

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 19 DECEMBER 2017 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.birminghamnewsroom.com) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 APOLOGIES

3 ACTION NOTES/ISSUES ARISING

3 - 6

To confirm the action notes of the meeting held on the 21st November 2017.

4 DECLARATIONS OF INTERESTS

5 PROGRESS REPORT ON IMPLEMENTATION: HOMELESS HEALTH

7 - 14

John Hardy, Commissioning Manager - Prevention, Adult Social Care and Health; Kalvinder Kohli, Head of Service, Commissioning, Adult Social Care and Health; Sian Warmer, Head of Service, CGL; Jean Templeton, Chief Executive, St Basil's; Carol Herity, Director of Partnerships, CrossCity CCG; Matthew Green, Skylight Director, Crisis; Wayne Harrison, Consultant in Public Health, Birmingham Public Health.

- 15 - 22**
- 6 **PROGRESS REPORT ON IMPLEMENTATION: LIVING LIFE TO THE FULL WITH DEMENTIA**
- Mary Latter, Joint Commissioning Mental Health Manager (Dementia).
- 23 - 44**
- 7 **LOCAL PERFORMANCE ACCOUNT 16/17**
- Mike Walsh, Head of Service - Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence; Clare Reardon, Intelligence Manager - Commissioning.
- 45 - 50**
- 8 **ADULT SOCIAL CARE PERFORMANCE - MONTH 6**
- Mike Walsh, Head of Service - Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence.
- 51 - 84**
- 9 **BUDGET CONSULTATION 2018/19**
- Graeme Betts, Interim Corporate Director of Adult Social Care and Health.
- 85 - 94**
- 10 **WORK PROGRAMME - DECEMBER 2017**
- For discussion.
- 11 **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).
- 12 **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.
- 13 **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 21st November 2017, Committee Rooms 3 & 4 – Actions

Present:

Councillor John Cotton (Chair)

Councillors Uzma Ahmed, Deirdre Alden, Sue Anderson, Mick Brown, Jayne Francis, Andrew Hardie, Kath Hartley and Robert Pocock.

Also Present:

Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board

Dame Julie Moore, Birmingham and Solihull STP System Lead

Andrew McKirgan, Director of Partnerships, UHB

Graeme Betts, Interim Corporate Director of Adult Social Care and Health

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care

Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Gail Sadler, Research & Policy Officer, Scrutiny Office

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. APOLOGIES

Councillors Simon Jevon and Karen McCarthy.

3. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 17th October 2017 were noted.

4. DECLARATIONS OF INTEREST

Members were reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at the meeting. If a pecuniary interest is declared a Member must not speak to take part in that agenda item. Any declarations will be recorded in the action notes of the meeting.

5. BIRMINGHAM SAFEGUARDING ADULTS REPORT 2016-17

Cherry Dale (Independent Chair of the Birmingham Safeguarding Adults Board) presented the Birmingham Adult Safeguarding annual report setting out:-

- The meaning of adult safeguarding.
- Statutory responsibilities of the Adult Safeguarding Board.
- The operating model.
- The relationship between local authority safeguarding duties (s42) and the wider adult safeguarding agenda.
- Successes of the past year and future plans and priorities.

RESOLVED:

Cherry Dale to provide the following information:-

- A copy of the Hoarding DVD.
- Dates of future partnership meetings to which committee members were invited to attend.
- To provide an interim report updating the committee on the work being undertaken by the Intelligence Forum to improve and identify gaps in data collection. Cherry Dale to advise when the report should be scheduled on the work programme.

6. BIRMINGHAM AND SOLIHULL STP PROGRAMME UPDATE

Dame Julie Moore (BSol STP Programme System Lead), Andrew McKirgan (Director of Partnerships, UHB) and Graeme Betts (Interim Corporate Director of Adult Social Care and Health) presented an update on the sustainability and transformation agenda including progress made against the 3 original 3 STP objectives and proposed new STP goals which reflect system changes.

RESOLVED:

- That further update reports are presented to committee as the programme progresses.

7. UPDATE ON DELAYED TRANSFERS OF CARE (DToC)

Mike Walsh (Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence) and Graeme Betts (Interim Corporate Director of Adult Social Care and Health) provided a position statement on performance against reducing the level of DToC in Birmingham.

RESOLVED:

The report was noted.

8. ADULT SOCIAL CARE PERFORMANCE

Mike Walsh (Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence) and Graeme Betts (Interim Corporate Director of Adult Social Care and Health) summarised the results of the annual adult social care service user report and the proposed improvement actions.

RESOLVED:

That the data used in the report is reproduced on a local geographical basis e.g. by constituency and a further report presented to committee when available.

9. REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE

Councillor Paulette Hamilton (Cabinet Member for Health and Social Care) and Graeme Betts (Interim Corporate Director of Adult Social Care and Health) attended to present the Cabinet Member update report. Councillor Hamilton highlighted 3 key areas:-

- Vision/priorities for next year.
- Birmingham and Solihull Sustainability and Transformation Plan
- Delayed Transfers of Care.

RESOLVED:

The report was noted.

10. HEALTH & SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2016-17

RESOLVED:

The work programme was noted.

11. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS

None

12. OTHER URGENT BUSINESS

None

13. 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 1217 hours.

Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview and Scrutiny Committee
Date:	19 December 2017

Progress Report on Implementation: Homeless Health

Review Information

Date approved at City Council:	7 July 2015
Member who led the original review:	Councillor Susan Barnett
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	21 st February 2017

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Social Care, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

For more information about this report, please contact

Contact Officer:	John Hardy
Title:	Policy and Development Officer
Telephone:	0121 675 8661
E-Mail:	john.hardy@birmingham.gov.uk

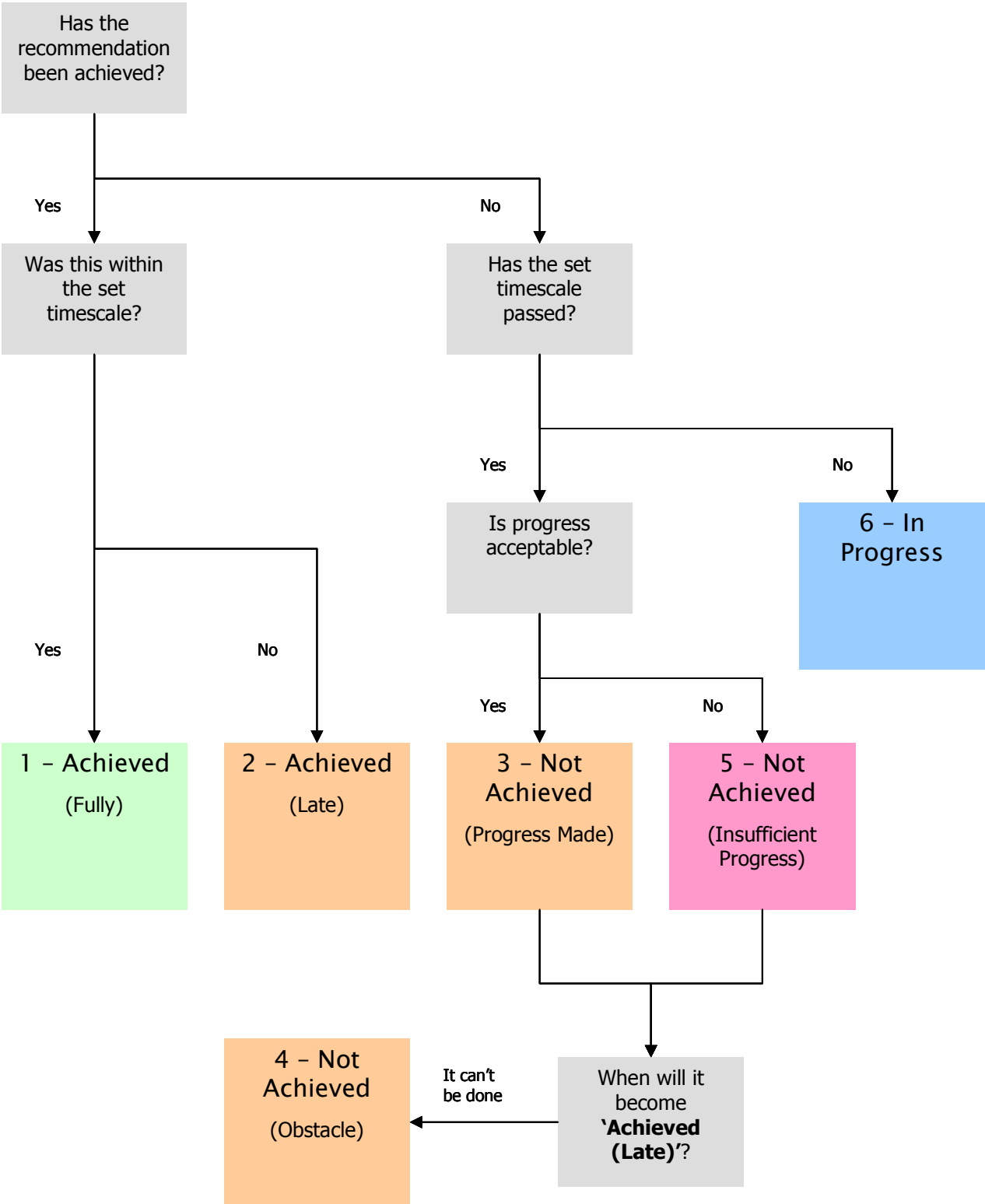
Appendix 1: The Tracking Process

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
4: Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

The Tracking Process



Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R03	That the multi-agency working that is already starting to happen to tackle the housing and health problems of people sleeping rough in the city centre by connecting rough sleepers to local support and services is strengthened. Groups already in existence need to be reviewed to establish whether they are working together effectively with a view to building on the existing protocol and the work already being done by the StreetLink multi-agency working group, to ensure that relevant agencies are alerted before major regeneration work starts, to provide an opportunity to support homeless people squatting or sleeping rough in the area.	Cabinet Member for Neighbourhood Management and Homes Cabinet Member for Health and Social Care	31 October 2015	3
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>The Prevention First Model and report that was approved by Cabinet in November 2017 sets out a new approach to prevention services which includes the Homelessness Positive Pathway. The strategic approach to tackling homelessness in all its forms includes a clear commitment for a partnership approach. This has been reinforced by the establishment of the Homelessness Partnership Board including Membership from across BCC directorates, statutory partners such as Police and Probation and DWP, voluntary sector organisations and providers along with citizen representation. Health partners are represented by BSMHFT, CCG and Public Health with CCG leading one of the Task and Finish Groups.</p> <p>There is a clear read across to the Health and Well-being Board to ensure an integrated and joined up approach. The Homelessness Reduction Act places more emphasis on a partnership approach to tackling homelessness that is being considered and developed by the Partnership Board</p> <p>At an operational level, a prescribing nurse from the Health Exchange is a key member of the Street Intervention Team. The cross agency approach of the work of the Street Intervention Team means that they linked into all major city centre activities including development plans so that impact upon rough sleeping can be considered and planned for.</p>				
R04	That services should be commissioned in a joined up way wherever possible, specifically when commissioning services for people with a dual diagnosis of either: <ol style="list-style-type: none"> 1. mental health and substance misuse or 2. people with alcohol problems who also suffer from dementia, where there is currently a gap in service provision.	Cabinet Member for Health and Social Care	31 January 2016	2
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>A dual diagnosis protocol was put in place at the commencement of the CGL contract by the BSMHFT. This protocol was reviewed by CGL and a revised protocol approved by CGL and the BSMHFT in place and being adhered to.</p> <p>Substance Misuse Commissioners will review the effectiveness of the Protocol to ensure it is effectively embedded.</p>				

R06	<p>That a forum or other appropriate mechanism be established between HM Prison Birmingham and Birmingham City Council to facilitate more joined up working with prisons and the probation services to provide improved pathways between prison and the general community with a view to:</p> <ol style="list-style-type: none"> 1. Linking prison healthcare provision better to wider community healthcare services on release from prison in particular for prisoners with serious mental health, drug and/or alcohol problems; 2. Supporting prisoners into appropriate accommodation before and after discharge from prison; 3. Prioritising appropriate accommodation for homeless women in contact with the criminal justice system. 4. Supporting prisoners to link into the benefit system before and after release from prison. 5. Providing/sharing information about services available in the community to facilitate improved pathways between prison and the general community. 	<p>Cabinet Member for Health and Social Care</p> <p>Cabinet Member for Neighbourhood Management and Homes</p>	31 March 2016	3
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>Birmingham is looking to use the Youth Justice Accommodation Pathway developed by St Basils and adapt it across a wider offender cohort.</p> <p>Discussions have taken place with the National Offender Management Service to ensure that homelessness and the need to ensure appropriate pathways for offenders are a key feature in their reducing reoffending strategies and plans.</p> <p>BCC officers inform this agenda through being a member of the regional offender accommodation group.</p> <p>National Probation Service and the Community Rehabilitation Company are a part of the Homelessness Partnership Board.</p> <p>The Homelessness Reduction Act draft Code of Guidance includes a whole chapter on Offender Pathways and Criminal Justice Agencies are part of the Stakeholder Group to ensure effective implementation.</p> <p>A draft protocol has been developed by CRC to ensure planned pathways into accommodation upon prison discharge which will include tenancy readiness, benefit access and awareness of services in the community</p> <p>In addition there is a mental health prison in reach team who will support individuals upon discharge into appropriate pathways of care.</p>				
R07	<p>That the Joint Commissioning Team should examine the feasibility of commissioning an emergency and/or out of hours specialist homeless primary care service for the city.</p>	<p>Cabinet Member for Health and Social Care</p> <p>Birmingham and Solihull Mental Health NHS Foundation Trust</p>	31 December 2015	2

		Cabinet Member for Neighbourhood Management and Homes		
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>Badger Out of Hours Services commenced delivery from 1st September 2017 to support homeless individuals who access the:</p> <p>Homeless Primary Care Team Service Based at the: William Booth Centre William Booth Lane Birmingham B4 6HA 0121 465 3965 .</p> <p>Out of hours is classed as prior to 9am or post 5pm. The access route for patients is triage via NHS 111 and onward handover to badger if/when appropriate It is advertised at the Health Exchange and details were sent out to partners to ensure people know how to access the service</p>				

Appendix ③: Concluded Recommendations

These recommendations have been tracked previously and concluded. They are presented here for information only.

concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R01	That potential locations in the city centre be explored to find the most suitable venue which can be made available to be used as a central point where homeless people can go to access information, advice and support on accommodation, benefits (including accessing a computer to start the process of registering to make a claim) and be referred to available health services without needing to make an appointment or travel to one of the customer service centres.	Cabinet Member for Neighbourhood Management and Homes Cabinet Member for Health and Social Care as Chair of the Health and Wellbeing Board	30 September 2015 for final version of Welfare Specification and new service to start 1 April 2016. 31 July 2015 for remodelled Housing Advice Centre Options	1
R02	That the three Birmingham Clinical Commissioning Groups should explore: <ol style="list-style-type: none"> How they can make it easier for homeless people to register with a GP even if they are only temporarily residing in an area and have a permanent address elsewhere or have no permanent address. How homeless people can be facilitated to maintain registration on a GP list once they have registered even if, due to the transient nature of their lifestyle, they subsequently move out of that area. 	Birmingham Cross City, Birmingham South Central and Sandwell and West Birmingham Clinical Commissioning Groups	31 March 2016 Health and Wellbeing Board Agenda 13 October 2015	1
R05	That wherever possible services for homeless people should be designed to reach out to homeless groups who need them by moving away from a silo culture and exploring options for placing statutory services where homeless people already attend, such as the Homeless Health Exchange or SIFA Fireside, along the lines of the Inclusion Healthcare Social Enterprise Model	Cabinet Member for Health and Social Care Cabinet Member for Neighbourhood Management and Homes	31 October 2015	2
R08	That the best way to provide a direct line of communication between the City Council and people sleeping rough in the city centre who have a problem or a complaint, for example through advice surgeries in the city centre, be explored.	Cabinet Member for Neighbourhood Management and Homes	October 2015	1
R09	That an assessment of progress against the recommendations made in this report be presented to the Health and Social Care O&S Committee.	Cabinet Member for Neighbourhood Management and Homes	31 October 2015	1

Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview & Scrutiny Committee
Date:	19th December 2017

Progress Report on Implementation: Living Life to the Full with Dementia

Review Information

Date approved at City Council:	4 th November 2014
Member who led the original review:	Councillor Susan Barnett
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	N/A

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Wellbeing, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

For more information about this report, please contact

Contact Officer:	Mary Latter
Title:	Joint Commissioning Mental Health Manager (Dementia)
Telephone:	07545 421 968
E-Mail:	mary.latter@nhs.net

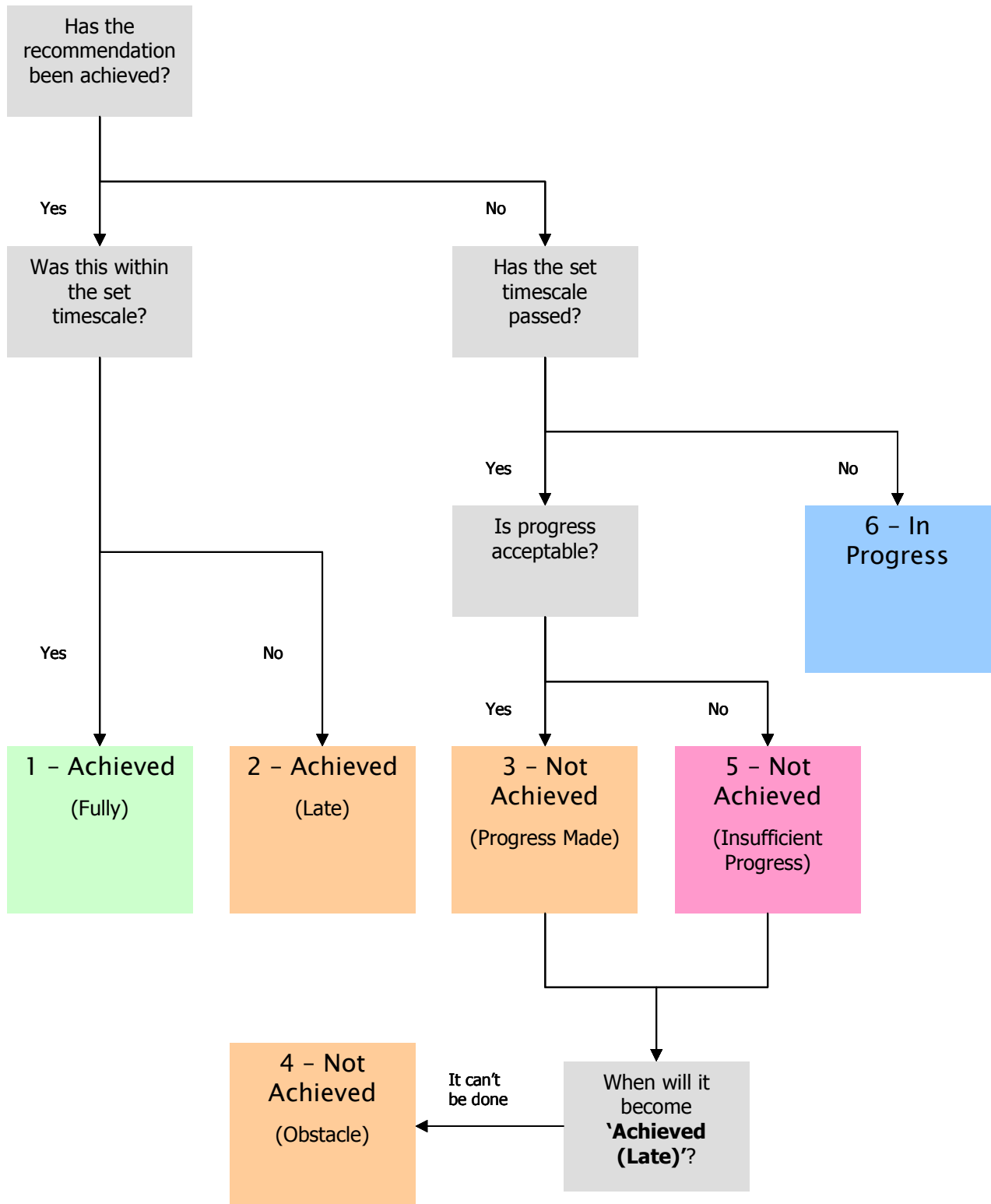
Appendix ①: The Tracking Process

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6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

The Tracking Process



Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R10	That an integrated commissioning pathway model should be developed for those people with a dual diagnosis of a learning disability and dementia.	Cabinet Member, Health & Social Care	November 2016	3

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

There is much evidence that people with a learning disability are at a higher risk of developing certain dementias, that these will manifest at an earlier age and that they may show different symptoms. As the life expectancy of people with learning disabilities is increasing this means a growth in the numbers of people with a dual diagnosis of dementia and learning disabilities.

This presents particular problems in terms of the diagnosis as a person with a learning disability may already have some significant differences in their thinking, reasoning, language or behaviour, and their ability to manage daily living. It can be difficult to identify these changes without the use of specialist assessment tools to track changes and /or deterioration in these.

Similarly post diagnostic services need to be equipped to deal with the particular support needs of this group and their families and carers which will often differ significantly from those of older adults with dementia.

Progress on this is included in the future work of the Sustainability and Transformation Plan as part of the development of integrated support for people with dementia. Anticipated Completion Date = 31st March 2019.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R12	That the feasibility of developing alternative models of respite care other than bedded respite care, such as providing domiciliary care for people with dementia, be explored.	Cabinet Member, Health & Social Care with Chairs of CCGs	November 2016	3

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

The importance of respite care and support for people with dementia and their carers is recognised in the Birmingham Dementia Strategy and joint work between local Clinical Commissioning Groups and the local authority has aimed to support and develop capacity across the area. This has been, in the main, through the development of dementia and activity cafes and support for carers services through the Better Care Fund.

Again progress on this is included in the future work of the Sustainability and Transformation Plan as part of the development of integrated support for people with dementia. It is hoped that this will bring together work across health and social care, including the review of day services and third



sector provision by the local authority to ensure that a range of services are in place to offer people with dementia and their carers support to sustain 'caring' relationships and offer alternatives to bedded care when crises do arise. Anticipated Completion Date = 31st March 2019.

Appendix 3: Concluded Recommendations

These recommendations have been tracked previously and concluded.

They are presented here for information only.

concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R01	That the City Council should appoint a Lead Member for Dementia with specific responsibility to ensure high-quality dementia services.	Cabinet Member, Health & Social Care	February 2015	2
R02	That the impact on dementia care and support is considered in relation to all major actions, commissioning and decommissioning intentions arising from the emerging Better Care Fund arrangements.	Cabinet Member, Health & Social Care as Chair of Health and Wellbeing Board	November 2016	1
R03	<p>That the Cabinet Member for Children and Family Services writes to all Birmingham secondary schools to request that they consider including dementia awareness (using the available Dementia Resource Suite for Schools) as part of the PSHE (Personal, Social & Health Education) curriculum for Year 9 students.</p> <p>Information sent to Cllr Brigid Jones 8/7/16</p> <div>   </div> <p>Letter Template - Dementia Friends DF.KeyStage.May2016request form - Young</p>	Cabinet Member, Children and Family Services	November 2015	1
R04	That dementia awareness information is disseminated to all City Council Members and made available to all staff.	Cabinet Member, Health & Social Care	November 2015	2
R05	That the City Council works towards making Birmingham a dementia-friendly city beginning at District level.	Cabinet Member, Health & Social Care with District Chairs	November 2015	1

R06	That Birmingham Community Healthcare NHS Trust develops a process to identify people, using their community services, who may have dementia.	Birmingham Community Healthcare NHS Trust	November 2015	1
R07	That Commissioners explore with Birmingham and Solihull Mental Health Foundation Trust and primary care, the possibility of adopting a shared protocol for prescribing anti-dementia medication as part of locally based integrated care services that support vulnerable people, including those with dementia, in the community.	Birmingham and Solihull Mental Health NHS Foundation Trust CCG Commissioners	November 2015	1
R08	That West Midlands Fire Service should receive referrals for fire safety checks via:- a) The City Council as fire risk will form part of a care assessment. b) GPs who identify vulnerable or high risk patients	Cabinet Member, Health & Social Care Chairs of CCGs.	November 2015	1
R09	That the Alzheimer's Society continues to develop its work with multi-cultural communities and faith groups and updates the Health and Social Care O&S Committee on progress.	Alzheimer's Society	November 2015	1
R11	That the ExtraCare Charitable Trust should explore with the Birmingham Clinical Commissioning Groups the feasibility of establishing a community nursing service for its schemes/villages across Birmingham and a "locksmith" service in the community	The Extracare Charitable Trust Chairs of CCGs	November 2015	1
R13	That the model of support used by Dementia Information and Support for Carers (DISC) is highlighted as best practice and is considered for replication in other locations across the city.	Cabinet Member, Health & Social Care Chairs of CCGs	November 2015	1
R14	That an assessment of progress against the recommendations made in this report be presented to the Health and Social Care O&S Committee.	Cabinet Member, Health & Social Care	November 2015	1

How Are We Doing?

The Local Account for Adult Social Care Services

1 April 2016 – 31 March 2017

**This document is designed to provide you with an overview
of Adult Social Care**

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Welcome to the 2016/17 Local Account for Adult Social Care

Within this document we provide you a summary of our progress for adults who are in receipt of our social care support over the past year.

The social care services provided for Adults in Birmingham form part of the wider Directorate for Adult Social Care and Health. The Directorate is committed to improving the outcomes for all citizens who require care and support and improving their quality of life.

Nationally and locally there continues to be significant budget pressures, and we are responding to those pressures with a root and branch review of how we currently provide front line services and how these will be provided to vulnerable adults in the future.

We remain passionate about providing services to safeguard adults and those people with the highest level of need will continue to receive the best social care support available.

Despite all the challenges that continue to face our front line staff, the Directorate is proud that social care staff continue to feature as nominees and winners of local and national awards. This shows we are a city that cares and can produce great social work.

This document clearly states how we have performed against national standards during the last year, and we do not underestimate where performance improvement is needed and where we need to strengthen the performance culture.

Looking to the future, the city council have agreed a new Vision for Adult Social Care and Health which has a real focus on independence, choice and control for citizens, community based services and a much more integrated relationship with Health.

We know that quality of care and support matters to the citizens of Birmingham and through our joined up approach with care providers, voluntary and community organisations, we are concentrated on ensuring that we improve the quality of life for those who need care.

We would welcome your views on this document, our performance and how well you think Adult Social Care performed in Birmingham.

Graeme Betts
Corporate Director
Adult Social Care and Health
Birmingham City Council

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

What is Adult Social Care?

What do we do?

Adult Social Care services in Birmingham support people aged 18 years and over to live as independently as possible in their local community.

What are our responsibilities?

We are responsible for the following:

- Assessment of your needs;
- Agreeing a support plan with you;
- Offering information about support and services available in the local community and throughout the city;
- Arranging services where appropriate;
- Providing community care support where this is appropriate;
- Offering support, equipment and adaptations to enable you to live safely and independently at home.

Who do we help?

- Citizens of Birmingham who require care and support;
- Citizens who provide voluntary care for relatives or friends;
- Young people with disabilities aged 14 and over that are in transition to adult social care services.

Care in Birmingham – Did you know?

OLDER ADULTS 65+

There were 21,025 **requests for support or care from new clients** in 2016/17, an **8.4% decrease** from the previous financial year.

5,851 citizens who have been **receiving care for twelve months or more** had their care reviewed in 2016/17, a **37.1% increase** from the previous financial year.

2,856 citizens were **living in a residential/nursing home on a long term basis** as at 31/03/2017, a **3.2% decrease** from last year.

555 citizens were accessing **Direct Payment or part Direct Payment** as at 31/03/2017, a **28.5% increase** from last year.

4,399 citizens accessing **community based services** (excluding those receiving Direct Payments) as at 31/03/2017, a **0.6% increase** from last year.

YOUNGER ADULTS 18-64

There were 11,442 **requests for support or care from new clients** in 2016/17, a **6.4% decrease** from the previous financial year.

2,708 citizens who had been **receiving care for twelve months or more** had their care reviewed in 2016/17, a **19.6% increase** from the previous financial year.

1,089 citizens were **living in a residential/nursing home on a long term basis** as at 31/03/2017 a **1.9% increase** from last year.

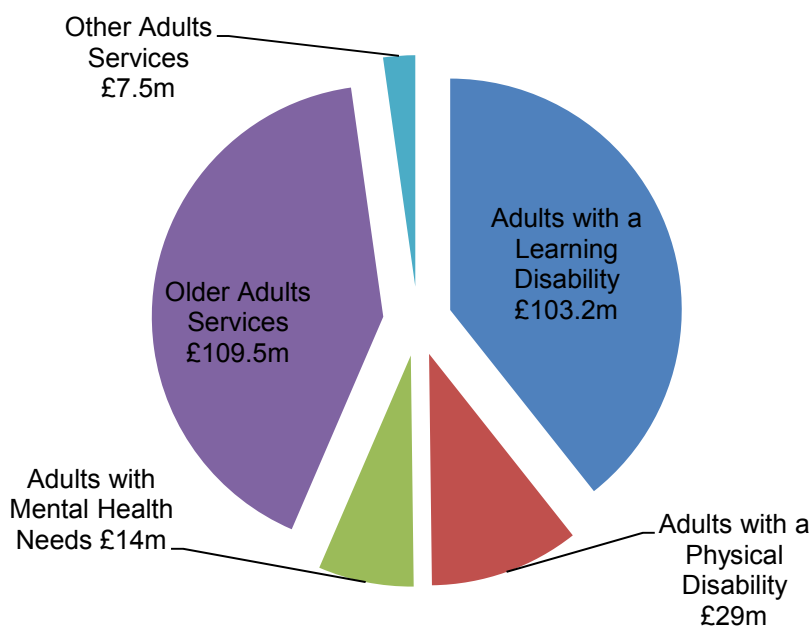
1,155 citizens were accessing **Direct Payment or part Direct Payment** as at 31/03/2017, a **2.8% increase** from last year.

2,095 citizens accessing **community based services** (excluding those receiving Direct Payments) as a 31/03/2017 a **6.5% increase** from last year.

