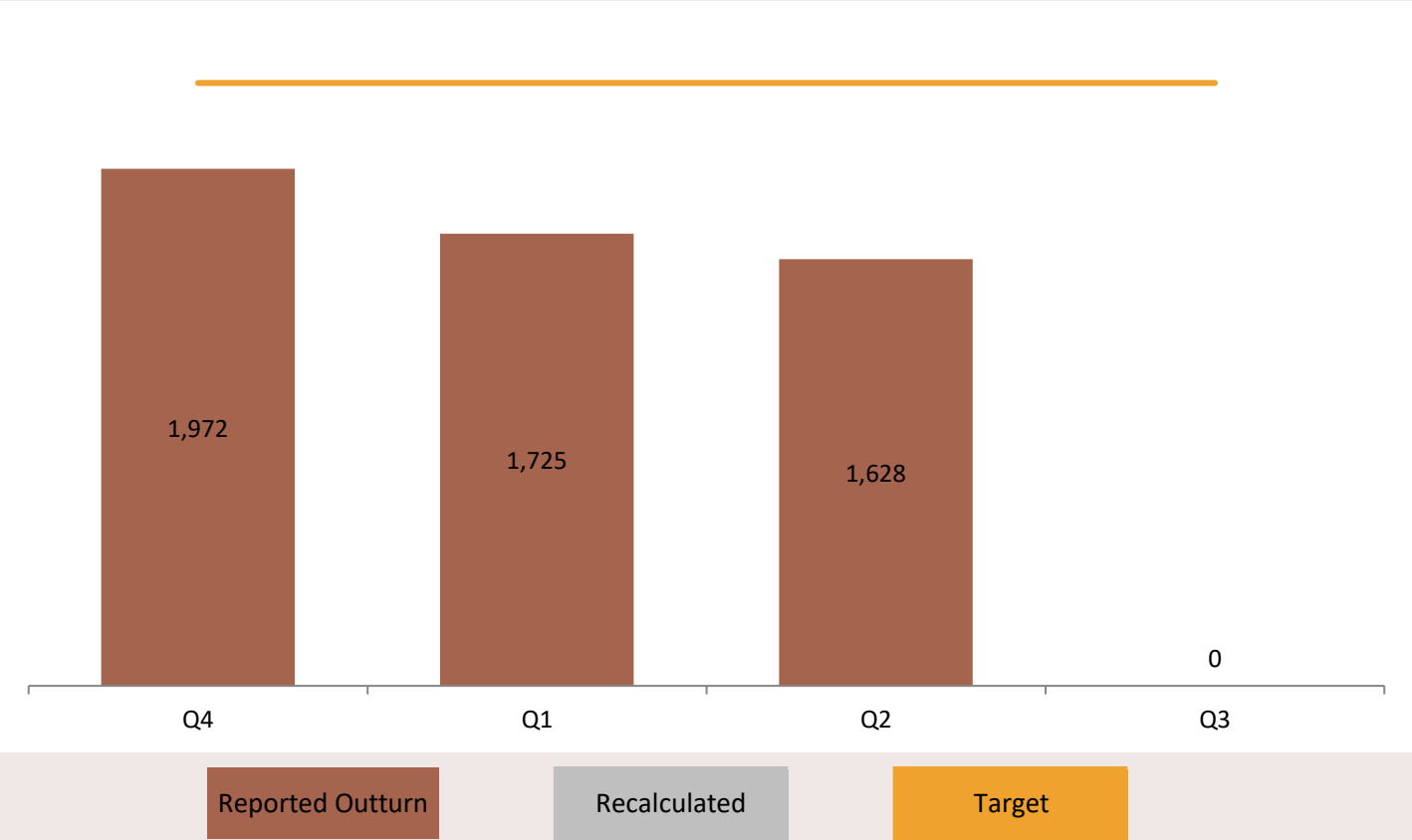
Source:
Public Health

Commentary:

The quarter 3 2018/19 result is due to be released for reporting by Public Health England in July 2019.

Measure Owner:
Max Vaughan / Dennis Wilkes

Responsible Officer:
Fharat Rehman



Frequently asked questions:

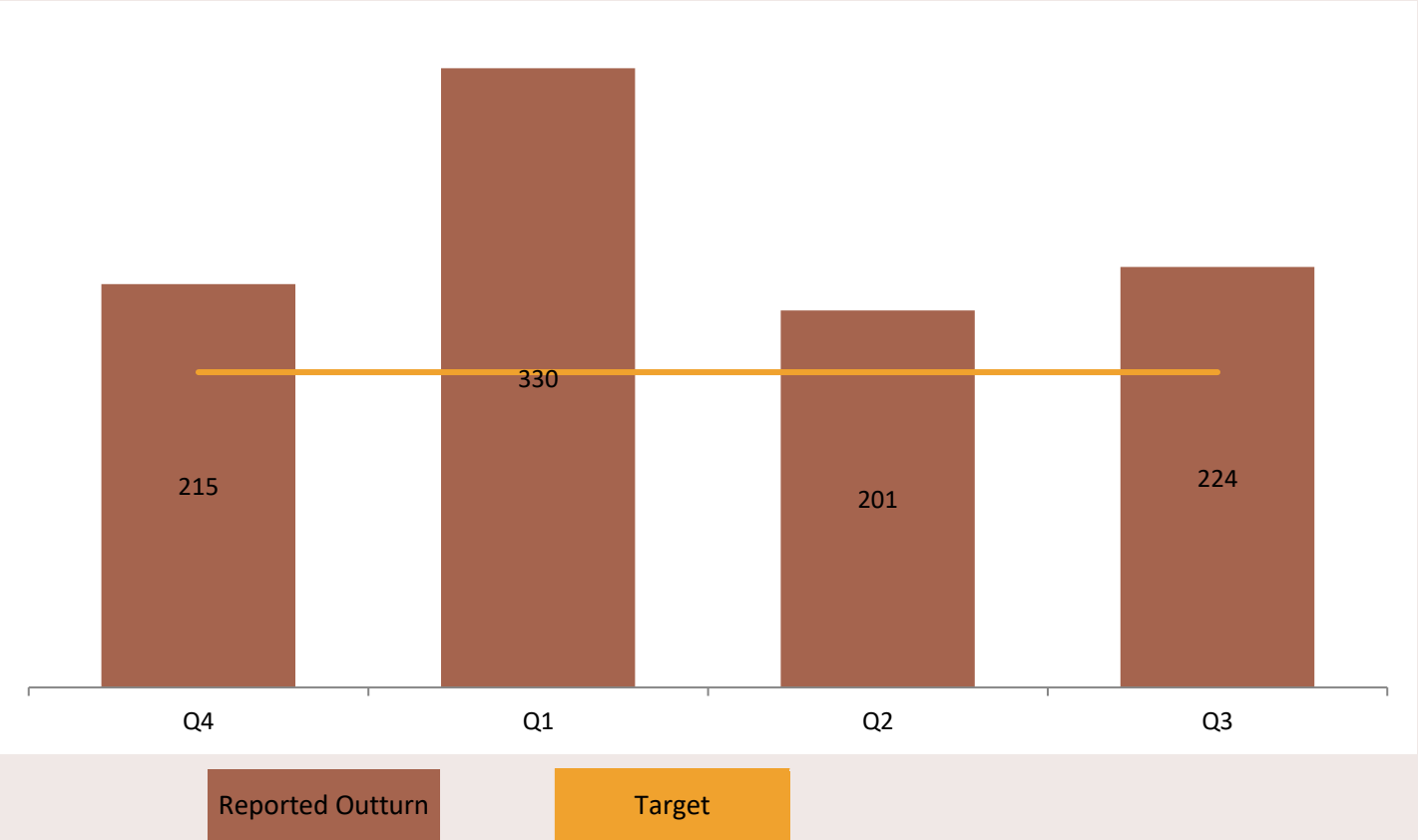
Theme: Prevention and Early Help
Number of smoking quitters at 12 weeks

GREEN

Change:
Up
(Green) 11.4%

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 201 | 224 | 168 |

Source:
Public Health



Commentary:

We have achieved the target, however our performance is slightly lower than July 2018 to September 2018 period due to the temporary suspension of the offer of free e-cigarette starter packs and up to 12 weeks' free fluid. The performance is likely to remain stable moving forward and increase post April 2019 as e-Cigarettes will be re-introduced, as the evidence suggests this is as effective as other forms of nicotine replacement therapy, but at a reduced cost. Data from GP practices is currently being recorded manually due to the withdrawal of the IT Data Collection system as a result of GDPR. We are working with Birmingham and Solihull Clinical Commissioning Group and Solihull Council to establish a shared data system to monitor this outcome in future.

Measure Owner:
Dennis Wilkes

Responsible Officer:
Bhavna Taank

Frequently asked questions:

Theme: Prevention and Early Help
Percentage of opiate drug users who are in full time
employment for 10 working days following or upon discharge

GREEN

Change:
Up
(Green) 0.8 pp

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 20.7% | 21.5% | 19.3% |

Source:
Public Health



Commentary:

For the period April – December 2018 the quarterly target of 19.3% for non-opiate drug users who are in full time employment for 10 working days following or upon discharge has consistently been achieved and exceeded. During the last rolling 12 month period a total of 232 Opiate users successfully completed drug treatment and 45 were in Employment 10 days or more based upon on their Exit Treatment Outcome Profile (TOP).

Measure Owner:
Max Vaughan / Dennis Wilkes

Responsible Officer:
Karl Beese

Frequently asked questions:

This measure was previously reported in combination with non-opiate drug users. However this was resulting in misleading performance data, and was not in line with national reporting and monitoring of the contract.

