

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 19 JULY 2022 AT 10:00 HOURS
IN COMMITTEE ROOM C, COUNCIL HOUSE EXTENSION, 6
MARGARET ST, BIRMINGHAM, B3 3BG

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 APPOINTMENT OF COMMITTEE AND CHAIR

To note the resolution of City Council appointing the Committee, Chair and Members to serve on the Committee for the period ending with the Annual Meeting of the City Council 2023.

Labour Group (5): -

Councillors Mick Brown, Kath Hartley, Jane Jones, Kirsten Kurt-Elli, Rob Pocock

Conservative Group (1): -

Councillor Gareth Moore.

Liberal Democrat Group (1): -

Councillor Paul Tilsley.

Green (1):-

Councillor Julian Pritchard

3 ELECTION OF DEPUTY CHAIR

To elect a Deputy Chair to substitute for the Chair if absent.

4 **APOLOGIES**

To receive any apologies.

5 **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.

6 **TERMS OF REFERENCE**

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

The appointment of Joint Overview and Scrutiny Committees with neighbouring authorities; and

The exercise of the power to make referrals of contested service reconfigurations to the Secretary of State as previously delegated to the Health and Social Care Overview and Scrutiny Committee by the Council.

7 **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES - APPOINTMENTS**

The Committee is asked to agree appointments to the Joint Health Overview and Scrutiny Committees including Councillor Mick Brown as Joint Chair:-

Birmingham and Sandwell Joint Health Overview and Scrutiny Committee
(5 Members)

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

Birmingham and Solihull Joint Health Overview and Scrutiny Committee
(5 Members)

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

5 - 10

8 **ACTION NOTES/MATTERS ARISING**

To confirm the action notes of the meeting held on 29th March 2022.

11 - 30

9 **Q4 ADULT SOCIAL CARE PERFORMANCE MONITORING 2021-2022**

Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care; Andrew Marsh, Head of Service (Operations and Partnerships), Strategic Lead for Hospitals, Discharge to Assess Pathways

and Integrated Hub, Adult Social Care; John Williams, Assistant Director,
Adult Social Care.
(1010-1100hrs)

31 - 48

10 **HEALTHWATCH BIRMINGHAM ANNUAL REPORT 2021-2022**

Andy Cave, Chief Executive Officer, Healthwatch Birmingham.
(1100-1150hrs)

49 - 70

11 **WORK PROGRAMME - JULY 2022**

For discussion.
(1150-1200hrs)

12 **PROPOSED DATES OF MEETINGS 2022/23**

1. To propose a schedule of dates for meetings during 2022/23.
The Chairman proposes that meetings be held at 1000 hours on the following
Tuesday:-

<u>2022</u>	<u>2023</u>
19 th July	24 th January
20 th September	21 st February
18 th October	14 th March
22 nd November	18 th April
20 th December	

2. The Committee is also requested to approve Tuesdays at 1000 hours as a
suitable day and time each week for any additional meetings required to
consider 'requests for call in' which may be lodged in respect of Executive
decisions.

Monthly dates have been reserved with a view to planning all work i.e. Committee
meetings, inquiries etc. to fit into the schedule.

13 **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).

14 **OTHER URGENT BUSINESS**

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

15 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

PUBLIC MEETING

Tuesday 29 March 2022. Council House Extension, Margaret Street

Action Notes

Present:

Councillor Mick Brown (Chair)

Councillors: Debbie Clancy, Peter Fowler, Rob Pocock and Paul Tilsley

Also Present:

Maria Gavin, Assistant Director, Adult Social Care

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care

Kalvinder Kohli, Programme Director Prevention and Early Intervention

Suman McCartney, Cabinet Support Officer

Emil Prysak, Commissioning Manager Prevention and Communities

Ceri Saunders, Acting Group Overview and Scrutiny Manager

Dr Justin Varney, Director of Public Health

Benita Wishart, Support and Development Manager, BVSC

Sarah Fradgley, Scrutiny Officer

1. NOTICE OF RECORDING

The Chair advised that the meeting would be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public could record and take photographs except where there were confidential or exempt items.

2. APOLOGIES

Cllrs Idrees and Islam submitted apologies.

3. DECLARATIONS OF INTEREST

None.

4. ACTION NOTES/MATTERS ARISING

(See document No.1)

Further to Actions 4.2 February 2022 and 6.2 December 2021, it was noted that information requested on the geographical alignment between Primary Care Networks, clusters of GPs and localities was outstanding. The O&S Group Manager undertook to chase and circulate to Members.

RESOLVED:

That the action notes for the meeting held on 15 February 2022 be agreed.

5. PUBLIC HEALTH UPDATE

(See document No.2)

Dr Justin Varney, Director of Public Health and Councillor Paulette Hamilton, Cabinet Member, attended the meeting for this item. Dr Varney presented the regular update report on significant pieces of work by the public health division. The Panel was also asked to consider 3 key reports:

- The Health and Wellbeing Board Strategy – Creating a Bolder Healthier City 2022-2030
- Director of Public Health Annual Report 2020-21
- Birmingham and Lewisham African and Caribbean Health Inequalities Review

Covid Update

- Case rates continued to rise across the City. For the unvaccinated Covid remained a very serious illness.
- The Council continued to support the NHS vaccination programme. Community engagement and awareness raising continued with focus on wards with the lowest vaccine uptake. Currently, between 30 - 180 first doses were dispensed a day in Birmingham.
- The NHS had launched a fourth vaccination dose for the elderly and those in clinically extremely vulnerable groups.
- Testing rates remained at a stable level. However, national guidance was awaited on who would be eligible for free tests when free testing ended on 1 April 2022.
- Members expressed concern at the local rising case rates, the impact of national changes to testing eligibility.
- Responding to concerns about the impact of recent outbreaks in China and Hong Kong, Dr Varney advised that vaccination take-up in China and Hong Kong was poor (below 60% full coverage in the elderly population), compared to Birmingham where over 83% of over 85s were fully vaccinated. However, there was risk of new variants developing when large outbreaks in poorly unvaccinated populations.

- Dr Varney assured the meeting that the council's public health approach and resources had been profiled up to September 2022 so the city could rapidly step up a full response to covid should it be required.

The Health and Wellbeing Board Strategy – Creating a Bolder Healthier City 2022-2030

- The Strategy set out the Health and Wellbeing Board's ambitions for the next eight years. The Strategy was a live document and would form a framework for the next Cabinet Member to build on.
- A range of consultation methods had been used to extend engagement with citizens and partner organisations to inform the strategy.
- Reflecting on the Health Impact Assessment comment that the Strategy aims were unachievable, and its criticism of the use of jargon in the document, it was explained that the ambitions reflected the wide-ranging feedback during the consultation. Delivery frameworks sat below the overarching strategy. In addition, the language in the document had been amended to produce an accessible document.

Public Consultations

- The Cabinet Member asked the Committee to support and promote the *Joint Sexual and Reproductive Health Strategy* consultation (launched 28th March 2022, closing 26th April 2022), and the *Creating a Healthier Food City Strategy* consultation (to be launched 11th April 2022, closing 19th August 2022).
- Public health had focused on strengthening community organisations in contact with communities they struggled to engage with and overcome public mistrust. The success in rebalancing relationships with faith leaders during the Covid pandemic was noted and Dr Varney undertook to provide the Committee with the recently published Faith Setting Toolkits.
- Suggestions from Members to expand engagement were welcomed and the Public Health Team was keen to restart ward forum presentations.
- Public health was working in partnership with NHS and the Police to identify engagement gaps and work smarter and collaboratively in this field.

Birmingham and Lewisham African and Caribbean Health Inequalities Review

- The Cabinet Member spoke of the ground-breaking work of the review, highlighting the 39 solution-focused recommendations developed with citizens and academics.
- The Committee was urged to keep challenging the Executive on the implementation of the recommendations and use the document to hold public health and the wider health system to account.

Cabinet Member for Health and Social Care

Noting this was her last meeting, the Cabinet Member thanked the Committee for its support and challenge during her term of office. She further thanked Dr Varney for the achievements of the service.

Committee Members also recorded their gratitude to the Cabinet Member and Director of Public Health for the political and professional leadership through the Covid pandemic, and the Chair thanked them both for their valuable contributions to health scrutiny.

RESOLVED:

- Progress with the Covid response be noted;
- The Creating a Healthier Food City Strategy and Sexual and Reproductive Health Strategy consultations be noted;
- The recommendations of the Birmingham and Lewisham African and Caribbean Health Inequalities Review be noted, and further consideration be given to how the committee holds the Executive and wider health services to account on implementation;
- The Birmingham Health and Wellbeing Board Strategy – Creating a Bolder Healthier City 2022-2030 be noted;
- The Annual Report of the Director of Public Health 2020/21 be received and noted; and
- Dr Varney be requested to forward copies of the Public Health Faith Setting Toolkits to the Committee.

6. NEIGHBOURHOOD NETWORK SCHEMES

Kalvinder Kohli (Programme Director Prevention and Early Intervention), Emil Prysak, (Commissioning Manager Prevention and Communities), and Benita Wishart, (Support and Development Manager, BVSC) attended for this item and responded to question from Committee members. The main points of the discussion included:

- The Birmingham Neighbourhood Network Scheme (NNS) sought to build resilient and connected communities through the development of prevention-focused public services. The Birmingham NNS was a shortlisted finalist for a 2022 LGC Award.
- Ten NNS operated on a constituency basis managed by BCC and other third sector organisations. Each had a steering group comprising of community social workers, other professionals, and active citizens to identify and develop community assets, activities, and support for citizens based on the needs, interests, and aspirations of citizens.
- The ‘10 building blocks of the NNS model’ were outlined. These included mapping community assets, partnering with local social workers, arranging networking events, providing capacity building training for assets, and managing a grant fund to offer grants and micro grants.
- The NNS funding history was explained, and it was noted that NNS would receive £3.57m per annum between 2022 – 2027. NNS had to date commissioned 460 grants worth £2.8m.

- BVSC was commissioned to provide a coordination role across the 10 NNS to share information, learning and to identify common patterns or trends which require a coordinated response.
- It was noted that the NNS infrastructure had enabled the mobilization of the local response to the Covid pandemic within 48 hours. NNS continued to fund community assets to support citizens during lockdown, with grants totalling £1.7m awarded between 2020-2021.
- NNS current focus was over 50s. However, NNS were to expand to younger adults 18-49 with learning disabilities, autism, mental health, physical disabilities and sensory impairment or loss. Future plans also included developing a Citywide NNS connected communities project to support communities thinly spread across the city, Digital NSS to facilitate online assets and Compassionate Communities programme.
- The meeting heard several cases studies of activities to illustrate their positive impact, ranging from tackling isolation, building self-confidence, improving physical health and wellbeing, addressing unemployment and financial advice, and developing digital skills.
- Positive feedback received from social workers highlighted that partnership with NNS Teams enhanced delivery of their role. Feedback from assets noted that they found the application process straightforward and NNS staff supportive.
- A copy of the NNS video presentation that could not be played due to technical issues would be circulated to committee members.

RESOLVED:

- That the information presented on the Birmingham Neighbourhood Network Scheme be noted; and
- The Overview and Scrutiny Manager forward a copy of the NNS video presentation to Committee members.
- That a briefing note on the Community Network Support Officers (CNSO) service and what it does is supplied to Members.

7. Q4 ADULT SOCIAL CARE PERFORMANCE MONITORING

Maria Gavin (Assistant Director, Adult Social Care) attended for this item to report on the red rated performance indicators; the 5 performance indicators chosen by this committee for more in-depth examination and the complete set of Adult Social Care performance indicators.

RESOLVED:

That the report be noted.

8. WORK PROGRAMME

Members suggested the following potential agenda items for an informal meeting on 19 April 2022:

- Update on the University Hospital Birmingham capital investment programme.
- Examining whether constitutional changes relating to scrutiny, including the early day questions facility at city council meetings, were working, with the view to referring the issue to Co-ordinating O&S Committee.

Members also discussed work programme priorities for the next Municipal Year and referred to the list of items on the work programme report. It was noted that the new committee would have the opportunity to set its priorities.

Ockendon report into Maternity Services at Telford and Shrewsbury

Weight Management

Access to Primary Care

Day care opportunities

Feedback from care homes

Health inequalities in Birmingham

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 1213 hours.

