BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 11 FEBRUARY 2020 AT 10:00 HOURS
IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

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

2 **DECLARATIONS OF INTERESTS**

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

3 **APOLOGIES**

To receive any apologies.

4 **ACTION NOTES/MATTERS ARISING** **3 - 8**

To confirm the action notes of the meeting held on 21st January 2020.

5 **IN-HOUSE ENABLEMENT SERVICE REVIEW - EVIDENCE GATHERING** **9 - 44**

Mark Astbury, Interim Adults Business Partner, Finance; Loretta Crow, HR Officer; Ian James, Independent Adviser to HOSC; Caroline Johnson, UNISON and Afsaneh Sabouri, Head of Enablement Service.

6 **WORK PROGRAMME - FEBRUARY 2020** **45 - 54**

For discussion.

7 **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).

8 **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.

9 **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 January 2020, Committee Room 6 – Actions

Present:

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

Also Present:

Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board

Colin Graham, Associate Director, Clinical Governance, Birmingham Community Healthcare NHS Foundation Trust

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Asif Mansoor, Business Manager, Birmingham Safeguarding Adults Board

Andrew McKirgan, Director of Partnerships, University Hospitals Birmingham NHS Foundation Trust

Gail Sadler, Scrutiny Officer

Mike Walsh, Service Lead - Commissioning

---

1. NOTICE OF RECORDING

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

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

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

None.

4. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 17th December 2019 were agreed.

The following matters have arisen since the committee last met:

- The Day Opportunities Strategy

  An informal briefing on the proposed strategy, that will be presented to Cabinet on 11th February 2020, will follow this meeting.

- The Birmingham STP and West Birmingham

  The Chairman confirmed that he had attended a round table event on 14th January 2020 with representatives from Birmingham and Solihull CCG and Sandwell and West Birmingham CCG to discuss how to progress the situation in a practical way. HOSC will receive a report in late Spring.

- NHS Long Term Local Plan – Healthwatch Birmingham

  Andy Cave is liaising with Healthwatch England to provide a response on the number of respondents to the survey compared with other core cities.

- Budget Consultation 2020+

  Information regarding the Adaptations budget is yet to be received.

- Public Health Grant Budget Update

  Committee members were asked to identify any gaps in the contract overview document and report to Scrutiny Officers. The Chairman confirmed that no such requests for further information had been received.

5. BIRMINGHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/19

Cherry Dale (Independent Chair of the Birmingham Safeguarding Adults Board) and Asif Mansoor (Business Manager, Birmingham Safeguarding Adults Board) presented the report, setting out: -

- The purpose, role and statutory duties of the Board.
- Key achievements by the Board and its partners in 2018/19.
- How work of the Board is measured through the Scrutiny and Assurance model.
- Safeguarding Adults Concerns Data.
- Future priorities for 2019/20.

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

- The data highlighted a significant increase in the number of concerns reported over the last 5 years especially those single, aged, vulnerable residents living in their own homes. Members were assured that, despite budget cuts which have impacted on both statutory and non-statutory services, the focus of the Board is definitely on those most vulnerable people. The aim of the Board is that all people in Birmingham can live free from harm and neglect.
- Concern was raised about the response rate to carers queries from the Forward Carers Hub which, in some cases, may take several months.

- Highlighted as an issue was a lack of communication between local authorities where potentially vulnerable people are moving to Birmingham from another local authority and are residing in non-regulated properties.
- The increase in the number of safeguarding concerns being reported may, in part, be due to several awareness campaigns.
- The Board works in a number of ways to support the homelessness agenda. The board helped to develop the strategy and promote it and raising awareness of actions within the strategy. The Board, working with organisations who are dealing with the homeless, can seek assurance that all safeguarding practices are up to date.
- Responding to a query regarding abuse at home, members were told that the Board is working close with self-funders and people using Direct Payments to provide training and advice about recruiting people to work with them at home.

RESOLVED:

- Cherry Dale to: -
    - enquire and seek assurance from Forward Carers Hub about their response rate to queries.
    - forward a copy of the Non-Regulated Accommodation report and a brief note on progress to date for circulation to the committee.
- The Chairman suggested that an item for next year's work programme might be to conduct a review with Housing and Neighbourhoods O&S on 'Health implications for people living in non-regulated accommodation'.

6. EARLY INTERVENTION PROGRAMME

Andrew McKirgan (Director of Partnerships, UHB) and Mike Walsh (Service Lead – Commissioning) gave an overview of the work that had been undertaken over the last 12 months as part of the Early Intervention Programme. This included a diagnostic of how older people flow through the care system and, in particular, through hospital and how this impacted on outcomes for those patients.

Early Intervention Community Teams will be rolled-out city-wide over the coming months.

What the governance model will look like is still to be determined.

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

- Highlighted was the lack of intermediate beds available in Birmingham and being able to move patients out of acute beds is a priority. It was acknowledged that in the past there have not been home-based services available and have been over reliant on intermediate beds. The emphasis now is to get patients home with the right integrated home-based care to support this. As a result, better use of intermediate beds for those patients

who require them. The challenge is turning a system model into an operating model.

- The integrated approach to intermediate care has 3 elements which overlap providing home-based care with the right community assets and support to address social isolation.
- Early data on successful outcomes shows that people are not being re-admitted after being discharged but there is a need to get a broader understanding of outcomes for those patients on a longer-term basis.
- There is an ongoing piece of work with Solihull Council around those residents who live on the border with Solihull whose discharge from hospital relies on assessments being carried out by Solihull Council social workers.
- The focus going forward is to put commissioning and contracting arrangements in place for the new model. The Local Authority and CCGs will jointly commission Early Intervention. Alliance arrangements will need to be put in place for the providers joint working arrangements.
- It is intended to roll out services initially through existing contractual arrangements.
- Regarding financial implications, there will need to be understanding of what the financial envelope is and reconfigure it across the system. The intention is for this to be cost neutral.
- The Chair and other members commended the EI initiative as a very positive development in delivering more effective adult social care, and especially the enthusiasm shown by staff of all participating agencies in this prototype for the new arrangements.

RESOLVED:

- The report was noted.

7. BEST CARE: HEALTHY COMMUNITIES

Colin Graham (Associate Director, Clinical Governance, Birmingham Community Healthcare NHS Foundation Trust) highlighted some key facts and gave an overview of the services delivered by BCHC. He further went on to appraise members on the following: -

- Outcome of the CQC Inspection 2018.
- The Vision of the Trust – the values had been chosen by staff.
- Priorities for 2019/20.
- Issues facing Children's Services.
- Future plans and priorities for 2020/21.
- Objectives for 2020/21: -
    - Empower staff on the ground to embed quality improvement.

- Clinical outcomes – measure how successful care has been.

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

- Children's Services rated inadequate in 2018 CQC Inspection received a S29A Warning Notice (5 areas of action). Members were told that by January 2019 the CQC was satisfied that actions had been taken and achieved to address 4 areas. One area, Health Visiting, despite undertaking work to address the area of concern, had not changed.
- It was suggested that going forward a Hub where there is a specialist multi-disciplinary team who have knowledge of working with people with learning difficulties may improve health outcomes.
- Clarity sought on statement on 'maintaining safe staffing levels' despite sickness and vacancy levels. Members were told that a tool was used to measure where there may be staffing issues. Have also had to use more bank/agency staff.
- Performance against Mandated Health Visits is reported back on a regular basis through the CQC.
- In 2019/20 the Trust expects to deliver a surplus of £4.4m and 2020/21 a surplus of £1.0m. Information was sought on how the £8.0m savings figure would be achieved.