[< Previous: Smoking cessation](#)

[Return to Scorecard](#)

[Next: Other drug users employment >](#)

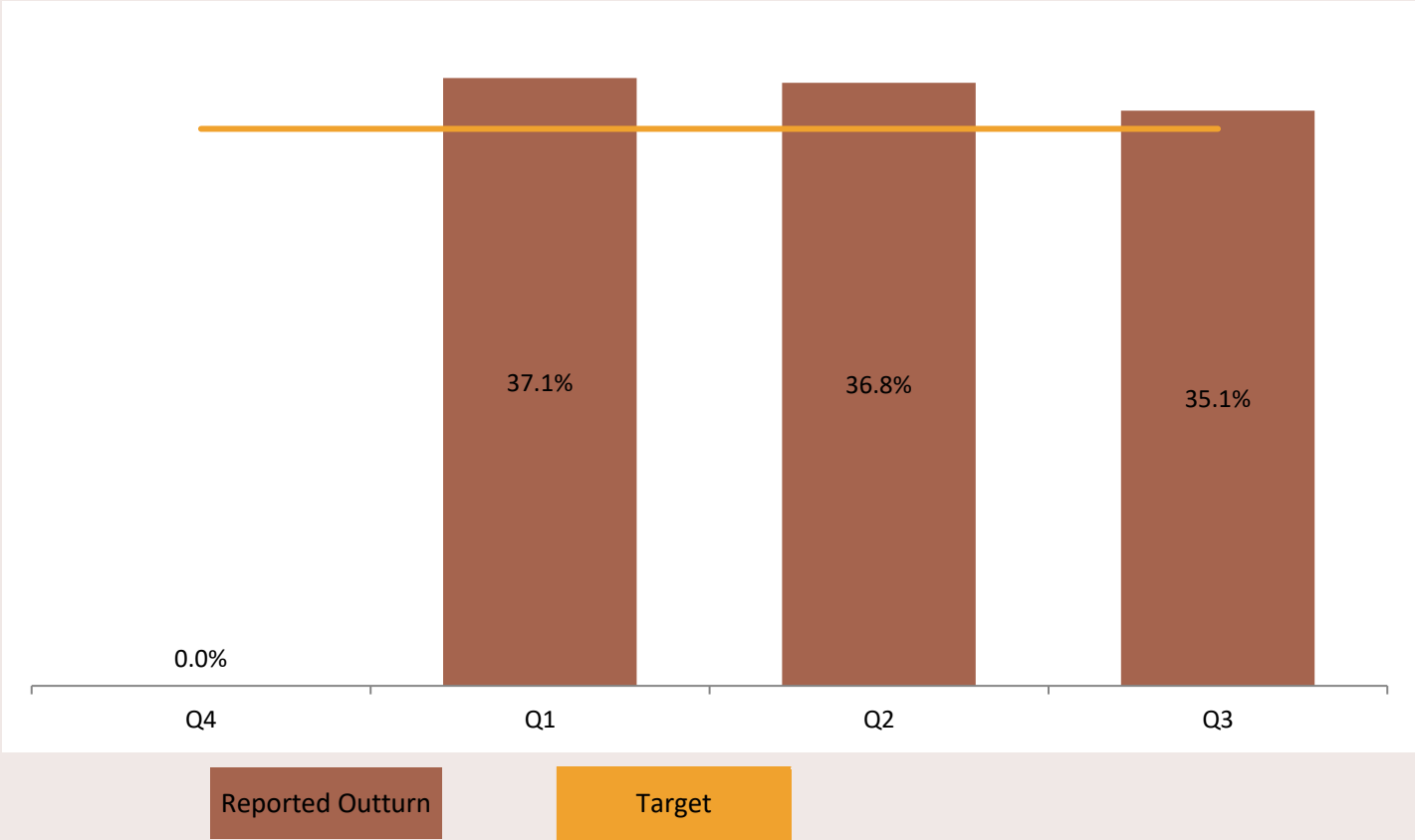
Theme: Prevention and Early Help
Percentage of non-opiate drug users who are in full time employment for 10 working days following or upon discharge

GREEN

Change:
Down
(Red) 1.7 pp

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 36.8% | 35.1% | 34% |

Source:
Public Health



Commentary:

For the period April – December 2018 the quarterly target of 34% for non-opiate drug users who are in full time employment for 10 working days following or upon discharge has consistently been achieved and exceeded. During the last rolling 12 month period a total of 219 Non-Opiate users successfully completed drug treatment of which 81 were in Employment 10 days or more based upon on their Exit Treatment Outcome Profile (TOP).

Measure Owner:
Max Vaughan / Dennis Wilkes

Responsible Officer:
Karl Beese

Frequently asked questions:

This measure was previously reported in combination with opiate drug users. However this was resulting in misleading performance data, and was not in line with national reporting and monitoring of the contract.

[< Previous: Opiate drug users employment](#)

[Return to Scorecard](#)

[Next: Under 5s wellbeing service >](#)

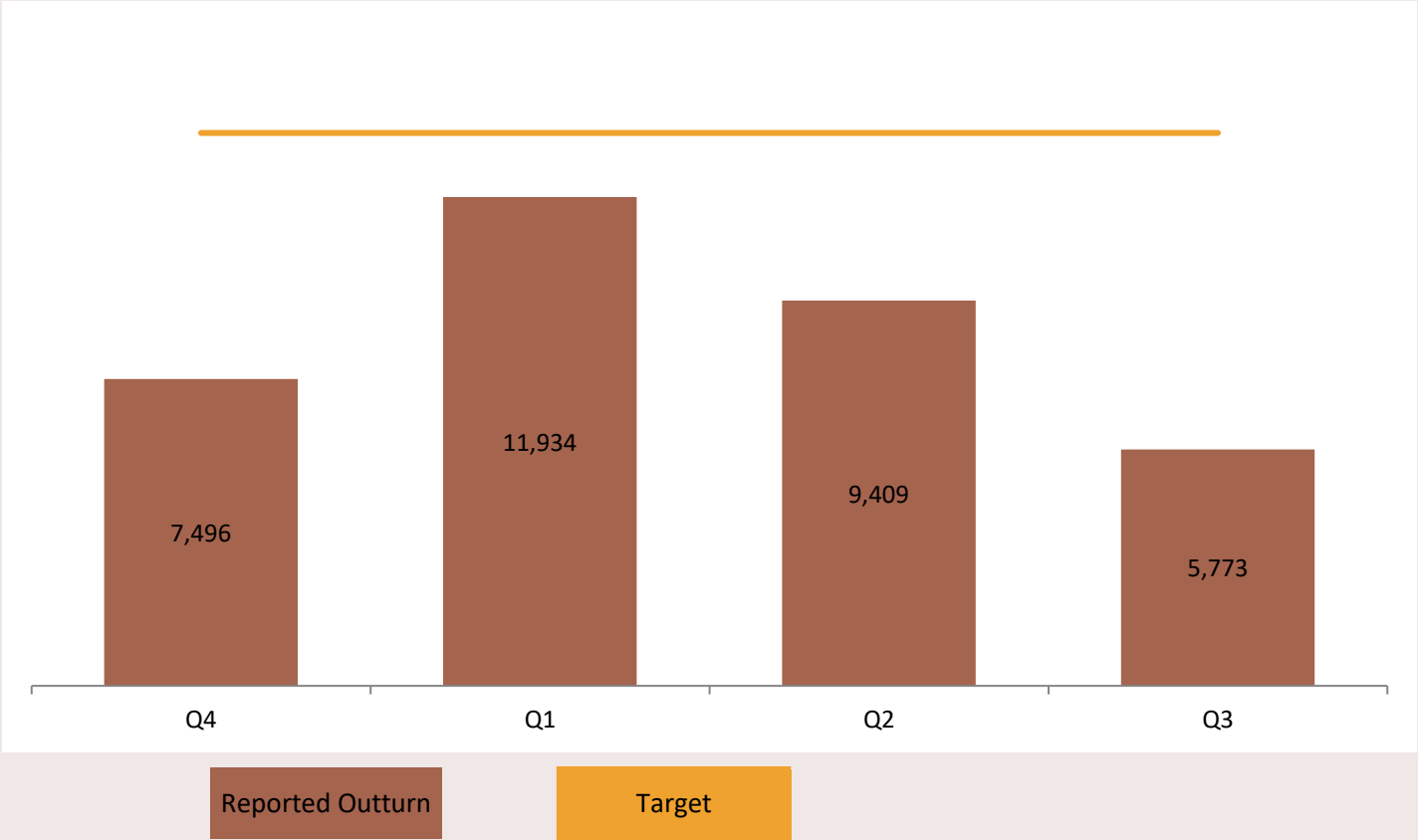
Theme: Prevention and Early Help
Children under 5 attending wellbeing service

RED

Change:
Down
(Red) 38.6%

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 9409 | 5773 | 13500 |

Source:
Public Health



Commentary:
Dialogue is ongoing with the Wellbeing Service to address the continual under performance of this indicator. This includes reviewing the recording systems to ensure that all Under 5 attendance data is being captured, what are the mitigations for the target not being achieved, is their specific targeted work being undertaken to specifically target this group and is the target realistic given the fact that it has not been achieved for a number of quarters and is the indicator still relevant or do we move towards an outcome driven target for Under 5's.

Measure Owner: Max Vaughan / Dennis Wilkes
Responsible Officer: Karl Beese

Frequently asked questions:

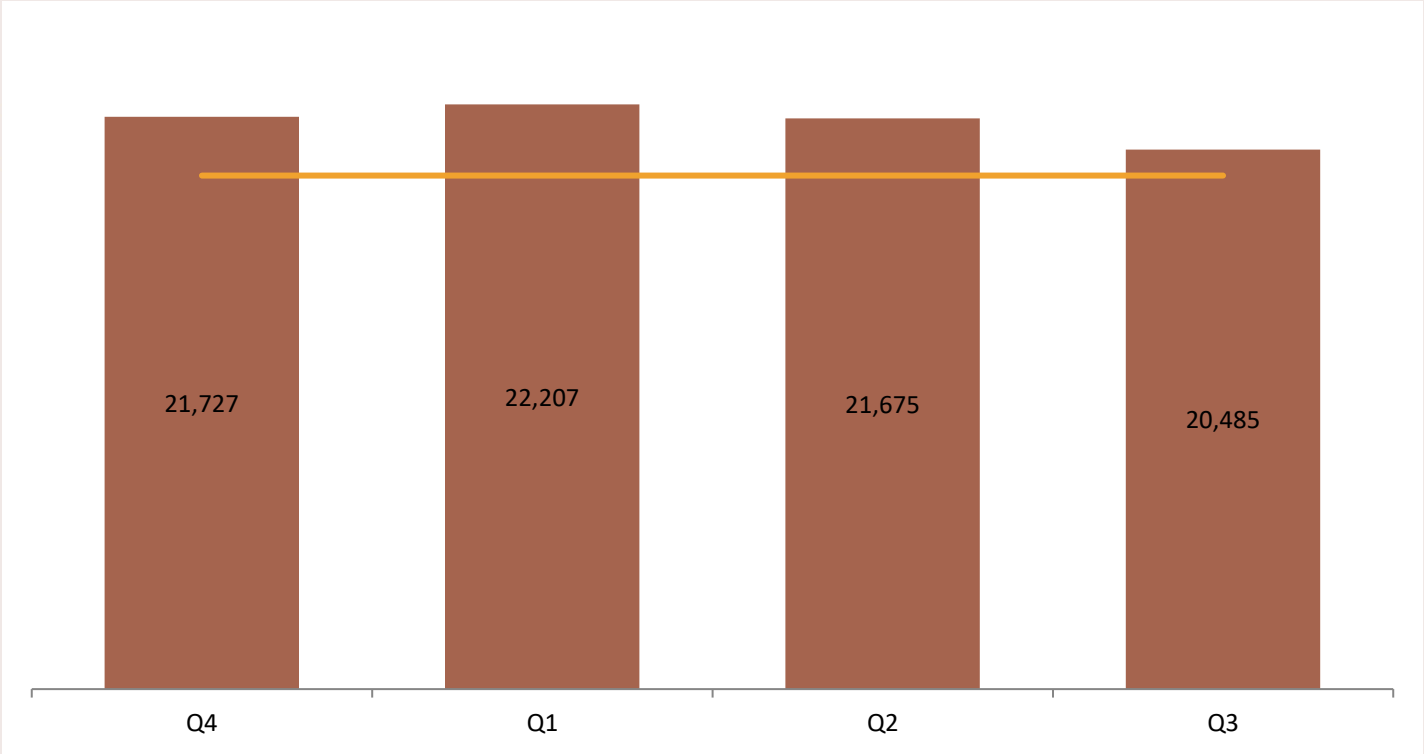
Theme: Prevention and Early Help
Adults over 70 attending wellbeing service

GREEN

Change:
Down
(Red) 5.5%

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 21675 | 20485 | 19500 |

Source:
Public Health



Reported Outturn
Target

Commentary:
This target continues to be achieved and in as with Under 5’s attendance dialogue is ongoing with the Wellbeing Service in order to review if the indicator is relevant, do we change it to include over 60’s, do we move towards an outcome driven target as opposed to an output target.