HOSC Scorecard Q4 2021/22

O&S Scorecard - March 2022

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

Measure	Status	Target	Last Month	This Month	D o T	Constituencies	Benchmarkable
1 Uptake of Direct Payments	AMBER	40%	38.7%	38.8%	Up (Green)	✓	✓
2 The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)	GREEN	75%	77.1% (Q2)	75.9% (Q3)	Down (Red)		
3 The number of long-term admissions to residential or nursing care per 100,000 over 65s	N/A	560	516 (Q2)	(Q3)			✓
4 The percentage of people who receive Adult Social Care in their own home	GREEN	DoT Only	70.7%	70.8%	Up (Green)		
5 The number of people who have Shared Lives	RED	140	106	106	Static (Amber)		
6 Proportion of clients reviewed, reassessed or assessed within 12 months	N/A	85%	70.8%			✓	✓
7 Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	GREEN	85%	95%	89%	Down (Red)		
8 The percentage of concluded Safeguarding enquiries where the desired outcomes were met during the enquiry	GREEN	85%	89%	95%	Up (Green)		
9 Social work client satisfaction - postcard questionnaire.	N/A	70%	(Q3)	(Q4)			

HOSC Scorecard Q4 2021/22

Measure	Status	Target	Last Month	This Month	DoT	Constituencies	Benchmarkable
10 The number of people with Learning Disabilities who have been supported into employment by the PURE Project	GREEN	DoT Only	14 (Q3)	19 (Q4)	Up (Green)		
11 The number of parents or carers who are satisfied with the transition plan co-produced with their young people	RED	DoT Only	45 (Q3)	40 (Q4)	Down (Red)		
12 The proportion of parents or carers who are satisfied with the transition plan co-produced with their young people	AMBER	DoT Only	100% (Q3)	97.6% (Q4)	Down (Red)		
13 The number of young people aged 14-30 transitioning to the Integrated Transition Team who feel that they can achieve their outcomes.	GREEN	DoT Only	54 (Q3)	65 (Q4)	Up (Green)		
14 The proportion of young people aged 14-30 transitioning to the Integrated Transition Team who feel that they can achieve their outcomes.	AMBER	DoT Only	100% (Q3)	98.5% (Q4)	Down (Red)		
15 The number of young people who achieve their outcomes following support from the Integrated Transition Team.	GREEN	DoT Only	45 (2020/21)	126 (2021/22)	Up (Green)		
16 The proportion of young people who achieve their outcomes following support from the Integrated Transition Team.	GREEN	DoT Only	55.6% (2020/21)	62.4% (2021/22)	Up (Green)		
17 The number of Changing Places across the city (annual measure, placeholder)	GREEN	DoT Only	13 (2020/21)	13 (2021/22)	Static (Amber)		

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

Uptake of Direct Payments

AMBER

Change:

Up
(Green) 0.1 pp

Last Month

38.7%

This Month

38.8%

Target

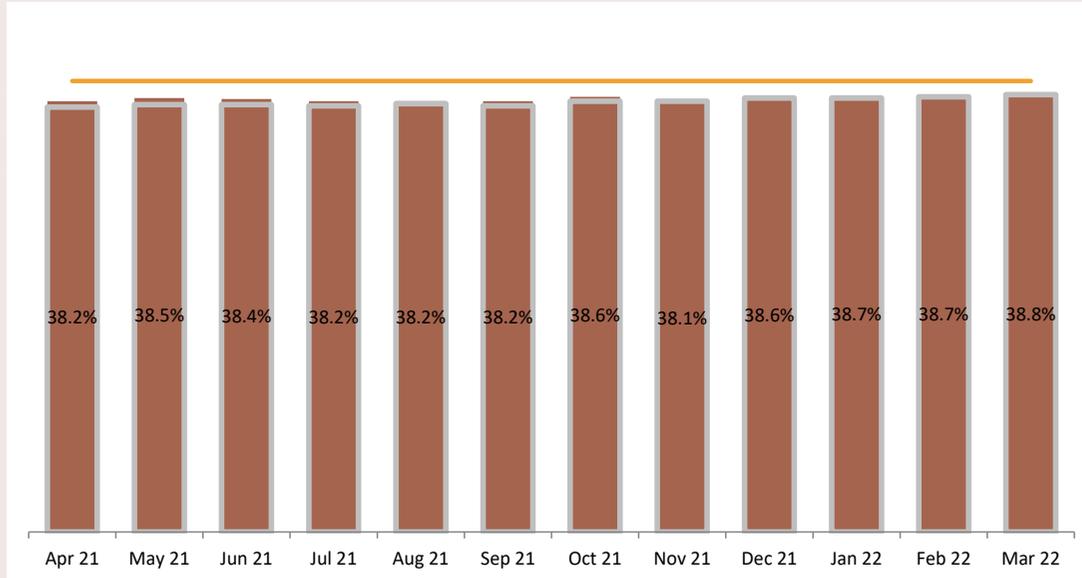
40%

Recalculated:

38.6%

Source:

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



Reported outturn

Recalculated

Target

Commentary:

The proportion of people we provide direct payments to has improved this month, but remains short of the 40% target. However, based on the positions in the 2020-21 ASCOF measures, we are in the top quartile of all councils for this measure. We are currently providing Direct Payments to 3,165 people, compared to 3,031 this time last year. This is out of 8,152 people who are eligible for them. Our social care staff are encouraging people to consider direct payments when they are discussing their care, so that there is more choice and flexibility in the support they can get. We are continuing to train our staff on direct payments. The Learning and Development Service also provides a range of training for people who receive direct payments, and their personal assistants. This training now includes input from service providers who support people with direct payments. We are working with citizens to co-produce future improvements to our direct payment services. And in addition, the Direct Payment Challenge Forum is looking at innovations and best practice to improve the uptake of Direct Payments and new ways of engaging with the community.

Measure Owner:
John Williams

Responsible Officer:
Shazia Hanif

Frequently asked questions:

[< Previous: Changing places](#)

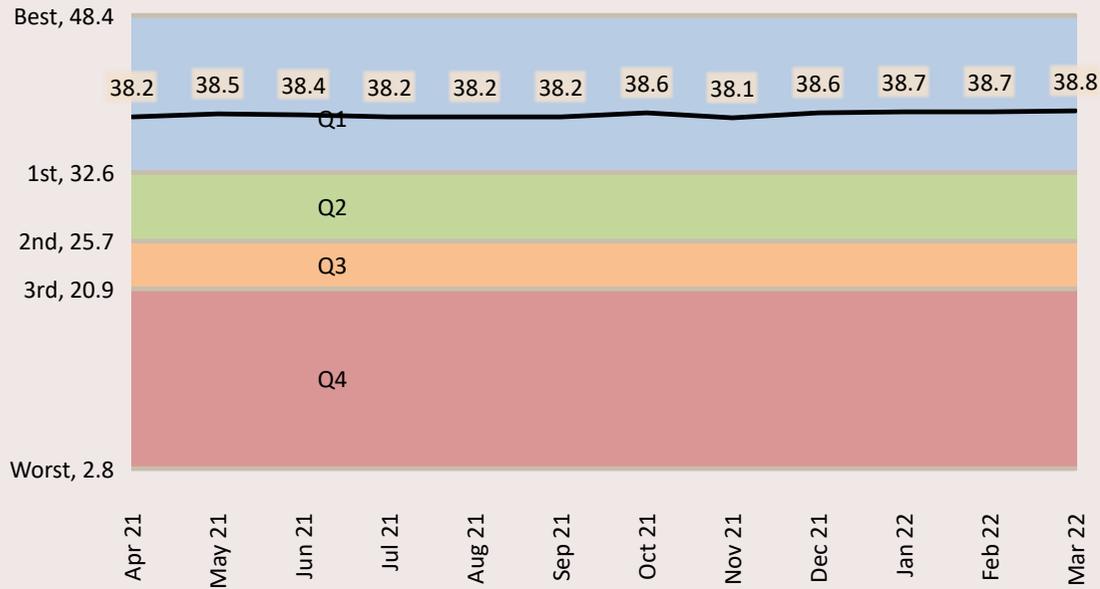
[Return to Scorecard](#)

[Next: Direct payments quartiles >](#)

Theme: Corporate Measures

Uptake of Direct Payments

Performance against national quartiles



Benchmarking data is taken from 2020/21 Ascof
 This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Packages Difference
		Figure	%	
Worst	2.8%	-36.0	-93%	-2953
3rd	20.9%	-17.9	-46%	-1469
2nd	25.7%	-13.1	-34%	-1075
1st	32.6%	-6.2	-16%	-509
Birmingham	38.8%			
Best	48.4%	9.6	25%	788

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

[< Previous: Direct payments uptake](#)

[Return to Scorecard](#)

[Next: Good provider all >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

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

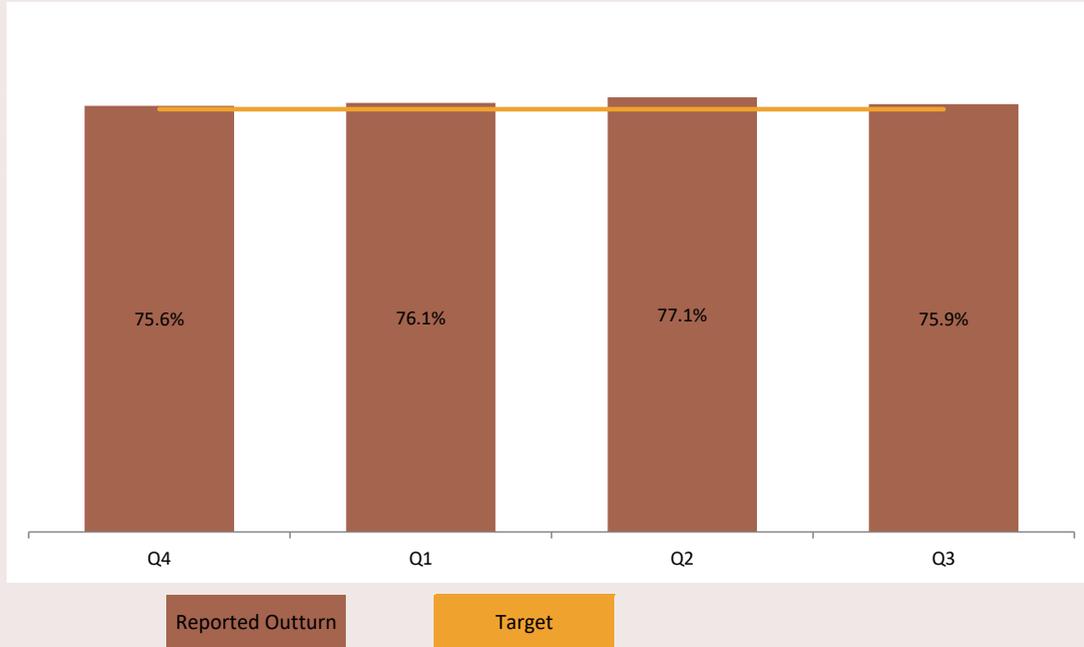
GREEN

Change:

Down (Red) 1.2 pp

Prev. Quarter	Latest Quarter	Target
77.1%	75.9%	75%

Source:
Carefirst service agreements and commissioning provider assessment data



Commentary:

Our performance on this measure has dropped slightly since last quarter but we continue to exceed the target of 75% of citizens placed with either a Gold or Silver rated provider. Our performance of 75.9% represents 5,626 out of 7,409 of our citizens receiving a service from a provider on our framework that is rated silver or gold. Our performance dropped because a large homecare provider who supports 84 of our citizens fell from a silver rating to bronze this quarter. Our provider ratings are based on a rigorous, evidence-based process that includes periodic visits from our commissioning officers and inspections by the Care Quality Commission (CQC). Some of this activity has been paused due to the Covid-19 pandemic, but we are due to restart it over the next three months. We will be tackling the highest-risk providers first, and as a result we expect there to be significant fluctuations in this measure over the next 12 – 18 months, particularly when we inspect providers who support a large number of people. This is part of our drive to improve overall quality, and we work with providers who are rated as inadequate to help them improve. Overall, 75% of our citizens who receive home support from us are with a provider rated as silver or gold, as are 77% of citizens receiving residential/nursing care and 74% receiving supported living services. We are working hard with inadequate providers in order to improve the overall quality of support available.

Measure Owner:
Alison Malik

Responsible Officer:

Frequently asked questions:

[< Previous: Direct payments quartiles](#)

[Return to Scorecard](#)

[Next: Long term admissions >](#)

Theme: Corporate Measures

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

N/A

Change:

Prev. Quarter

Latest Quarter

Target

516

560

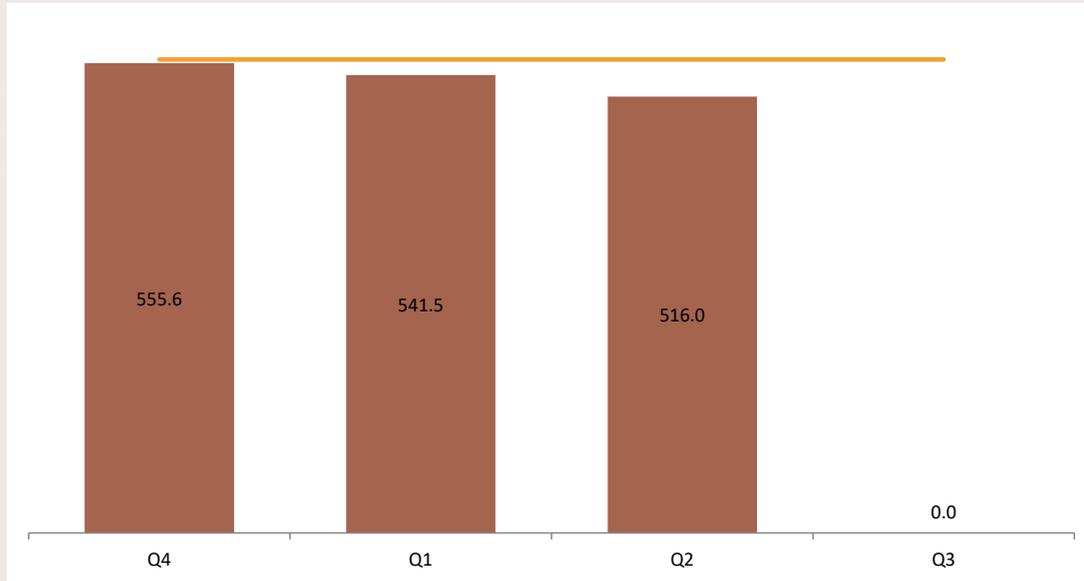
Recalculated:

0

Source:
Carefirst

Commentary:

Currently unable to report this measure due to our database moving to Eclipse



Reported Outturn

Recalculated

Target

Measure Owner:

Responsible Officer:

Frequently asked questions:

Empty box for frequently asked questions.