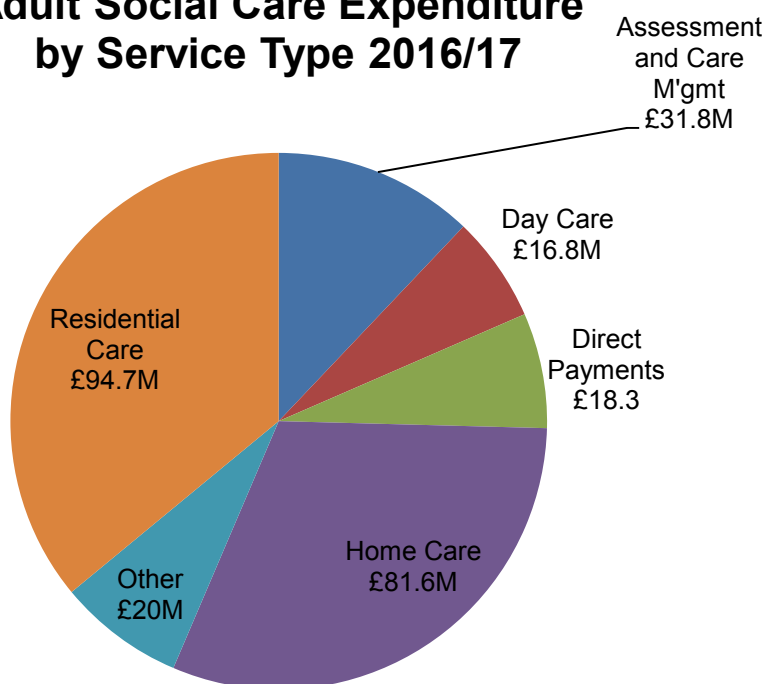
How is Adult Social Care Money Spent?

In total, the net expenditure for adult social care services for the period 1 April 2016 to 31 March 2017 was £263.2m. This includes expenditure on assessment and care management as well as the direct costs of services delivered to citizens.

Adult Social Care Expenditure by Primary Need 2016/17



Adult Social Care Expenditure by Service Type 2016/17



Adult Social Care Outcomes Framework

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

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

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

Our Local Performance Account is written around these four areas. For each area we outline what we achieved in 2016/17 and how we performed.

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

Our Overall Performance in 2016/17

In 2016/17 Birmingham's performance was:

An average ranking of **110th** placing us at **151st** of 152 local authorities in England, **15th** of 16 similar local authorities.

For further information on our overall performance please see Appendix 1. Details of similar local authorities can be found in Appendix 2.

1. Enhancing quality of life for people with care and support needs

This measure looks at social care-related quality of life, including:

- People managing their own support so they are in control of what, how and when support is delivered to match their needs;
- People being able to find employment when they want, maintain a family and social life, contribute to community life and avoid loneliness or isolation;
- Carers ability to balance their caring roles and maintain their desired quality of life.

How well we did do in 2016/17?

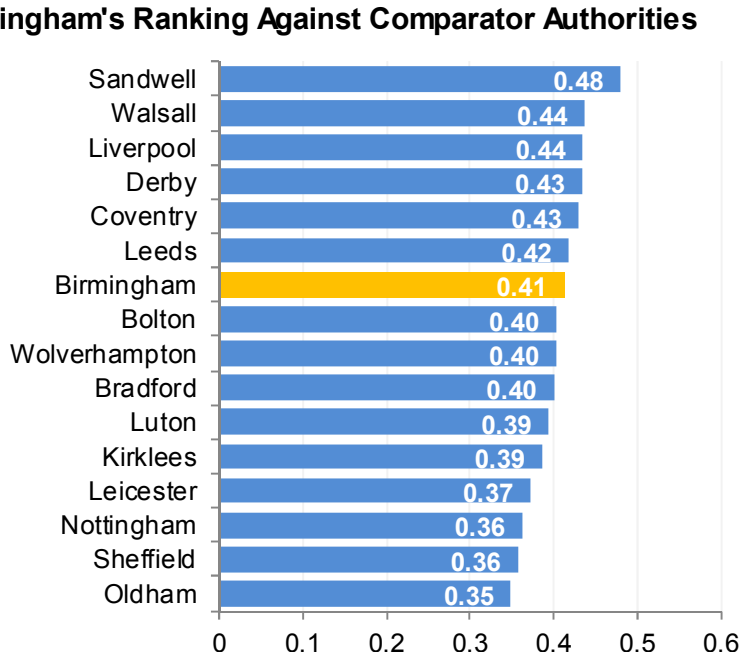
Quality of Life Score (1a)

We measure 'Quality of life' using the answers to questions in an annual survey sent out to those receiving a service from us. This is called the Adult Social Care Survey. Survey questions cover areas such as choice and control, personal cleanliness, access to food and drink, whether their home is clean and comfortable, safety, contact with other people, how people spend their time and the impact of needing help to do things.

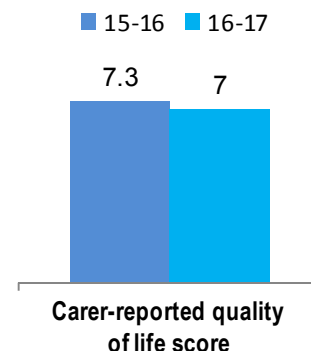
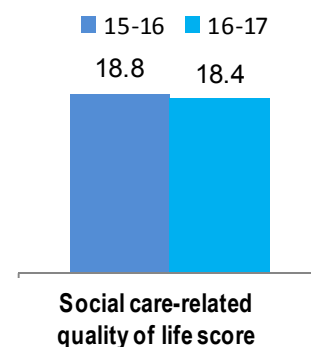
A new measure has been added this year an index estimating the degree to which services improve quality of life. Our adjusted score of 0.41 was above the national average and above the average for similar authorities. There was a slight decrease in our unadjusted quality of life score, from 18.8 in 2015/16 to 18.4 in 2016/17.

We also carried out the annual survey with our carers (called the Carers' Survey). This found that their quality of life score decreased slightly from a score of 7.3 in 15/16 to 7.0 in 16/17.

Birmingham's Ranking Against Comparator Authorities



Adjusted Social care-related quality of life – impact of Adult Social Care services

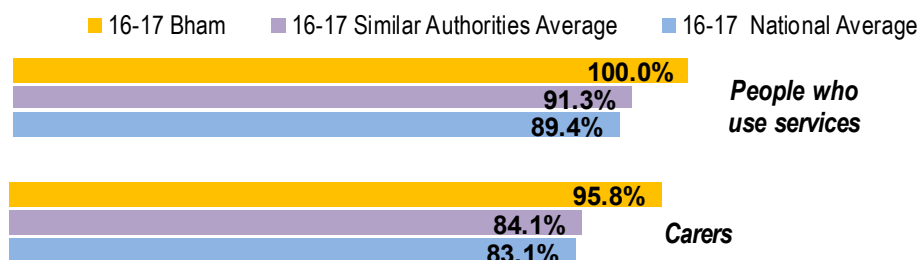


Proportion of Adults and Carers receiving self-directed support and direct payments

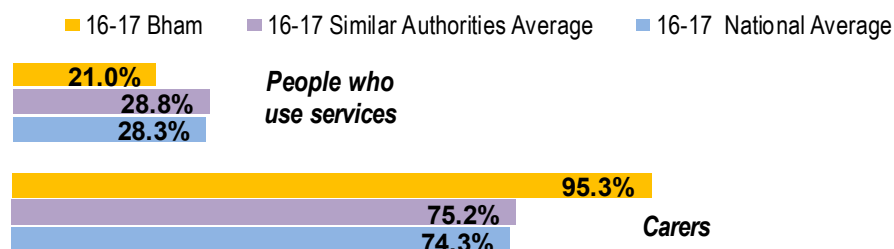
These measures track progress on increasing the independence and control of service-users and carers over the care and support they receive through the use of personal budgets and direct payments.

The proportion of people who receive self-directed support and the proportion of carers receiving Direct Payments were all above the national average and above average for similar authorities. The proportion of service users receiving Direct Payments was below the national average but increased from the previous financial year, from 19.8% to 21% in 2016/17.

The proportion of people who receive Self-directed Support



The proportion of people who receive Direct Payments

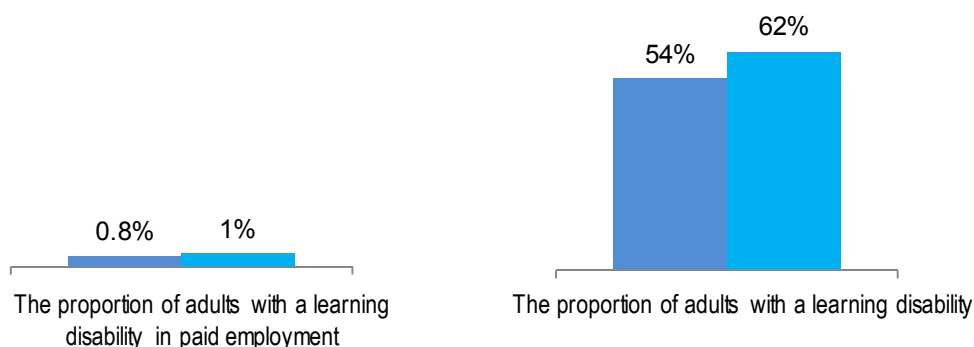


Employment and Living in the Community

Wherever possible people with learning disabilities should be able to find employment and live in their own home or with family.

Compared to the previous financial year there was a slight increase in the number of people with learning disabilities in paid employment from 0.8% to 1%. However this is below the average of 4.5% for similar authorities.

The number of people with learning disabilities living in their own home or with family increased from 54% in 15/16 to 62% in 16/17.



2. Delaying and reducing the need for care and support

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

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

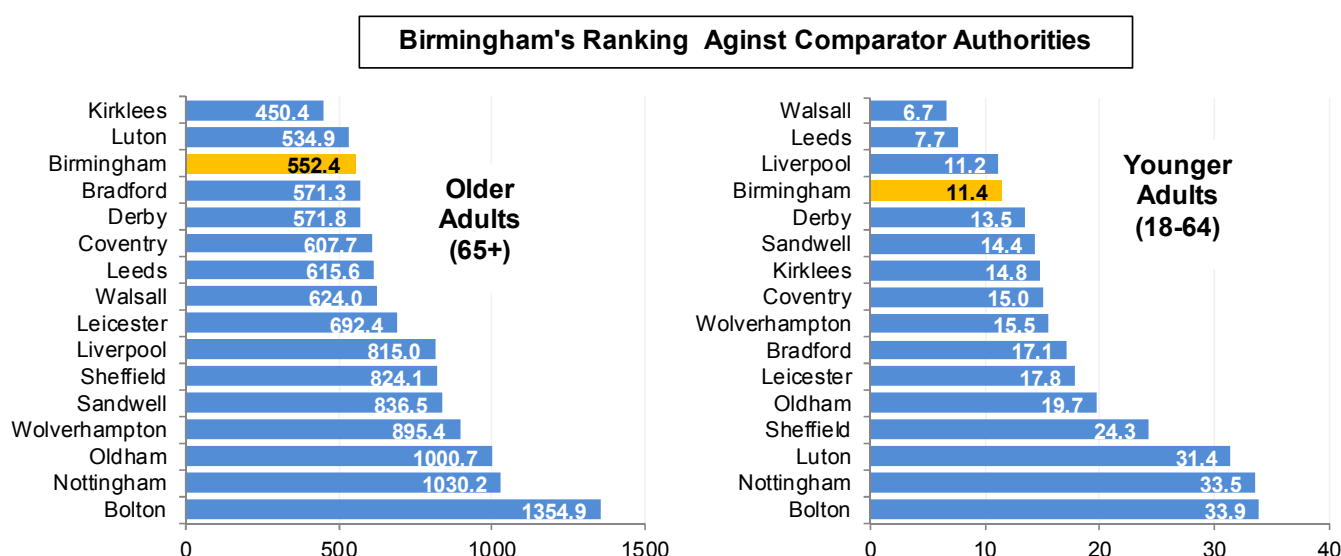
How well we did do in 2016/17?

Admissions to residential and nursing care

In line with the strategic direction to increase independent living and care in people's own homes, we aim to **reduce** the number of people whose support needs are met by admission to residential or nursing care.

There was an improvement in the proportion of permanent admissions to residential care compared to the previous financial year, falling from 662.8 to 552.4 per 100,000 for Older Adults and from 16.3 to 11.4 for Younger Adults. The number entering care was also lower than that for similar authorities and lower than the national average.

Long-term support needs met by admission to residential and nursing care homes, per 100,000 population



Reablement and home care enablement

There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement supports people to maximise their level of independence and so minimise their need for ongoing support and dependence on public services.

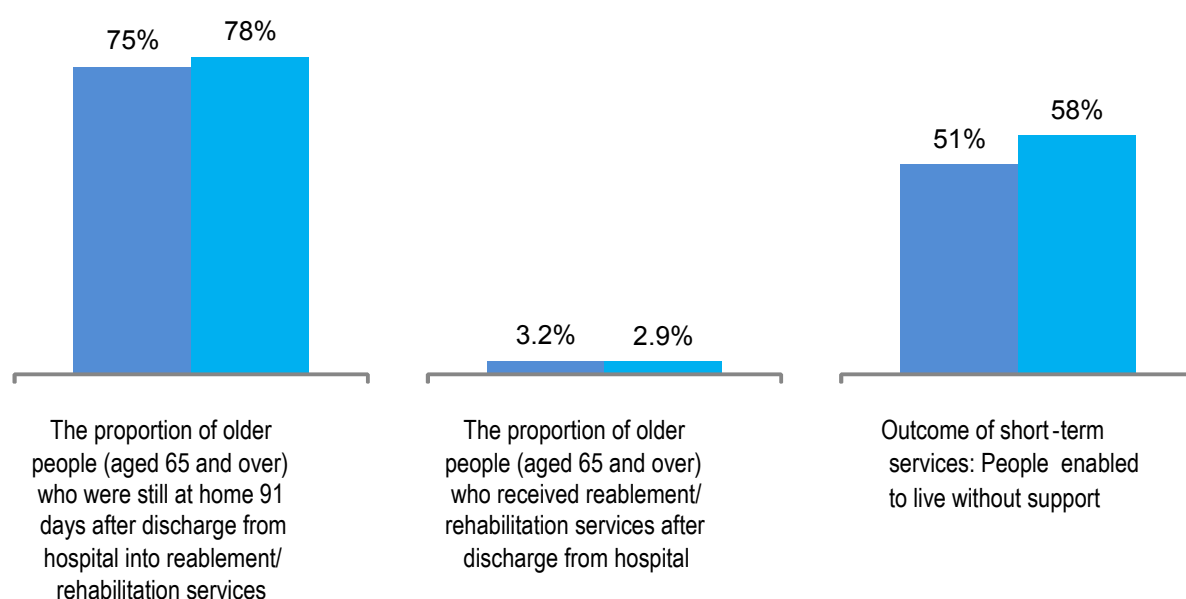
There was an increase in the proportion of older people who remained living at home 91 days following a discharge from hospital – the key outcome for many people using reablement services. This captures the joint work of social services, health staff and services commissioned by joint teams as well as adult social care reablement. The proportion of people who received reablement / rehabilitation services fell slightly from 3.2% to 2.9%.