Measure Owner:
Max Vaughan / Dennis Wilkes
Responsible Officer:
Karl Beese

Frequently asked questions:

Theme: Prevention and Early Help

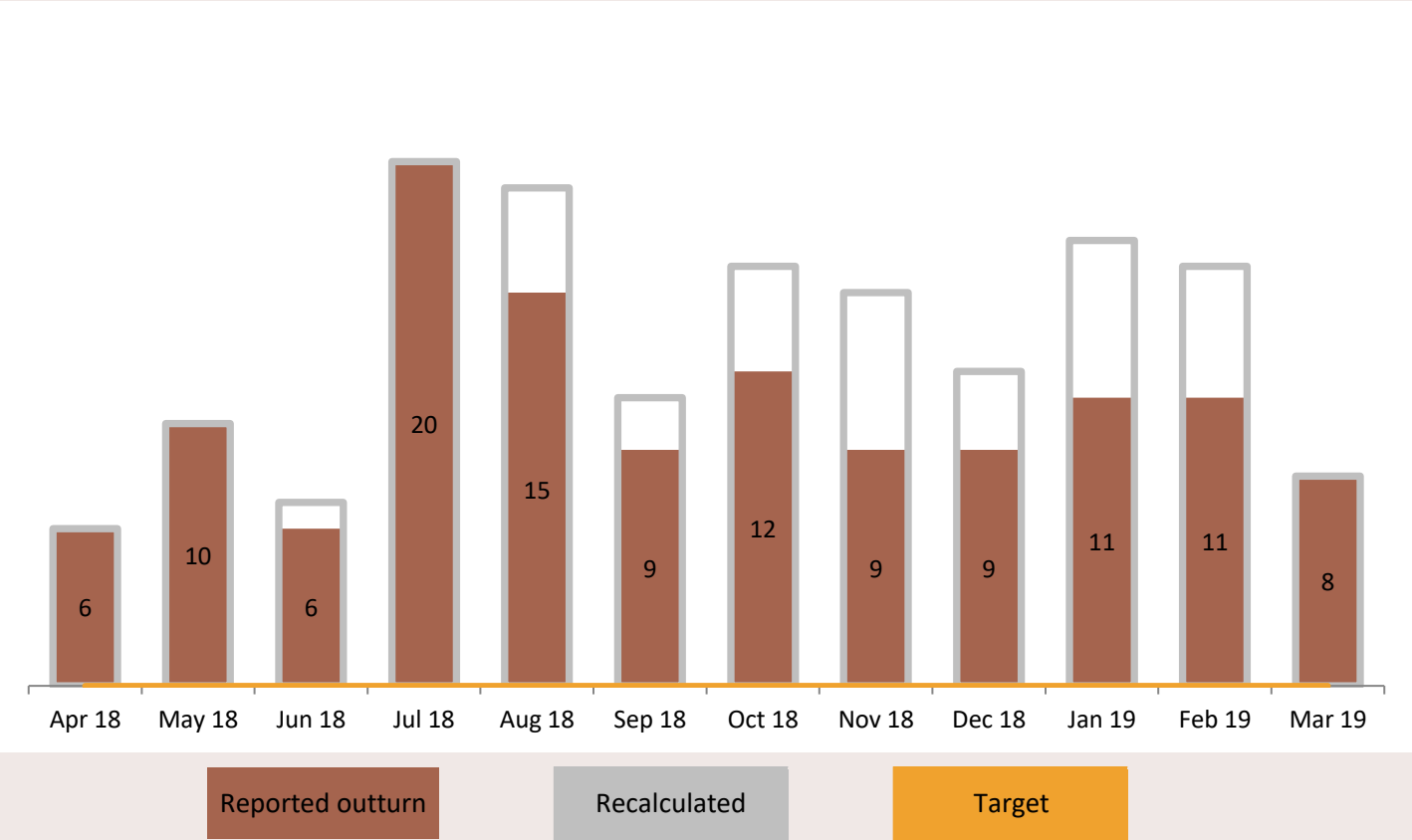
Number of completed safeguarding enquiries which involved concerns about domestic abuse

GREEN

Change:
Down
(Red) 27.3%

| Last Month | This Month | Target |
|---------------------|------------|--------|
| 11 | 8 | N/A |
| Recalculated: 16 | | |

Source:
Carefirst



Commentary:

124 Safeguarding Enquiries were completed in March, of which 8 involved allegations of domestic abuse - 6.5%

In the last 12 months there have been 157 completed enquiries relating to this. Of these 92% achieved their expressed outcomes, 92% felt that they were involved, 90% felt that they had been listened to, 89% felt we had acted on their wishes, 82% felt safer and 81% felt happier as a result of our intervention.

The results of this measure have been quite variable, and don't indicate a pattern or trend, even when compared to the previous year's data. Our response to safeguarding concerns involving domestic abuse is led by demand, and since only people with social care and support needs are covered by safeguarding enquiries under section 42 of the Care Act 2014, numbers are small, and not a reflection of the levels of domestic abuse in the general population.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

[< Previous: Over 70s wellbeing service](#)

[Return to Scorecard](#)

[Next: DV safeguarding proportion >](#)

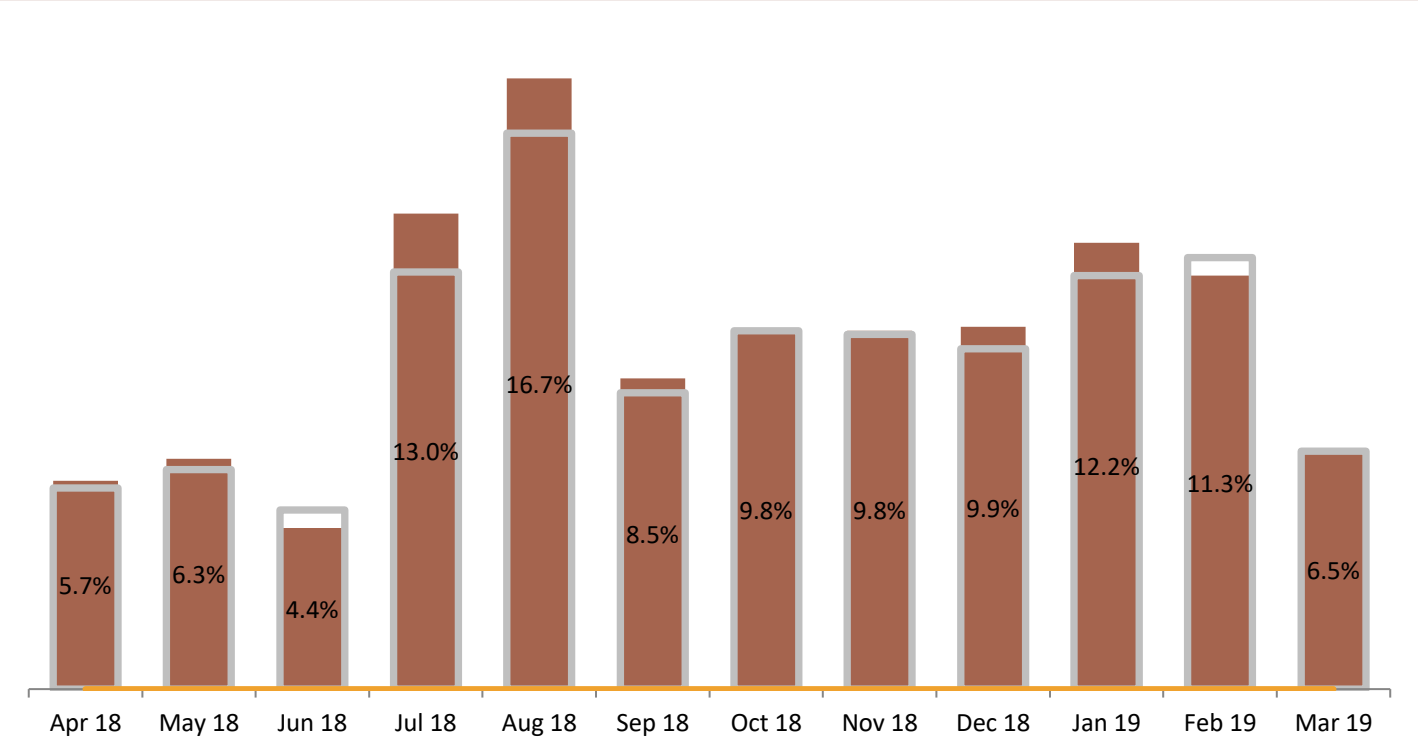
Theme: Prevention and Early Help
Percentage of completed safeguarding enquiries which involved concerns about domestic abuse

GREEN

Change:
Down
(Red) 4.9 pp

| Last Month | This Month | Target |
|------------------------|------------|--------|
| 11.3% | 6.5% | N/A |
| Recalculated: 11.8% | | |

Source:
Carefirst



Reported outturn Recalculated Target

Frequently asked questions:

Commentary:

124 Safeguarding Enquiries were completed in March, of which 8 involved allegations of domestic abuse - 6.5%

In the last 12 months there have been 157 completed enquiries relating to this. Of these 92% achieved their expressed outcomes, 92% felt that they were involved, 90% felt that they had been listened to, 89% felt we had acted on their wishes, 82% felt safer and 81% felt happier as a result of our intervention.

The results of this measure have been quite variable, and don't indicate a pattern or trend, even when compared to the previous year's data. Our response to safeguarding concerns involving domestic abuse is led by demand, and since only people with social care and support needs are covered by safeguarding enquiries under section 42 of the Care Act 2014, numbers are small, and not a reflection of the levels of domestic abuse in the general population.