[< Previous: Good provider all](#)

[Return to Scorecard](#)

[Next: Care in own home >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

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

GREEN

Change:

Up
(Green) 0.1 pp

Last Month

70.7%

Recalculated:

70.6%

This Month

70.8%

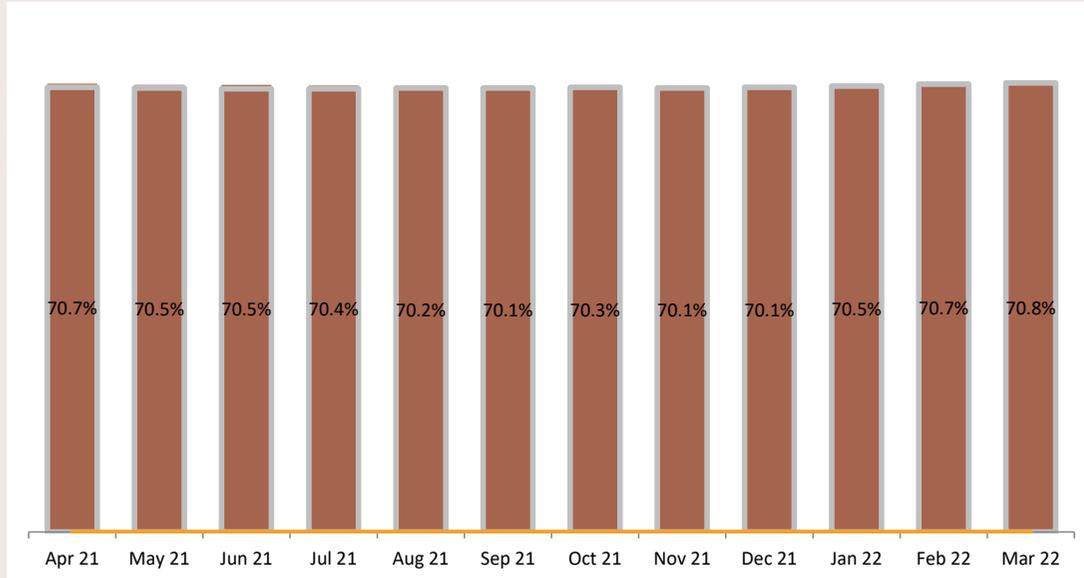
Preferred

Travel:

Upwards

Source:

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



Reported outturn

Recalculated

Commentary:

The proportion of people receiving support from us in their own homes has increased this month. 70.8% represents 8,536 out of the 12,054 people we currently support with services.

We are continuing to help people to remain living in their communities for as long as possible, so long as it meets their care needs and does not place them at risk. We have a variety of policies and initiatives in place to support this aim. These include our Home First policy, which aims to prevent discharging people from hospital into a care home wherever we can avoid it. We have implemented a Discharge to Assess model in hospitals which means we are not undertaking any long term planning for people while they are in hospital. Instead, the assessment takes place in the community with the aim of supporting people to remain as independent as possible for as long as possible. Our Early Intervention Community Team is helping to keep people at home following discharge from hospital. With it, we aim to prevent people being admitted to care homes by providing them with an intensive period of support that helps them be as independent as possible. We are also supporting people at the hospital 'front door', linking them into their communities to avoid hospital admission and supporting them to remain at home.

Our Occupational Therapists continue to support our Social Workers to use equipment and assistive technology effectively so that people can remain in their homes for longer.

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

Measure Owner:

Responsible Officer:

Andrew Marsh

Frequently asked questions:

[< Previous: Long term admissions](#)

[Return to Scorecard](#)

[Next: Shared lives uptake >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

The number of people who have Shared Lives

RED

Change:

Static
(Amber) 0%

Last Month

106

Recalculated:

107

This Month

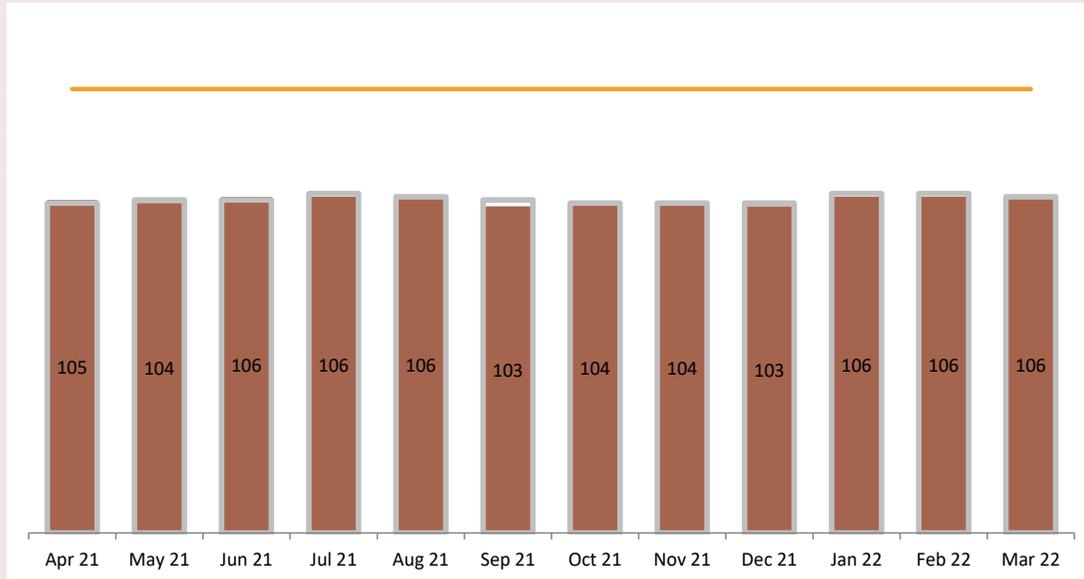
106

Target

140

Source:

Carefirst service agreements



Commentary:

The number of people receiving a Shared Lives service remained stable this month. As well as making new placements, we have to replace placements that have ended. We have experienced some issues around people being sick with covid, both among our carers and within our small team. This has had an impact on our ability to place citizens and recruit carers. We have also been expanding our respite support too, which provides short-term placements for people and is not reflected in this KPI, but is something our commissioning team has specifically asked us to do. We have developed a pathway into Shared Lives for people being discharged from hospital, and we are working on developing and maintaining links with our teams working in hospital discharge. We are holding workshops with both council staff and NHS staff, including NHS commissioners involved in Continuing Health Care, to increase their awareness of what Shared Lives can offer, and encourage them to refer people to us. We are supporting our carers and citizens, with weekly welfare calls, and maintaining virtual carers' meetings and "open door" sessions for carers.

Measure Owner:
John Williams

Responsible Officer:
Afsaneh Sabouri

Frequently asked questions:

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

[Return to Scorecard](#)

[Next: Reviews >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

Proportion of clients reviewed, reassessed or assessed within 12 months

N/A

Change:

Last Month

70.8%

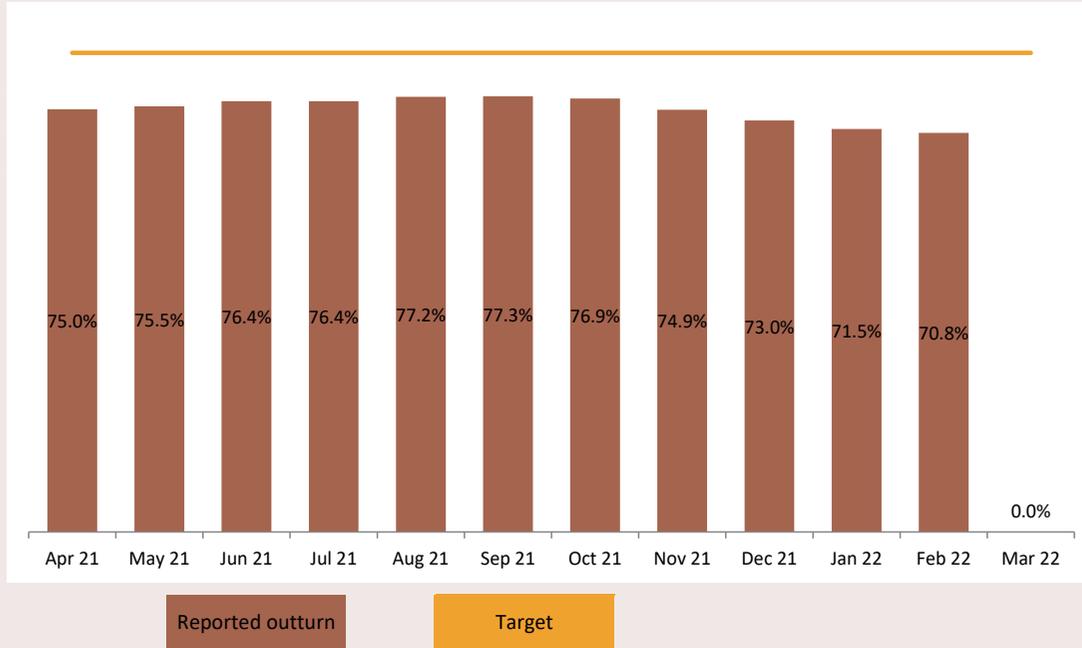
This Month

Target

85%

Source:

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



Commentary:

Please note: we are unable to report on this measure this month because the rollout of our new database has interrupted some of our reporting. We are reporting February's performance for our end-of-year result. Our performance on this measure dropped in February. Our performance of 70.8% represents 8,476 out of 11,966 eligible citizens who had a review, reassessment or assessment in the last 12 months. We have been focussing our efforts on completing reviews for people who receive Direct Payments. These are typically more complex and take longer to do than other types of review. As the latest wave of the pandemic has worsened, we have been redirecting social workers towards assessing people who are being discharged from hospital. This is so that we can support the NHS's response by helping to clear hospital beds. We have also been supporting the safeguarding team to help them deal with a backlog of work. Both these things have reduced the number of workers available to conduct reviews. In addition to the support we're providing, we have been experiencing problems with retaining social work staff, and have a number of vacancies we are struggling to fill. To address this, we have drafted a business case aimed at improving retention. This is currently with the directorate management team for approval. Each locality team continues to follow a bespoke action plan for meeting their review targets. As part of their plan, each team receives a monthly list of people they need to review, and they have to account for their progress through the list in their meeting with their Head of Service. They also discuss their review targets during supervision and appraisal meetings. The operational teams are currently working with Care First, Performance and Finance colleagues to ensure the system captures the review activity, review activity and allocation of cases is to be monitored and considered at a team level.

Measure Owner:
John Williams

Responsible Officer:
Afsaneh Sabouri

Frequently asked questions:

[< Previous: Shared lives uptake](#)

[Return to Scorecard](#)

[Next: Safeguarding MSP >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

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

GREEN

Change:

Down
(Red) 6 pp

Last Month

95%

Recalculated:

95%

This Month

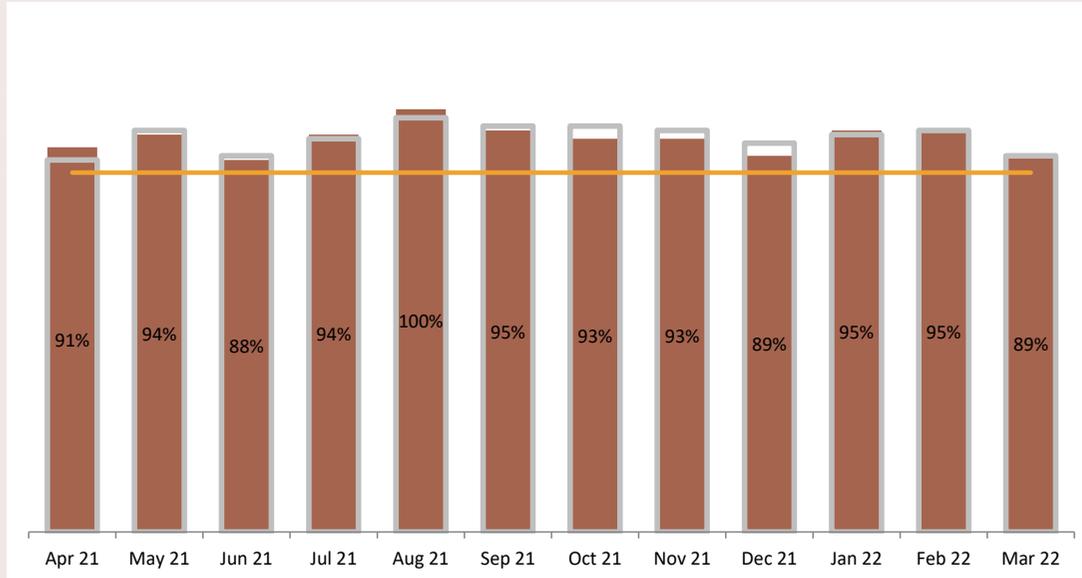
89%

Target

85%

Source:

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



Reported outturn

Recalculated

Target

Commentary:

Our performance on this measure remains above the target. Our overall performance over the last 12 months is 94%. As we have noted previously, this measure is based on relatively small numbers, so we expect variations in the result from month to month. However, the consistently high performance indicates that social work staff are making efforts to include vulnerable people in their safeguarding enquiries.