RESOLVED:

- Colin Graham will: -
  - report back to the Management Team overseeing the Learning Disabilities Division the suggestion regarding a specialist multi-disciplinary team Hub.
  - ask the Finance Director to provide a response to the query regarding how the £8.0m savings figure will be achieved.

8. WORK PROGRAMME – JANUARY 2020

The work programme was noted.

- Blood Donor Service to be added to the items to be scheduled on the work programme.
- The committee will next meet on 11th February 2020 at 10.00am which will be a meeting dedicated to evidence gathering for the In-House Enablement Service Review.

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

None.

10. OTHER URGENT BUSINESS

None.

11. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

The meeting ended at 1206 hours.

Health & Social Care O&S Committee
In-House Enablement Service Review

Session 2: 11th February 2020 @ 10.00am
Committee Room 6, The Council House, Birmingham

Meeting type: Public meeting live-streamed via the internet with possible press attendance

Time	
1000hrs	**Welcome & introduction by Chair** • Purpose of the session • Anticipated outcomes of the day
1005-1025hrs	**Update since first evidence gathering session on 13th August 2019:-** • Finance (Mark Astbury, Interim Adults Business Partner, Finance) • Human Resources (Loretta Crow, HR Officer)
10.25-10.45hrs	**Advice Note from LGA Care and Health Improvement Adviser** Ian James Independent Adviser to HOSC
10.45-11.45hrs	**Joint Presentation from UNISON/Head of Enablement** Caroline Johnson, Mandy Buckley, Lesley Smith-Woodman and Afsaneh Sabouri
11.45-11.55hrs	**Other Issues** Caroline Johnson, Mandy Buckley, Lesley Smith-Woodman and Afsaneh Sabouri
1155hrs	**Closing Statement** – Chair
Also attached: - Written submission from UNISON Birmingham Branch.	

Health and Social Care Overview and Scrutiny Committee

Review of In-House Enablement Service

Advice Note from LGA Care and Health Improvement Adviser

Introduction

This paper builds on the advice note prepared for O&S Committee in August which highlighted the recent papers produced by Institute for Public Care at Oxford Brookes University, in particular

"*New Developments in Adult Social Care*" (January 2019)
https://ipc.brookes.ac.uk/publications/new-developments-adult-social-care.html

In summary, in August report said:

> *The challenges facing Adult Social Care – from changing demography, from changing expectations from local people and as a Care Act requirement - increasingly require responses that avoid the need for people to come into the formal care "system" by building on their own and their family assets and providing community connections that support them to lead the lives they want.*
>
> *Even for those eligible for more formal care and support the aim should be to promote people's independence to enable them to lead the life they want.*
>
> *Hence "promoting independence" needs to be an underlying philosophy to all services rather than, or as well as, a discrete service.*
>
> *At the same time, it's helpful to understand how "promoting independence" best works for people in different situations (e.g. people leaving hospital, people with long term conditions, people with mental ill-health) and to have a typology of support to reflect this.*
>
> *This approach helps to reduce demand and make best use of resources but should primarily be seen as a way of delivering better lives for local people.*
>
> *Birmingham City Council (with its partners) is already developing a service model that embraces these themes.*
>
> *The in-house Enablement Service has great potential to support this approach utilising the skills and experience of staff.*

This further paper:

> Part 1 - Looks in more detail at the experiences of Leeds, Coventry and Southwark (Summaries below; more detail in appendices).
>
> Part 2 - Uses this evidence to reflect on the implementation of the Birmingham Health and Care systems new delivery model.
>
> Part 3 - Suggests that these developments should be used as an opportunity to review how the skills and experience of staff in the in-house Enablement Service might be part of these exciting and innovative new approaches.

Part 1 – Case Study 1 - Leeds

https://ipc.brookes.ac.uk/publications/new-developments-adult-social-care.html

Like Birmingham, Leeds City Council has been introducing "strengths based" social work practice. This has been combined with a number of other service changes, in particular:

1. A new Contact Centre with a focus on staff having a conversation with the enquirer which looks to explore the options open to find solutions to the person's presented problem, getting the best possible picture of their life style and routines and options for signposting to places where people might get the help they require.

2. Contact Centre staff supported by a team of social workers and well-being workers (Rapid Response Team) who can go out and see people and spend more time with them where needed and "Talking Point" locations which are within community buildings around the city for face to face conversations.

3. Staff have built the new model from the "ground up" looking to find their own solutions to changing the way they worked.

4. Harnessing this to an overall strategic approach – the Leeds **"Better Lives Strategy"** adopting common principles at individual practice level, service level, community level and whole systems level.

5. Working with people with care and support needs, carers, partners and staff to build a picture of what the constituent parts of a "good life" and using this to measure success.

6. The data indicates that since the various aspects of the approach have been introduced there has been a significant fall in people requiring a full social work assessment.

7. Investment in asset-based community development and community activity.

8. Adapting this approach so it is relevant to older people, adults with a learning disability and to supporting people who have experience of poor mental health.

9. Helping people to build local networks and to find support in their communities is a critical part of recovery for many people.

10. The Leeds approach is under-pinned by a performance management framework based around 5 domains:

    Better Conversations ……. Better Connections ……. Better Living ……. Safeguarding ……. Finance

Part 1 – Case Study 2 - Coventry

https://ipc.brookes.ac.uk/publications/new-developments-adult-social-care.html

Coventry City Council has developed an approach to supporting people live independent lives over a number of years and the hallmarks of the service are as follows:

11. There is strong involvement of OT's and OT Aides. Coventry's model has been called a "therapist-led" approach to social care. Therapists work with front line workers and providers of care.

12. "Strengths-based" assessments with an emphasis strongly on user agreed outcomes (with some challenge to the user) to help them to see the best prospects for them to regain or find the right level of independence. The approach runs through all work in adult social care.

13. A strong preventative strategy, including 5-year funding to a group of 12 voluntary and third sector providers to offer care and support to people in the City. They help people with a range of needs including those with poor mental health, adults with physical and learning difficulties as well as older people. As a result, Coventry receives comparatively low levels of referrals.

14. Use of a self-assessment tool so people can identify for themselves the resources that are available to support their needs with the option to make a referral to speak with a social worker or an Occupational Therapist.

15. Focus on short-term support with a good percentage (two thirds) helped to maintain or regain levels of independence. This means Coventry has comparatively low numbers of people in receipt of longer-term support. Of those who are supported longer term for most this is in their own homes.

16. Providers of the short-term service working within an outcomes-based performance framework.

17. A strategy for developing supported housing, including extra care housing for older people, as an alternative to use of residential care.

18. The spend per head on adult social care in Coventry has remained in the lowest quartile for metropolitan districts for over a decade.

Part 1 – Case Study 3 - Southwark

https://ipc.brookes.ac.uk/publications/intermediate-care-southwark.html

19. In May 2015, the Director of Adult Social Care, Southwark Council and the Director Operations & Strategic Development, Guy's and St Thomas' NHS

Foundation Trust formed a provider coalition and commenced work with front line staff, managers and other key stakeholders to consider what more could be done to further develop and improve integrated working across the out of hospital pathways.