The home care enablement service helps to relearn skills such as washing, dressing and cooking or learn new ways of doing things to live as independently as possible.

The home care enablement service may help if a service user:

- Has been in hospital and need help to learn how to manage when you get home;
- Are recovering from an illness or injury.

Birmingham saw an increase in the number of people starting a Home Care Enablement service from 2,549 in 2015/16 to 3,015 in 2016/17. The service was also more effective, with the proportion of *new clients completing an enablement programme who required no ongoing support* at the end increasing from 51% in 2015/16 to 58% in 2016/17.



Delayed transfers of care

A delayed transfer of care occurs when a patient is ready to leave hospital but is prevented from doing so for one or more reasons. This measure reflects the ability of the whole care system (hospitals, community-based care and social care) to ensure that patients are transferred to the next stage of care and support appropriately. The average daily number of delayed transfers of care per 100,000 of the population in 2016/17 was 20, an increase from 17 in 2015/16. Those attributable to Social Care rose from 9.9 in 2015/16 to 13 in 2016/17.

3. Ensuring people have a positive experience of care and support

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

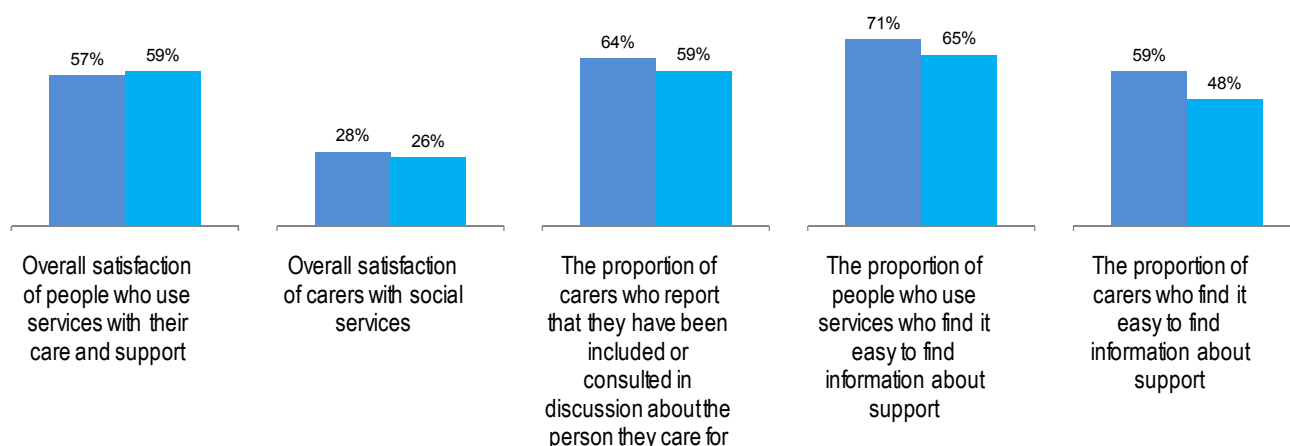
- People who use social care and their carers are satisfied with their experience of care and support services
- Carers feel that they are respected as equal partners throughout the care process
- People know what choices are available to them locally, what they are entitled to, and who to contact when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

How well we did do in 2016/17?

We measured the effect of support on people using Birmingham's adult social care services in terms of:

- Satisfaction with care and support services
- Access to information and advice
- Involvement of, or consultation with, carers about support planning

There has been an increase in the proportion of people using services who were 'extremely' or 'very satisfied' with their care and support services 57% in 2015/16 to 59% in 2016/17. For carers however this proportion fell from 28% in 15/16 to 26% in 2016/17. There was a decrease in the number of carers who reported being consulted about the the person they care for and a decrease in the number who found it easy to find information about services.



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

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

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

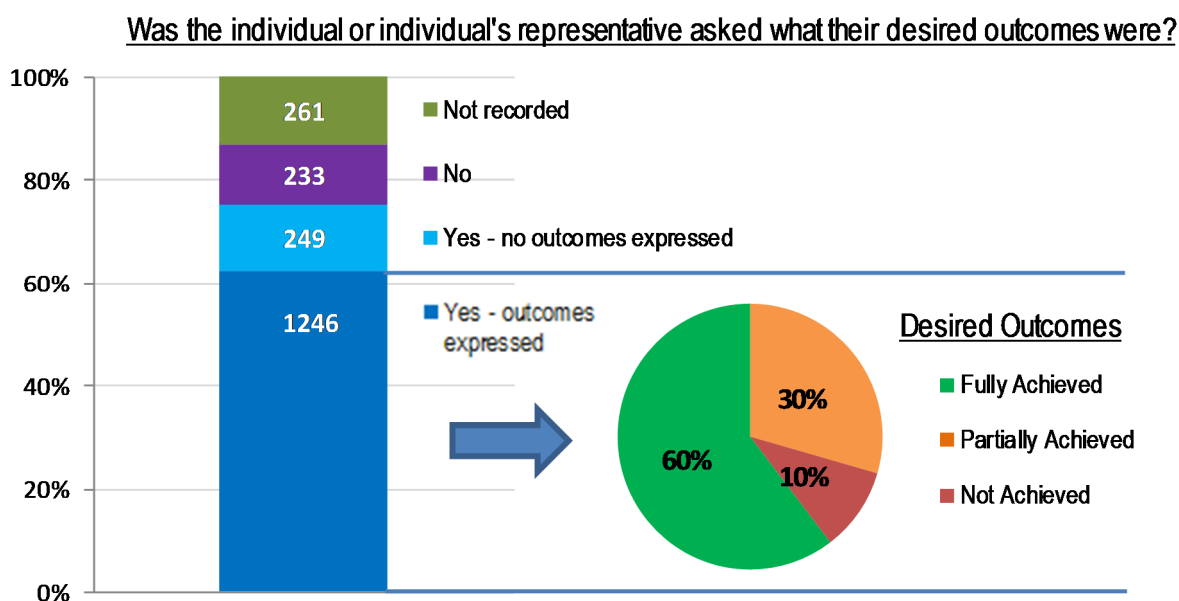
How well we did do in 2016/17?

Safeguarding people – Making Safeguarding Personal

Last year saw the introduction Making Safeguarding Personal (MSP), an initiative aiming to develop an outcomes focus to safeguarding work. MSP is about engaging with people about outcomes they want at the beginning and middle of working with them then ascertaining the extent to which those outcomes were realised at the end. MSP seeks to achieve;

- A personalised approach that enables safeguarding to be done with, not to, people
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- An approach that utilises social work skills rather than just 'putting people through a process'
- An approach that enables practitioners, families, teams and SABs to know what difference has been made

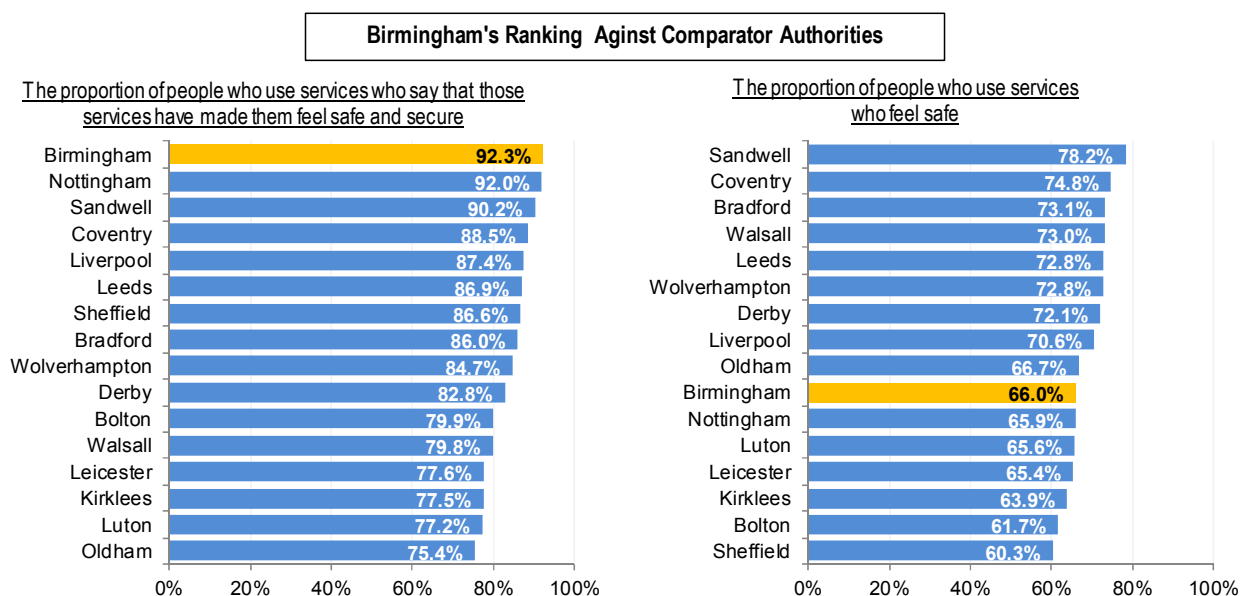
Out of a total of 1989 MSP enquiries, **75%** were asked what their desired outcomes were. **90%** of those expressing an outcome had their outcomes fully or partially achieved.



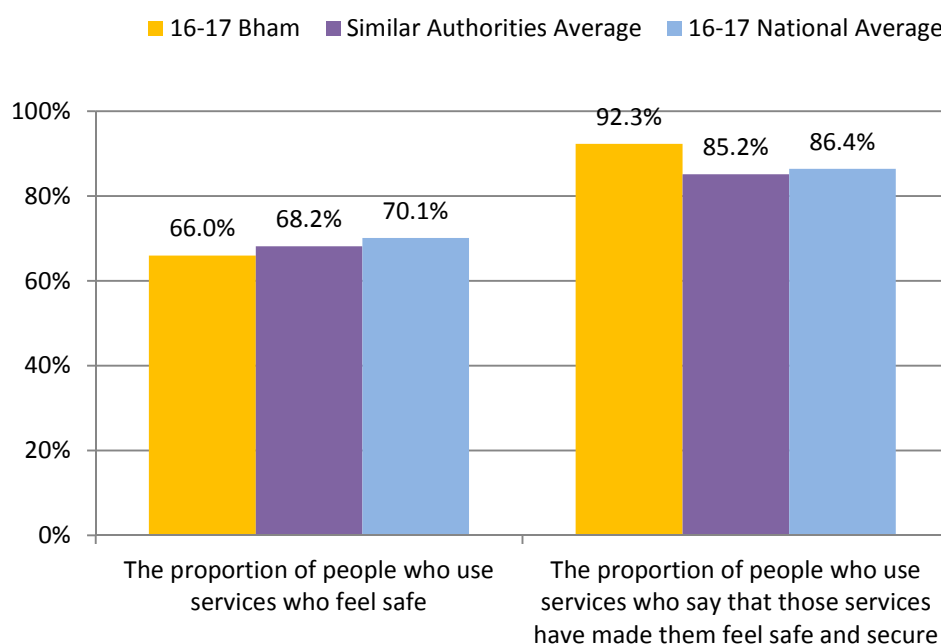
Proportion of people who use services who say that those services have made them feel safe and secure

In the Adult Social Care Survey, the proportion of people in receipt of care who said the care they receive makes them feel safe has increased from 89.3% in 2015/16 to 92.3% in 2016/17. This is above the national average and is the highest compared to similar authorities.

The proportion of respondents that said they felt safe was 66%, slightly below the average of 68.2% for similar authorities.



Safe and secure comparison by similar authorities and nationally



Service User Feedback

The Citizen Voice Team is responsible for the management of the statutory complaints function for adult social care and also reports on compliments received.

Compliments

During 2016-17:

- 244 compliments were received
- Assessment and Support Planning received the highest number of compliments; 193 followed by Specialist Services with 50.
- 106 compliments were made regarding the Quality of the Service followed by 92 compliments regarding Staff Conduct

Extracts from compliments received:

- “Worker was a great support to service user and family. I felt I could approach him, ring him - nothing was a problem. Support was second to none”.
- “Workers flexibility, level of communication and genuine interest has been outstanding”.
- “Worker was very knowledgeable and professional in her work. She was accessible, skilled, empathetic, calming and helpful”.
- “Worker was punctual, friendly attitude and professional”.
- “Support of the worker was great to help settle the service user back home after a hospital admission”.

Complaints

During 2016-2017:

- 160 statutory complaints were received, an increase on the previous year;
- 9 of the statutory complaints received were withdrawn during the process;
- 2 of the statutory complaints could not be processed as required consent could not be obtained;
- 676 individual complaint elements were investigated of which:
 - 416 complaint elements were not upheld
 - 130 complaint elements were upheld
 - 71 complaint elements were partially upheld
 - 53 complaint elements were inconclusive and
 - 6 complaint elements where no finding could be made.
- The Adult Social Care teams in Assessment and Support Planning received the largest number of complaints (118) an increase of 26 on the previous year.
- The statutory timeframe for responding to a complaint is six months: 144 complaints were responded to within that timeframe;
- Staff Behaviour and Lack of Service were the highest overall reasons for complaints received (26 each);
- 11 Local Government Ombudsman complaints were registered and investigated;
- A further 260 contacts did not meet requirements for the statutory complaints process.

Learning from Complaints

The Learning from Complaints Meeting is held bi-monthly to discuss the detail of learning from complaints received by the directorate including Local Government and Social Care Ombudsman complaints. Some of the wider learning recommendations for this period are as follows:-

- Where the family of a Citizen have chosen a residential home and the fee is higher than the agreed level a family may enter into a private agreement with the home to pay the top up fee. In these cases the original offer an alternative residential home falling within the Council's agreed funding level will be formally recorded.
- Correspondence with the Citizen Voice Team – This will clarify whether details being sent to the Citizen Voice Team is for information only (where a complaint is being dealt with locally) or whether it's a complaint to be fully processed due to it not being responded to locally within the required timeframe.
- Managers and workers to be updated on when assessments can be amended.
- Complaint response template to be reviewed.
- Officers to check and update care first in respect of recorded next of kin.
- Process for the transfer of service users between standard and complex teams to be fed into the review of the Customer Journey

Birmingham City Council Adult Social Care Peer Challenge – November 2016

As part of the process of improvement Birmingham hosted a peer challenge by colleagues and experts by experience from other West Midland local authorities. The challenge team met over 90 people in 30 separate sessions at 11 different locations.

We asked for the peer challenge to focus on 'Maximising the independence of adults in a financially challenged environment' and in particular to help our social care staff to best maximise the independence of adults. In particular we asked they look at our effectiveness in relation to: -

- Social care assessments and care packages
- Care and support planning
- Front line 'joint working' arrangements within health

Findings

The challenge team recognised the significant work the council has undertaken, the scale of the challenges faced given the size of the population, the levels of deprivation and the external attention the council has received following the Kerslake review.

The panel were impressed by Birmingham's commitment to moving forward in a planned way to improve the independence of citizens overall and in particular outcomes for those growing old in the city as part of the council's vision and plan for 2026. Areas for strengthening were identified along with a recommendation an action plan to be developed to focus on these.

A review to establish progress against the action plan took place in July 2017. The review panel concluded Birmingham had been proactive in using the peer challenge recommendations to drive improvement and change. A number of areas were identified where improvements had been made;

- Leadership and governance
- Performance and outcomes
- Commissioning and quality
- Resource and workforce management
- Social care planning, assessments and care packages
- Front line 'joint working' arrangements with health
- Dealing with financial challenge

The panel concluded there was evidence of a strong desire to continue to improve services and performance at pace.