Measure Owner:
John Williams

Responsible Officer:
Paul Hallam

Frequently asked questions:

[< Previous: Reviews](#)

[Return to Scorecard](#)

[Next: Safeguarding outcomes met >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

The percentage of concluded Safeguarding enquiries where the desired outcomes were met during the enquiry

GREEN

Change:

Up
(Green) 6 pp

Last Month

89%

Recalculated:

89%

This Month

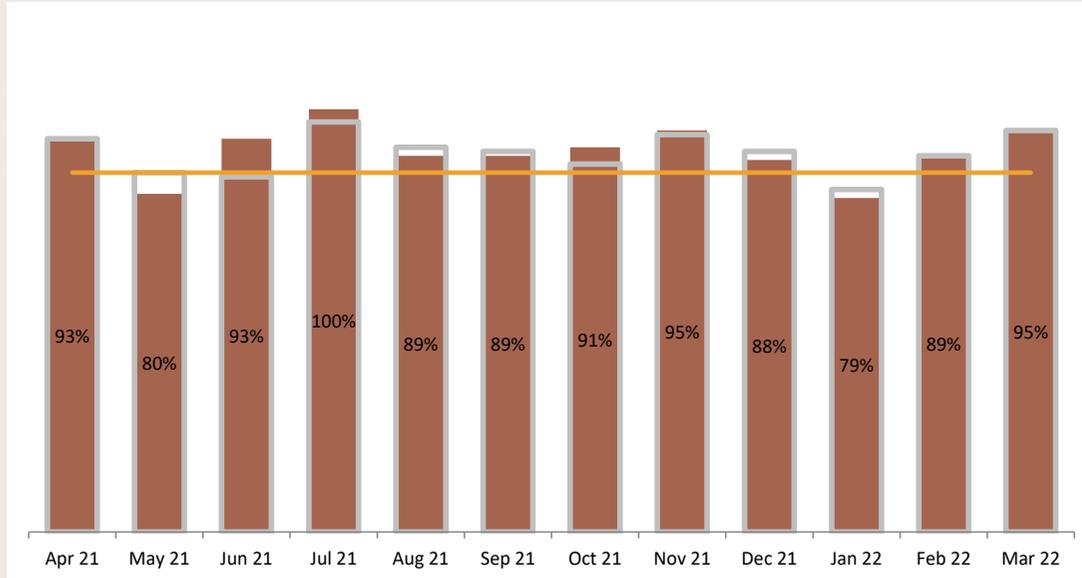
95%

Target

85%

Source:

Carefirst- safeguarding enquiry forms. Proportion of enquiries where the person expressed desired outcomes where at least one was partially met.



Reported outturn

Recalculated

Target

Commentary:

Our performance on this measure this month has improved, with 95% of the people who told us their desired outcomes for their safeguarding enquiry having at least one of them met. Citizens providing feedback that the desired outcomes during a safeguarding enquiry has been met is at times difficult to obtain, this is further complicated due to the relatively small numbers of enquiries, this means we can see large fluctuations in our performance. However, our overall performance is at 90% for the last 12 months. The safeguarding team has some staffing capacity challenges and senior managers are actively exploring mitigations for this. While this is probably having an effect on our performance against the two safeguarding measures here, on the whole it still tends to be above target for both of them. We currently have an action plan in place where we are using a combination of support from other social work teams and some overtime to address the impact of these challenges.

Measure Owner:
John Williams

Responsible Officer:
Paul Hallam

Frequently asked questions:

[< Previous: Safeguarding MSP](#)

[Return to Scorecard](#)

[Next: General satisfaction >](#)

Theme: Corporate Measures

Social work client satisfaction - postcard questionnaire.

N/A

Change:

Prev. Quarter

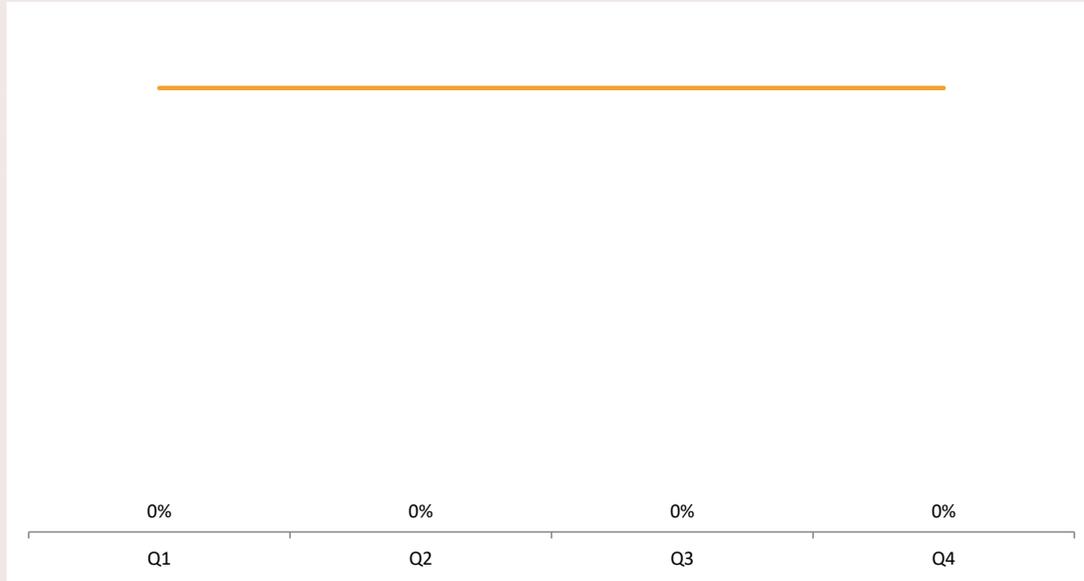
Latest Quarter

Target

70%

Source:

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



Reported Outturn

Target

Commentary:

Measure suspended due to Covid 19 pandemic

Measure Owner:
Julia Parfitt

Responsible Officer:
Julia Parfitt

Frequently asked questions:

[< Previous: Safeguarding outcomes met](#)

[Return to Scorecard](#)

[Next: LD Employment >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

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

GREEN

Change:

Up
(Green) 35.7%

Prev. Quarter

14

Latest Quarter

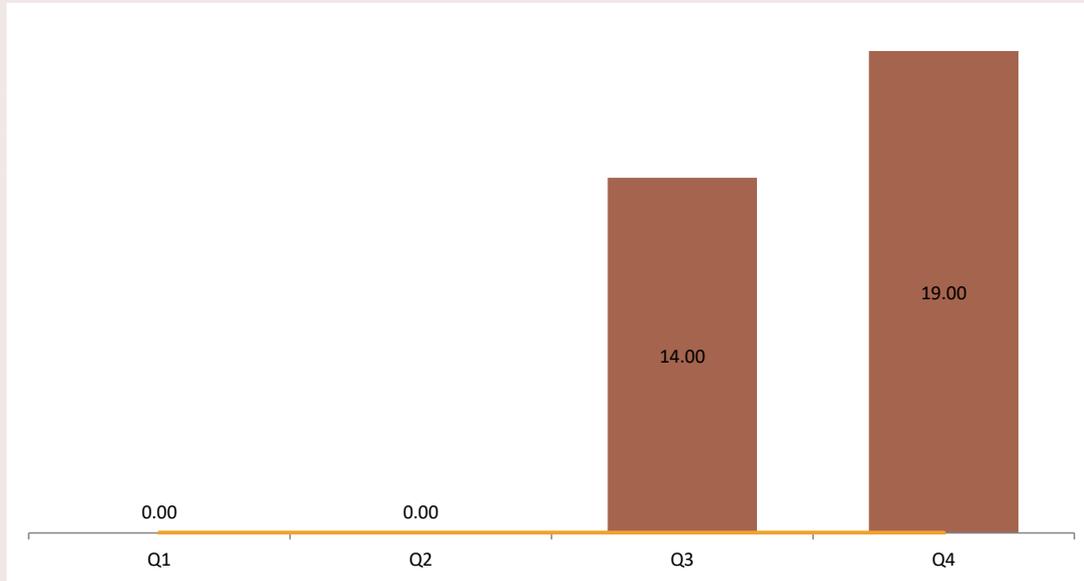
19

Preferred

Travel:
Upwards

Source:

Data supplied by PURE



Reported Outturn

Commentary:

The PURE Project continues to make positive progress since emerging from the various lockdowns we faced. With most restrictions being lifted some normality has returned. However, it is worth noting that our citizens, particularly those with a LD are still struggling to cope and understand that life continues with COVID still being around. Anxiety around coming out and receiving support still continues to be a challenge but we preserve and make adaptations and adjustments to ease them into some form of normality.

To the end of March 2022, the Pure project has now supported 19 people with learning disabilities into employment and a further 72 individuals into an education or training course which are designed to support them gain employment at a later date, if they do so wish. Overall, the project has engaged with 499 individuals with a LD and therefore these have all received some level of support from our specialist LD providers.

We have a range of incentives aimed at increasing participation, including making one-day travel cards available to participants, and £10 vouchers for our providers to use at their discretion to encourage participants in the process.

We have obtained equipment for a digital inclusion lending scheme and our partner XMA is readying them for use. We are aiming to make them available along with training support in early May.

We are also in talks with Fircroft College to develop some bespoke courses aimed at helping our participants gain valuable skills.

We have been involved in several job fairs and are now planning one specific to the PURE project which we intend to hold in the Balsall Heath area.

Measure Owner:

John Williams

Responsible Officer:

Tabriz Hussain

Frequently asked questions:

[< Previous: General satisfaction](#)

[Return to Scorecard](#)

[Next: PFA plan satisfaction count >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

The number of parents or carers who are satisfied with the transition plan co-produced with their young people

RED

Change:

**Down
(Red) 11.1%**

Prev. Quarter

45

Latest Quarter

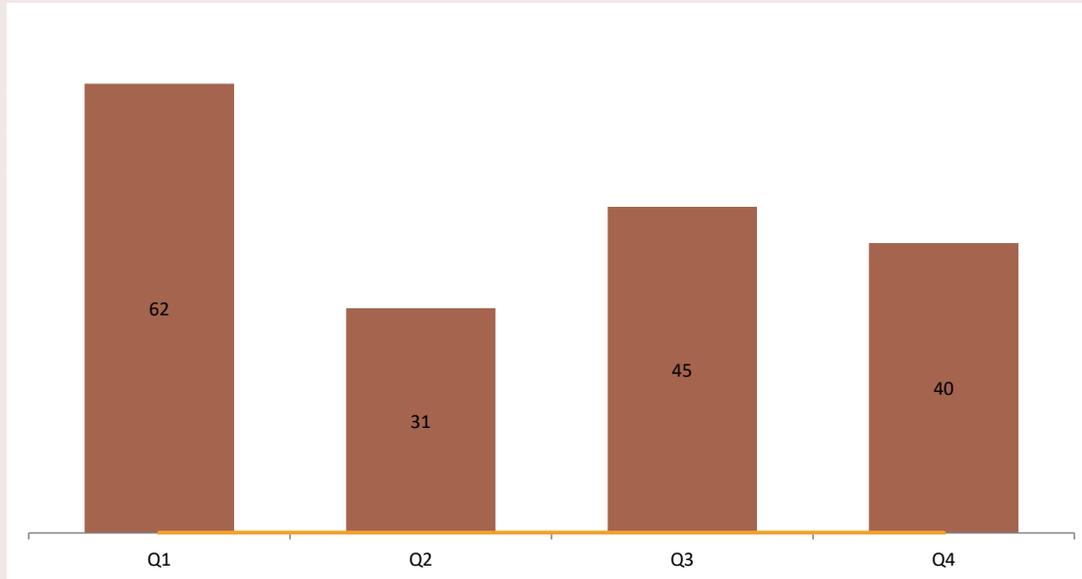
40

Preferred

Travel:
Upwards

Source:

Survey- data supplied by the Integrated Transition Team



Reported Outturn

Commentary:

This quarter, both the number (45 Jan 2022 vs 41 April 2022) and the percentage (100% Jan 22 vs 97.6% April 2022) of parents and carers who say they are satisfied with their young person's transition plan have decreased.