20. There followed an intensive 18-month period of staff engagement, service user engagement and very concentrated leadership project meetings to re-imagine and redesign what the 'new' service should look like and how it would operate.

21. In April 2018, this work culminated in the creation of the integrated service – "Intermediate Care Southwark". This brought together under shared management arrangements four separate services: Southwark Enhanced Rapid Response Service, Southwark Supported Discharge Team, Reablement Service (for older people and people with physical disabilities) and the social work urgent response function.

22. It is included here, not so much for the service model, but for a subsequent exercise to understand the lessons learnt, all of which have a resonance wider than Southwark and are applicable in Birmingham. In summary these are:

    - Be in it for the long term.
    - Remain focused on the service user / patient at all times and the positive difference the changes will make to them in practice.
    - Find visible leaders who will model and promote integrated working.
    - Take action, agree an achievable starting point and make a start – be pragmatic.
    - Engage, listen to and co-design with front line staff, service users/patients.
    - Build trust, long lasting relationships and a working culture that will embed and sustain integrated working in practice.
    - Create capacity and have external support that acts as a "critical" friend and works with you as part of a team to build what you want.
    - Expect that there will be problems – draw them out and work together to find practical solutions.
    - Take a test and learn approach that involves practitioners.
    - Use the development of a business case as a tool to gain consensus and approval across organisations.
    - Act "as if" you are already working in an integrated way – give permission to do things differently.
    - If possible and appropriate, locate services in one place with one shared Head of Service.

Part 2 – Birmingham Early Intervention Programme Implementation

23. The Birmingham Early Intervention Programme was subject of a presentation and discussion at the Committee on 21 January. It's a programme which is part of a wider vision and strategy based on a 3-pronged service model aimed at:
    - Universal prevention services aimed at supporting people to manage their own health and wellbeing.
    - Early intervention to promote fast recovery for those that need it.
    - Ongoing personalised support to help older people remain in their own homes and communities.

24. This approach dates back 2 years to the diagnostic carried out on behalf of system partners and the subsequent agreement by system leaders and the Health and Wellbeing Board of a Joint Health and Social Care Framework. This also the Older People's Partnership Group to oversee the transformation programme.

25. The LGA has separately reviewed the programme (July 2019) on behalf of the Better Care Fund and reflected positively on the programme:

    "The review team is in no doubt that senior leaders in Birmingham have jointly grasped the nettle and are working together on a broad range of programmes intended to take a new and bold approach to improve outcomes for older people. At a senior level the analysis of the challenges is jointly owned by the senior leaders we met."

    "……continuing with these change plans has the potential to make real and lasting improvements that positively impact people's lives."

    "Birmingham should feel confident it is now in a position to face and resolve the challenges ahead".

26. They also acknowledged:

    - The long-term commitment.
    - The focus on doing the right thing for Birmingham people.
    - The visible senior leadership across the health and care system.
    - The involvement of front-line staff in shaping change.
    - The "test-bed" approach.
    - The need to reflect on and respond to challenges as they arise.

27. As this Committee heard in January there are now tangible benefits accruing from the Programme including reducing hospital admissions, reducing length of stay, reducing costs of ongoing care and more people being discharged home.

28. There is some way to go for this to become whole-system and to develop fully the programme across the 3 themes of prevention, early intervention and personalised care. The LGA review in particular noted the need to sustain the programme, to get the right balance between pace and dealing effectively with the complexity of change and the need for appropriate investment to manage the change process. They also flagged the potential to learn from other systems engaged in similar change programmes.

29. Six months on there is tangible evidence of progress. In addition, feedback from those involved appears to very positive. Staff involved seem to enjoy working in the new integrated way. Birmingham prospectively has a win-win of improved outcomes for local people alongside improved satisfaction for staff.

30. Rightly, much of the work to date has focussed on care in and outside hospital. There is still a lot to do in this regard as well as embedding new ways of working across the 3 prevention, early intervention and personalisation themes.

Part 3 – Implications for the in-house Enablement Service

31. This section focusses in particular on the skills and experience of staff in the in-house service and on the potential for those skills to complement or enhance the new ways of working.

32. This reflects the scope of the O&S review and the need to seek options for the service in the context of the move towards integrated care and early intervention and with more of a focus on prevention.

33. The in-house service itself seems to have continued to operate largely in isolation from the new service developments, though it may well be picking up some referrals from the new teams.

34. Overall there is good evidence that the in-house team has increased capacity and the number of new people being supported has roughly doubled since the end of August. However, the council needs better understanding of where the referrals are coming from, whether they are long or short term and the extent to which they are re-abling citizens and supporting prevention of the need for inappropriate higher levels of service provision.

35. Given the generally positive wider service developments referred to above, however, the Council (and wider system) may wish to consider whether there is potential for this group of staff, to be involved in prevention and early intervention in the new service delivery arrangements.

36. There has been significant pace of change since last Summer when the scope for the O&S review was drawn up. Perhaps the key point is that there is a risk of the in-house service being “left behind” with the opportunities not being grasped that could benefit citizens, services and staff.

37. However, any such consideration needs to be undertaken in the context of staff and TU’s avowed intention to retain existing Terms and Conditions and working arrangements.

Conclusions

The work in Birmingham is pioneering and reflects well on the sustained efforts at all levels and across a hugely complicated system to deliver better for the people of the City.

The work of the Older People’s Partnership Programme is also in line with best Adult Social Care, and Care and Health, practice elsewhere, as evidenced in this report.

There are opportunities to learn from elsewhere and the City should seek these out, not only to learn from others but because the City has a lot that others can learn from.

The pace of change has been significant over recent months and, while the programme has further to go than it has already come, the council should assess how the skills and experience of in-house staff might complement and enhance the new model of service provision. It should at least be planning how and when that consideration needs to be made within the wider programme planning, even if over the medium term.

Ian James
Care and Health Improvement Adviser
Local Government Association

Appendix 1

Leeds City Council

Like Birmingham, Leeds City Council has been introducing “strengths based social work practice. This has been combined with a number of other service changes, in particular:

38. A new Contact Centre where staff are trained and supported to use the principles behind the model. They have moved away from a structured conversation which had to follow a set piece of questions to staff having a conversation with the enquirer which looks to explore the options open to find solutions to the person’s presented problem. There is a single one side of A4 checklist that staff in the contact centre use to remind them of the basic approach. The new sheet focuses on helping the customer state the outcomes they desire; getting the best possible picture of their life style and routines and options for signposting to places where people might get the help they require.

39. The Contact Centre staff are supported by a team of social workers and well-being workers (Rapid Response Team) who can go out and see people and spend more time with them where the resolution of their concerns may be more complex and difficult. They can also ensure people’s safety in a crisis. In particular they assist people in finding quick solutions to help contain more serious problems. Where people’s concerns cannot be addressed either over the phone or with the rapid response workers (who might typically work with a new person over a couple of days) then usually an offer is made for the person to come and see a worker at one of the “Talking Point” locations which are within community buildings around the city.

40. Leeds Council used the Behavioural Insights Team22, an independent consultancy who have used nudge theory to change the way in which staff work in the public sector to assist them in introducing the changes in the Contact Centre.

41. The Director was keen for the staff to build the new model from the ground. The Director across all service areas encouraged staff to consider innovative ways of helping people for whom she had three rules: “Don’t blow the budget; don’t break the law; and do no harm”. They looked to find their own solutions to changing the way they worked.