Looking Forward

Adult Social Care and Health Directorate Improvement and Business Plan: 2017 - 2021

Birmingham's Adult Social Care and Health Directorate Improvement Plan sets the future direction for the service. This will enable adults and older people to be resilient, live independently whenever possible and exercise choice and control so that they can live good quality lives and enjoy good health and wellbeing.

The Improvement Plan brings together six areas of change we want to make and the actions we've identified to succeed.

Better Information

Knowing what is available to you, where you can get it from, if you have to pay for it and what you need to do to get it are all things that are important to people. Having good quality, readily accessible and up to date information and guidance available for citizens is one of the key themes in our improvement plan.

Local Services

There are a lot of services and activities that take place in local areas that aren't always known to everyone who lives there or known to the Council. We want to provide the best advice and guidance on what you might need, when you need it and where you need it. We also want to help local areas to develop new services and activities where you have told us they are needed.

Early Help

The Council wants to improve the way you can access services that can stop you getting ill in the first place, or help you recover from an illness that may get worse. Whether this is support at home after a stay in hospital or technology to help with daily tasks, the Council wants to make these things available to you quickly and as soon as you need them.

Services delivered in the way you want them

Your life is unique to you! If you need a service from the Council the service should fit around your life, not your life around the service needed.

Working Better, Together

We all know that becoming ill or needing support is difficult. Not getting the answer or help you need at the first time of asking is an unnecessary additional problem. The Council and its Health and Social Care partners know we need to work better together, share our resources and skills and shape our joint services around your individual needs. The Improvement Plan has been developed to ensure we do this.

Better Spending of the £s

Every pound that the Council spends on care services must be a pound well spent. We must spend money on the right things, at the right time, in the right place. Where service changes are required they will be made quickly and correctly. We will work closely with our partners to ensure we each play our part in delivering prompt, high value health and care support for all Birmingham's citizens.

How Well Do You think We Did In 2016/17?

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

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

Citizen Voice Team
Strategic Services
Birmingham City Council
PO Box 16465
Birmingham
B2 2DG
Phone: 0121 303 5161 (option 1)

Or visit:

https://www.birmingham.gov.uk/info/20018/adult_social_care_and_health/116/comments_compliments_and_complaints_about_adult_social_care_services

Sources of Further Information

Adult social care information and advice for Birmingham

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

Protecting adults from abuse and neglect

Information about abuse of vulnerable adults is available on Birmingham City Council's website at:

www.birmingham.gov.uk/safeguardingadults

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

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

Performance of Birmingham's adult social care services

www.birmingham.gov.uk/info/50130/performance

The Council's website gives information on all services including adult social care

Healthwatch

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

www.healthwatch.co.uk/

Healthwatch Birmingham

The local Healthwatch in Birmingham is available at:

www.healthwatchbirmingham.co.uk/

Appendix 1 – Our Overall Performance for 2016/17

ASCOF ID	Indicator	2015/16	2016/17	National Average	National Rank
1A	Social care-related quality of life score	18.8	18.4	19.1	135
1B	The proportion of people who use services who have control over their daily life	71.1%	70.0%	77.7%	140
1C1A	The proportion of people who use services who receive self-directed support	100.0%	100.0%	89.4%	1
1C1B	The proportion of carers who receive self-directed support	97.5%	95.8%	83.1%	90
1C2A	The proportion of people who use services who receive direct payments	19.8%	21.0%	28.3%	117
1C2B	The proportion of carers who receive direct payments	95.8%	95.3%	74.3%	69
1D	Carer-reported quality of life score	7.3	7.0	7.7	139
1E	The proportion of adults with a learning disability in paid employment	0.8%	1.0%	5.7%	145
1G	The proportion of adults with a learning disability who live in their own home or with their family	53.9%	61.7%	76.2%	144
1I1	The proportion of people who use services who reported that they had as much social contact as they would like	44.6%	37.3%	45.4%	143
1I2	The proportion of carers who reported that they had as much social contact as they would like	0.0%	28.3%	35.5%	123
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	0.0	0.4	0.4	59
2A1	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	16.3	11.4	12.8	69
2A2	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	662.8	552.4	610.7	61
2B1	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services	75.2%	77.5%	82.5%	117

ASCOF ID	Indicator	2015/16	2016/17	National Average	National Rank
2B2	The proportion of older people (aged 65 and over) who received reablement/ rehabilitation services after discharge from hospital	3.2%	2.9%	2.7%	68
2C1	Delayed transfers of care from hospital, per 100,000 population	17.0	20.0	14.9	126
2C2	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	9.9	13.0	6.3	141
2D	Outcome of short-term services: Home care enablement	51.1%	58.1%	77.8%	133
3A	Overall satisfaction of people who use services with their care and support	57.2%	58.6%	64.7%	130
3B	Overall satisfaction of carers with social services	28.0%	25.9%	39.0%	148
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	63.6%	59.0%	70.6%	145
3D1	The proportion of people who use services who find it easy to find information about support	71.0%	65.0%	73.5%	148
3D2	The proportion of carers who find it easy to find information about support	58.7%	47.9%	64.2%	149
4A	The proportion of people who use services who feel safe	68.2%	66.0%	70.1%	119
4B	The proportion of people who use services who say that those services have made them feel safe and secure	89.3%	92.3%	86.4%	20

Appendix 2 – List of similar authorities

One of the ways in which we measure our performance is by comparing ourselves against a group of 15 other local authorities with a similar demographic profile to Birmingham. These are:

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

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

Citizen Voice Team
Strategic Services
Birmingham City Council
PO Box 16465
Birmingham
B2 2DG
Phone: 0121 303 5161 (option 1)

Adults Council Vision Scorecard 2017/18 - Month 6 (September)

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	Commentary
Scorecard										
1	Uptake of Direct Payments	Monthly	TREND	21.1%	TREND	23.3%	23.2%	G	↑	Positive progress on this measure is being maintained, although the rate of growth has slowed compared to recent months
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND	69.7%	TREND	72.1%	71.8%	G	↑	This indicator continues to show a positive trend with a growing proportion of service users receiving care in their own home
3	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	65.1%	75%	N/A	61.8%			This is a quarterly reported measure. We are next due to report Q2 in January 2018 as there is a one month reporting lag.

Cabinet Member Service Scorecard 2017/18 - Month 6

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M6 Commentary
1	Uptake of Direct Payments	Monthly	25.0%	21.1%	23.0%	23.3%	23.2%	G	↑	Tapshum Pattni / Zakia Loughead	Tapshum Pattni	Positive progress on this measure is being maintained, although the rate of growth has slowed compared to recent months
	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND INCREASE	69.7%	TREND INCREASE	72.1%	71.8%	G	↑			This indicator continues to show a positive trend with a growing proportion of service users receiving care in their own home
	The number of people who have Shared Lives	Monthly	78	72	76	70	71	R	↓	Carol Davies	Melanie Brooks	The Service Manager and Quality & Service Development Manager have reviewed the Service Development Forum report (detailed at P5). Action planning is been done to follow through the recommendations: a response has been sent to the forum members; team members have been asked to test the service user questionnaire; recruitment of a Shared Lives team leader to help build up capacity will be undertaken to fill an existing vacancy; increased work to recruit shared lives carers is underway, and additional carers have been recruited. However the net effect to date is still no overall increase. The Assistant Director has organised a benchmarking meeting with Shared Lives Plus with Manchester City Council and Newcastle City council, as both these authorities are also seeking to increase their Shared Lives portfolio.
	The proportion of Community Assessments completed within 28 days of referral. (Excluding Enablement)	Monthly	75%	23.0%	47.0%	39.9%	40.2%	R	↓			Service leads have expressed concerns that there are a limited range of assessments used to measure this indicator and that this doesn't reflect the new ways of carrying out assessments adopted in recent years following the Care Act. Work is underway to review the measure to include: • Contact assessments completed at 1st and 2nd response; • Contact assessments that proceed to enablement; • Contact assessments that result in OT equipment. Further work on data quality is also underway to ensure that practitioners are clear on how to accurately record the date an assessment is completed. However, in terms of assessments currently included in this measure, performance for the month is below the target and shows a small drop from the last period.

Cabinet Member Service Scorecard 2017/18 - Month 6

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M6 Commentary							
5	Daily Average Delay beds per day per 100,000 18+ population - Social Care	Monthly	5.8	12.0	9.1	10.9	12.5	R	↑	Pauline Mugridge	Tapshum Pattni	There has continued to be a reduction in delayed bed days due to Social Care. Work is continuing as set out in the Better Care fund plan which includes: 1. More in-depth analysis of system issues - in particular the admission from residential and nursing care into A and E and the interfaces between Health and Social Care. This system analysis work is underway; 2. Establishing one consistent process between NHS providers and Social Care for counting and validating DToCs on a daily basis – currently being piloted at Heartlands Hospital; 3. Implementation of the Patient/Family Choice Policy to incentives providers to assess before offering choice; 4. Commissioning additional nursing and interim bed capacity to respond to the immediate pressure; 5. Working with the voluntary and community sector to support patients to be discharged home from hospital where appropriate 6. Longer-term activity to reduce demand in the system							
	6	Daily Average Delay beds per day per 100,000 18+ population - Joint NHS and Social Care											Monthly	G	↑	Pauline Mugridge	Tapshum Pattni	This indicator is on target and had seen a reduction in beds days delayed.	
7	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly						75%	65.1%			75%	N/A						61.8%
	8	Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were												Monthly	85%	79%	85%	80.7%	

Cabinet Member Service Scorecard 2017/18 - Month 6

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M6 Commentary
9	Proportion of contacts progressed to 2nd response who are referred for an assessment / enablement	Monthly	50%	42%	50%	47.2%	45.0%	R	⬆️	Julia Parfitt	Tapshum Pattni	The proportion of contacts progressed from first response to second response is generally 30% of contacts into the department. The proportion of these 30% that continue through the pathway from second response to Social care teams for enablement or further assessment is captured in this measure. This means that of all contacts to ACAP only 10%-15% require an assessment from a enablement or a social care team. Although below the target of 50%, performance has improved this month. The service continues to experience difficulties is keeping up with the demands on the Learning Disability Team. Work is taking place to develop a team structure which will improve the performances in Assessments and Reviews. Short term action was implemented in September 2017, to work on the backlog this has shown improvements. This work will continue until the new team is in place, therefore we should continue to see improved performance in this area. This will impact fully on performance in January.
10	The proportion of clients reviewed, reassessed or assessed within 12 months.	Monthly	80%	76%	77.4%	75.0%	74.0%	R	⬆️	Yvonne Coleman	Melanie Brooks	

Public Health data is currently reporting combined Q4 2016/17 and Q1 2017/2018

Performance Indicator	Frequency	2017/18 Target	Baseline (Annual outcome 2016/17)	Q1 2017/18 Period Target	Q4 (2016/17) & Q1 (2017/18)	Prev Period	Status	DOT	HoS (SMT Lead): Wayne Harrison	AD	Commentary - 'please update with your latest commentary'
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11	Proportion of women receiving a home visit after delivery (Percentage of births that receive a face to face new born visit with 14 days)	Quarterly	90%	91%	90%	N/A	89%			Fiona Grant	Dennis Wilkes	This is a quarterly reported measure. We are next due to report Q2 at M7/ November.
12	Proportion of eligible population receiving a NHS Health Check	Quarterly	10%	11%	2.5%	N/A	2.1%			Mark Roscoe / Kathy Lee	Dennis Wilkes	This is a quarterly reported measure. We are next due to report Q2 at M7/ November.
13	Rate of positive Chlamydia screens	Quarterly	2300	1690	2300	1674	1876	R	⬇️	Max Vaughan / Clare Reardon	Maria Gavin	The data reported is for Q1 2017/18. During this period, there were 1,674 positive chlamydia diagnoses per 100,000 population aged 15-24. Despite being lower than the national target of 2,300, the latest Birmingham rate is higher than both the national (1,622) and regional (1,478) rates. The decrease in diagnosis rate for Q1 is likely to be due to a reduction in the total number of screens undertaken - down from 7,643 in Q4 16/17 to 6,542 in Q1 17/18.
14	Number of smoking quitters at 12 weeks	Quarterly	670	674	214	N/A	182			Mark Roscoe	Dennis Wilkes	We are due to report at M7/ November.
15	Drugs users who are in full time employment for 10 working days following or upon discharge	Quarterly	30%	30.6%	30%	32.8%	31.0%	G	⬆️	Max Vaughan / Clare Reardon	Maria Gavin	The data reported is for Q1 2017/18. During this period, 32.8% of drug users successfully completed treatment and had been employed for ≥10 days of the past 28 days at treatment exit. This equates to 182 of the 555 drug users who had successfully completed treatment and met the employment threshold for this indicator. When looking at the data by client drug type, 23.5% of opiate clients (62/264) and 41.2% of non-opiate clients (120/291) had successfully completed treatment and been employed for ≥10 days of the past 28 days at treatment exit.

Cabinet Member Service Scorecard 2017/18 - Month 6

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	M6 Commentary
16	Children under 5 attending Wellbeing Service	Quarterly	54000	30185	13500	N/A	6942			Mark Roscoe	Dennis Wilkes	We are due to report at M7/ November.
17	People over 70 attending Wellbeing Service	Quarterly	78000	69950	19500	N/A	20339			Mark Roscoe	Dennis Wilkes	We are due to report at M7/ November.

Budget Consultation 2018+

December 2017



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FOREWORD

We have a Vision for Birmingham to make it a city of inclusive growth where the opportunities and benefits of progress and investment are felt by all. Since 2010 the Council has had to make cuts of over £642m and we know that we need to go further if we are to tackle the challenges facing the public sector. We face huge decisions, but there are also opportunities for us to look at how we can better deliver our services to suit the changing needs of our citizens.

We must also find new ways to meet demand for services. Our staffing levels are much lower than they were seven years ago. Over that period, we've restructured, reorganised and sought new partnerships, but we know that we need sustainable solutions through long term policy-making, system-wide preventative measures and better public engagement. That is why your views really do matter when we make these tough decisions. This consultation document sets out how we plan to tackle the challenges facing the council and where we will focus the budget we have in order to continue to make a positive difference.

Over the next year we will focus on four key priorities, because we believe these represent the areas of greatest opportunity and challenge for all of us:

- Our Children
- Housing
- Jobs and Skills
- Health.

We want Birmingham to be a great city for our children to grow up in. This year we will introduce a new Early Years Health and Wellbeing Service so children and families have greater opportunities to access good quality early education and health services. The Birmingham Children's Trust will launch in 2018 and this will provide high quality services for those who are most vulnerable in our city, and help to give them the best start in life. We want to keep our children safe by working with schools, health services, police and other agencies to support and protect them, ensuring that their safety is a shared responsibility.

We want Birmingham to be a great city for everyone to live in. Through working with partners we will enable citizens to find and sustain housing that meets their needs, continuing to deliver a housing programme to ensure a further 750 affordable homes are built. This year we launched our Street Intervention Team working with partners to help those on the streets in a time of crisis. We will continue to provide advice and assistance for residents to either help them remain in their existing home, or to access safe and suitable accommodation to help to prevent a crisis where possible.