We included this question as mandatory on the review form this quarter, and this has improved our response rate.

The number of young people we support is currently less than the figure included in our business case. This is because we have a recruitment freeze while we carry out a formal consultation on the redesign of the Preparation for Adulthood service which is currently a proof of concept. This means that we only have 14 out of a full complement of 30 staff.

The consultation has now concluded and the final business case was signed off by SMT on 20th April. We are commencing internal recruitment into ring fenced posts week commencing 02nd May and we will advertising the remaining posts over the coming weeks. We will then have capacity to support more young people.

Measure Owner:

Responsible Officer:

Caroline Naven

Frequently asked questions:

[< Previous: LD Employment](#)

[Return to Scorecard](#)

[Next: PFA plan satisfaction percent >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

The proportion of parents or carers who are satisfied with the transition plan co-produced with their young people

AMBER

Change:

Down (Red) 2.4 pp

Prev. Quarter

100%

Latest Quarter

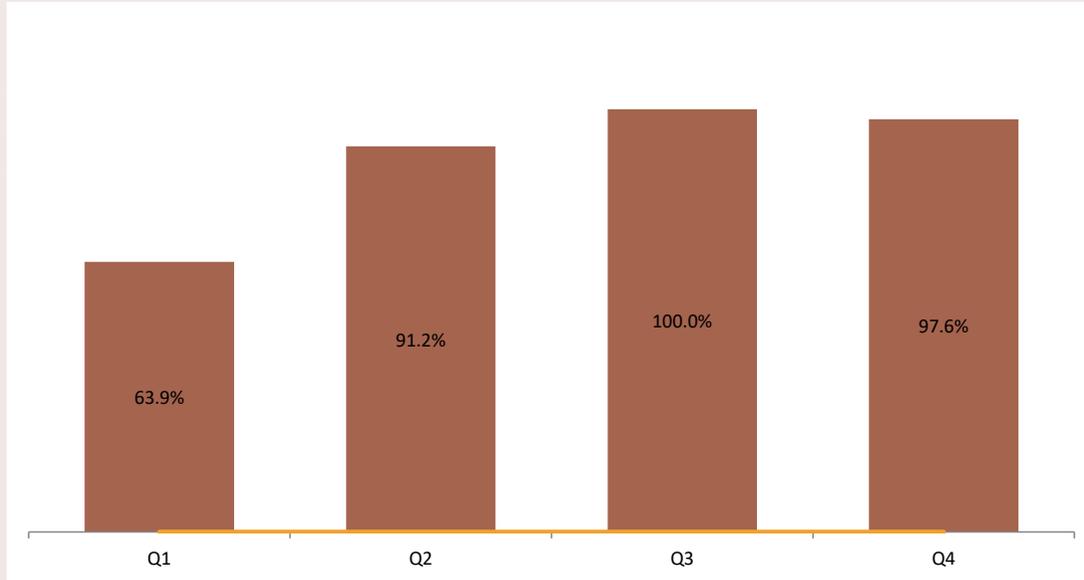
97.6%

Preferred

Travel:
Upwards

Source:

Survey- data supplied by the Integrated Transition Team



Reported Outturn

Commentary:

This quarter, both the number (45 Jan 2022 vs 41 April 2022) and the percentage (100% Jan 22 vs 97.6% April 2022) of parents and carers who say they are satisfied with their young person's transition plan have decreased.

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Measure Owner:

Responsible Officer:

Caroline Naven

Frequently asked questions:

[< Previous: PFA plan satisfaction count](#)

[Return to Scorecard](#)

[Next: PFA can achieve outcome count >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

The number of young people aged 14-30 transitioning to the Integrated Transition Team who feel that they can achieve their outcomes.

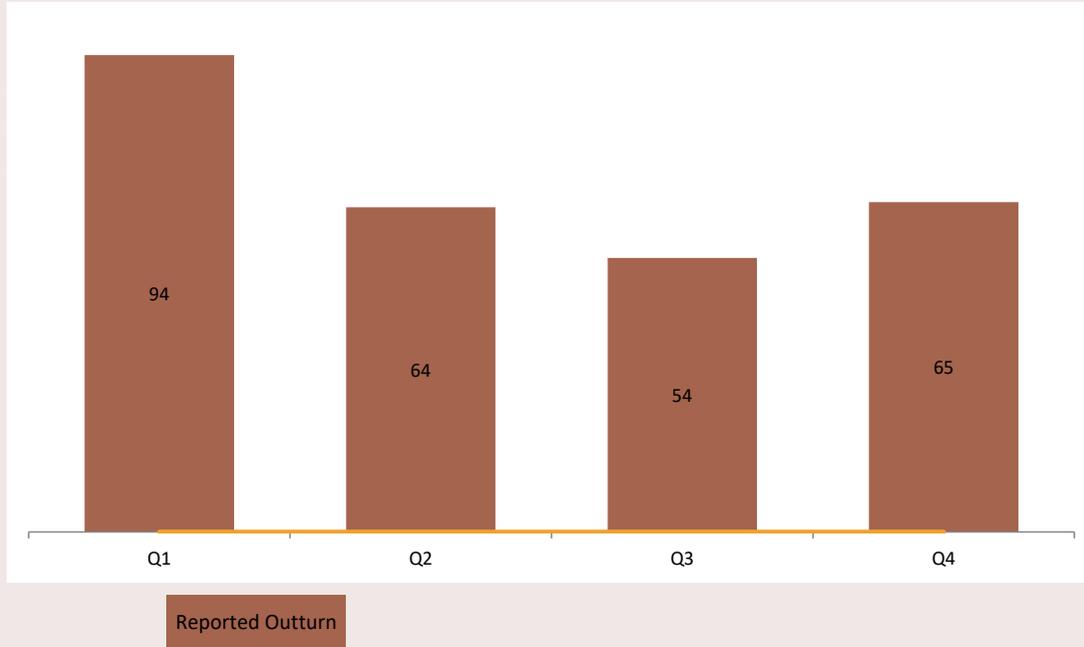
GREEN

Change:

Up (Green) 20.4%

Prev. Quarter	Latest Quarter	Preferred
54	65	Travel: Upwards

Source:
Survey- data supplied by the Integrated Transition Team



Commentary:

This quarter, the percentage of young people who felt they could achieve their outcomes decreased (100% Jan 2022 vs 98.5% April 2022), however the number of young people being supported increased (54 Jan 2022 vs 65 April 2022). We don't have a target for this measure because the Preparation for Adulthood service is currently a pilot and there was no existing data to base one on. As a result, our RAG rating is based on direction of travel only.

We included this question as mandatory on the review form this quarter, and this has improved our response rate.

The number of young people we support is currently less than the figure included in our business case. This is because we have a recruitment freeze while we carry out a formal consultation on the redesign of the Preparation for Adulthood service which is currently a proof of concept. This means that we only have 14 out of a full complement of 30 staff. The consultation has now concluded and the final business case was signed off by SMT on 20th April. We are commencing internal recruitment into ring fenced posts week commencing 02nd May and we will advertising the remaining posts over the coming weeks. We will then have capacity to support more young people.

Measure Owner:

Responsible Officer:
Caroline Naven

Frequently asked questions:

[< Previous: PFA plan satisfaction percent](#)

[Return to Scorecard](#)

[Next: PFA can achieve outcome percent >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

The proportion of young people aged 14-30 transitioning to the Integrated Transition Team who feel that they can achieve their outcomes.

AMBER

Change:

Down (Red) 1.5 pp

Prev. Quarter

100%

Latest Quarter

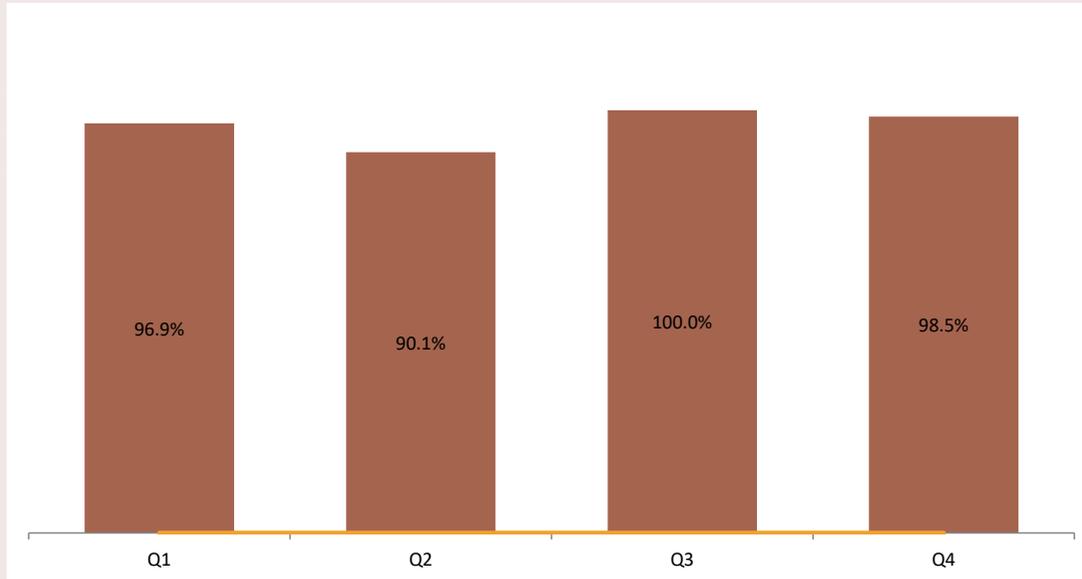
98.5%

Preferred

Travel:
Upwards

Source:

Survey- data supplied by the Integrated Transition Team



Reported Outturn

Commentary:

This quarter, the percentage of young people who felt they could achieve their outcomes decreased (100% Jan 2022 vs 98.5% April 2022), however the number of young people being supported increased (54 Jan 2022 vs 65 April 2022). We don't have a target for this measure because the Preparation for Adulthood service is currently a pilot and there was no existing data to base one on. As a result, our RAG rating is based on direction of travel only.

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Measure Owner:

Responsible Officer:

Caroline Naven

Frequently asked questions:

[< Previous: PFA can achieve outcome count](#)

[Return to Scorecard](#)

[Next: PFA outcomes achieved count >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

The number of young people who achieve their outcomes following support from the Integrated Transition Team.

GREEN

Change:

Up
(Green) 180%

Prev. Quarter

45

Latest Quarter

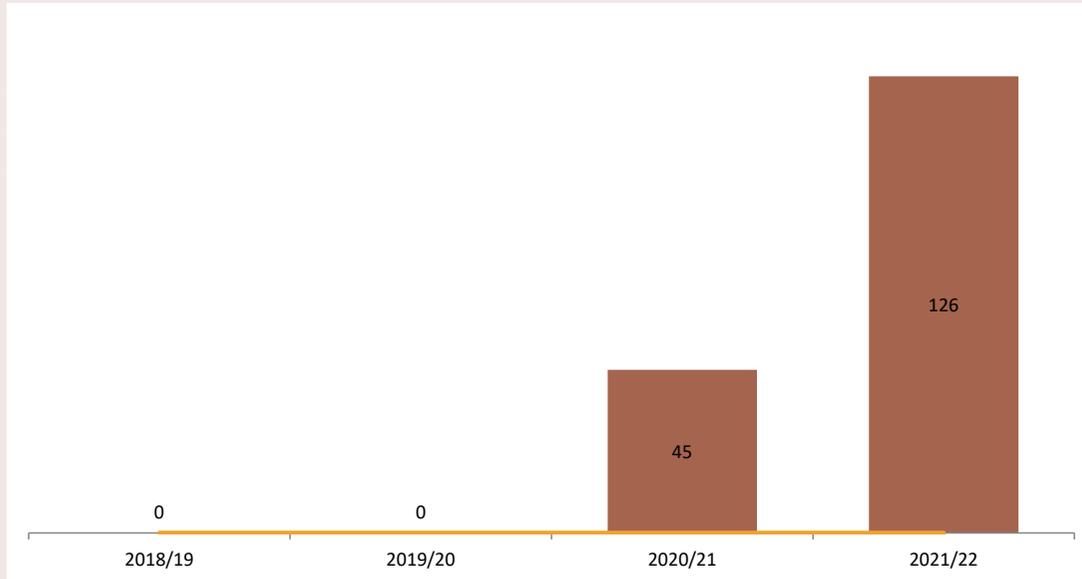
126

Preferred

Travel:
Upwards

Source:

Survey- data supplied by the Integrated Transition Team



Reported Outturn

Commentary:

This is a new measure relating to a service which is still in its infancy, so there is little historic data and we are still building up a baseline idea of what "normal" looks like. We have now completed full support with a total of 202 young people (81 young people still receiving support), of which 126 (62.4%) have achieved outcomes following support from the Preparation for Adulthood service.