42. The overall approach is led under the heading of “Better Lives Strategy” and operates at four levels:
    - **At individual practice level**: working in a different way to help individuals and their families find solutions that build on their strengths and assets.

- **At the service level**: building flexible, empowering and responsive services that are delivered in new and innovative ways.
- **At the community level**: building and harnessing the strength of resilient individuals, families and communities.
- **At whole systems level**: collaborative working with our colleagues in the wider public, third and private sectors to engineer a win-win solution across health and social care to manage demand pressures and to keep people safe and well.

What does success look like: what is a good life?

43. The City Council has worked with people with care and support needs, carers, partners and staff to build a picture of what the constituent parts of a good life are and this is what people have said:
    - Having somewhere decent to live.
    - Having friends and people who love you in your life.
    - Having enough money to make choices.
    - Exercising control over your life.
    - Living as independently as possible.
    - Feeling safe.
    - Participating in society as a contributing citizen.
    - Enjoying the best quality of life irrespective of frailty and/ or disability.
    - Having aspirations and hope.
    - Having fun!

44. The data indicates that since the various aspects of the approach have been introduced there has been a significant fall in people requiring a full social work assessment. Prior to the introduction of the approach typically between 25-30% of enquiries to the authority resulted in a full assessment during the first year of the pilot this fell to 18% of new enquiries.

45. One strong feature of the Leeds model is not to rush to plan for a longer-term service when someone is in a crisis. They have a focus on holding the person to make them safe and to give time to find possible solutions with the person. The social work team in Leeds is co-located with the community health services and so the conversation often links with the health staff so that together they can make a better assessment.

46. One of the very strong features for Leeds City Council is its high investment in community development and community activity. The City Council has continued to invest in a really strong set of infrastructures supporting different types of community workers some based in their Community Hubs; others based in the Neighbourhood Networks (serving older people across the city) and others based with local groups with specific needs e.g. migrant communities. The community development has a real commitment therefore to the principles of Asset Based Community Development.

47. It is not just for older people that the council looks to use a strengths-based model for its social care- the ambition was to change every part of the service. For adults with a Learning Disability the approach is supported under the strap line – “Being Me”. The focus is to use the approach for all existing customers of the service and for those coming into the service through transitions.

48. There is a similar approach to supporting people who have experience of poor mental health. As in the learning disability services there is a board that has been established to oversee the cultural changes that are expected to raise issues for workers in the service area. The social work team uses the “recovery model” as their basic approach and recognises that the strengths-based approach is very much a part of that approach.

49. Helping people to build local networks and to find support in their communities is a critical part of recovery for many people. Even those who have had long experiences in institutional care can benefit from being assisted to make stronger links and to participate in community activities.

50. The changes have in part been led by Practitioners with strong encouragement from Senior Managers. The model of peer learning is a very positive approach for any council to consider when they are looking to bring transformational change into their services. If the progress continues at the current rate Leeds might expect fewer people to require full social work assessments; less reliant on formal care funded by the council and much greater inclusion for learning disabled or mental health users within the thriving communities.

51. The Leeds approach is under-pinned by a performance management framework as follows:

Better Conversations

- % of new referrals for social care which were resolved at initial point of contact or through accessing universal services.
- % of adult social care assessments completed in the month within 28 days (all assessments).
- Numbers / % of carers using social care who receive self-directed support as a direct payment.

Better Connections

- The ratio of people who receive community-based support vs people who are supported in care homes.
- The number of people completing a re-ablement service.
- Delayed discharges from hospital due to social care (per 100,000 population).

Better Living

- The % of CQC registered care services in Leeds rated as “good” or outstanding”.
- % of people who use social care who receive self-directed support as a direct payment (including mixed budgets).
- Number of permanent admissions to residential and nursing care homes for people aged 18-64 including 12-week disregards.
- Number of permanent admissions to residential and nursing homes people aged 65+ including 12-week disregards.
- Number of new units of extra care housing.

Safeguarding

- The percentage of people with a concluded safeguarding enquiry for whom their outcomes were fully or partially met.

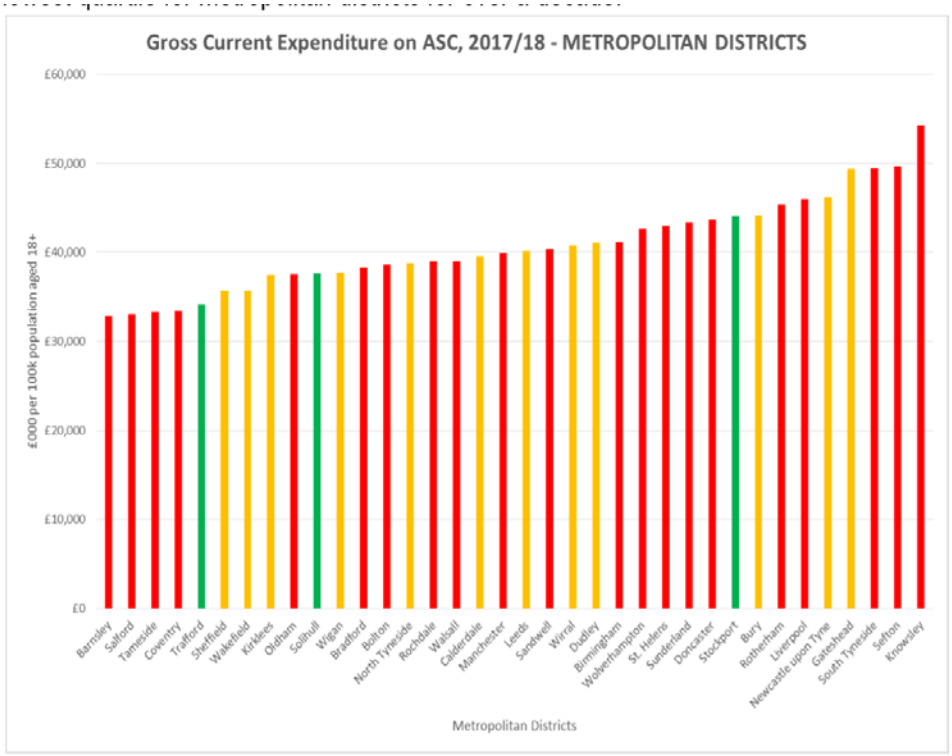
Finance

- Forecast expenditure of Directorate.

Appendix 2

COVENTRY

52. Coventry City Council has developed an approach to supporting people live independent lives over a number of years and the spend per head on adult social care in Coventry has remained in the lowest quartile for metropolitan districts for over a decade.



Data provided by Rachel Ayling.

53. The premise of the whole adult care service in Coventry is to help people to gain or regain their independence. One could almost call Coventry's adult care a therapist-led approach to social care! Therapists working with front line workers to help new and existing customers (including working with providers of care) to assist people to live independent lives is at the heart of the way the council approaches adult care. It is certainly fairly unique (for the United Kingdom) in the way in which the approach has been adopted.

54. The Council uses the language of "strengths-based" assessments though probably in a slightly different way from some other councils. The emphasis is strongly on user agreed outcomes (with some challenge to the user) to help them to see the best prospects for them to regain or find the right level of independence. The approach goes across all work in adult social care for younger age adults and for older people where it is right for them.