The proportion for the whole year was 9.2%

Measure Owner: David Gray Responsible Officer:

Theme: Prevention and Early Help
Fraction of mortality attributable to particulate air pollution

N/A

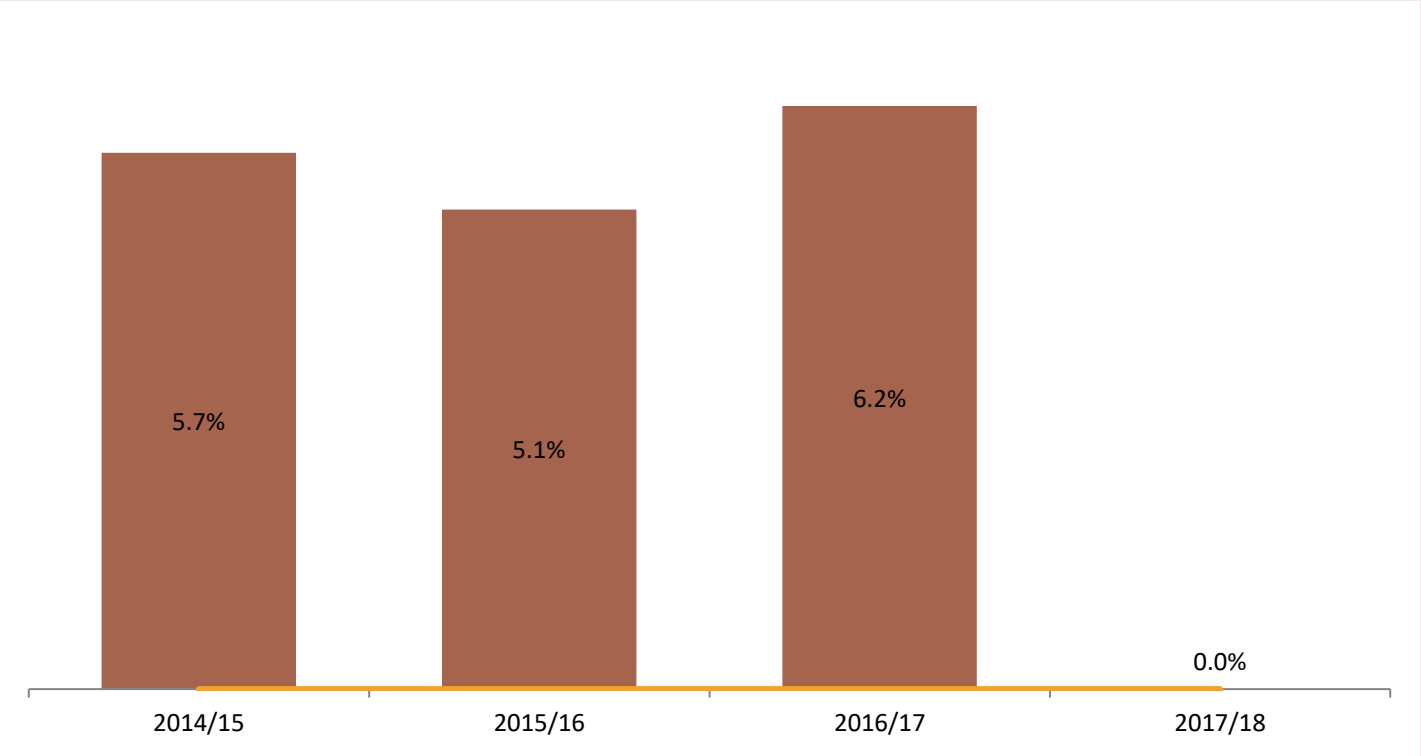
Change:
Prev. Quarter
6.2%
Latest Quarter
Preferred
Travel:
Downwards

Source:
Public Health

Commentary:

2017/18 data expected in July 2019

Measure Owner:
Duncan Vernon
Responsible Officer:
Wayne Harrison



Reported Outturn

Frequently asked questions:

Data available annually

Theme: Prevention and Early Help

The percentage of children classed as overweight or obese at reception

GREEN

Change:
Down
(Green) 1.1 pp

| Prev. Quarter | Latest Quarter | Preferred |
|---------------|----------------|----------------------|
| 24.7% | 23.6% | Travel: Downwards |

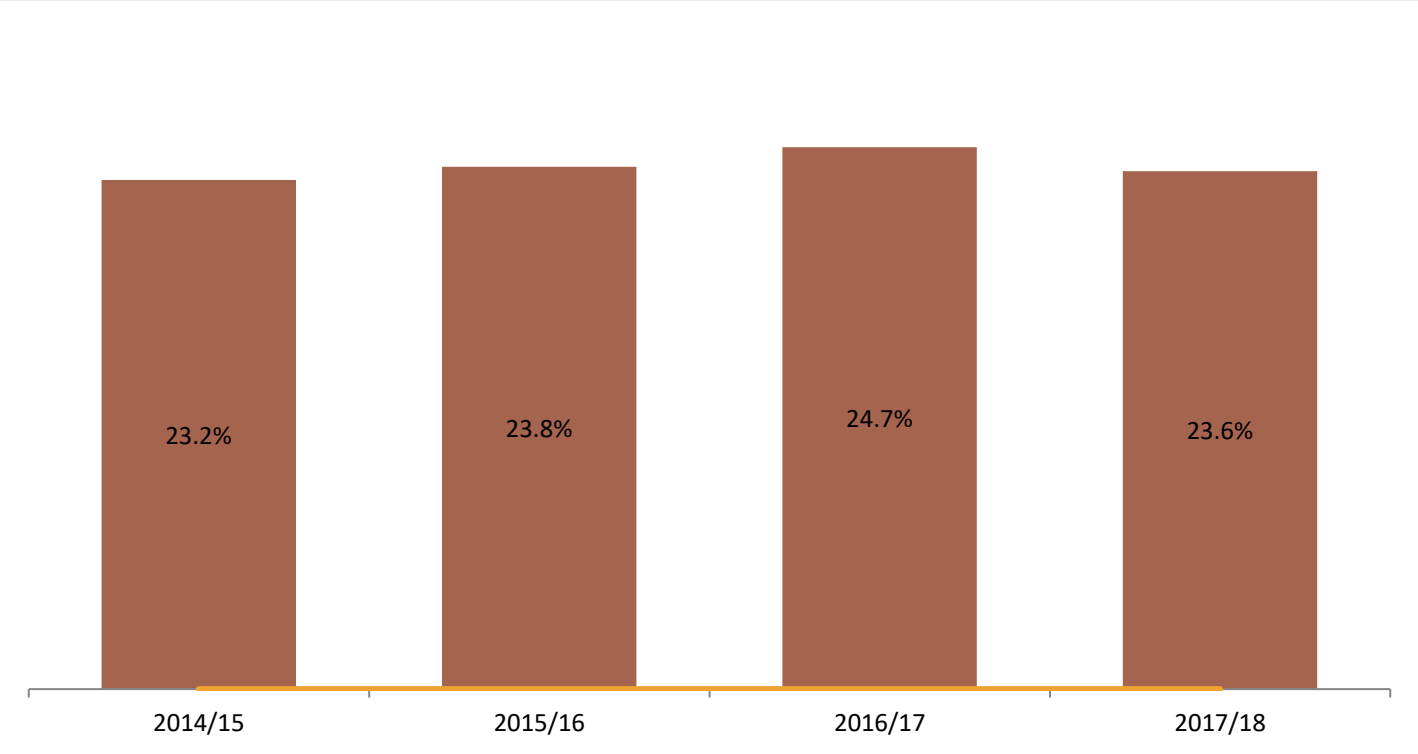
Source:
Public Health

Commentary:

2018/19 data expected in November 2019

Measure Owner:
Dennis Wilkes

Responsible Officer:
Fiona Grant



Reported Outturn

Frequently asked questions:

Data available annually

Theme: Prevention and Early Help

The percentage of children classed as overweight or obese in Year 6

AMBER

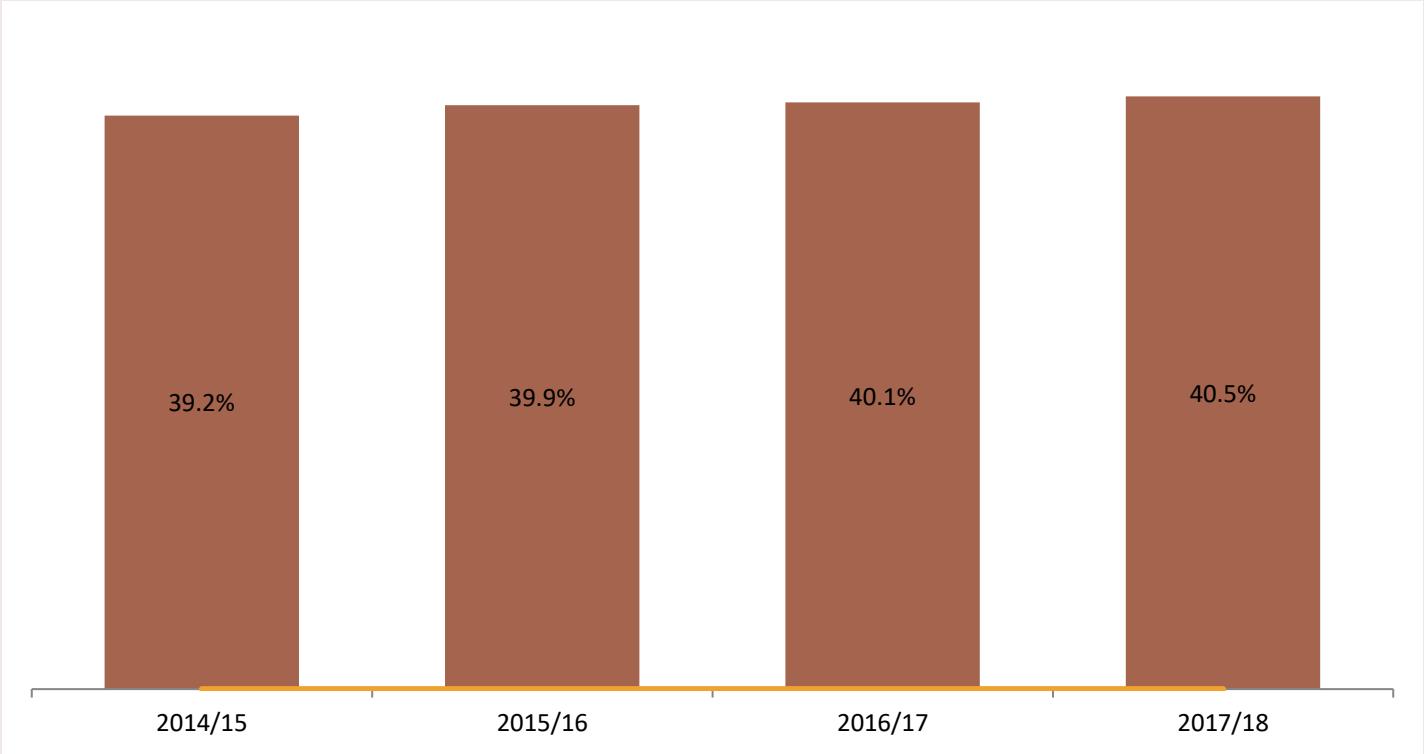
Change:
Up
(Red) 0.4 pp

| Prev. Quarter | Latest Quarter | Preferred |
|---------------|----------------|----------------------|
| 40.1% | 40.5% | Travel: Downwards |

Source:
Public Health

Commentary:

2018/19 data expected in November 2019



Reported Outturn

Measure Owner:
Dennis Wilkes

Responsible Officer:
Fiona Grant

Frequently asked questions:

Data available annually

Theme: Community Assets

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

RED

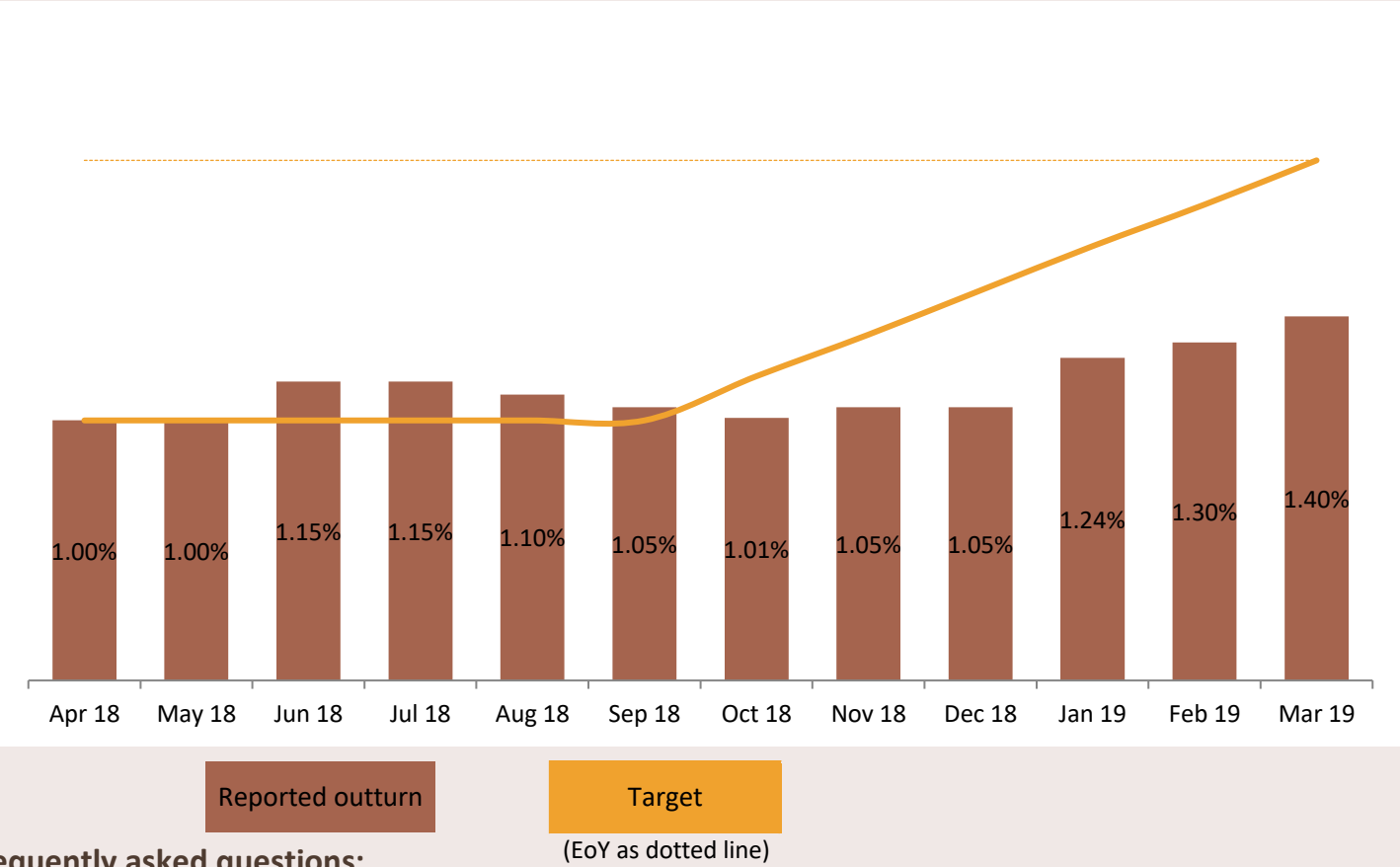
Change:

Up
(Green) 0.1 pp

| Last Month | This Month | Target |
|------------|------------|----------------|
| 1.3% | 1.4% | 2% (EoY 2%) |

Source:

Carefirst classifications



Commentary:

Our performance against this measure has improved for the third month running, although we recognise that it is less than the increase required to meet the target. We have a specific action plan aimed at supporting people with Learning Disabilities into employment, and the Readiness and Delivery Project continues to meet regularly to address the problems around this measure. We have requested permission to recruit a lead person to support improvements to our performance, however we are waiting for approval.

As part of our link with the Pure Project (Placing vulnerable Urban Residents into Employment and training), they have shared the details of employers who have made a commitment to support vulnerable adults into employment. We will embed the use of this information as part of the three conversations model of social work to connect people with these opportunities. Day centre staff are supporting this by identifying people who attend the centres who would like to be employed. We expect that this will result in a gradual improvement over time.

We are also encouraging social work staff to ensure that our recording of this is correct and up to date to address any potential under-recording, and we are in the process of examining more streamlined recording processes.

Measure Owner:
Linda Harper

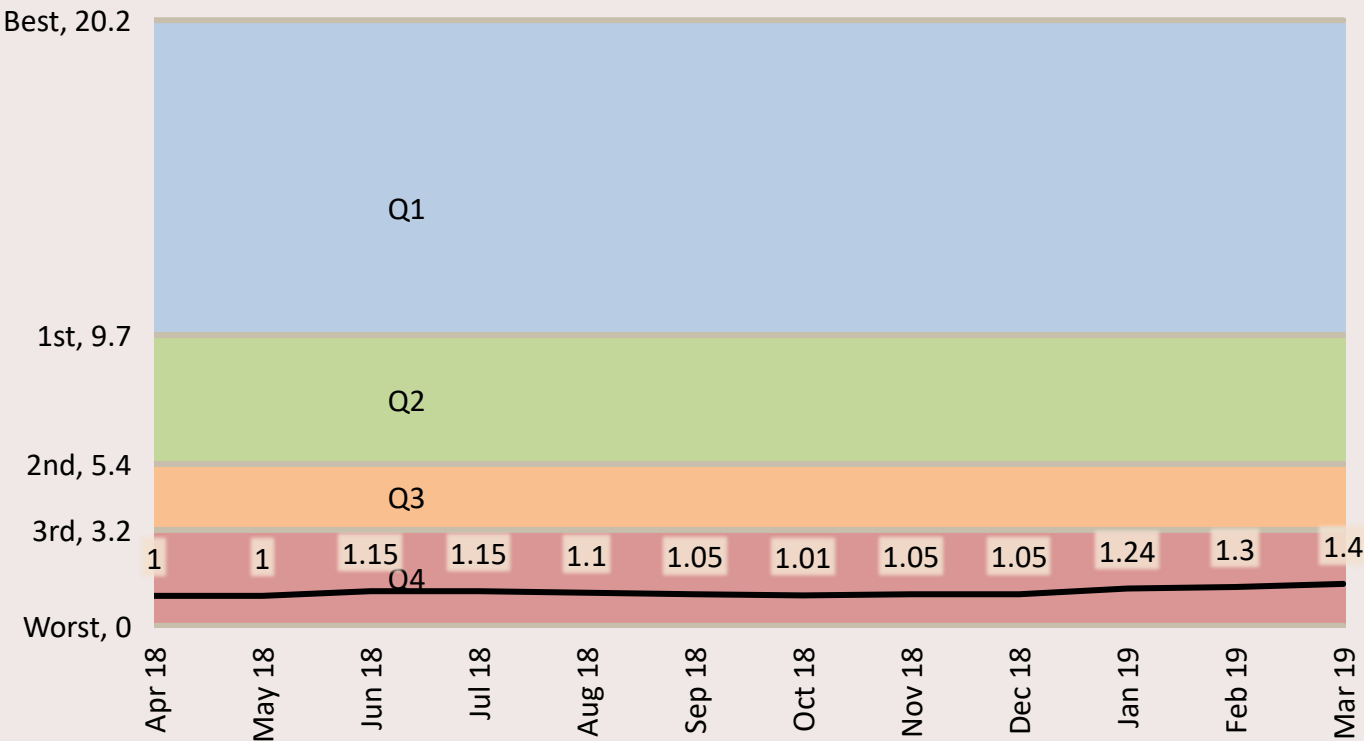
Responsible Officer:
Sonia Mais-Rose

Frequently asked questions:

Theme: Community Assets

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

Performance against national quartiles



Benchmarking data is taken from 2017/18 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

| Quartile | Score | Difference | | People Difference |
|------------|--------|------------|-------|-------------------|
| | | Figure | % | |
| Worst | 0.00% | -1.40 | -100% | -29 |
| Birmingham | 1.40% | | | |
| 3rd | 3.20% | 1.80 | 128% | 37 |
| 2nd | 5.40% | 4.00 | 285% | 82 |
| 1st | 9.70% | 8.30 | 592% | 170 |
| Best | 20.20% | 18.80 | 1340% | 386 |

| | |
|---------------------------|------------|
| Current Quartile | 4th |
| Distance to next quartile | 37 People |
| Distance to top quartile | 170 People |

Theme: Community Assets

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

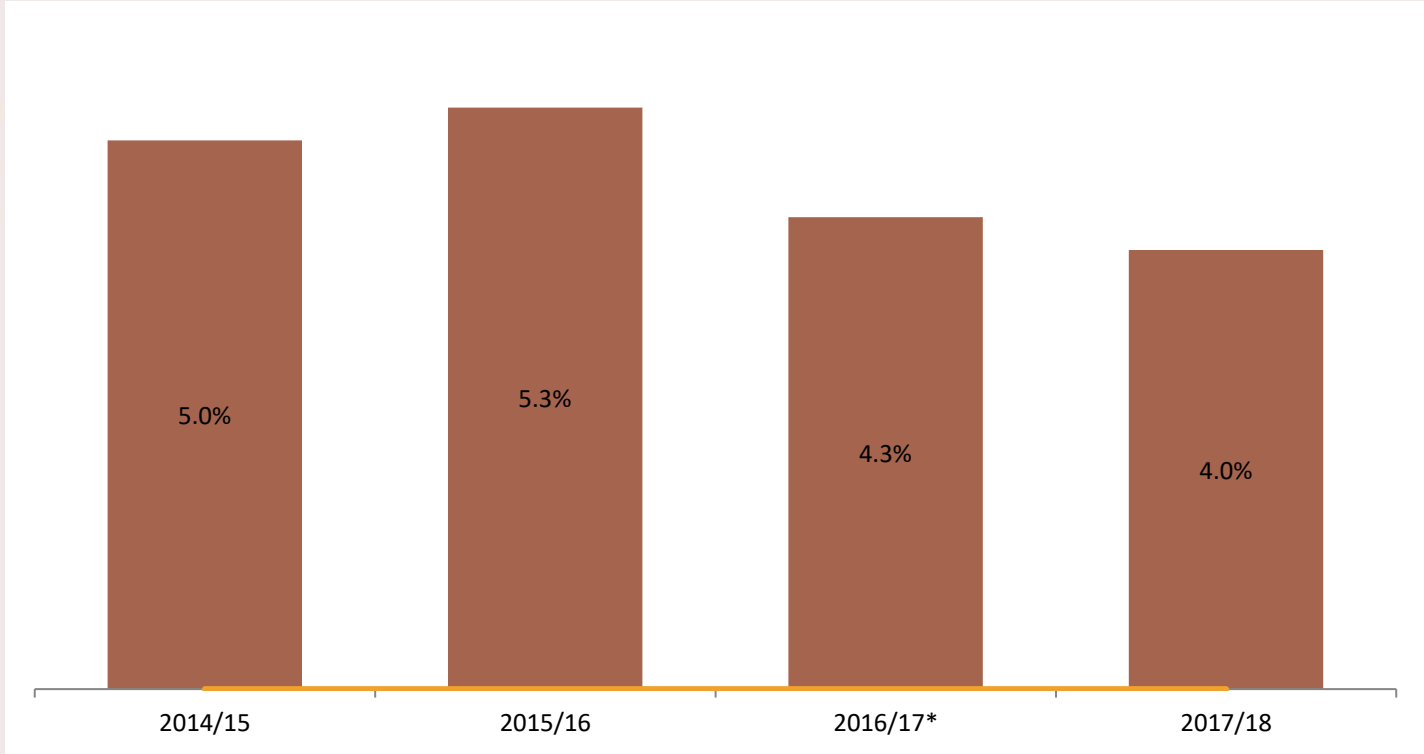
RED

Change:

Down (Red) 0.3 pp

| Prev. Quarter | Latest Quarter | Preferred |
|---------------|----------------|-----------------|
| 4.3% | 4% | Travel: Upwards |

Source:
NHS Digital



Reported Outturn

Commentary:

2018/19 Data due in November

| | |
|--------------------------------|--------------------------------------|
| Measure Owner: Linda Harper | Responsible Officer: Linda Harper |
|--------------------------------|--------------------------------------|

Frequently asked questions:

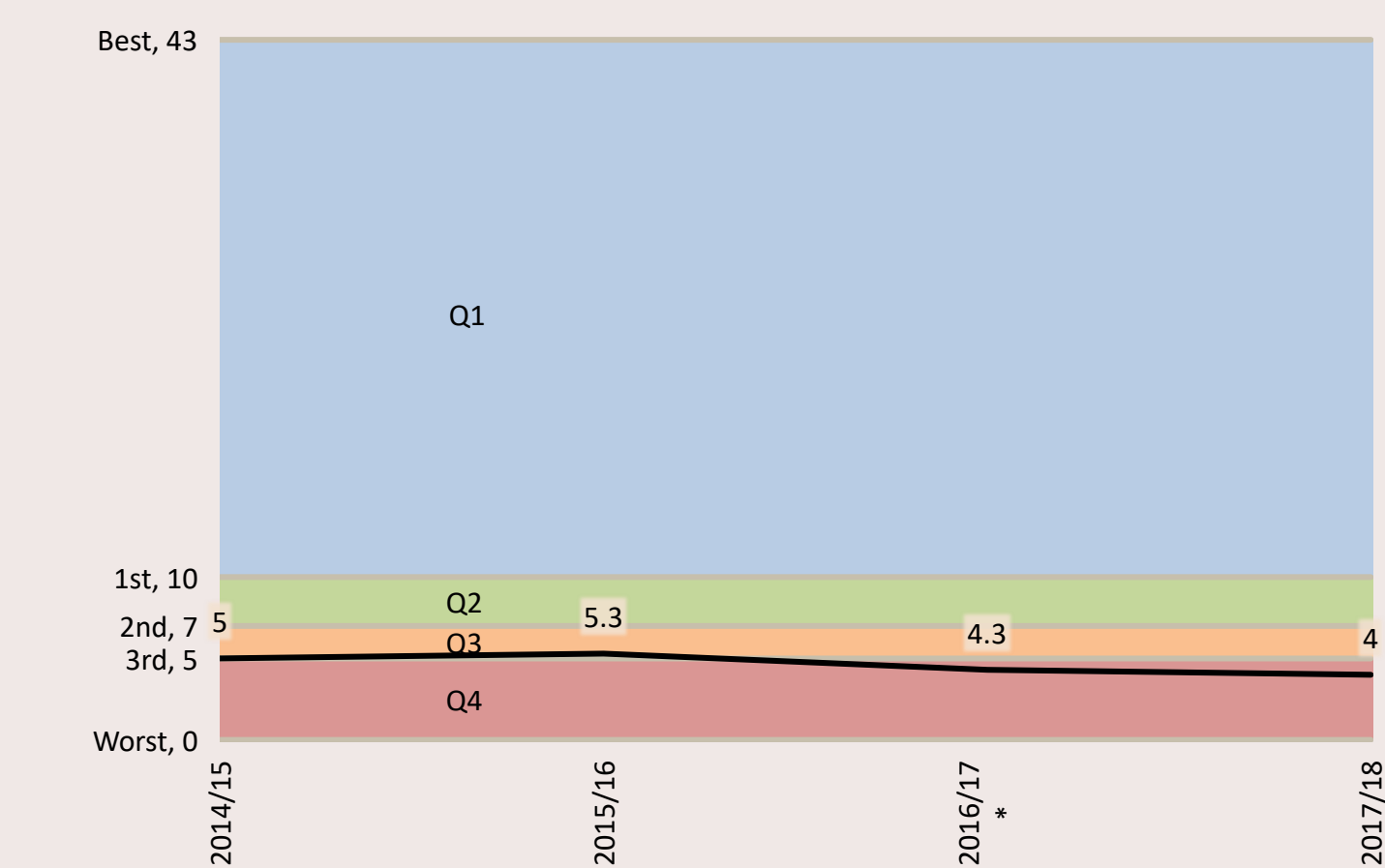
This is issued annually as part of the Ascof set of measures.

*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.

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 2017/18 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 | 5.0% | 1.0 | 25% | |
| 2nd | 7.0% | 3.0 | 75% | |
| 1st | 10.0% | 6.0 | 150% | |
| Best | 43.0% | 39.0 | 975% | |

| | |
|---------------------------|-----|
| 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

GREEN

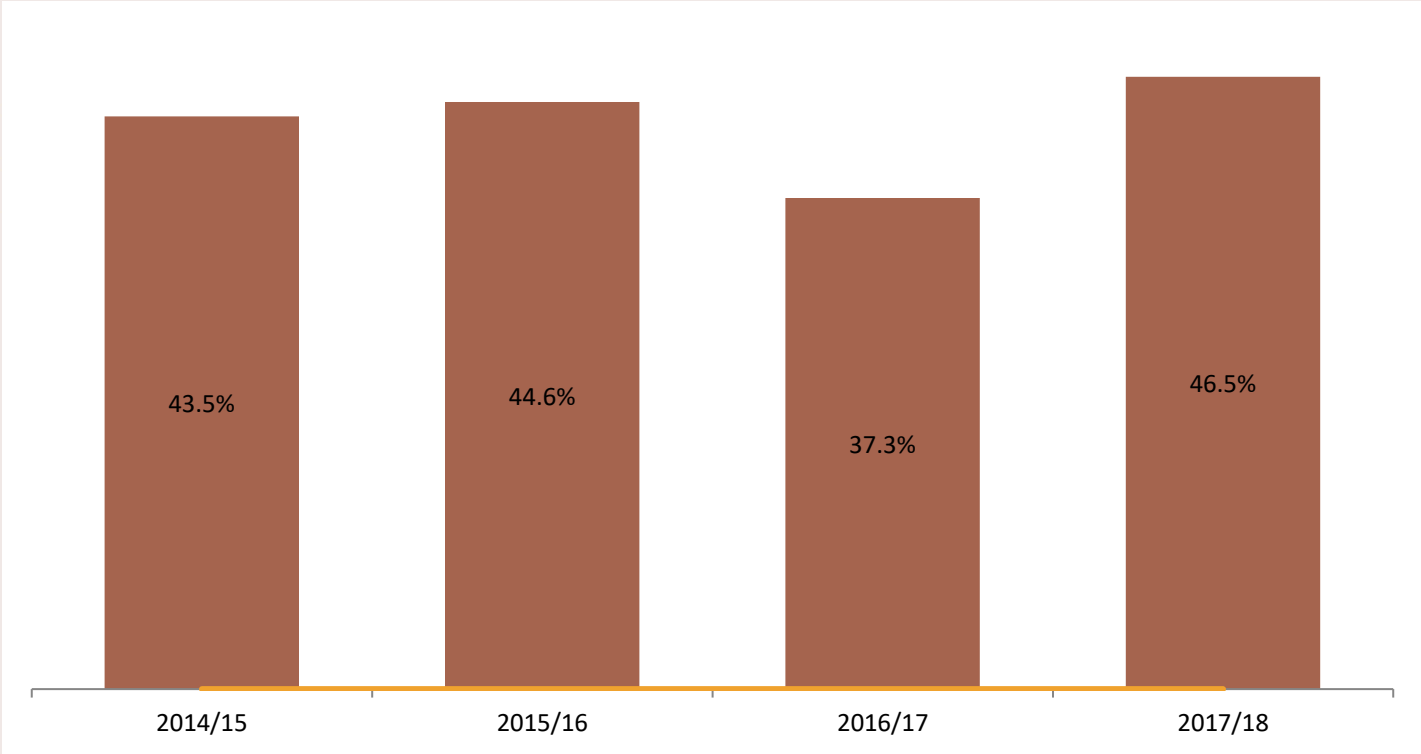
Change:
Up
(Green) 9.2 pp

| Prev. Quarter | Latest Quarter | Preferred |
|---------------|----------------|--------------------|
| 37.3% | 46.5% | Travel: Upwards |

Source:
NHS Digital

Commentary:

2018/19 data due in November



Reported Outturn

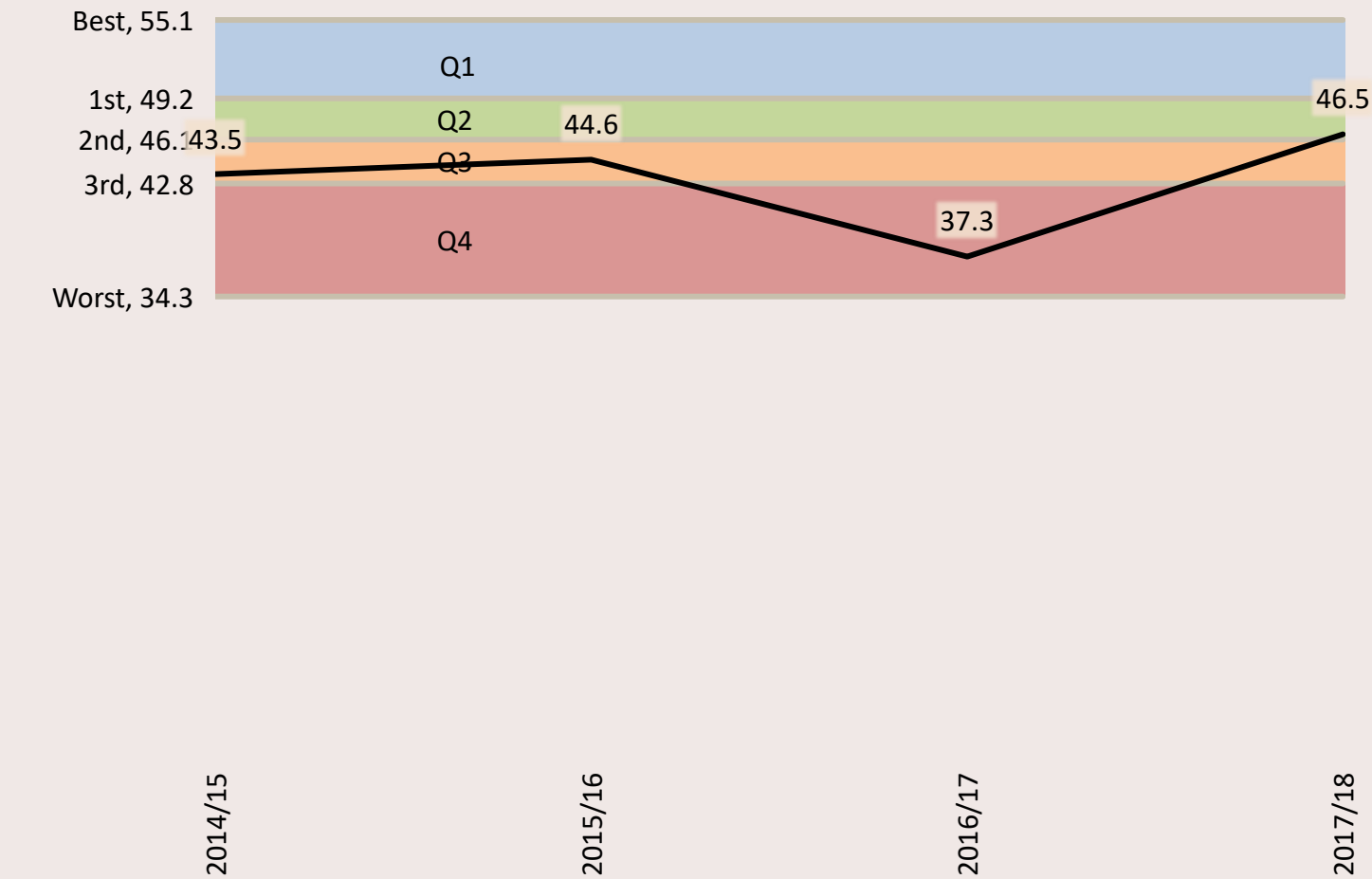
Frequently asked questions:

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 Ascot set of measures

Benchmarking data is taken from 2017/18 Ascot
This benchmarking is against historical results- current performance by other local authorities may differ from this.

| Quartile | Score | Difference | | Respondents Difference |
|------------|-------|------------|------|------------------------|
| | | Figure | % | |
| Worst | 34.3% | -12.2 | -26% | -53 |
| 3rd | 42.8% | -3.7 | -8% | -16 |
| 2nd | 46.1% | -0.4 | -1% | -2 |
| Birmingham | 46.5% | | | |
| 1st | 49.2% | 2.7 | 6% | 12 |
| Best | 55.1% | 8.6 | 18% | 37 |

| | |
|---------------------------|----------------|
| Current Quartile | 2nd |
| Distance to next quartile | 12 Respondents |
| Distance to top quartile | 12 Respondents |

Theme: Community Assets

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

N/A

Change:

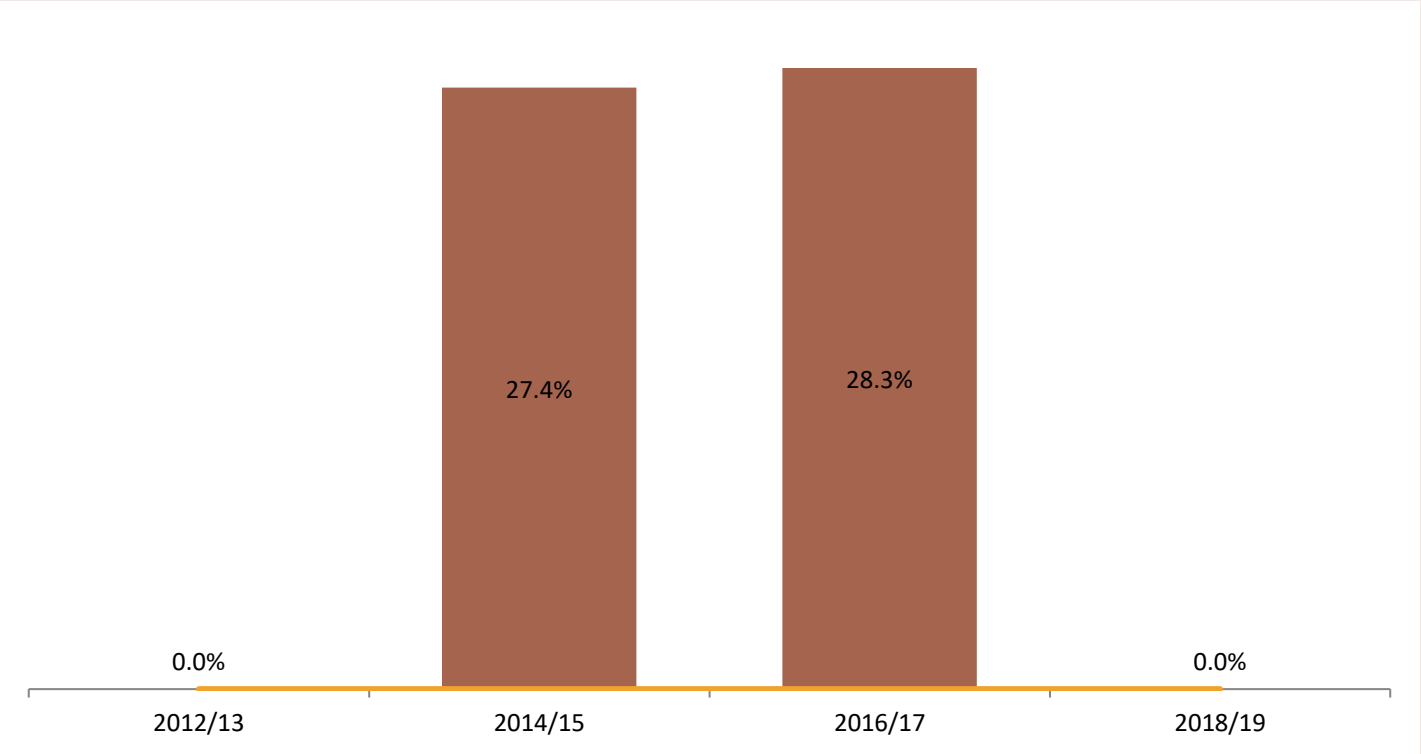
| Prev. Quarter | Latest Quarter | Preferred |
|---------------|----------------|--------------------|
| 28.3% | | Travel: Upwards |

Source:
NHS Digital

Commentary:

2018/19 data due in November

| | |
|------------------------------------|--|
| Measure Owner: Pauline Mugridge | Responsible Officer: Fiona Mould / Austin Rodriguez |
|------------------------------------|--|



Reported Outturn

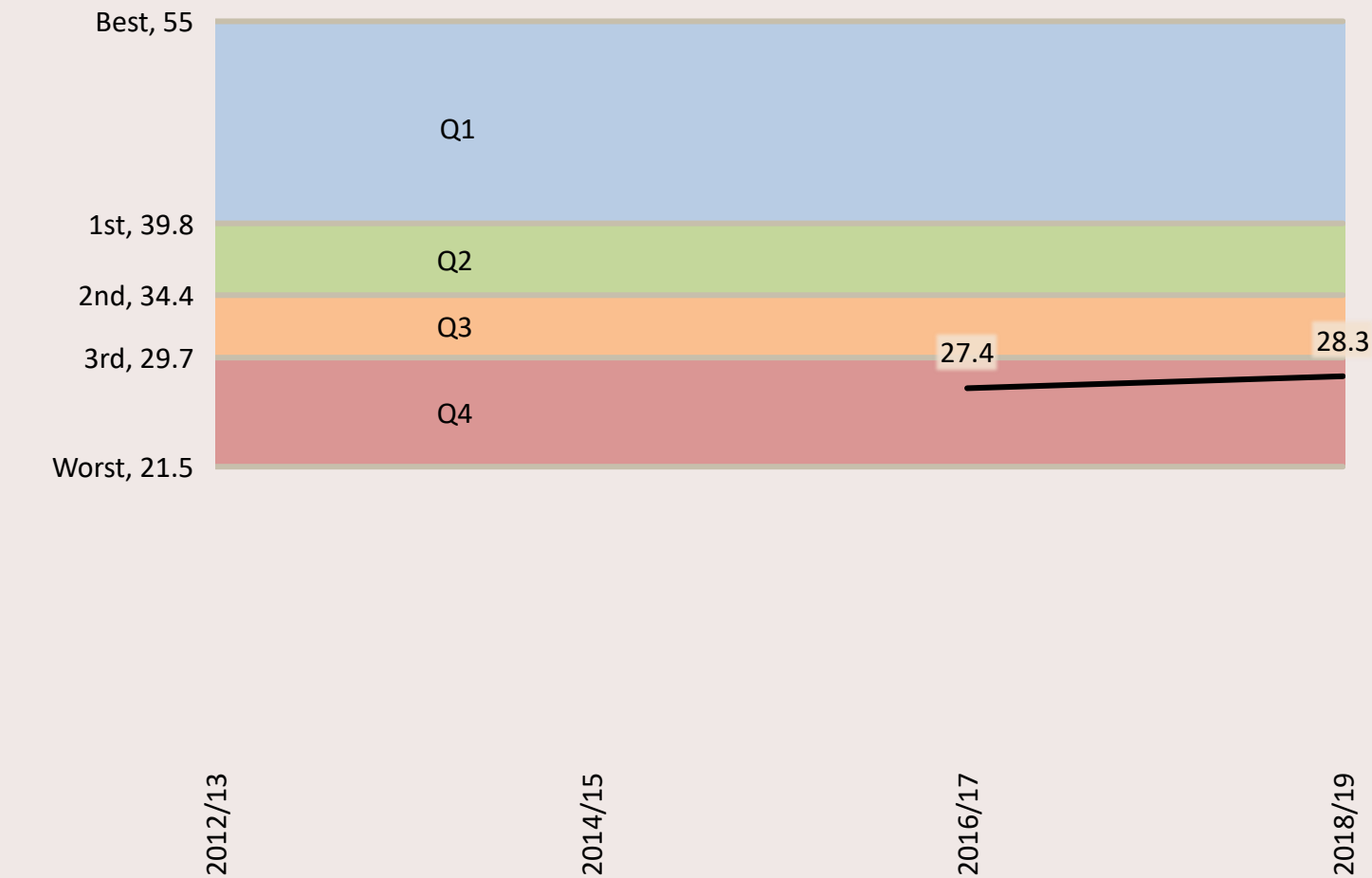
Frequently asked questions:

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 2016/17 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

| Quartile | Score | Difference | | Respondents Difference |
|------------|-------|------------|------|------------------------|
| | | Figure | % | |
| Worst | 21.5% | -6.8 | -24% | -24 |
| Birmingham | 28.3% | | | |
| 3rd | 29.7% | 1.4 | 5% | 5 |
| 2nd | 34.4% | 6.1 | 22% | 21 |
| 1st | 39.8% | 11.5 | 41% | 40 |
| Best | 55.0% | 26.7 | 94% | 93 |

| | |
|---------------------------|----------------|
| Current Quartile | 4th |
| Distance to next quartile | 5 Respondents |
| Distance to top quartile | 40 Respondents |



Health and Social Care Overview & Scrutiny Committee Work Programme

2019/20

Committee Members: Chair: Cllr Rob Pocock

Cllr Mick Brown
Cllr Diane Donaldson
Cllr Peter Fowler
Cllr Mohammed Idrees

Cllr Zaheer Khan
Cllr Ziaul Islam
Cllr Paul Tilsley

Committee Support:

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

Committee Manager: Errol Wilson (675 0955)

Schedule of Work

| Meeting Date | Committee Agenda Items | Officers |
|--|--|---|
| 4 th June 2019 (Informal) | Work Programme Workshop <ul style="list-style-type: none"> Public Health Performance Indicators Adult Social Care Performance Indicators Draft Quality Accounts | Dr Justin Varney, Director of Public Health; Rebecca Bowley, Head of Business Improvement and Support (Adult Social Care); Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer (Adult Social Care); Max Vaughan, Behaviour Service Integration Manager; Adult Social Care; Carol Herbert, Clinical Quality Assurance Programme Manager, BCHC. |
| 18th June 2019 Send out: 6 th June 2019 | Appointments to Deputy Chair and JHOSCs Minor Surgery and Non Obstetric Ultrasound Services (NOUS) Listening Exercise | Angela Poulton, Deputy Chief Officer – Strategic Commissioning & Redesign; Kally Judge, Commissioning Engagement Officer, Sandwell and West Birmingham CCG. |



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|--|--|---|
| 18 th June 2019 Send out: 6 th June 2019 | Period Poverty – Evidence Gathering | Neelam Heera, Founder of the Charity Organisation 'Cysters' |
| 16 th July 2019 Send out: 4 th July 2019 | Period Poverty – Evidence Gathering Adult Social Care Performance Monitoring Scorecard – End of Year 18/19 Draft Response to the Day Care Opportunities Consultation Strategy – For comment Enablement Review – Draft Scoping Paper | Councillor John Cotton, Cabinet Member for Social Inclusion, Community Safety and Equalities. Dr Justin Varney, Director of Public Health. Soulla Yiasouma, Joint Head of Youth Services. Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer. Cllr Rob Pocock Cllr Rob Pocock |
| 13 th August 2019 Send out: 2 nd August 2019 | Enablement Review – Evidence Gathering | |
| 3 rd Sept 2019 Send out: 23 rd August 2019 | Enablement Review – Evidence Gathering | |
| 17 th Sept 2019 Send out: 5 th Sept 2019 | Cabinet Member for Health and Social Care Update Report Forward Thinking Birmingham Period Poverty – Draft Report | Councillor Paulette Hamilton; Suman McCartney, Cabinet Support Officer. Elaine Kirwan, Associate Director of Nursing. Cllr Rob Pocock |
| 15 th Oct 2019 Send out: 3 rd Oct 2019 | Public Health Green Paper – Feedback from consultation Public Health Grant – Position Paper Dementia Strategy (new) Enablement Review – Draft Final Report | Dr Justin Varney, Director of Public Health Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG Cllr Rob Pocock |



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|--|--|---|
| 19 th Nov 2019 Send out: 7 th Nov 2019 | <p>The Impact of Poor Air Quality on Health – Tracking Report</p> <p>Birmingham Substance Misuse Recovery System (CGL)</p> <p>Healthwatch Update:-</p> <ul style="list-style-type: none"> • Healthwatch Strategy • Update on investigations • New structure | <p>Mark Wolstencroft, Operations Manager, Environmental Protection.</p> <p>Max Vaughan, Head of Service, Universal and Prevention – Commissioning</p> <p>Andy Cave, Chief Executive, Healthwatch Birmingham</p> |
| 17 th Dec 2019 Send out: 5 th Dec 2019 | | |
| 21 st Jan 2020 Send out: 9 th Jan 2020 | Birmingham Community Healthcare NHS Foundation Trust Draft Quality Accounts 19/20 - Briefing | Colin Graham, Associate Director, Clinical Governance, BCHC. |
| 18 th Feb 2020 Send out: 6 th Feb 2020 | Birmingham Sexual Health Services – Umbrella (UHB) | Max Vaughan, Head of Service, Universal and Prevention – Commissioning |
| 17 th March 2020 Send out: 5 th March 2020 | | |
| 21 st April 2020 Send out: 9 th April 2020 | | |
| MUNICIPAL YEAR 2020/21 | <p>Mental Health Strategy Update</p> <p>Childhood Obesity – Stocktake Report</p> <p>Update on 'The Effects of Pollution on Health'</p> | <p>Joanne Carney, Director of Joint Commissioning, BSol CCG</p> <p>Dr Justin Varney, Director of Public Health</p> <p>Mark Wolstencroft, Operations Manager, Environmental Protection</p> |



Items to be scheduled in Work Programme

- Adult Social Care Commissioning Strategy (Graeme Betts)
- Ageing Well Programme (Graeme Betts)
- Shared Lives Service Re-design (Graeme Betts)
- Neighbourhood Networks Programme (Graeme Betts)
- Tracking of the Suicide Prevention Action Plan.
- GP Practice Delivery – (Late 2019)
 - Partnerships (e.g. Modality)
 - Universal Patient Offer (Karen Helliwell)
- STP Strategy – Post Engagement Report (Rachel O'Connor)
- What matters most? Support people want from general practices in Birmingham (Andy Cave, Healthwatch)
- Update on the New Social Work Model in Birmingham (Pauline Mugridge) (Early new municipal year)
- Immunisation and Screening
- Infant Mortality
- Joint Strategic Needs Analysis (JSNA) – Autumn 2019. Elizabeth Griffiths to advise date.
- Integrated Care Systems – Paul Jennings
- Primary Care Networks
- Specialist Pancreatic and Liver Services University Hospital Coventry and Warwickshire and UHB.

CHAIR & COMMITTEE VISITS

| Date | Organisation | Contact |
|----------------------------|-------------------|-----------------|
| 23 rd July 2019 | Day Centre Visits | Sonia Mais-Rose |
| | | |

INQUIRY:

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|---------------------|---|
| Key Question: | How can a sustainable supply of free sanitary products be made available to females in educational establishments and council run buildings and, through engagement with our partners, more widely in buildings/venues across the City? |
| Lead Member: | Councillor Rob Pocock |
| Lead Officer: | Rose Kiely / Gail Sadler |
| Inquiry Members: | Councillors Brennan, Brown, Fowler, Islam, Rashid, Tilsley and Webb |
| Evidence Gathering: | June and July 2019 |
| Drafting of Report: | September 2019 |
| Report to Council: | November 2019 |

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 | Proposed date |
|-------------|--|-------------------|
| 005730/2018 | A Sustainable Solution for the Future of Wellbeing Services and Hubs | 30 July 2019 |
| 005920/2019 | Adult Social Care and Health – Draft Day Opportunity Strategy | 29 October 2019 |
| 006656/2019 | Public Health Budget | 17 September 2019 |



| Joint Birmingham & Sandwell Health Scrutiny Committee Work | | |
|--|---|---|
| Members | Cllrs Rob Pocock, Mick Brown, Peter Fowler, Ziaul Islam, Paul Tilsley | |
| Meeting Date | Key Topics | Contacts |
| 24 th July 2019 @ 2.00pm Birmingham | <ul style="list-style-type: none"> Update on Review of Solid Tumour Oncology Cancer Services Update on Recommissioning of Gynae-oncology Services. Further update on the Midland Metropolitan Hospital Further update on Measures to Reduce A&E Waiting times at Sandwell and West Birmingham Hospitals | <p>Scott Hancock, Project Lead, Head of Operational Performance and Business Management Support, UHB; Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust; Jessamy Kinghorn, Head of Communications & Engagement – Specialised Commissioning, NHS England (Midlands & East of England).</p> <p>Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.</p> |
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| Joint Birmingham & Solihull Health Scrutiny Committee Work | | |
|--|--|--|
| Members | Cllrs Rob Pocock, Diane Donaldson, Peter Fowler, Zaheer Khan, Paul Tilsley | |
| Meeting Date | Key Topics | Contacts |
| 26 th June 2019 @ 6.00pm (Solihull) | <ul style="list-style-type: none"> Financial Savings Plan 2019/20 including:- <ul style="list-style-type: none"> Service Redesign Projects - <ul style="list-style-type: none"> What has been reviewed and what is the outcome of that through cost savings? UHB - Update on UHB Merger including potential changes to trauma, orthopaedic and gynaecology services | <p>Phil Johns, Chief Finance Officer, BSol CCG</p> <p>Fiona Alexander, Director of Communications UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG</p> |
| 5 th September 2019 @ 5.00pm (Birmingham) | <ul style="list-style-type: none"> UHB - Potential changes to trauma and orthopaedic and gynaecology services - Update Birmingham and Solihull Mental Health NHS Foundation Trust including:- <ul style="list-style-type: none"> Introduction to new Chief Executive Improvements made since CQC inspection carried out in November 2018. (Report published April 2019). Urgent Primary Care Service Model <ul style="list-style-type: none"> JHOSC to be consulted on draft Service Model Impact of UTC communications campaign in Solihull Clinical Treatment Policies – Evidence based policy harmonisation programme – Phase 3 | <p>Fiona Alexander, Director of Communications UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG</p> <p>Roisin Fallon-Williams, Chief Executive, BSMHFT.</p> <p>Karen Helliwell, Director of Integration; Helen Kelly, Associate Director of Urgent Care and Community, BSol CCG</p> <p>Rhona Woosey, Network & Commissioning Manager; Ben Panton, Transformation Project Manager, Transformation & Innovation – Arden & GEM CSU; Cherry Shaw, Senior Communications Lead, Arden & GEM CSU.</p> |



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|-----------------------------|---|---|
| December 2019 (Solihull) | <ul style="list-style-type: none">• BSol CCG Financial Plans<ul style="list-style-type: none">◦ Update on risk to delivery of savings and the impact of this on 2020/21.• Role of the STP across the Birmingham and Solihull footprint | Paul Athey, Chief Finance Officer, BSol CCG Paul Jennings, System Lead, BSol STP |
| March 2020 (Birmingham) | <ul style="list-style-type: none">• Birmingham and Solihull STP – Joint Public Health Priorities / role STP across Birmingham and Solihull – evidence of impact and effectiveness | Dr Justin Varney, DPH Birmingham and Ruth Tennant DPH Solihull. |
| TO BE SCHEDULED | <ul style="list-style-type: none">• Disinvestment on Savings Plan | Paul Athey, Chief Finance Officer, BSol CCG |