We want Birmingham to be a great city to learn, work and invest in. We are committed to carrying out our Birmingham Development Plan, which sets out how we're going to grow the city's economy

BUDGET CONSULTATION 2018*

through economic development and regeneration, including the creation of 100,000 jobs and £4bn of infrastructure by 2031. We will look at how we can better use our property assets for community development, regeneration and investment. We want to make sure that every opportunity for redevelopment such as Birmingham Smithfield in the city centre, brings new jobs, new commercial space, and improved public transport. By investing in our young people we will prepare them to leave school with the skills they need, in particular supporting 14-19 year-olds at risk of disengaging from education and training.

We want Birmingham to be a great city to grow old in. We will work with health and community partners including voluntary, third sector and faith groups to focus on more personalised social care support, making the most of individual and community assets (such as community centres and leisure centres) so that vulnerable people can continue living independently in their communities for longer.

Through this consultation we want to hear your views on our latest budget, which includes some changes to the services we provide. There will be opportunities for you to ask us questions while this consultation is on-going, and we look forward to hearing your views. Despite ongoing challenges, Birmingham is a great city of opportunity and we want that to continue.



Councillor Ian Ward
Leader



Councillor Brigid Jones
Deputy Leader

How you can have your say

**The formal budget consultation for 2018+ closes
on 15 January 2018**

**To let us know what you think fill in our online
survey at www.birminghambeheard.org.uk**

**Or you can join the conversation online:
#BrumBudget18**

THE PURPOSE OF THIS DOCUMENT

This is the formal consultation document for the Council's 2018+ budget.

The consultation document sets out the overarching approach the Council is taking to meet the budget reductions and achieve the required savings for 2018+. You can give your views on these proposals by completing the questionnaire on Be Heard (details in section five below). These views will be fed back to Council Members to inform their decision on the budget in February 2018.

Please note this document sets out broad issues for the corporate consultation and the overall budget position. There will also be consultations on specific service proposals in early 2018, and implementation will be subject to the required governance process.

The rest of this document is arranged as follows:

SECTION ONE

Summarises the broad feedback we have gathered through the Council's budget consultations over the last four years.

SECTION TWO

Details the current financial position.

SECTION THREE

Details our journey so far in transforming the council and meeting the financial challenge and the further steps we intend to take.

SECTION FOUR

Summarises the savings proposals 2018+

SECTION FIVE

Details how you can have your say on these proposals.

ALTERNATIVE FORMAT?

If you would like a copy of this document in an alternative format, please email: budget.views@birmingham.gov.uk

SECTION 1

Feedback from previous consultations

FEEDBACK FROM PREVIOUS BUDGET PLANS AND PRIORITIES CONSULTATIONS

We have consulted about our plans, priorities and budget proposals over the last five years with our stakeholders: residents, communities, partners, organisations and businesses. We appreciate this valuable engagement and your input has directly informed our decision-making.

Through the budget consultations over the last five years there have been some broad, consistent messages, namely:

- Concern about ongoing cuts to services for vulnerable and disadvantaged people.
- Support for targeting resources at those most in need, so prioritising supporting vulnerable people—tackling inequality and deprivation; safeguarding children; and ensuring dignity for older people.
- Importance of prevention and early intervention to avoid acute situations for affected people which are very costly to services.
- Need for greater partnership planning and working, alongside concerns about outsourcing to the private sector.
- Partnership needs to focus on prevention, on public education and on encouraging citizen and business responsibility and social action.
- Environmental concern, including parks and open spaces, nature conservation, street cleaning and maintaining the public realm.
- Strong support for the city's cultural offer—museums and galleries, libraries and the arts.
- Enhanced communication, together with further integration of services and avoiding any duplication to deliver quality services.
- Support for greater collaboration across the city-region for strategic issues such as new housing and economic development.

Themes that emerged most frequently in terms of a broader vision were for a city that:

- Stands up for itself, where citizens have pride and dignity, have a sense of purpose and direction, and take responsibility.
- Is inclusive and with engaged communities providing for the needs of all its residents and protects and supports the most vulnerable.
- Is fairer and more equal.
- Has a strong community spirit where residents are informed and feel that they 'own' the city.
- Is a devolved city, where citizens have a say on local issues and services are democratically accountable.
- Values and provides education, training, employment and other opportunities for its young people.
- Through its active participation in the West Midlands Combined Authority (WMCA) as well its own advocacy for Birmingham, attracts investment and retains firms.
- Ensures investment benefits all parts of the city as well the city centre.
- Links into the digital economy where all can access the internet.

Key roles identified for the Council include:

- Providing strong but accountable political leadership and management at both a city-wide and local level.
- Encouraging community activity, particularly in areas where community organisation is weaker.
- Communicating good quality information in a way which makes sense to its citizens.
- Concentrating resources in areas where there is the greatest need, in partnership with others.
- Providing a 'one stop shop' for related requests for services in partnership with others, and investing in buildings where community groups can meet.

SECTION 2

Current financial position

CURRENT FINANCIAL POSITION

The City Council has always been heavily dependent upon Government grants to meet the costs of services, which has made it very vulnerable to cutbacks in those grants.

The Council has taken up the Government's offer of a minimum grant settlement for the period until 2019/20. This means that there is some certainty about the resources which will be available in the next two years.

However, beyond that there is significant uncertainty including:

Whether austerity will continue;

- What the Government will announce in the next Spending Review regarding plans for local government funding; and
- The impact of a 'fair funding' review being carried out by the Government on the distribution of local government funding – this is due to be implemented (at least in part) by 2020/21

At the same time as reductions in Government grant, the Council also faces pressures to spend more on services. These 'expenditure pressures' cover a range of costs, including the effects of inflation, and meeting increasing demand for adult social care services. It is expected that these pressures will require additional annual funding of £191m by 2021/22.

The Council has also undertaken a realistic assessment of its previous savings plans. In particular, whilst the Future Operating Model is expected to deliver savings in 2018/19, these will not be as great as previously planned. In cases where the assumptions underpinning the original proposals have changed or more detailed planning showed that there would be challenges with implementation, some of the original savings proposals have been replaced with new ones.

Planned cutbacks in core Government grants and other forecast changes mean that the Council expects to have to make savings of £111m per annum by the end of the next four year period.

Despite these challenges the Council's aim is to deliver a sustainable plan for future years. That is why the detailed information surrounding this consultation includes figures associated with our proposals on a four year basis.

BUDGET CONSULTATION 2018*

Inevitably, due to the scale of the financial challenge 2018/19 will be a transitional year where we start to put in place necessary changes, which will not take full effect until 2019/20 or later.

Our forecasts of future council tax include:

- An increase of 1.99% each year in council tax, and
- The continued take up of the ability to raise a 'Social Care Precept' by increasing Council Tax by a further 3% in 2018/19 to provide extra funding to meet costs of social care.

In common with the other Metropolitan District Councils in the West Midlands, we will continue to pilot a new system of 100% local retention of business rates from 2017/18 onwards. This means that all of the benefits of real terms business rates growth will, in future, be retained in the region.

Our forecasts of future council tax and business rates income have also been updated, and these are expected to provide an extra £117m each year by 2021/22.

Although the total 2017/18 Council expenditure is £3bn, a large proportion of our funding must be spent on specific services. For example, £713m of grant funding must be spent on school services, and another £550m is to reimburse the Council for meeting housing

benefit costs, and income from the provision of Council housing must be spent in providing that housing and related services £284m.

Other areas of spending, such as debt financing costs, are fixed and unavoidable. This means that only around a third of expenditure is directly controllable by the Council, and savings have to be made from this much smaller budget figure.

Taking all these factors together, the further savings that we now need to make (on top of the annual savings of about £642m that the Council has already made from 2010/11 up to 2017/18) are £111m, as summarised in the table below. This will mean total annual savings of £753m over the eleven year period.

We have previously consulted on some of the savings which are already included in the Council's financial plans including significant savings in the cost of 'back-office' services.

This consultation document concentrates on the newly identified proposals. These are shown in section 4 of this document. There are specific proposals totalling £8m and efficiency targets totalling £6m for 2018/19. By 2021/22, the savings from these new proposals rise to a total of £48m.

BUDGET CONSULTATION 2018*

The savings required can be summarised as follows:

	2018/19	2019/20	2020/21	2021/22
	£m	£m	£m	£m
Changes in corporate Government grants	27	39	38	37
Changes in Council Tax/Business rates and related grants	(71)	(78)	(98)	(117)
Expenditure pressures	98	133	151	191
SAVINGS REQUIREMENT	54	94	91	111
Savings in financial plan 2017+	(63)	(94)	(101)	(100)
Savings not delivered	23	40	36	35
Savings being consulted on	(14)	(27)	(39)	(48)
OTHER SOLUTIONS TO BE DETERMINED	0	13	(13)	(2)

NOTE: Numbers in the table have been rounded

The Council uses reserves to help the Council adapt to the financial challenge it faces and to provide a buffer against the risks associated with achieving the necessary level of organisation change and savings delivery. In these proposals, £20m of reserves are planned to be used in 2018/19 to help with the transition.

SECTION 3

Our priorities

CHALLENGES AND PRIORITIES—THE COUNCIL’S RESPONSE

Changing Birmingham

Great opportunity for our city goes hand-in-hand with great challenges. The most diverse major city in the UK outside London, almost half (46 per cent) of residents are under the age of 30. The city is thriving, its population (already over 1.1 million) will grow by 121,000 to 2031 as new businesses relocate here and existing communities grow. This makes affordable housing and homelessness a priority issue, with 89,000 new homes needed by then, but presently only land capacity in Birmingham for 51,000 of these. There are pressures however and waiting lists for social housing are already mounting. Poverty is highly concentrated in parts of the city, leading to wide disparity in life expectancy. 37% of Birmingham children live in poverty, with many affected by welfare cuts. The impact on the lives of many in the city is pictured below.

The national context

A growing and ageing population; social and lifestyle changes; widening cultural diversity and identity; intergenerational disparity; uneven urban growth; technological change; economic risk and social dislocation; and climate breakdown and environmental damage all pose major long-term challenges for local authorities.

The June 2017 election produced a minority government at Westminster, with the political system continuing to be preoccupied by Brexit. Low forecast economic growth and in particular the minimal future productivity growth anticipated in the November 2017 Budget underline pressure on tax receipts and consequently spending and borrowing stresses into the 2020s. Despite the headline housing investment, extra NHS spending and a range of regional infrastructure measures, the Budget did not provide extra resources for adult social care and children’s services, the greatest existing pressures on local government. Meanwhile the Local Government Association (LGA) has identified a £16bn reduction in

core funding from central to local government between 2010 and 2020.

Meeting the challenge

Our values and priorities mean we will work together for a city of growth in which every child, citizen and place matters.

We see the City Council’s role as providing strategic leadership for the city and ensuring the provision of decent services for all. We have a particular focus on supporting those least able to support themselves. We work with partners to take a ‘whole-system’ approach, with citizens and neighbourhoods at the heart of our decision making.

The landscape of local government is also changing in the wider West Midlands, with the creation of the Combined Authority in July 2016 and the election of the first Metro Mayor for the area in May 2017.

The challenge

Birmingham continues to wrestle with some deep-seated challenges...

OBESITY

25%
of 10–11 year olds
are obese



20% National
average

NOT SATISFIED

16%
of 15 year olds are
not satisfied with life

1 IN 3
CHILDREN LIVE
IN POVERTY



128,000

children (0–15 yr olds)
live in the bottom decile
households

10.8%

growth in number of
children aged 5–15
over the next 20 years
(2017–2037)

INFANT MORTALITY



7.9

Birmingham

3.9

National average

CYCLING

<1%



percentage of
children who cycle
to school

PHYSICAL ACTIVITY

(adults 19yrs+)

61.2%

Birmingham

64.9%

National



FUEL POVERTY

17TH

Out of 326 English local
authorities, Birmingham
ranks 17th for proportion
of fuel poor households



LIFE
EXPECTANCY

10.6yrs

less for men

8.2yrs

less for women



The difference between
most affluent and
most deprived areas

SOCIAL
CONTACT
>50%

More than half of adult carers would like more
social contact



This provides a new framework for collaboration between the seven metropolitan councils, including Birmingham. It also brings new ways to improve efficiency and deliver better outcomes, particularly in economic development, housing and transport but also in public services and administration and areas of shared concern such as air quality

Birmingham City Council has played an active part in the creation of these arrangements and will continue to work closely with our neighbours in the interests of the people of Birmingham and the wider West Midlands.

We continue to recognise the need to change our organisation radically to manage with far less money, deliver on new expectations and respond to key drivers of change.

This requires very different ways of working. We will ensure that we are working with our partners to make sure that where we are no-

longer able to provide direct services they are able to help. Linking in with groups focused on improving the local area and using the contribution of voluntary effort and the community we will look to support service provision in a different way. As a City Council we want to be more effective as a strategic leader in Birmingham, as we become smaller we need to be able to work better with others to deliver services when we might be able to.

Partnerships will become even more important and we will focus on empowering communities to contribute to the future of the city, so it is a place everyone feels connected to.

Our services will move from being overly bureaucratic to being flexible and will enable partners to work with our staff in delivering services wrapped around citizens' needs rather than our internal structure. We will actively plan our services around the needs of the city and aligned to demands to avoid unnecessary pressures, and to support citizens to be more independent.

SECTION 4

Savings proposals

SAVINGS PROPOSALS FOR 2018/19

We have previously consulted on some of the savings which are already included in the Council's financial plans including significant savings in the cost of 'back-office' services.

This consultation document concentrates on the newly identified proposals. There are specific proposals totalling £8m and efficiency targets totalling £6m for 2018/19. By 2021/22, the savings from these new proposals rise to a total of £48m.