55. The features of Coventry are that they receive comparatively low levels of referrals with evidence supporting that many people are well supported in

their families, their communities and by third sector organisations. The Council has a preventative strategy which has offered 5-year funding to a group of voluntary and third sector providers to offer care and support to people in the City. 12 locally-based organisations deliver a range of different support models that enable people to maintain their independence in the community. There is constant dialogue with these providers to ensure that innovation is encouraged and supported. They help people with a range of needs including former mental health users, adults with physical and learning difficulties as well as older people (tackling social isolation).

56. Alongside the support available through the voluntary and community sectors the council has developed a self-assessment tool where people can identify for themselves the resources that are available to support their needs. This system also includes the option to make a referral to speak with a social worker or an Occupational Therapist.

57. Many people who are referred for help are offered short term interventions appropriate to their needs and for a good percentage this is sufficient to help them regain levels of independence. This means that there are comparatively low numbers of people in receipt of longer-term support, which demonstrates to their satisfaction the effectiveness of their promoting independence model. Of those who are supported longer term for most this is in their own homes. They tend to support fewer people but with higher costs for those who do require care and support from professional staff.

58. Approximately two thirds of all people who are assisted in this way do not go on to need a longer-term service. They are now looking to extend the service to include all those people who are currently receiving a service but there is a request to increase the service. They believe this increase should not be agreed before an OT assessment has been completed and new goals set.

59. The providers of the short-term service are measured on the outcomes that they deliver for those referred to them. They have operated for almost five years within a performance framework. All three providers consistently achieve a two thirds success in assisting people in a way that they do not require longer term support. In part this figure is achieved because of the support that the council will offer particularly the opportunity for OTs or OT Aides to work with the providers and their customers to ensure that the agree goals are met. This service was built over 6 years ago through the cooperation of local care providers (all of whom had a good history of working in the city) who were willing to work with the council in partnership to deliver these excellent outcomes.

60. Coventry has by far the largest set of supported housing schemes for all ages in any part of the UK per 1000 in the population (including extra care housing for older people). There are 35 housing schemes run across the city. For

older people 940 units where care and support are available are in 18 different housing schemes. The Council has nomination rights to 56% of these places. To be eligible for a council nomination in Coventry the person must need or be at high risk of needing residential care. Approximately 5,500 hours of care are delivered in these schemes.

ENABLEMENT SERVICE

PRESENTATION TO SCRUTINY COMMITTEE

11 FEBRUARY 2020

Joint presentation

Context

Caroline Johnson

A report *The Health and Care of Older People in England 2019* draws on official statistics to provide a comprehensive picture of how services are functioning today for older people. It shows that system failures are having an adverse impact on the care market and that the total amount of home care delivered dropped by 3 million hours between 2015 and 2018.

However, there is a growing acknowledgment that reliance on the market isn't working in the care sector.

The UK's home care industry is "on the brink of collapse" with companies either going bankrupt or pulling out of contracts, according to a joint report by the Local Government Information Unit and one of the country's biggest providers Mears.

Mears says it loses £3m a year on its home care business, and is handing back unprofitable local authority contracts and will be careful about bidding for more.

How services are funded in the future is key.

History of the Service- Caroline

- In 2011 when the enablement service started there were close to 800 enablement assistants.
- Due to cuts to the budget this had shrunk to 460 before the cuts were implement in 2017/18
- In 2018 more than 50% of the staff numbers were cut leaving us with 225 in post currently
- However the service is highly valued by users
- Staff are well trained
- There is a real commitment from staff and management to make the service work

Current position- Afsaneh Sabouri

- Staffing
- Activities
- CQC

Improving service capacity: Mandy and Lesley

- Self rostering

- Movement of staff

New initiatives- Afsaneh

- Prevention- Out of hours
- Escorting service to support DTOC
- Wrap around
- Night care
- Link to EICT

Future plan- Caroline

- To widen self rostering across all teams
- To continue to explore how the service can support the role out of the customer journey and the prevention approach
- To explore the opportunity of creating a bank of staff to cover shortfalls


QUESTIONS?

UNISON Birmingham Branch

Paper to the Overview and Scrutiny Committee's review of the Council Enablement Service

Context

The care provided in Birmingham by the enablement service does not operate in a vacuum.

We are attempting to operate in a period of crisis in the social care sector. The current government and the coalition before them have cut the budgets for both Health and Social Care in the last 12 years by unprecedented levels. The Governments claims of bringing choice and control to service users have been shown to have nothing to do with choice for users and everything to do with pressing their agenda of wholesale privatisation of the sector and the move to an American system of insurance based health provision.

There are opposing views to those being pushed by central government. Reports such as ***Are radical changes to health and social care paving the way for fewer services and new user charges?*** By Shailen Sutaria, specialty registrar in public health medicine, Peter Roderick, principal research associate, Allyson M Pollock, director (Sept 17) and ***The Failure of Privatised Adult Social Care in England: What is to be Done?*** By the Centre for Health and Public Interest (Nov 2016) and UNISON's own report ***The Damage - Care in Crisis*** (2017) argue convincing against further privatisation in the sector.

More recently a new report by Age UK lays out the trends in social care. The report ***The Health and Care of Older People in England 2019*** draws on official statistics to provide a comprehensive picture of how services are functioning today for older people. It shows that system failures are having an adverse impact on the care market and that the total amount of home care delivered dropped by 3 million hours between 2015 and 2018.

It shows that the levels of unmet need are rising rapidly with 1.4 million older people struggling without all of the help that they need.

All of the above reports show that there has been a race to the bottom in the social care setting that has affected the pay terms and conditions of the staff that work in it and has affected the levels of care being provided to some of the most vulnerable older people in society.

The vast majority of both home care and residential care is now provided by the private sector much of which entered the market backed by private equity reliant on risky financial structures. Many of these companies avoid paying UK taxes and are more interested in the return on their investment than in the care received by vulnerable or older people in their care.

However, there is a growing acknowledgment that Austerity and the reliance on the market isn't working generally and definitely isn't working in the care sector. The UK's home care industry is "on the brink of collapse" with companies either going bankrupt or pulling out of contracts,

according to a joint report by the Local Government Information Unit and one of the country's biggest providers Mears. Mears says it loses £3m a year on its home care business, and is handing back unprofitable local authority contracts and will be careful about bidding for more.

As many private providers topple on the brink of collapse cutting our own, well respected and stable service any further would be at best short sighted.

History of the service

In 2011 when the enablement service started there were close to 800 employees. Due to cuts to the budget this had shrunk to 460 before the cuts were implement in 2017/18 cut over 50% of the staff. In 2017 before the service redesign all enablement teams had good CQC reports and were able to enable on average 65% of users to the service.

At the end of the dispute staff numbers stood at 240 people many of whom are part time. More staff left from the south of the city meaning that numbers in teams are uneven and rota's even more uneven.

The challenge for the service is to fit into what is now a changing picture of social care locally as part of council moves to merge with the NHS. It is not clear what the impact of the Customer Journey redesign will have on the provision of social work and assessments and the Early Intervention work role out has now been postponed from September to spring 2020.

What is clear is that our service is far better than any provided by the private sector. Private home care agencies may be cheaper but the quality of the care that they provide is inadequate. The Council use a company called Sevacare to pick up work that the early intervention team are unable to, Sevacare's latest CQC report from May 2019 states that it requires improvement.

The report stated that: -

"Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care"

This is the second report where they require improvement. The in house service has always had good CQC reports and the only one that had one area that required improvement was critical of how the service was led.