Preparation for Adulthood (PFA) is a two-year proof of concept which commenced in April 2020. Our service has three elements: Integrated Transitions Team (ITT), Vulnerable Adults Team (VAT) and a Transitions & Wellbeing Hub. The ITT, which works primarily with young people with additional needs, launched in September 2020. The VAT, which works with young people who have endured trauma which may make them vulnerable as adults, launched in January 2021. We awarded the contract for running the Hub to St Basils and this service commenced in July 2021.

PFA started operating during the Covid-19 pandemic. This meant our service needed to work in creative and innovative ways. Initially we were engaging with the young people we support virtually, but once restrictions were eased we have worked with them throughout the pandemic face to face. Since our launch, we have received 622 connection requests, which have led to us working with 283 young people to date, across the Integrated Transitions team and the Vulnerable Adults team.

Our service focusses on assisting young people, aged 14-30, to achieve outcomes around employment, housing, health, relationships and community. Our approach is one of co-production with our citizens, specifically the young people we aim to support. Young people have been involved in the recruitment to all posts within the service. The Youth Empowerment Squad, known as the YES! Group continues to go from strength to strength and they have supported us to produce marketing materials as well as being a sounding board for initiatives such as the online programme of activities known as Jump Start.

We monitor our team's performance, both with measures like this and by looking at 'stories of difference'. Our colleagues capture information throughout each young person's time with us to show what difference our service has made to them and put it together as a 'story of difference.'

We have our own data analyst and all this information is collated for reports to external bodies, such as Ofsted. We also report to our internal governance in the form of the bi-monthly Preparation for Adulthood Board, which is chaired by the Children's Trust, and the monthly Prevention and Early Intervention Board which is chaired by the Director of Adult Social Care. We share bi-monthly reports with the Cabinet Members for Adult Social Care and Health and Children's Services, as well as the Chairs of the associated Overview and Scrutiny Committees. In addition, we attended Overview and Scrutiny Committee earlier this year with an evaluation report conducted by the University of Warwick who are researching the innovation of our work.

Measure Owner:

Responsible Officer:

Caroline Naven

Frequently asked questions:

[< Previous: PFA can achieve outcome percent](#)

[Return to Scorecard](#)

[Next: PFA outcomes achieved percent >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

The proportion of young people who achieve their outcomes following support from the Integrated Transition Team.

GREEN

Change:

Up
(Green) 6.8 pp

Prev. Quarter

55.6%

Latest Quarter

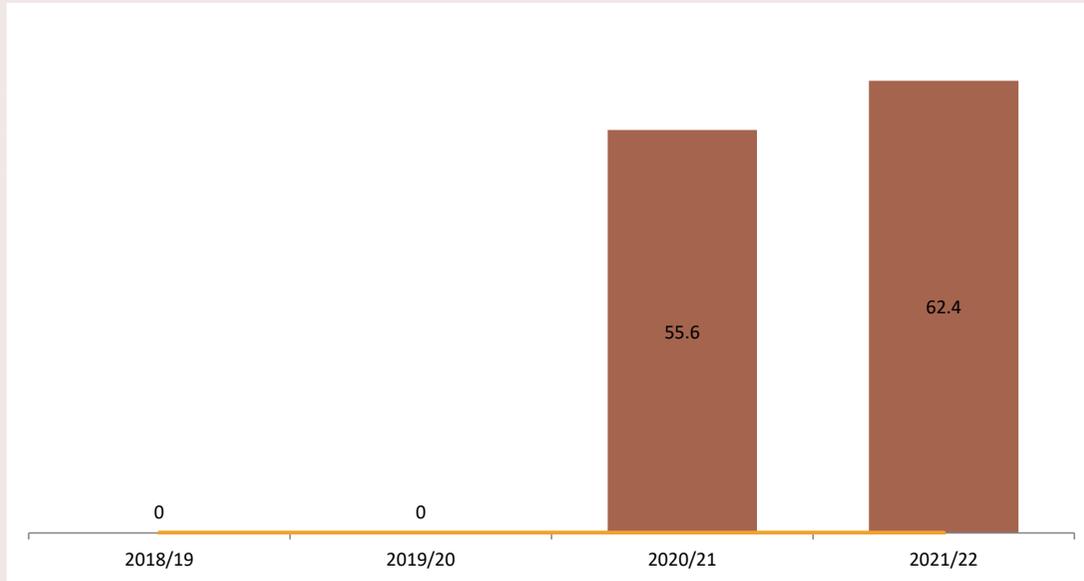
62.4%

Preferred

Travel:
Upwards

Source:

Survey- data supplied by the Integrated Transition Team



Reported Outturn

Commentary:

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Measure Owner:

Responsible Officer:

Caroline Naven

Frequently asked questions:

[< Previous: PFA outcomes achieved count](#)

[Return to Scorecard](#)

[Next: Changing places >](#)

HOSC Scorecard Q4 2021/22

Theme: Corporate Measures

The number of Changing Places across the city (annual measure, placeholder)

GREEN

Change:

Static
(Amber) 0%

Prev. Quarter

13

Latest Quarter

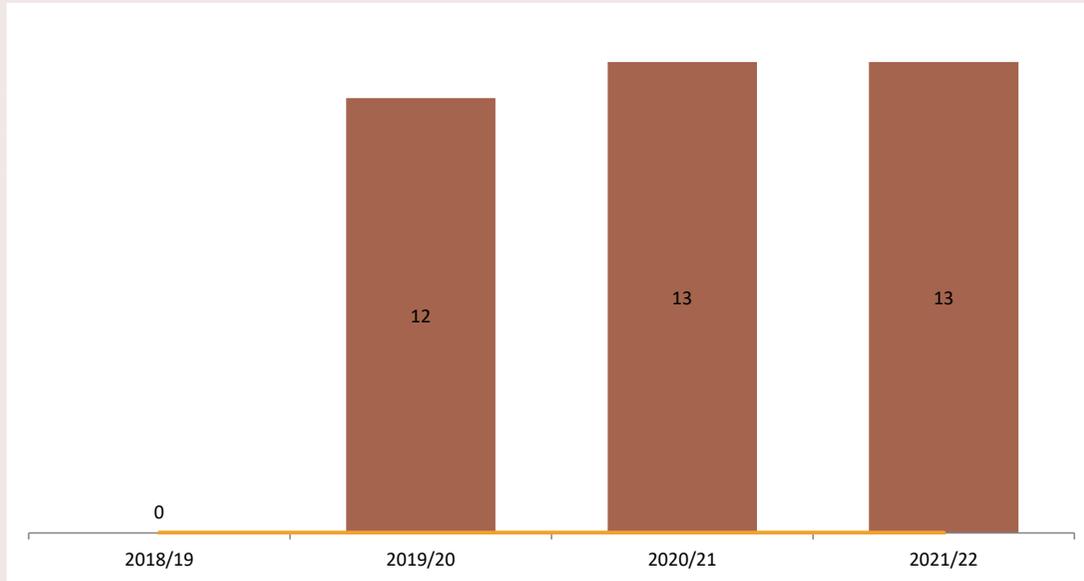
13

Preferred

Travel:
Upwards

Source:

Changing Places Consortium



Reported Outturn

Commentary:

Measure Owner:

Responsible Officer:

Frequently asked questions:

[< Previous: PFA outcomes achieved percent](#)

[Return to Scorecard](#)

Giving you a voice

Healthwatch Birmingham
Annual Report 2021–22



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Message from our Chair

I am pleased to present Healthwatch Birmingham's annual report for 2021–2022. Given the very visible pressures and challenges health and social care services currently face, it is important that we shine a spotlight on our mission to ensure everyone in Birmingham, regardless of background, can access the best possible care.

At the core of this mission is our belief that the needs of patients and the public must be central to the design and delivery of health and social care services. No-one knows these better than the service users themselves. This report shows what can be achieved when services truly listen to what people want, and work closely with them to make the improvements they need. This is particularly important for people whose views aren't often heard. I am proud that, in the following pages, you can read about how Healthwatch Birmingham has given groups such as young people with mental health issues, people with visual impairments and the city's Somali community a voice to demand and secure changes to the services they rely on.

We will continue to support these groups by working with them, and with service providers, to ensure constant improvement. We will also be investigating and understanding the experiences of other vulnerable groups – such as users of local day services for people with disabilities or other needs – in our ambitious programme of activity in the coming year.

Alongside giving greater visibility to often forgotten communities, Healthwatch Birmingham itself has become a much stronger presence in the local health and social care system. Over 8,000 people – more than ever before – shared their experiences with us in 2021–22. We used what the public told us to speak out about the issues that most mattered to them – such as the backlog for treatments exacerbated by Covid-19, long waits for ambulances and difficulties getting appointments with dentists and GPs. In addition, we helped over 5,000 people find support for their own personal situation through our Information and Signposting service and website.



The needs of patients and the public must be central to the design and delivery of health and social care services. This report shows what can be achieved when services truly listen to what people want, and work closely with them to make the improvements they need.



The importance of our role, as the independent voice and champion for patients and the public, will be increased in the new Integrated Care System (ICS), which links NHS and local authority social care services more closely together. We look forward to collaborating with our partners in the ICS to tackle health inequalities and improve health and social care for everyone in Birmingham.

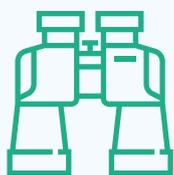
I would like to thank the incredible team of Healthwatch Birmingham staff and volunteers for the brilliant work they do on behalf of patients and the public. Thank you also to NHS and social care staff, alongside our many friends in the thriving voluntary sector, who work with Healthwatch Birmingham to make such a positive difference for the people of this great city. But the biggest credit for the impact we are proud to demonstrate in this report must go to everyone who shared their experiences with us. I appeal to you to keep telling us your thoughts – and encourage your friends and family to do the same – so that together we can create ever bigger benefits for you, your community and everyone in Birmingham.

– **Richard Burden, Chair, Healthwatch Birmingham**

About us

Your health and social care champion

Healthwatch Birmingham is your local health and social care champion. From Acocks Green to Sutton Coldfield and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



Our vision

A world where everyone can get the best possible health and social care for them.



Our mission

To make sure people's experiences help make health and social care better for everyone.



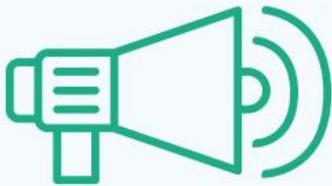
Our values

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

Our year in review

Find out how we have engaged and supported people.

Reaching out



8,008 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

5,430 people

came to us for clear advice and information about topics such as mental health and Covid-19.

Making a difference to care



We published

4 reports

about the improvements people would like to see to health and social care services.

Our most popular report was

Access to mental health services for children and young people in Birmingham: what needs to change?

Health and care that works for you



We're lucky to have

25

outstanding volunteers, who help us to make care better for our community.

We're funded by our local authority. In 2021-22 we received

£407,956

which is the same as the previous year.

We also employ

10 staff

who help us carry out this work.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring



We chaired the West Birmingham Covid-19 Vaccination Hesitancy Group; working with the NHS and charities to increase vaccinations in deprived areas.



We ran an event, with the NHS and Birmingham City Council, to involve citizens in the developing Neighbourhood Integration programme.

Summer



We published our report into Birmingham and Solihull residents' experiences of health and social care during the second national lockdown.



Together with University Hospitals Birmingham, we ran workshops with Romanian and Urdu/Mirpuri speakers to improve health information in these languages.

Autumn



We published our report into young people's experiences of mental health services, calling for urgent changes to the support they receive.



Participants from our study into health inequalities helped to produce videos in Somali with Black Country and West Birmingham Clinical Commissioning Group.

Winter



As part of our forthcoming investigation, We met with Local Dentist Committees to discuss how access to NHS dentistry can be improved.



We worked with Birmingham Women's and Children's Hospitals on a strategy to reach groups experiencing health inequalities.

Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.



Calling for important changes to mental health services for children and young people

When people seek help for mental health issues, speed and sensitivity of response is vital. However, when young people or their families ask for help, it not only takes far too long to be seen but the experience is often confusing and isolating too.

We investigated the Forward Thinking Birmingham (FTB) mental health service for young people after numerous service users, families and carers contacted us to raise concerns about access to treatment and the quality of care.

Following our report, based on feedback from over 200 young people and their parents/carers, we are now working closely with FTB and service users to ensure that essential changes are being made for the benefit of young people in the city.



82% of young people

(or their parents/carers) who had used FTB said support did not match their needs

Among the issues identified were:

- Delayed responses from the mental health crisis support team putting young people at risk.
- Difficulties getting suitable support leading some young people and their parents to turn to A&E as their only option.
- Long waiting times after referral meaning opportunities for early intervention are missed, with young people's mental health deteriorating before their first assessment.
- Lack of care plans resulting in some young people receiving insufficient care and/or inappropriate treatment for their needs.
- Inadequate understanding and support for young people with mental health issues and other conditions such as autism.
- Poor communication and lack of integration across different services.

What difference did this make

FTB is now working closely with service users on the recommendations in the report, with an initial focus on improving communication with patients and increasing staff awareness of neurodevelopmental needs, alongside a drive to recruit new staff to the FTB workforce.