		Latest Savings			
Service area	Summary of proposal	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Adult Social Care & Health					
Adult Packages of Care	<p>This proposal aims to:</p> <ul style="list-style-type: none">• Enable vulnerable people, such as those with learning disabilities or mental health problems, to access services in the community, e.g. homecare/day care, rather than being in residential care. It aims to meet needs locally, providing support close to home rather than out of area.• Help older people by working more effectively with the NHS, to avoid admissions to hospital in the future. This work coupled with the intention to move to Community focussed Social Care teams and investment in the community will improve older people's resilience and move to a 'last resort' scenario for residential services. The motto will be 'Home First'.• Increase income from charges to clients by introducing a range of new charges on services.	0.000	(5.500)	(13.000)	(20.500)

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Social Work Assessment & Care Management	<p>This proposal includes a restructure of the Social Work Assessment and Care Management Service which will increase the number of people reporting to individual managers (spans of control), further the moves to an asset-based assessment approach for citizens (focusing on what the citizen can do for themselves) and further the development of the community offer by working more closely with the third sector.</p> <p>The new approach will enable and empower people to develop and receive services in their own community by working closely with local GPs, communities and the Voluntary Sector. It is envisaged that a restructure will include increasing the span of control for the managers of the service and remodelling other services.</p> <p>The remodelling of the service will also include moving the specialist provision of Learning Disabilities and Mental Health into the Community Teams.</p>	(0.500)	(1.493)	(2.600)	(3.893)
Corporate Director	<p>The financial circumstances of Service Users eligible to receive care from the Council is assessed in line with Government Regulations, to work out what contribution they should make to the cost of their care.</p> <p>The Council raises bills to the Service Users to collect these contributions but some of these are not paid immediately. The Council uses a variety of means to collect these debts taking account of the circumstances of the Service Users. The Council will review the processes and methods used to ensure that the maximum amount of outstanding debt is collected.</p>	(0.350)	(0.350)	(0.420)	(0.420)

BUDGET CONSULTATION 2018*

Public Health	<p>It is proposed to re-direct discretionary aspects of the Public Health allocation into prevention and early intervention. This is in addition to the reductions of £4.78m planned for 2019/20 and beyond, which are due to forecast grant reduction.</p> <p>We are proposing the following changes to achieve this:</p> <ul style="list-style-type: none"> • Changing the school nursing service from a universal to targeted service (in 2018/19) • Further staffing redesign (2018/19), changes to the Young Persons substance misuse service (2019/20) • Stopping support to the financial advice service and the Young Persons homeless hub (2020/21) • Reducing the expenditure on the smoking/quit service and stopping the substance misuse homeless service (both from 2020/21). 	(1.600)	(2.360)	(3.860)	(2.850)
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BUDGET CONSULTATION 2018*

Specialist Care Services	<p>The proposal is to move away from institution based care to local community based activities.</p> <p>The Council will continue to provide and develop services that reduce the dependency on social care including Enablement (rehabilitation), Equipment, Home Adaptations and Occupational Therapy services. Through partnership, it will develop opportunities to reduce cost and improve effectiveness through integration with health.</p> <p>As the Day Opportunity strategy and model is developed with service users, this will reduce the reliance on building based care to reflect the changing needs of people. This will include further consolidation of younger adults day care as demand for this provision reduces. Support and access to meaningful activities such as employment will continue. Carers respite will continue and a greater range of options will be developed.</p> <p>We will review the use and cost effectiveness of our Care Centres and bed-based services in partnership with Health and the independent sector to ensure these services deliver best value. We will continue to develop alternatives to bed-based care and invest in Shared Lives and Homeshare to deliver alternative living arrangements that promote staying in the community and independence and have a lower average cost than Residential Care Placements.</p>	(1.058)	(3.176)	(4.233)	(4.233)
Adult Social Care & Health total		(3.508)	(12.879)	(24.113)	(31.896)

BUDGET CONSULTATION 2018*

		Latest Savings			
Service area	Summary of proposal	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Children & Young People (exc Trust)					
Education Psychology	This proposal involves the removal of the joint head of service post across the Access to Education and Education Psychology teams, plus an additional post from the Educational Psychologists team. In addition the service is working to develop a more commercial model of service to sell to other organisations and work is beginning to identify areas where investment may be needed to grow the business further to increase revenue.	(0.100)	(0.100)	(0.100)	(0.100)
CityServe	<p>There are three components to CityServe. These are Catering, Cleaning and Caretaking. Catering is the only service that is profitable. The proposal is to:</p> <ul style="list-style-type: none"> Expand the education catering business beyond Birmingham borders, as well as working up a trading model (CityServe select) that supports clients who choose to provide school meals 'in-house'. Stop the caretaking business and the cleaning business. 	(0.050)	(0.237)	(0.437)	(0.437)
School Setting / Improvements	<p>This service delivers school improvement support as well as oversight of school governance; and safeguarding. It also covers a range of activity involving support to Head Teachers; data intelligence; legal compliance and Post 16 Provision.</p> <p>This proposal involves reducing expenditure on areas such as: IT, data and performance management, HR support and some commissioned contracts. Safeguarding and governance have been protected.</p>	(0.246)	(0.246)	(0.246)	(0.246)
School & Governor Support	School and Governor Support (S&GS) is a traded service that provides professional support and advice to schools and academies. The service also carries out statutory duties on behalf of Birmingham City Council.	(0.020)	(0.020)	(0.020)	(0.020)

BUDGET CONSULTATION 2018*

	This proposal involves reviewing the current subscription model for the service.				
Schools Financial Services	<p>The service aims to reduce financial risk to Birmingham City Council by undertaking a monitoring role to ensure that financial probity, governance and accountability for the use of public funds in maintained schools is being properly managed.</p> <p>As a traded service, it generates income to meet annual targets through the offer of financial support services to maintained schools and academies. Schools Financial Services has been a trading service since 1996 and 85% of maintained schools buy financial support service packages that enable the income target to be achieved as well as generating surpluses of approx. £200k.</p> <p>The proposal is to reduce staffing of the service by one member of staff.</p>	(0.035)	(0.035)	(0.035)	(0.035)
Children & Young People (exc Trust) Total		(0.451)	(0.638)	(0.838)	(0.838)

BUDGET CONSULTATION 2018*

		Latest Savings			
Service area	Summary of proposal	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Place					
Sport & Events	<ol style="list-style-type: none"> 1. Cease contributions to the cyclical maintenance reserve for Harborne Pool. Places for People who operate Harborne Pool on behalf of the council have an obligation under their full repairing lease to carry out cyclical maintenance therefore this contribution by the Council is no longer required. 2. The Harborne pool operating model has recently been granted 80% business rate relief. This will therefore release monies set aside under the Council's premises budget to cover rates. 	(0.170)	(0.170)	(0.170)	(0.170)
Parks and Nature Conservation	It is proposed to accelerate the commercialisation of parks and look at a wide range of options which could include (for example) land trains, adventure golf, high ropes, and car parking charges.	(0.200)	(0.400)	(0.400)	(0.400)
Bereavement Services	<ol style="list-style-type: none"> 1. Stop providing contracted services for organists. Families will need to book an organist through a funeral director. 2. Implement transfer fee for 're-opens'. This will normally be for the purpose of re-opening an existing grave either where there has been a previous burial or where the exclusive rights of burial have been pre-purchased in reserve and is being used for the first burial and the owner of the burial right is deceased. 3. Re-negotiate medical referees fee. 4. Increase burial and cremation fees by 3%. 	(0.383)	(0.383)	(0.383)	(0.383)
Engineering & Resilience Services	<ol style="list-style-type: none"> 1. Delete a (vacant) post in the Resilience Team. 2. Charge external third parties for use of our CCTV service, to bring in additional income to the control centre. 	(0.098)	(0.098)	(0.098)	(0.098)

BUDGET CONSULTATION 2018*

	3. Stop the use of consultants, and recruit a permanent post for the statutory role related to planning applications in the flood risk management team. Government grant is provided for this.				
Register Office	Increase fees that are not set by law. This includes enhanced wedding/civil partnership ceremonies in the ceremony rooms; and weddings at approved premises where two registrars must attend.	(0.172)	(0.172)	(0.172)	(0.172)
Waste Prevention	It is proposed to combine the current waste prevention team with the redesigned waste prevention service within waste management. This allows for a whole place approach and delivers economies of scale by moving the current waste prevention team back into Waste Management to work alongside the new roles. This will enable taskforce activity alongside the daily work/activity of the Waste and Recycling Collection Officers in the new role to maximise the outcomes required, increase recycling and reduce domestic waste.	(0.110)	(0.165)	(0.165)	(0.165)
Neighbourhoods & Communities - Libraries	Charging for reserving books. This is where residents/library members are seeking to borrow an item (e.g. book, CD) not available in their local library. This may be because it is already out on loan or is held at a library elsewhere in the city. The item is then obtained and made available for collection at their local library. It can also be returned to their local library.	(0.017)	(0.017)	(0.017)	(0.017)
Neighbourhoods & Communities - Youth Service	<p>The proposal is as follows:</p> <ul style="list-style-type: none"> • Retain current Youth Centres • Retain match funding for city wide European Social Fund (ESF) bid supporting young people • Deliver the £630k pressure through: <ul style="list-style-type: none"> ○ £450k an increased contribution from ESF bid ○ £150k if pilot work on 'Return Home Interviews' is successful and the Youth Service secures this work going forward ○ £30k other income streams such as the Youth Participation/Your Voice funding <p>To deliver the above ultimately requires positive decisions from within the City Council:</p>	(0.100)	(0.100)	(0.100)	(0.100)

BUDGET CONSULTATION 2018*

	<ul style="list-style-type: none"> Seeking to increase the allocation of work to the youth service from the ESF bid from £300k to £450k (Economy) The Youth Service pilot being successful and then being Commissioned by Children's to carry out the work when the current contract ceases That Commissioning/Public Health continue funding the Youth Participation work in 2018/19 <p>In addition to meeting the £630k pressure a further £100k general efficiency is delivered by the service.</p>				
Neighbourhoods & Communities – Community	Progress the closure and disposal of Newtown Community Centre and retain the revenue value of the capital receipt to deliver savings; transfer responsibility for the Friends Institute Trust for which BCC is Custodian Trustee to a third party; and let Coronation Play Centre to an external not-for profit organisation.	(0.040)	(0.120)	(0.120)	(0.120)
City Centre Management	Charge businesses for a licence to display A Boards (outdoor advertising boards) on the city centre public highway.	(0.030)	(0.030)	(0.030)	(0.030)
Housing Options	Stop using Bed & Breakfasts to provide Temporary Accommodation for households. Instead, use other (less costly) options, such as properties leased from private sector landlords and council-owned properties.	0.000	0.000	(0.500)	(1.009)
Shelforce	<p>Shelforce manufacture PVCu windows and doors, and supply these to the construction companies contracted to replace windows and doors for the council's social housing. Our employment model is to support people furthest from the employment market while having a totally integrated work force, and currently 75% of Shelforce's workforce have disabilities.</p> <p>The proposal is to increase its trading activity to generate more income. This includes providing windows and doors to existing social housing and new housing built through the Birmingham Municipal Housing Trust.</p>	0.000	(0.050)	(0.050)	(0.050)
Place Total		(1.320)	(1.705)	(2.205)	(2.714)

		Latest Savings			
Service area	Summary of proposal	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Economy					
Birmingham Property Services	Manages the Council's operational property portfolio. This proposal is to reshape and reduce staff capacity by 10%. This will mean reducing some areas of current activity - including the management of operational buildings and support the team provides in ensuring vacant possession of assets is obtained prior to disposal.	(0.173)	(0.231)	(0.231)	(0.231)
Employment Services	<p>Employment Services deliver the following.</p> <ul style="list-style-type: none"> • Employment Access - supports businesses to recruit unemployed job seekers from deprived parts of the city. This function also brokers the support provided by employers for young people in respect of Youth Promise Plus activities. • Youth Employment - reduces the number of young people Not in Employment Education and Training (NEETs) including delivery of 'Youth Promise Plus' - a European funded project. • This proposal intends to make a saving by removing 1.8 FTE vacant posts from the staffing and delivering the remaining balance by recharging permitted delivery costs to externally-funded projects. <p>This would:</p> <ul style="list-style-type: none"> • Retain the necessary resources to manage and deliver the current Youth Promise Plus project • Maintain the necessary staffing levels to draw together a further £23m to deliver employment schemes for low skilled adults and young people not in employment, education and training. 	(0.114)	(0.114)	(0.114)	(0.114)

BUDGET CONSULTATION 2018*

Housing Investment & Development	The proposal is to reduce the level of support to monitoring of housing association development activity.	(0.005)	(0.005)	(0.005)	(0.005)
Business Enterprise & Innovation	<p>Business Development and Innovation's (BDI) delivery model competes on a national and regional basis for grant funding for the region which requires City Council revenue match funding as a minimum. As the Accountable Body it uses the staff salary match funding to generate - on average - 55% of its income.</p> <p>A reduction in revenue budget for match-funding will reduce the ability to generate an equivalent sum in match-funding to deliver new programmes. The reduction is equivalent to two existing Grade 5 vacant posts which will be designated as 'self-funding' in the organisational structure and only recruited to in the event of new funding being identified.</p>	(0.105)	(0.105)	(0.105)	(0.105)
West Midlands Growth Company [Marketing Birmingham]	<p>The WMGC has a contractual relationship with the Council for the period 2017/18 to 2019/20 to deliver services in respect of promoting the city's visitor economy and supporting the city's economy and occupier offer by attracting additional businesses to relocate to the city.</p> <p>The proposal is as follows:</p> <ul style="list-style-type: none"> • Either end financial support for visitor economy or occupier attraction services from 2018/19. • Continue financial match support for WMGC's European Regional Development Fund (ERDF) Investing in Greater Birmingham project up until 2018/19. • Continue financial support for developing / delivering tourist information services at the Library of Birmingham. • Continue funding the annual contribution for pre-existing pension fund liabilities. 	(0.227)	(0.576)	(0.576)	(0.576)

BUDGET CONSULTATION 2018*

Planning & Development	<p>The service involves the following.</p> <ul style="list-style-type: none"> • Planning Management – determination of planning applications; planning appeals; enforcement; city design and conservation. • Development Planning – development and delivery of planning frameworks; compulsory purchase orders. • Policy and Programmes – production and monitoring of planning, transport and economic policy; programme management and bids for transport funding. • Corporate Director and Graduate & Apprenticeships programme <p>The Proposal is to cut 20% of the budget but to minimise impact on performance and delivery (especially around the priority areas of housing and jobs) with savings delivered by reducing headcount at senior management level (deletion of the Head of Planning Management and Householder Planning Manager roles), and reducing structure funding for a defined number of vacancies.</p>	(0.333)	(0.333)	(0.333)	(0.333)
Transportation & Connectivity	<p>The service includes:</p> <ul style="list-style-type: none"> • Infrastructure Delivery: Design, procurement and on-site delivery of the Transportation Capital Programme; Department for Transport Major Projects (£110m); Local Growth Fund (£35m), High Speed 2 (HS2) Connectivity Package (£1.2bn); Cycling (£20m); Public Realm (£20m); Management of private developments S278/S38 (£5m); • Project Delivery: Major regeneration projects and programme management office (e.g. Battery Park, Smithfield, Snow Hill); • Travel and Behaviour Change: Road safety education; safer routes to schools; sustainable transport; Birmingham Connected messaging around major developments and network disruption to influence people to change travel methods 	(0.213)	(0.300)	(0.300)	(0.300)

	<ul style="list-style-type: none"> • Traffic Management: Development control; compliance with Traffic Management Act and network management duties; managing works on the highway; traffic regulation orders, street works coordination, permit scheme and HS2 construction; • Statutory Information: maintenance of statutory planning and highways registers, street addressing; and • The Council's contribution to the WMCA Transport Levy totals £47.667m in 2017/18 <p>We will class Traffic Management Approvals as a fundamental part of delivering the projects and as such we will include the associated costs within the overall project cost, subsequently funding them from capital as a part of the project implementation cost.</p> <p>An increased recharge target (60%) for the Head of Traffic Management will be applied along with a 20% target for the Assistant Director. In addition, activities in the Travel and Behaviour Change team relating to broader community engagement, schools, road safety and sustainable energy promotion would be scaled down.</p>				
Property Strategy	The proposal is to provide additional income from the Council's commercial property portfolio.	0.000	(0.500)	(1.000)	(1.000)
Economy Total		(1.170)	(2.164)	(2.664)	(2.664)

BUDGET CONSULTATION 2018*

		Latest Savings			
Service area	Summary of proposal	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Strategic Services					
Commissioning and Procurement - Business and Commercial Development Team	This service generates income from contract management and advertising on Council land and property. The proposal is to generate more income through re-negotiation and/or re procurement of existing contracts and reduce headcount through voluntary redundancy.	(0.328)	(1.028)	(1.165)	(1.245)
Benefits	<p>The Council's Benefit Service administers the Local Welfare Provision payments that enable the Council to provide financial support for vulnerable people in the city who find themselves in financial crisis.</p> <p>The proposal is to reduce local welfare provision in community support grants as it is currently within this area of Local Welfare provision that 90% of the available funds are utilised. This will leave crisis support untouched.</p>	(0.500)	(0.500)	(0.500)	(0.500)
Customer Services Citizens' Voice	The Citizens' Voice Team have transferred to Customer Service in the recent transfer of support staff into Strategic Services. The team consists of 14 staff (13 FTE). Following the corporate redundancy trawl five staff (4.75 FTE) successfully applied for voluntary redundancy. All had a final day of 31 October 2017. The engagement activities undertaken by the team are under review with Adult Social Care to ensure they best meet the needs of Citizens and Adult Social Care service users with changes to be implemented during 2018.	(0.268)	(0.268)	(0.268)	(0.268)
Strategic Services Total		(1.096)	(1.796)	(1.933)	(2.013)

BUDGET CONSULTATION 2018*

		Latest Savings			
Service area	Summary of proposal	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Corporate					
Efficiency	Services will be required to adopt a range of efficiency measures in order to deliver services at a reduced cost.	(5.665)	(5.665)	(5.665)	(5.665)
Commercialisation	Developing a more commercial mind-set in the Council's approach to services.	(1.000)	(2.000)	(2.000)	(2.000)
Corporate Total		(6.665)	(7.665)	(7.665)	(7.665)
Total Directorate Savings Proposals		(14.210)	(26.847)	(39.418)	(47.790)

SECTION 5

How you can have your say on these proposals

HOW TO HAVE YOUR SAY

The formal budget consultation for 2018+ closes on 15 January 2018:

To let us know what you think fill in our online survey at www.birminghambeheard.org.uk

If you would like to request a paper copy of the survey please email:
budget.views@birmingham.gov.uk

Or write to: Budget Views, Room M49, the Council House,
Victoria Square, Birmingham B1 1BB.