UNISON have over 2,000 members working in the private sector many of whom are working for private care agencies. We regularly hear horror stories of the care provided in the sector and the huge problems staff face when working n zero hour contracts or without travel time.

UNISON and our members are very committed to making the in-house service work. Staff are prepared to work in new ways but need to know where the council and NHS services are going and at the moment this is not clear.

The managers in the service have asked us to work with them on trying to even out the rotas and we have started that joint work with staff.

We feel that the future of our service is caught up in the political battle ground of how care will be funded in the future and in this context it is hard to define exactly where we will fit until the uncertain funding situation is resolved. In the meantime, our members continue to provide excellent care to those citizens in our city that really need them.

Current Service

The enablement service currently has 225 Enablement Assistants providing a service across the city. The service provides short term personal care to people in their own homes. The Care Quality Commission overall rating for the service was good in the inspection report of the 24th October 2019. The service currently offers rehabilitation packages which are short term and we are now also offering long term packages of care and working in prevention offering a seven-day service from 7.00am to 22.00pm.

Overview of the role of the Enablement Home Care staff.

The service promotes citizens independence by assisting them to regain skills we also assess their needs and choices to provide a service in a person- centred way. This includes personal care, supporting with diet and hydration, administration of medications using med-packs and use of creams, preventing and controlling infection using gloves and aprons. Double up calls, sitting service, shopping, cleaning, house cleansing with the uses of equipment.

Enablement works in partnership with other professionals within social services and NHS care. District nurses, Occupational Therapists, surgeries GP, doctors and emergence services, 911, committee centres and any other organizations. Working within Birmingham City Council policies, procedures and guidelines, following individual care plans, risk assessments, safety monitoring and reporting to management on any issues that may occur during a shift. These could be safeguarding, medication issues, mental capacity, equipment (home/mobility). We also report issues to managers and update citizen's files before leaving their home.

Enablement Home Care staff are trained and qualified having achieved NVQ level 2 & 3, ODP training, Manual Handling, Medication and many others which are refreshed each year.

When the service went through the changes of the business case 2017-2018, there were over twice the number of enablement assistants. A VR trawl took place that allowed over half of the staff to leave the service. Unfortunately, many more staff left who worked in the south of the city than the north leaving a very uneven service in each area.

Also, the Team Leaders that did observations and assessments within our citizen's homes while also managing the staff where reduced from 35 to 12 members of staff. The role was taken from Team Leaders and given to the Occupational Therapists to complete assessments across the city. Occupational Therapists have since moved on to the Early Intervention Team. Leaving the Home care service short of staff for assessing which has contributed to gaps in service provision.

Unison and management are working closely together with staff across the city at all grades, to try to overcome some of these problems and move forward to provide a good service that fits the needs of citizens. Having the right person at the right place at the right time providing consistent care to the individuals.

Self-roster

Unison and the management team have been working with the Sutton Home enablement team on a self-roster, working to make the service more even within the constituency. Asking 20 staff to choose shifts that work best for them as a work life balance, and that meets the business need. Working shifts 7.00am till 13.00pm and 16.00pm till 22.00pm over seven-days to try and get the same amount of staff for each shift each day. We found staff were very willing to make it work and would do anything possible, so the service became more even for the citizens of Birmingham.

The self-roster rota has produced a more efficient shift pattern than the staff are currently working. This can give citizens more continuity of care and help to fill up any gaps within the service. It will become more cost effective over time as the self-roster is rolled out across the city to all constituencies. Staff and citizens will benefit from a more consistent rota and this should stop staff being sent all over the city which isn't efficient.

Unison and management are having meetings with staff across the city on North and South. Staff are being asked if they could change the patch they currently work in and move into a constituency that they are living in or on the border of. This is due to low numbers of staff in many constituencies' over the south side of the city. More even teams will be able to give better continuity of care for citizens.

Unison and management are working well together so that changes can be made at a quick pace so the service can move forward. Our next steps are moving to the ECSH (courts), where permanent staff can also look at a potentially self-roster. This could encourage more staff to work within in the schemes and would provide continuity of care for citizens and higher levels of staff.

Detail of the Sutton team rota.

Before the self-roster staff were on a mixture of working patterns and rotas. This consisted of 2, 3, 4 and 5-week rotas.

Staff have very different start and finishing times, as follows;

7-1 7-2 7-12 7- 12.30 7.30-1.30 8-12 8.30-1 8-12.30 10-2 am 4-10 4-9 4-8 4-7 5-10 6-10 6.30-10 pm.

After the self-roster only 1 rota pattern spread over 2 repeating weeks. Now in the morning all staff start at 7am apart from 1 starting at 10am (due to childcare) and most staff starting at 4pm and finishing at 10pm with some shifts put together to complete a whole shift e.g. 5-10 4-7 4-6 6-10.

Ongoing work and suggestions

- Self-roster for all staff
- Having a bank of staff willing to work extra paid hours across the city to fill gaps in provision. Part time staff offered to join the bank.
- To employ more staff within the service to meet the growing business need.
- To look at the staff-plan system to ensure it is working efficiently and the allocation of calls is done in the most efficient way. Enablement assistants time needs to be planned in the most efficient way to stop staff being sent up to 20 miles to a call.
- We believe that the council should look into doubling up staff in the evening for safety, this then would encourage more staff to work more evenings. Like rapid response assistants in the Early Intervention Team.
- Have 10 Hubs for staff mileage that are in the constituency closet to where the staff member lives so that they are able to claim reasonable mileage for their first and last calls.
- Training for staff on other tasks that could be offered within the service for citizen's quality of life.

– 16 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	5pm-10pm				5-10pm	7am-1pm	
Week 2							
	5pm-10pm				5pm-10pm		4pm-10pm

– 28 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	10am-2pm 6pm-10pm	6pm-10pm	10am-2pm 6pm-10pm		6pm-10pm	6pm-10pm	6pm-10pm
Week 2							
	10am-2pm 6pm-10pm		10am-2pm 6pm-10pm	6pm-10pm	6pm-10pm		

– 35 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	7am-1pm			7am-1pm	7am-12pm 4pm-10pm	4pm-10pm	7am-1pm 4pm-10pm
Week 2							
	7am-1pm		7am-1pm	7am-1pm	7am-12pm 4pm-10pm		

– 35 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	7am-12pm			7am-12pm 4pm-10pm	7am-1pm 4pm-10pm	4pm-10pm	7am-1pm
Week 2							
	7am-1pm		7am-1pm	7am-1pm	7am-1pm 4pm-10pm		

– 30 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
		7am-1pm		7am-1pm	7am-1pm	7am-1pm 4pm-10pm	7am-1pm
Week 2							
		4pm-10pm	4pm-10pm	4pm-10pm	7am-1pm		

– 30 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	4pm-10pm	7am-1pm		4pm-10pm	7am-1pm		
Week 2							
	7am-1pm	4pm-10pm		7am-1pm	7am-1pm	4pm-10pm	4pm-10pm

– 15 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
				5pm-10pm		7am-12pm	7-12pm5-10pm
Week 2							
		5pm-10pm		5pm-10pm			

– 30 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	7am-1pm 4pm-10pm	7-1am4pm- 10pm	7am-1pm				
Week 2							
	7am-1pm 4-10pm					7-1pm 4pm-10pm	4pm-10pm