“For Forward Thinking Birmingham it has been vital to listen and act on the findings of the report. It matters to us that local people get the mental health services they need. We feel a huge responsibility to get things right and we use our patients’ feedback to make sure that we are continuously improving our services.”

– Elaine Kirwan, Director of Nursing, FTB



Improving vision impairment rehabilitation services

For people who have serious problems with their sight, the right support from visual impairment rehabilitation services is essential to help develop the necessary skills to live with sight loss and maintain independence.

Our initial investigation into visual impairment rehabilitation services provided by Birmingham City Council was prompted by comments from a focus group about their challenges accessing support. We spoke to 33 individuals who were either registered sight impaired or severely sight impaired and a small number who were not yet registered.

People told us about issues such as:

- Lack of access to specialist Visual Impairment Rehabilitation Officers.
- Confusion about who to contact for support, the registration process and referral routes.
- Assessments fail to take into account other issues and conditions.
- Impersonal support that does not consider individual needs.

We made recommendations for improvement based on what people told us they need. These were presented to the council's visual impairment rehabilitation team in our initial report, who have now confirmed important changes have been made. These include:

- Recruiting an additional Visual Impairment Rehabilitation Officer.
- Improving information, accessibility and navigation on the council's website.
- Maintaining regular contact with everyone on the sight loss register, including regular wellbeing checks for those receiving a care package during lockdown.
- Working with Focus Birmingham and Royal National Institute of Blind People (RNIB) to develop additional information leaflets.



“During the lockdown, I did get refresher long cane skills trainings that I had requested. I was grateful for this, the instructor was good, he took all steps to make me feel safe and secure, and also trained me on two different routes. I also had an assessment which matched my needs and this helped to make my house accessible for me.”

Service User



What difference did this make

By identifying the specific barriers and challenges for people with sight loss, we helped Birmingham City Council's visual impairment rehabilitation team to implement changes that will improve access, information, engagement and communication.

This will give people living with sight loss the reassurance that their needs are central to the planning and implementation of the care and support they receive.

Three ways we have made a difference for the community

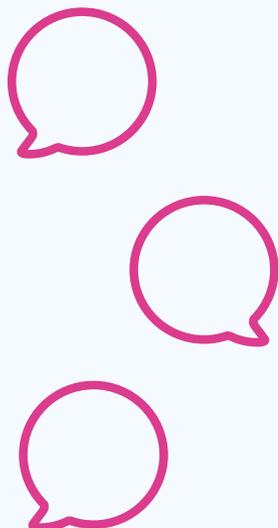
Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



Creating empathy by bringing experiences to life

It's important for the NHS and social care services to step back and see the bigger picture, through hearing personal experiences and the impact on people's lives, which provides a deeper understanding than using data alone.

Some people who need the most sensitive care struggle to get health and social care services to listen to their needs. This is particularly true for survivors of past trauma such as modern slavery or domestic abuse. We have worked with organisations like Adavu Project and Anawim (Birmingham's Centre For Women) to give the people they support a way to share their personal experiences with services in ways in which they feel safe, secure and listened to.



Getting services to involve the public

Services need to understand the benefits of involving local people in the development of services in order to help improve care for everyone. We regularly respond to consultations put out by health and social care organisations to emphasise the importance of using public feedback in the design and delivery of services.

The Care Quality Commission (CQC) updated its patient experience framework after we highlighted areas for improvement such as accessibility and demonstrating how feedback is used. The Department for Health and Social Care also upgraded its guidance around use of force in mental health settings to include greater consideration of public feedback following our response to its public consultation.



Improving care over time

Change takes time. We often work behind the scenes with health and social care services to consistently raise issues and push for changes.

We are working with the NHS on long-term strategies to tackle some of the entrenched health inequalities in Birmingham. Following our report into health inequalities, Birmingham Women's and Children's Hospital Trust has made cultural awareness training a priority for staff and has recruited a Patient and Families Ambassador for Inclusion and Diversity to promote equalities and inclusion. West Midlands Ambulance Service has also recruited an Inequalities Officer to ensure the trust is listening to diverse communities.

Advice and information

If you feel lost and don't know where to turn, Healthwatch Birmingham is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home – you can count on us.

This year we provided information about a wide range of health and social care needs, such as:

- How to access NHS dental treatment
- How to get a GP appointment
- Eligibility for the Covid-19 booster vaccine
- Local support groups



Helping people to get an NHS dentist

People struggled to access NHS dental treatment. We were in contact with the local NHS England team to ensure we were providing up-to-date information to help people access a dentist.

One caller told us his elderly father was desperate to see a dentist but could not find one taking on new patients. We signposted to NHS England who found him a dentist accepting new patients. He told us ‘without Healthwatch I would never have known about’ the NHS customer contact centre who were ultimately able to help.



Supporting the Covid-19 booster vaccine programme

When booster Covid-19 vaccinations were announced, we had many calls enquiring about their eligibility and availability during the Christmas period.

We had a caller who was trying to get her 13-year-old son vaccinated but could not find out up-to-date information about where to have it. She had been to multiple centres who had turned them away. We found her the most current information and she told us after the appointment ‘I am grateful, it’s a weight off my shoulders.’



Volunteers

We're supported by a team of amazing volunteers who are at the heart of Healthwatch.

Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

You'll see our volunteers out and about in health and social care settings and at community events, listening to people's experiences and directing them towards help and support.





Fatemeh

“Volunteering gives me satisfaction from going out and helping people. It also gives me confidence and lets me use my knowledge in a good way. There are different benefits for every volunteer because they are giving something back to the community. It also lets you meet people in a safe environment to gain experience and expand your communication skills.”



Tim

“I’ve been a volunteer for four years. I attend events in the community to talk to the public. Healthwatch Birmingham provides a voice for people to let the appropriate bodies know their experiences of accessing health and social care services in the city. I enjoy volunteering for an organization that is helping everyone live more independent lives with better access to health services.”



Mark

“I volunteer because I think NHS people are good but the NHS system could be improved. A lot of people have a lot of views on the NHS and government bodies. Healthwatch gives you an independent voice to have your say – and it doesn’t have to be that formal. I know a lot of people are put off by making their voices heard formally – Healthwatch allows you to do that but can also help you do it informally as well.”



Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.

 www.healthwatchbirmingham.co.uk/volunteer-with-us/

 **0800 652 5278**

 volunteering@healthwatchbirmingham.co.uk

Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income		Expenditure	
Funding received from local authority	£407,956	Staff costs	£317,988
Additional funding	£0	Operational costs	£53,595
		Support and administration	£17,938
Total income	£407,956	Total expenditure	£389,521

Top three priorities for 2022–23

1. Use our position on the Birmingham and Solihull ICS to ensure the experiences of local citizens drive the changes needed for improvement
2. Improving access to primary care and mental health services
3. Ensuring support for those waiting for treatment

Next steps

Tackling long-standing health inequalities in Birmingham will continue to be at the heart of everything we do. Only through listening to and involving those most likely to experience inequality in health and social care will we see change for our more deprived communities. Our role is to both ensure we are making local voices heard and that health and social care services have effective systems to involve patients and the public in decisions. The citizen voice needs to be threaded through every layer of the new ICS.

The fast-paced change in health and social care needs to ensure patients are on the journey too, understand the changes being made and how that affects them. We regularly see the impact of poor communication and the challenges this creates for citizens, this needs to improve so everyone can get access to the care they need at the right time and place.

– **Andy Cave, Chief Executive, Healthwatch Birmingham**

Statutory statements

About us

Healthwatch Birmingham, Cobalt Square, 83 Hagley Road, Birmingham B16 8QG

Healthwatch Birmingham uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of nine members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the board met formally four times and made decisions on matters such as maximising our impact for the most vulnerable in Birmingham, tackling inequalities and ensuring we are well placed within the emerging Birmingham and Solihull ICS.

We ensure wider public involvement in deciding our work priorities. People's experiences prompt and lead our activity and investigations, with our reports focusing on improving services for everyone. People's experiences collected through our feedback centre, community engagement and information and signposting are collated and themed. Key issues go through our Topic Identification and Prioritisation (TIPS) process where our volunteers and members of the public help us select issues for us to investigate.

Methods and systems used across the year's work to obtain people's views and experience

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and social care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and social care decision makers. This year we have done this by, for example, working with community groups who have direct access to the people we need to reach.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website.

Responses to recommendations and requests

We had no providers who did not respond to requests for information or recommendations.

This year, due to the Covid-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Birmingham is represented on the Birmingham Health and Wellbeing Board by Andy Cave, Chief Executive. During 2021/22 he has effectively carried out this role by championing the involvement of local people in decisions and supporting the Board to understand citizens' experiences. Throughout this year we have also held a seat on the Covid Outbreak Engagement Board to support the city in its response to the pandemic.



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e: info@healthwatchbirmingham.co.uk

 [@HWBrum](https://twitter.com/HWBrum)

 facebook.com/HealthwatchBirmingham

 instagram.com/healthwatchbirmingham_

 www.linkedin.com/company/healthwatch-birmingham



Health and Social Care O&S Committee: Work Programme 2022/23

Chair:	Cllr Mick Brown
Deputy Chair:	Cllr Rob Pocock (elect)
Committee Members:	Cllrs: Kath Hartley, Jane Jones, Kirsten Kurt-Elli, Gareth Moore, Julian Pritchard and Paul Tilsley.
Officer Support:	Senior Overview and Scrutiny Manager: Fiona Bottrill (07395 884487) Scrutiny Officer: Gail Sadler (303 1901) Committee Manager: Sofia Mirza (675 0216)

1 Introduction

- 1.1 The Health and Social Care Overview and Scrutiny Committee's remit is to fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning adult safeguarding, social care and public health; and to discharge the relevant overview and scrutiny role set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012, including: The appointment of Joint Overview and Scrutiny Committees with neighbouring authorities; and the exercise of the power to make referrals of contested service reconfigurations to the Secretary of State as previously delegated to the Health and Social Care Overview and Scrutiny Committee by the Council.
- 1.2 This report provides details of the proposed scrutiny work programme for 2022/23.

2 Recommendation

- 2.1 That the Committee considers its work programme, attached at Appendix 1, and agrees any amendments required.
- 2.2 Notes the Inquiry proposals attached at Appendix 2 and receives a verbal update at the meeting following the decision of the Co-ordinating O&S Committee on the 8th July 2022.

3 Background

- 3.1 *"Scrutiny is based on the principle that someone who makes a decision...should not be the only one to review or challenge it. Overview is founded on the belief that an open, inclusive, member-led approach to policy review...results in better policies in the long run."* (Jessica Crowe, former Executive Director, Centre for Governance and Scrutiny).



- 3.2 Developing an effective work programme is the bedrock of an effective scrutiny function. Done well, it can help lay the foundations for targeted, inclusive and timely work on issues of local importance, where scrutiny can add value. Done poorly, scrutiny can end up wasting time and resources on issues where the impact of any scrutiny work done is likely to be minimal.
- 3.3 As a result, the careful selection and prioritisation of work is essential if the scrutiny function is to be successful, add value and retain credibility.

4 Work Programme

- 4.1 Appendix 1 sets out the future work programme for this Committee. This provides information on the aims and objectives, together with lead officers and witnesses, for each item. The attached work programme also includes items to be programmed where dates are still to be confirmed, and any outstanding items including the tracking of previous recommendations.

5 Inquiry Proposals

- 5.1 Appendix 2 sets out the Inquiry proposals from the Health and Social Care Overview and Scrutiny Committee to be considered at the meeting of the Coordinating Overview and Scrutiny Committee on the 8th July. A verbal update will be provided on the decision made by the Coordinating Overview and Scrutiny Committee.

6 Other Meetings

- 6.1 Informal briefing – Capital Investment for UHB Hospitals – to be held online via Teams on 2nd August 2022, 1100-1200hrs.

Call in Meetings:

None scheduled

Petitions

None scheduled

Councillor Call for Action requests

None scheduled

It is suggested that the Committee approves Tuesday at 10.00am as a suitable day and time each week for any additional meetings required to consider 'requests for call in' which may be lodged in respect of Executive decisions



7 Forward Plan for Cabinet Decisions

- 7.1 Since the implementation of the Local Government Act and the introduction of the Forward Plan, scrutiny members have found the Plan to be a useful tool in identifying potential agenda items.
- 7.2 The following decisions, extracted from the CMIS Forward Plan of Decisions, are likely to be relevant to the Health and Social Care O&S Committee's remit. The Panel may wish to consider whether any of these issues require further investigation or monitoring via scrutiny. The Forward Plan can be viewed in full via Forward Plans (cmis.uk.com).

ID Number	Title	Proposed Date of Decision
005730/2018	Sport and Leisure Transformation – Wellbeing Service	11 October 2022

8 Legal Implications

- 8.1 There are no immediate legal implications arising from this report.

9 Financial Implications

- 9.1 There are no financial implications arising from the recommendations set out in this report.