You can also attend the public meeting on:

- Wednesday, 10 January 2018
6.00pm to 8.00pm in the Council House
Victoria Square
Birmingham B1 1BB.

To book your place, visit: birmingham.gov.uk/brumbudget18

We cannot respond individually to comments made but all views will be recorded and incorporated into a full report to be taken into consideration when councillors take their decisions on Birmingham's budget.

Please note that this document is part of the corporate consultation and the overall budget proposals. Consultation with specific groups of service users is also taking place where appropriate.

The immediate process for taking forward these proposals will be to carry out consultation with employees, members of the public and other stakeholders as appropriate whilst service led equality impact assessment will take place with reference to each proposal. All the information will be available to the council's decision makers in order to ensure that they are fully informed of relevant concerns prior to decisions being made.

ALTERNATIVE FORMAT?

If you would like a copy of this document in an alternative format, please email: budget.views@birmingham.gov.uk



Health and Social Care Overview & Scrutiny Committee 2017/18 Work Programme

Committee Members:

Cllr Uzma Ahmed
Cllr Deirdre Alden
Cllr Sue Anderson
Cllr Mick Brown

Chair: Cllr John Cotton

Cllr Jayne Francis
Cllr Andrew Hardie
Cllr Kath Hartley
Cllr Simon Jevon

Cllr Karen McCarthy
Cllr Rob Pocock
Cllr Sharon Thompson

Committee Support:

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

Committee Manager: Paul Holden (464 4243)

Schedule of Work

Meeting Date	Committee Agenda Items	Officers
20 th June 2017 Send out – 8 June 2017	Formal Session Appointments to Deputy Chair and Joint HOSCs CCG Transition Update Mental Health Recovery and Employment Consultation	Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG / Rhod Mitchell, Chair, Birmingham and Solihull Health Commissioning Board / Dr Andrew Coward, Chair, Birmingham South Central CCG / Natalie Penrose, NHS England Dario Silvestro, Commissioning Manager, Mental Health Joint Commissioning Team / Tom Howell, Senior Strategic Mental Health Commissioner, Joint Commissioning Team.



20 th June 2017	Informal Session Briefings and Background Documents	<p>Carol Herity, Associate Director of Partnerships / Gemma Coldicott, Senior External Communications & Engagement Manager, CrossCity CCG</p> <p>John Denley, Assistant Director, Commissioning Centre of Excellence</p> <p>Graeme Betts, Interim Director of Adult Social Services</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>
18 th July 2017 Send out – 6 July 2017	<p>Forward Thinking Birmingham: One Year On</p> <p>Proposals for the use of the Improved Better Care Fund (IBCF)</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> Adults Service Scorecard 2017/18 – Month 2 	<p>Elaine Kirwan, Associate Director of Nursing, Forward Thinking Birmingham</p> <p>Margaret Ashton-Gray, Head of City Finance</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>
2 nd August 2017 Send out – 25 July 2017	Paediatric Surgery at the Royal Orthopaedic Hospital	Kieren Caldwell, NHS England



<p>19th September 2017</p> <p>Send out – 7 September 2017</p>	<p>Delayed Transfers of Care – Position Statement</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> • Carers Survey • Delayed Transfers of Care (dashboard) • Adults Services Scorecard 2017/18 	<p>Graeme Betts, Interim Director of Adult Social Services; Paul Jennings, Interim CEO, CCGs; Karen Richards, Associate Director, CrossCity CCG; Andrew McKirgan, Director of Partnerships, UHB.</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>
<p>17th October 2017</p> <p>Send out – 5 October 2017</p>	<p>Paediatric Surgery at the Royal Orthopaedic Hospital</p> <p>Birmingham Substance Misuse Recovery System (CGL)</p> <p>Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> • Adult Services Scorecard 2017/18 – Month 4 	<p>Kieren Caldwell, NHS England</p> <p>Max Vaughan, Head of Service, Universal and Prevention</p> <p>Dennis Wilkes, Assistant Director, Public Health</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>
<p>21st November 2017</p> <p>Send out – 9 November 2017</p>	<p>Sustainability & Transformation Partnership Update</p> <p>Cabinet Member for Health and Social Care</p> <p>Update on Delayed Transfers of Care</p>	<p>Dame Julie Moore, BSol STP Lead; Andrew McKirgan, Director of Partnerships, UHB; Graeme Betts, Interim Director of Adult Social Services.</p> <p>Suman McCartney, Cabinet Support Officer</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>



<p>21st November 2017</p> <p>Send out – 9 November 2017</p>	<p>Adult Social Care Performance</p> <ul style="list-style-type: none"> • Service Users Survey • Adult Services Scorecard 2017/18 – Month 5 <p>Birmingham Safeguarding Adults Report 2015-17</p>	<p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p> <p>Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board</p>
<p>19th December 2017</p> <p>Send out – 7 December 2017</p>	<p>Budget Consultation 2018/19</p> <p>Local Performance Account 16/17</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> • Adult Services Scorecard 2017/18 – Month 6 <p>Tracking of the 'Living Life to the full with Dementia' Inquiry</p> <p>Tracking of the 'Homeless Health' Inquiry</p>	<p>Graeme Betts, Interim Corporate Director of Adult Social Services</p> <p>Clare Reardon, Intelligence Manager – Commissioning</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p> <p>Mary Latter, Joint Commissioning Manager Dementia</p> <p>John Hardy, Commissioning Manager</p>
<p>23rd January 2018</p> <p>Send out – 11 January 2018</p>	<p>Public Health in Policy Decisions: Air Quality</p>	<p>Councillor Barbara Dring, Chair of Licensing & Public Protection; Councillor Paulette Hamilton, Cabinet Member for Health & Social Care; Councillor Mike Sharpe, Chair of Planning; Councillor Stewart Stacey, Cabinet Member for Transport & Roads; Councillor Lisa Trickett, Cabinet Member for Clean Streets, Recycling and the Environment.</p>



<p>23rd January 2018</p> <p>Send out – 11 January 2018</p>	<p>Budget 2018/19</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> Adult Services Scorecard 2017/18 – Month 7 	<p>Councillor Paulette Hamilton, Cabinet Member for Health & Social Care.</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>
<p>20th February 2018</p> <p>Send out – 8 February 2018</p>	<p>Birmingham Changing Futures Together</p> <p>Birmingham Sexual Health Services, Umbrella (UHB)</p> <p>Local Authority Social Services and National Health Service Complaints Annual Report for 2016/17</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> Adult Services Scorecard 2017/18 – Month 8 	<p>Natalie Allen, Programmes Director.</p> <p>Max Vaughan, Head of Service, Universal and Prevention</p> <p>Fran Zain, Commissioning Manager</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>
<p>20th March 2018</p> <p>Send out – 8 March 2018</p>	<p>Forward Thinking Birmingham</p> <p>West Midlands Ambulance Service</p> <ul style="list-style-type: none"> General Trust Overview Operational/Clinical Performance Update <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> Adult Services Scorecard 2017/18 – Month 9 	<p>Elaine Kirwan, Associate Director of Nursing, Forward Thinking Birmingham</p> <p>Diane Scott, Deputy CEO</p> <p>Nathan Hudson, General Manager Birmingham Division</p> <p>Mark Docherty, Director of Nursing, Quality and Clinical Commissioning</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p>



24 th April 2018 Send out – 12 April 2018	Adult Social Care Performance <ul style="list-style-type: none">• Adult Services Scorecard 2017/18 – Month 10	Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence
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Items to be scheduled in Work Programme

- Youth Promise Plus – Young People with Learning Disabilities
- Birmingham Business Charter for Social Responsibility – Employment/training offered to people with learning/physical disabilities
- Joint Commissioning arrangements and Accountable Care Organisations
- Outcomes from Mental Health Recovery and Employment procurement process (February 2018)
- Wellbeing Services – Steve Hollingworth
- Social Work Community Model
- Spit Guards – West Midlands Police
- Re-commissioning of Advocacy Services – Charles Ashton-Gray
- Shared Lives (February/March)
- Birmingham Substance Misuse Recovery System (CGL) – Max Vaughan (October 2018)
- Early Years Update re Childhood Obesity – Dennis Wilkes (June 2018)
- Paediatric Surgery at the Royal Orthopaedic Hospital (January/February 2018)
- Birmingham Adult Safeguarding Board Interim Report (May/June 2018)



Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Deirdre Alden, Sue Anderson, Jayne Francis and Kath Hartley	
Meeting Date	Key Topics	Contacts
12 th July @ 2.00pm in Sandwell	<ul style="list-style-type: none"> Prescriptions and Medicines Consultation 	Dr Gwyn Harris, Clinical Lead for Medicines Quality; Liz Walker, Head of Medicines Quality, SWBCCG
28 th September@ 2.00pm in Birmingham Send out – 20 September 2017	<ul style="list-style-type: none"> Update Report on the Midland Metropolitan Hospital Place Based Model of Care Oncology Services at Sandwell General Hospital 	Alan Kenny, Director of Estates and New Hospitals, Sandwell and West Birmingham Hospitals Andy Williams, Accountable Officer, SWBCCG Toby Lewis, Chief Executive, SWB Hospitals NHS Trust
30 th November @ 2.00pm in Sandwell Send out – 22 nd November 2017	<ul style="list-style-type: none"> Oncology Services at Sandwell General Hospital 	Toby Lewis, Chief Executive, SWB Hospitals NHS Trust; Catherine O'Connell, Regional Director, Specialised Commissioning, NHS England
25 th January @ 2.00pm in Birmingham	<ul style="list-style-type: none"> Oncology Services at Sandwell and West Birmingham <ul style="list-style-type: none"> Solid Tumour oncology services Gynae-oncology services Changes to APMS GP Contracts Urgent Care/Walk-In Centre 	Catherine O'Connell, Regional Director, Specialised Commissioning, NHS England Jayne Salter-Scott, Head of Engagement & Communication, SWBCCG Jayne Salter-Scott, Head of Engagement & Communication, SWBCCG



TBA	<ul style="list-style-type: none">• Place Based Model of Care (Jan/Feb 2018)• Black Country STP Update• Update report on Midland Metropolitan Hospital (TBA)	<p>Andy Williams, Accountable Officer SWBCCG</p> <p>Andy Williams, Accountable Officer SWBCCG</p> <p>Alan Kenny, Director of Estates and New Hospitals, SWB Hospitals NHS Trust</p>
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Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Uzma Ahmed, Mick Brown, Andrew Hardie, Simon Jevon, Rob Pocock and Sharon Thompson	
Meeting Date	Key Topics	Contacts
27 th July at 5.00pm in Birmingham	<ul style="list-style-type: none"> University Hospital Birmingham/HoEFT Merger Birmingham and Solihull CCGs: Proposed Merger Update:- <ul style="list-style-type: none"> Risk Register for the merger Transparency and clarity around the budget implications for Birmingham and Solihull 	<p>Dame Julie Moore, Interim Chief Executive, HoEFT / Jacqui Smith, Chair, HoEFT</p> <p>Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG</p>
30 th August at 6.00pm in Solihull	<ul style="list-style-type: none"> Birmingham and Solihull CCGs Proposed Transition Post Consultation Outcomes Birmingham and Solihull Mental Health Trust performance and planned service changes – feedback from CQC Inspection 	<p>Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG</p> <p>John Short, Chief Executive, BSMHFT</p>
10 th January at 5.00pm in Birmingham Send out – 2 January 2018	<ul style="list-style-type: none"> University Hospitals Birmingham/Heart of England NHS Foundation Trust Merger Update Birmingham and Solihull CCGs Proposed Transition Update NHS Procedures of Lower Clinical Value – next suite of indicators 	<p>Dame Julie Moore, Interim chief Executive, Heart of England NHS Foundation Trust (HoEFT); Jacqui Smith, Chair, HoEFT</p> <p>Paul Jennings, Interim CEO, BSol CCGs; Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG</p> <p>Neil Walker, Chief Contracting & Performance Officer</p>
TBA	<ul style="list-style-type: none"> Sustainability & Transformation Plan Update:- <ul style="list-style-type: none"> Public engagement and involvement Multi-Speciality Providers Governance and leadership Birmingham and Solihull Mental Health Trust – Update from CQC Inspection 	<p>Kathryn Hudson, BSol STP Programme Director</p> <p>John Short, Chief Executive, BSMHFT</p>



CHAIR & COMMITTEE VISITS		
Date	Organisation	Contact
6 TH September 2017 @ 10.30am – CANCELLED To be rearranged	Modality Partnership – GP led NHS vanguard site developing a new Multi-speciality Community Provider (MCP) model of care	Dr Naresh Rati, Executive Director, Modality
TBA	District Neighbourhood Challenge – Dementia. Visit to Sutton Coldfield District.	John Mole, District Community Support and Development Unit

INQUIRY:	
Key Question:	
Lead Member:	
Lead Officer:	
Inquiry Members:	
Evidence Gathering:	
Drafting of Report:	
Report to Council:	
Councillor Call for Action requests	

Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee			
Item no.	Item Name	Portfolio	Proposed date
003259/2017	Birmingham Domestic Abuse Prevention Strategy 2017-2020	Health & Social Care	12 Dec 17
004342/2017	Birmingham Homelessness Prevention Strategy 2017+	Health & Social Care	12 Dec 17
004376/2018	Day Opportunity Strategy Development	Health & Social Care	24 Jan 18