– 22 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	7am-1pm	7am-11am		7am-1pm		4-6pm	4pm-8pm
Week 2							
	7am-1pm	7am-1pm		7am-1pm			7am-11am

– 34.5 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
		7am-2pm	7am-1:30pm 4pm-7pm	7am-1pm	7am-1pm	7am-1pm	
Week 2							
		7am-2pm	7am-1:30pm 4pm-7pm	7am-1pm	7am-1pmm	7am-1pm	

– 30 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	7am-1pm	7am-1pm	7am-1pm		7am-1pm		
Week 2							
	7am-1pm	7am-1pm	4pm-10pm		7am-1pm	7am-1pm	7am-1pm

– 30 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
		7am-2pm		7am-2pm	7am-1pm 4pm-6pm	7am-1pm	7am-1pm
Week 2							
		7am-2pm	7am-2pm	7am-1pm 4pm-6pm	7am-1pm		

– 20 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
				7am-1pm	7am-1pm		
Week 2							
				7am-1pm	7am-1pm	4pm-10pm	7-1pm 4pm-10pm

– 20 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
			7am-1pm 4pm-10pm	4pm-10pm			
Week 2							
		7am-1pm 6pm-10pm				7am-1pm	7am-1pm

– 30 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
		7am-1pm	7am-1pm	7am-1pm			7am-1pm 4pm-10pm
Week 2							
		7am-1pm	7am-1pm	7am-1pm			7am-1pm 4pm-10pm

– 15 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	4pm-10pm		4pm-10pm	7am-1pm			
Week 2							
						7am-1pm	7am-1pm

– 24 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	7am-1pm	7am-1pm	7am-1pm				
Week 2							
	4pm-10pm	7am-1pm	7am-1pm			7am-1pm	7am-1pm

– 35 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	7am-1pm 4pm-10pm	4.30pm-10pm	4.30pm-10pm		7am-1pm	7am-1pm	
Week 2							
	7am-1pm 4pm-10pm		4.30pm-1pm	4.30pm-10pm	7am-1pm	7am-1pm	

– 36.5 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	7am-1pm	7am-1pm 4pm-10pm	7am-1pm 4pm-10pm				
Week 2							
	7am-1pm	7am-1pm 4pm-10pm	7am-1pm 4am-10pm			7am-1pm	7am-1pm

– 30 hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
	7am-1pm	7am-10am- 4pm-7pm	7am-1pm	7am-1pm		7am-1pm	7am-1pm
Week 2	7am-1pm	7am-10am 4pm-7pm	7am-1pm	7am-1pm			

Health and Social Care Overview & Scrutiny Committee 2019/20
Work Programme

Committee Members: Chair: Cllr Rob Pocock

Cllr Mick Brown
Cllr Diane Donaldson
Cllr Peter Fowler
Cllr Mohammed Idrees
Cllr Zaheer Khan
Cllr Ziaul Islam
Cllr Paul Tilsley

Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Gail Sadler (303 1901)
Committee Manager: Errol Wilson (675 0955)

Schedule of Work

Meeting Date	Committee Agenda Items	Officers
4th June 2019 (Informal)	Work Programme Workshop • Public Health Performance Indicators • Adult Social Care Performance Indicators • Draft Quality Accounts	Dr Justin Varney, Director of Public Health; Rebecca Bowley, Head of Business Improvement and Support (Adult Social Care); Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer (Adult Social Care); Max Vaughan, Behaviour Service Integration Manager; Adult Social Care; Carol Herbert, Clinical Quality Assurance Programme Manager, BCHC.
18th June 2019 Send out: 6th June 2019	Appointments to Deputy Chair and JHOSCs Minor Surgery and Non Obstetric Ultrasound Services (NOUS) Listening Exercise	Angela Poulton, Deputy Chief Officer – Strategic Commissioning & Redesign; Kally Judge, Commissioning Engagement Officer, Sandwell and West Birmingham CCG.

18th June 2019 Send out: 6th June 2019	Period Poverty – Evidence Gathering	Neelam Heera, Founder of the Charity Organisation 'Cysters'
16th July 2019 Send out: 4th July 2019	Period Poverty – Evidence Gathering	Councillor John Cotton, Cabinet Member for Social Inclusion, Community Safety and Equalities. Dr Justin Varney, Director of Public Health. Soulla Yiasouma, Joint Head of Youth Services.
	Adult Social Care Performance Monitoring Scorecard – End of Year 18/19	Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer.
	Draft Response to the Day Care Opportunities Consultation Strategy – For comment	Cllr Rob Pocock
	Enablement Review – Draft Scoping Paper	Cllr Rob Pocock
13th August 2019 Send out: 2nd August 2019	Enablement Review – Evidence Gathering	
17th Sept 2019 Send out: 5th Sept 2019	Cabinet Member for Health and Social Care Update Report	Councillor Paulette Hamilton; Suman McCartney, Cabinet Support Officer.
	Forward Thinking Birmingham	Elaine Kirwan, Associate Director of Nursing.
	Adult Social Care Performance Monitoring	Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer.
	Public Health Performance Monitoring	Elizabeth Griffiths, Interim AD, Public Health
17th Sept 2019 Informal meeting	Period Poverty – Draft Report	Cllr Rob Pocock

15th Oct 2019 Send out: 3rd Oct 2019	Dementia Strategy (new) Public Health Green Paper – Feedback from consultation Suicide Prevention Strategy – Action Plan Urgent Treatment Centres	Dr Majid Ali, Clinical Lead, Community Services Transformation, BSol CCG; Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG Elizabeth Griffiths, Interim AD, Public Health Jayne Salter-Scott, SWB CCG
15th Oct 2019 Informal meeting	Period Poverty Report – Post 8 day rule.	Cllr Rob Pocock
19th Nov 2019 Send out: 7th Nov 2019	Public Health Profile Data Birmingham Substance Misuse Recovery System (CGL) Healthwatch Update:- • Contract/New Structure • Healthwatch Strategy/Direction of Travel • Update on previous and current investigations The Impact of Poor Air Quality on Health – Tracking Report Adult Social Care Performance Monitoring	Elizabeth Griffiths, Interim AD, Public Health. Max Vaughan, Head of Service, Universal and Prevention – Commissioning Andy Cave, Chief Executive, Healthwatch Birmingham Mark Wolstencroft, Operations Manager, Environmental Protection. Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer.
26th November 2019 – **TO BE RESCHEDULED**	Enablement Review – Evidence Gathering	

17th Dec 2019 Send out: 5th Dec 2019	NHS Long Term Local Plan – Healthwatch Birmingham Budget Consultation: • Adult Social Care • Public Health Public Health Budget	Andy Cave, Chief Executive, Healthwatch Birmingham Councillor Paulette Hamilton, Cabinet Member for Health & Social Care; Professor Graeme Betts, Director Adult Social Care; Dr Justin Varney, Director of Public Health. Dr Justin Varney, Director of Public Health
21st Jan 2020 Send out: 9th Jan 2020	Birmingham Safeguarding Adults Board Annual Report Early Intervention Programme Birmingham Community Healthcare NHS Foundation Trust Draft Quality Accounts 19/20 - Briefing	Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board. Mike Walsh, Service Lead – Commissioning; Andrew McKirgan, Director of Partnerships. Colin Graham, Associate Director, Clinical Governance, BCHC.
11th Feb 2020 Send out: 30th Jan 2020	In-House Enablement Service Review – Evidence Gathering	
18th Feb 2020 Send out: 6th Feb 2020	Public Health Performance Monitoring – Sexual and Reproductive Health Profiles Birmingham Sexual Health Services – Umbrella (UHB) Adult Social Care Performance Monitoring	Elizabeth Griffiths, Assistant Director, Public Health. Max Vaughan, Head of Service, Universal and Prevention – Commissioning Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer.