10 Public Sector Equality Duty

- 10.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- 10.2 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any



positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

10.3 The Committee should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

11 Use of Appendices

11.1 Appendix 1 – Work Programme for 2022/2023

11.2 Appendix 2 – Inquiry Proposals for 2022/2023

APPENDIX 1

2022-23 WORK PROGRAMME

Date of Meeting: 19th July 2022

Item/ Topic	Type of Scrutiny	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information (Including joint working / links with other O&S Committees)
<i>Q4 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	<i>Maria to include any performance information on Delayed Transfers of Care.</i>
<i>Healthwatch Birmingham Annual Report 2021/22</i>	<i>Agenda item</i>	<i>Reporting on investigations completed in the previous year.</i>	<i>Andy Cave, CEO, Healthwatch Birmingham</i>	<i>N/A</i>	<i>None identified</i>	<ul style="list-style-type: none"> • <i>Access to NHS Dentistry</i> • <i>Investigation about people's experiences of Day Services</i> • <i>Access to GP Services</i>

Final Deadline: Thursday 7th July 2022

Publication: Monday 11th July 2022

Date of Meeting: Tuesday 20th September 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Report of the Cabinet Member for Health and Social Care</i>	<i>Agenda Item</i>	<i>To set out the Cabinet Member's priorities for the coming year.</i>	<i>Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor Mariam Khan</i>
<i>Period Poverty and Raising Period Awareness</i>	<i>Tracking Recommendations</i>	<i>To track progress against implementation of recommendations.</i>	<i>Lisa Lindfield</i>	<i>N/A</i>	<i>None identified</i>	
<i>Q1 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 8th September 2022

Publication: Monday 12th September 2022

Date of Meeting: Tuesday 18th October 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Forward Thinking Birmingham</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Elaine Kirwan (FTB)</i>	<i>N/A</i>	<i>None identified</i>	<i>Presentation to include Impact of COVID on Young People</i>
<i>Infant Mortality – Tracking Report</i>	<i>Tracking Recommendations</i>	<i>To track progress against implementation of recommendations.</i>	<i>Dr Marion Gibbon</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 6th October 2022

Publication: Monday 10th October 2022

Date of Meeting: Tuesday 22nd November 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Substance Misuse Recovery System (CGL)</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Karl Beese</i>	<i>N/A</i>	<i>None identified</i>	
<i>ICS Master Plan</i>	<i>Agenda item</i>	<i>Report setting out the plan for health and care services for Birmingham and Solihull</i>	<i>David Melbourne, Designate Chief Executive, ICS</i>	<i>N/A</i>	<i>None identified</i>	<i>Dr Justin Varney to confirm that the report will be available for this meeting.</i>

Final Deadline: Thursday 10th November 2022

Publication: Monday 14th November 2022

Date of Meeting: Tuesday 20th December 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Safeguarding Adults Board Annual Report</i>	<i>Agenda item</i>	<i>Reporting on outcomes against priorities in the previous year.</i>	<i>Asif Manzoor</i>	<i>N/A</i>	<i>None identified</i>	
<i>Birmingham and Lewisham African Health Inequalities Review (BLACHIR)</i>	<i>Agenda item</i>	<i>Reporting on progress against actions in the report</i>	<i>Dr Justin Varney; Marcia Wynter; Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor John Cotton, Cabinet Member for Social Justice, Community Safety and Equalities</i> <i>Ceri to confirm Councillor Mariam Khan's availability.</i> <i>Report to include lessons learnt from COVID deaths.</i>
<i>Q2 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 8th December 2022

Publication: Monday 12th December 2022

Date of Meeting: Tuesday 24th January 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Cabinet Member Update Report</i>	<i>Agenda item</i>	<i>Cabinet Member to report progress against portfolio priorities</i>	<i>Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor Mariam Khan, Cabinet Member for Health and Social Care.</i>

Final Deadline: Thursday 12th January 2023

Publication: Monday 16th January 2023

Date of Meeting: Tuesday 21st February 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Sexual Health Services – Umbrella (UHB)</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Karl Beese</i>	<i>N/A</i>	<i>None identified</i>	
<i>Immunisation</i>	<i>Agenda item</i>	<i>Report to set out the challenges with the take up of immunisations.</i>	<i>Mary Orhewere</i>	<i>N/A</i>	<i>None identified</i>	<i>Report to be presented as a scoping paper for a possible future inquiry based on previous scoping paper for Infant Mortality.</i>

Final Deadline: Thursday 9th February 2023

Publication: Monday 13th February 2023

Date of Meeting: Tuesday 14th March 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Q3 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 2nd March 2023

Publication: Monday 6th March 2023

Date of Meeting: Tuesday 18th April 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information

Final Deadline: Thursday 6th April 2023

Publication: Monday 10th April 2023

INFORMAL BRIEFINGS (TO BE ARRANGED)
<i>ICS - new structure, plans moving forward and neighbourhood working. (Carol Herity, Associate Director of Partnerships, BSol CCG).</i>
<i>Engaging with third sector providers of Adult Social Care (Louise Collett)</i>
<i>City Observatory Data (Richard Brooks)</i>
<i>Day Opportunities (John Williams)</i>

TO BE SCHEDULED:

1. Public Health Horizon Scanning / JSNA
2. Primary Care Networks
3. Access to GPs
4. Mental Health and Wellbeing Post-COVID
5. Proposed joint inquiry with Commonwealth Games, Culture and Physical Activity O&S Committee: Promoting Health and Wellbeing – A Commonwealth Games Legacy (to be led by Health and Social Care O&S Committee) or
6. Proposed joint inquiry with Education and Children’s Social Care O&S Committee: Children and Young People’s Mental Health or
7. HOSC inquiry: Dementia: Why is dementia different for women?

BIRMINGHAM/SANDWELL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: TBC

Venue: Sandwell

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Transition of West Birmingham</i>	<i>Agenda item</i>	<i>To report on the transition of West Birmingham into the Birmingham/Solihull ICS footprint.</i>	<i>Pip Mayo, CCG Managing Director for West Birmingham; Phil Lydon, Programme Manager, Engagement Black Country & West Birmingham CCG</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline:

Publication:

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: TBC

Venue: Solihull

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham and Solihull ICS Financial Planning Update</i>	<i>Agenda item</i>	<i>To report on the financial plan for the ICS.</i>	<i>Paul Athey, ICS Finance Lead</i>	<i>N/A</i>	<i>None identified</i>	
<i>UHB Restoration and Recovery of Services Update</i>	<i>Agenda item</i>	<i>To report on the current status of services and waiting lists.</i>	<i>Jonathan Brotherton, Chief Operating Officer, UHB</i>	<i>N/A</i>	<i>None identified</i>	
<i>ICS and the Role of Scrutiny</i>	<i>Agenda item</i>	<i>To report on the role of Scrutiny as the ICS develops.</i>	<i>David Melbourne, Interim Designate Chief Executive</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline:

Publication:

TO BE SCHEDULED

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>ICS Joint Forward Plan</i>	<i>Agenda item</i>	<i>Report on health planning for the system including commissioning intentions.</i>	<i>Carol Herity to confirm Lead Officer</i>	<i>N/A</i>	<i>None identified</i>	
<i>Remodelling of the Primary Care Service</i>	<i>Agenda item</i>	<i>Update report on the current position regarding Primary Care</i>	<i>Paul Sherriff, Chief Officer for Primary Care and Integration, BSol CCG.</i>	<i>NA</i>	<i>None identified</i>	<i>Report to include information on commissioned primary care services.</i>
<i>Update on Post-COVID Syndrome ('Long COVID') Rehabilitation</i>	<i>Agenda item</i>	<i>Update on previous report presented to JHOSC on 29th September 2021</i>	<i>Ben Richards, Chief Operating Officer, Birmingham Community Healthcare NHS Foundation Trust</i>	<i>N/A</i>	<i>None identified</i>	<i>Report to include Long COVID implications on health and long-term employment.</i>
<i>Phase 2, Musculoskeletal Redesign Programme</i>	<i>Agenda item</i>	<i>To report on the current status of the programme</i>	<i>Marie Peplow, Chief Operating Officer, The Royal Orthopaedic Hospital</i>	<i>N/A</i>	<i>None identified</i>	

APPENDIX 2

Proposed by Overview and Scrutiny Committee	Health and Social Care Scrutiny Committee
Title of Inquiry / In-depth Scrutiny	Promoting Health and Wellbeing – A Commonwealth Games Legacy
Aims and Objectives	<p>What information is available about the health and wellbeing outcomes from the Commonwealth Games Legacy?</p> <p>How have / can the legacy support people who have the poorest health outcomes be to benefit from the Commonwealth Games legacy to improve their health and wellbeing.</p> <p>Members want to engage with individuals and communities to understand what works for them. This could focus on the health inequalities e.g geography, deprivation / poverty, ethnicity, disability and age.</p> <p>Are services based on best practice?</p> <p>Grand Challenges addressed: Health and well being</p> <p>Corporate Plan Priority: A city that is healthy</p>
Why is this Inquiry being proposed and desired Outcome?	<p>Birmingham residents experience a high levels of health issues including long term and chronic conditions e.g. diabetes that impact on their health and wellbeing and there are significant health inequalities across the city.</p> <p>The Commonwealth Games legacy document “Delivering a Bold Legacy for Birmingham” sets out an action plan for long, medium and short term actions:</p> <p>Healthy – action plan A healthy city Birmingham City Council (bebirmingham.co.uk)</p> <p>Legacy plan (print version) Birmingham City Council (bebirmingham.co.uk)</p> <p>The Scrutiny Inquiry can consider the impact these actions will have on outcomes for residents in terms of improved health and wellbeing outcomes for communities and residents who experience the greatest health inequalities.</p>

**Other Relevant Information
e.g. Links to other Overview
& Scrutiny Committees**

It is proposed this Inquiry will be a joint piece of work with the Commonwealth Games, Culture and Physical Activity OSC.

The terms of reference for the Commonwealth Games, Culture and Physical Activity Overview and Scrutiny Committee are:

To fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning Commonwealth Games; arts and culture; libraries and museums; sport; events.

The Commonwealth Games, Culture and Physical Activity OSC was informed that the Council will be developing a Physical Activity Strategy.

Proposed by Overview and Scrutiny Committee	Health and Social Care Scrutiny Committee
Title of Inquiry / In depth Scrutiny	Children and Young People's Mental Health
Aims and Objectives	<p>To understand the need / demand for children's and young people's mental health services and the impact & outcomes of the current offer to children and young people with the aim to highlight areas of need such as dual diagnosis and the impact on the pathways to mental health support.</p> <p>Possible focus to be discussed when scoping Inquiry: To ensure that appropriate timely support is available to children and young people with mental health issues and that services are fully inclusive through the 0-25 age range, have open & accessible gateways through education, health and self-referral and finally, are informed by the voice of children and young people with lived experience.</p> <p>Are services reflective of the needs of CYP's mental health issues? Are services based on best practice?</p> <p>Grand Challenges addressed: Health and well being Opportunities for children and young people</p> <p>Corporate Plan Priorities: A city that is Healthy and Inclusive</p>
Why is this Inquiry being proposed and desired Outcome?	<p>NHS figures state that 2 in 5 children with a mental health disorder are accessing specialist mental health services (39.6%). However, these figures are based on data from 2004 on how many children have a mental health problem, rather than the updated 2021 figures. Since 2004, the rate of children with a mental health problem has jumped from 1 in 10 to 1 in 9 in 2017 and to 1 in 6 in 2021.</p> <p>Using these new rates, only around a third of children (32%) with a probable mental health disorder are able to access treatment.</p> <p>From: Briefing on Children's Mental Health Services – 2020/2021 Children's Commissioner for England (childrenscommissioner.gov.uk)</p>

**Other Relevant Information
e.g. Links to other Overview
& Scrutiny Committees**

It is proposed that this review would be undertaken jointly with members of the Education and Children's Social Care OSC.

The terms of reference for the Education and Children's Social Care Overview and Scrutiny Committee includes "children and young people's health and wellbeing and other child social care and safeguarding functions of the council."

The Health and Social Care Overview and Scrutiny Committee discharges the relevant overview and scrutiny role set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

Proposed by Overview and Scrutiny Committee	Health and Social Care Overview and Scrutiny Committee
Title of Inquiry / In depth Scrutiny	Why is Dementia Different for Women?
Aims and Objectives	To identify areas for development / improvement of support in relation to the differential impact of dementia on men and women.
Why is this Inquiry being proposed and desired Outcome?	<p>The Office of National Statistics reported that 31,850 deaths of women in the UK in 2013 could be directly attributed to dementia, while even more may have been hastened by the condition. That amounts to 12.2% of all causes of death for women, more than heart disease, stroke or the most common forms of cancer. (From Alzheimer's Research UK: Women and Dementia a Marginalised Majority)</p> <p>Are services based on best practice?</p> <p>Grand Challenges addressed: Health and well being</p> <p>Links to Corporate Plan Priorities: A city that is health and inclusive</p>
Other Relevant Information e.g. Links to other Overview & Scrutiny Committees	The Health and Social Care Scrutiny Committee published a report on Dementia Services in 2014