17th March 2020 Send out: 5th March 2020	Director of Public Health Annual Report Scoping of the Infant Mortality Review	Dr Justin Varney, Director of Public Health Dr Justin Varney, Director of Public Health; Marion Gibbon, Interim Assistant Director, Public Health and Fiona Grant, Service Manager, Public Health.
17th March 2020 Informal Meeting	In-House Enablement Service Review – Draft Report	Councillor Rob Pocock
21st April 2020 Send out: 9th April 2020	Integrated Care Systems Primary Care Networks Briefing Infant Mortality Review – Terms of Reference	Rachel O'Connor, Assistant Chief Executive of the STP Pip Mayo, Locality Director, BSol CCG Councillor Rob Pocock

Items to be scheduled in Work Programme

- Adult Social Care Commissioning Strategy (Graeme Betts)
- Ageing Well Programme (Graeme Betts)
- Shared Lives Service Re-design (Graeme Betts)
- Neighbourhood Networks Programme (Graeme Betts)
- Immunisation and Screening
- Joint Strategic Needs Analysis (JSNA) – Elizabeth Griffiths to advise date.
- Public Health Community Engagement – Elizabeth Griffiths to advise date.
- Creating a Healthy City Framework – Elizabeth Griffiths to advise date.

MUNICIPAL YEAR 2020/21	Mental Health Strategy Update Childhood Obesity – Stocktake Report Birmingham Dementia Strategy Refresh (October 2020) BCHC Public Health Contracts (Autumn 2020) Creating a Healthy Food Environment	Joanne Carney, Director of Joint Commissioning, BSol CCG Dr Justin Varney, Director of Public Health Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG.

CHAIR & COMMITTEE VISITS		
Date	**Organisation**	**Contact**
23rd July 2019	Day Centre Visits	Sonia Mais-Rose
22nd October 2019	Community Early Intervention Prototype	Pauline Mugridge
28th November 2019	One Team One City – Early Intervention Event	Afsaneh Sabouri

Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee		
Item no.	**Item Name**	**Proposed date**
005730/2018	A Sustainable Solution for the Future of Wellbeing Services and Hubs	21 January 2020
005920/2019	Adult Social Care and Health – Draft Day Opportunity Strategy	11 February 2020
006656/2019	Public Health Grant Budget Update	17 December 2019
007274/2020	Early Intervention Programme – Roll-out of Early Intervention Community Team	21 January 2020

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

Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs Rob Pocock, Mick Brown, Peter Fowler, Ziaul Islam, Paul Tilsley	
Meeting Date	**Key Topics**	**Contacts**
24th July 2019 @ 2.00pm Birmingham	• Update on Review of Solid Tumour Oncology Cancer Services • Update on Recommissioning of Gynae-oncology Services. • Further update on the Midland Metropolitan Hospital • Further update on Measures to Reduce A&E Waiting times at Sandwell and West Birmingham Hospitals	Scott Hancock, Project Lead, Head of Operational Performance and Business Management Support, UHB; Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust; Jessamy Kinghorn, Head of Communications & Engagement – Specialised Commissioning, NHS England (Midlands & East of England). Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.
12th September 2019 @ 2.00pm Sandwell	• Update on Review of Solid Tumour Oncology Cancer Services • Update on Recommissioning of Gynae-oncology Services. • Further update on the Midland Metropolitan Hospital • Further update on Measures to Reduce A&E Waiting times at Sandwell and West Birmingham Hospitals	Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust; Jessamy Kinghorn, Head of Communications & Engagement – Specialised Commissioning, NHS England (Midlands & East of England). Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.

13th February 2020 @ 2.00pm (Birmingham)	• Further update on the Midland Metropolitan Hospital	Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.
	• Update on Review of Solid Tumour Oncology Cancer Services • Update on Recommissioning of Gynae-oncology Services.	Cherry West, Chief Transformation Officer, UHB; Andrew Clements, Divisional Director of Operations, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust; Jessamy Kinghorn, Head of Communications & Engagement – Specialised Commissioning, NHS England (Midlands & East of England).
	• Primary Care Networks	Jayne Salter-Scott, Head of Engagement and Communications, SWBCCG

Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs Rob Pocock, Diane Donaldson, Peter Fowler, Zaheer Khan, Paul Tilsley	
Meeting Date	**Key Topics**	**Contacts**

26th June 2019 @ 6.00pm (Solihull)	• Financial Savings Plan 2019/20 including:-
	  ○ Service Redesign Projects -
	  ▪ What has been reviewed and what is the outcome of that through cost savings?
	
	• UHB - Update on UHB Merger including potential changes to trauma, orthopaedic and gynaecology services
		Phil Johns, Chief Finance Officer, BSol CCG
		
		Fiona Alexander, Director of Communications UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG

5th September 2019 @ 5.00pm (Birmingham)	• UHB - Potential changes to trauma and orthopaedic and gynaecology services - Update
	
	• Urgent Primary Care Service Model
	  ○ JHOSC to be consulted on draft Service Model
	  ○ Impact of UTC communications campaign in Solihull
	
	• Clinical Treatment Policies – Evidence based policy harmonisation programme – Phase 3
		Fiona Alexander, Director of Communications UHB; Jonathan Brotherton, Chief Operating Officer UHB; Pratima Gupta and Panayiotis Makridesh, Clinical Leads UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG
		
		Phil Johns, Deputy CEO; Helen Kelly, Associate Director of Urgent Care and Community, BSol CCG
		
		Neil Walker, Associate Director of Right Care and Planned Care, BSol CCG; Katherine Drysdale and Andrea Clark, AGEM CSU

23rd January 2020 @ 6.00pm (Solihull)	• Clinical Treatment Policies – Evidence based policy harmonisation programme – Phase 3 – Feedback from Consultation. • BSol CCG Financial Plans ○ Update on risk to delivery of savings and the impact of this on 2020/21. • Boots Walk in Centre Engagement Plan	Neil Walker, Associate Director of Right Care and Planned Care, BSol CCG; Katherine Drysdale and Andrea Clark, AGEM CSU Paul Athey, Chief Finance Officer, BSol CCG Jennifer Weigham, BSol CCG
March 2020 (Birmingham)		
TO BE SCHEDULED	• Birmingham and Solihull Mental Health NHS Foundation Trust including:- ○ Introduction to new Chief Executive ○ Improvements made since CQC inspection carried out in November 2018. (Report published April 2019). • Role of the STP across the Birmingham and Solihull footprint • Birmingham and Solihull STP – Joint Public Health Priorities / role STP across Birmingham and Solihull – evidence of impact and effectiveness • Disinvestment on Savings Plan • NHS England and NHS Improvement Redesign Work for Community Dental Services	Roisin Fallon-Williams, Chief Executive, BSMHFT. Paul Jennings, System Lead, BSol STP Dr Justin Varney, DPH Birmingham and Ruth Tennant DPH Solihull. Paul Athey, Chief Finance Officer, BSol CCG Howard Thompson, Supplier Manager – Dental, NHS England and NHS Improvement – Midlands.