

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 22 NOVEMBER 2022 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The 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 APOLOGIES

To receive any apologies.

3 DECLARATIONS OF INTERESTS

Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If other registerable interests are declared a Member may speak on the matter only if members of the public are allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If it is a 'sensitive interest', Members do not have to disclose the nature of the interest, just that they have an interest.

3 - 10

4 **ACTION NOTES/MATTERS ARISING**

To approve the action notes of the meeting held on 18 October 2022.
(1000-1005hrs)

11 - 44

5 **BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM TEN-YEAR STRATEGY**

David Melbourne, Chief Executive, Birmingham and Solihull Integrated Care Board.
Sue Longden, Deputy Director, Public Health.
(1005-1100hrs)

45 - 118

6 **SUBSTANCE USE: BIRMINGHAM'S ADULT TREATMENT SERVICES**

Karl Beese, Commissioning Manager, Adults Public Health; Chris Baggott, Service Lead, Partnerships, Insight and Prevention - Public Health; Victoria Loveridge, Head of Services, CGL Birmingham; David Lewis, Director CGL.
(1100-1155hrs)

119 - 138

7 **WORK PROGRAMME - NOVEMBER 2022**

For discussion.
(1155-1200hrs)

8 **DATE AND TIME OF NEXT MEETING**

To note that the next meeting is scheduled for Tuesday 20th December 2022 at 10.00am.

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

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

10 **OTHER URGENT BUSINESS**

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

11 **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 18 October 2022. Committee Rooms 3 & 4, Council House, Victoria Square

Action Notes

Present

Councillor Mick Brown (Chair)

Councillors: Kath Hartley, Jane Jones, Rob Pocock, Julian Pritchard and Paul Tilsley.

Also Present:

Neil Barnett, Divisional Director of Operations, Birmingham Women's and Children's NHS Foundation Trust.

Fiona Bottrill, Senior Overview and Scrutiny Manager (joined the meeting online)

Joann Bradley, Public Health Service Lead: Children and Young People.

Dr Anupam Dharma, Consultant Psychiatrist and Medical Director, Birmingham Women's and Children's NHS Foundation Trust.

Maria Gavin, Assistant Director, Quality and Improvement – Adult Social Care.

Joanne Hemming, Director of Nursing, Birmingham Women's and Children's NHS Foundation Trust.

Councillor Shehla Moledina (Education and Children's Social Care O&S Committee).

Fiona Reynolds, Chief Medical Officer, Birmingham Women's and Children's NHS Foundation Trust.

Gail Sadler, Scrutiny Officer.

Merryn Tate, Head of Service – Safeguarding.

James Thomas, Senior Performance Adviser.

1. NOTICE OF RECORDING/WEBCAST

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2. APOLOGIES

Councillor Gareth Moore.

3. DECLARATIONS OF INTEREST

None.

4. ACTION NOTES/MATTERS ARISING

Actions from 19 July informal meeting

Q4 Adult Social Care Performance Monitoring Report

- Andrew Marsh agreed to try to obtain the information for a suggested new indicator which measures the length of time from when someone is discharged to assess from hospital and the wait before a care package is in place and would let Scrutiny Officer(s) know how this was being progressed. Scrutiny Officer(s) followed up the request and also raised the matter with the Cabinet Member. The following response was received on 16th October:-

The feedback from colleagues at the University Hospital Birmingham is that there were no formally recorded instances of failed discharges due to care packages not being in place and it had not been picked up as an issue.

Actions from 20 September meeting

Report of the Cabinet Member for Health and Social Care

- A briefing note on Adult Social Care plans for 'winter pressures' was circulated to members on 12th October.

Tackling Period Poverty and Raising Period Awareness Tracking Report

- Councillor Brown had met with Councillor Kerry Jenkins on 4th October to discuss the issue of schoolgirls being absent from school when menstruating. It was agreed that this would be an item for the Education and Children's Social Care O&S Committee to consider when they met on 19th October. If agreed by the Committee for inclusion in the work programme the focus of the report would be on the learning/good practice that has been identified and how this is being shared with schools across the city.
- Monika Rozanski to provide a breakdown of male and female staff who attended the event at George Dixon Academy. Members were told that Scrutiny Officer(s) had followed up this request and asked for an indication of when the response would be available.

RESOLVED:

- Scrutiny Officer(s) were asked to contact Andrew Marsh to request a more detailed briefing around the process and causes of a failed discharge i.e., is it due to the hospital or social care and how significant the problem might be.

The action notes for the meeting held on 20th September were agreed .

5. USE OF CHAIR'S AUTHORITY TO ACT

This item was on the agenda to formally report the use of Chair's Authority to Act taken at the July Meeting in order to appoint members to the Joint Health Overview and Scrutiny Committees with Sandwell and Solihull.

6. FORWARD THINKING BIRMINGHAM

Fiona Reynolds (Chief Medical Officer); Dr Anupam Dharma (Consultant Psychiatrist and Medical Director); Joanne Hemming (Director of Nursing) and Neil Barnett (Divisional Director of Operations), Birmingham Women's and Children's NHS Foundation Trust attended for this item.

Members received a presentation which included information on the capacity and demand for the service post and pre-pandemic. Also, the waiting time for treatment to start and how the service is accessed. Furthermore, members were told of the actions that were being put in place to meet the increased demand on the urgent care pathway which has resulted in more patients being cared for in their own home by the Crisis and Home Treatment Teams; more patients presenting at A&E departments and patients being admitted into out of area beds. In addition, members were updated on actions and improvements that had taken place over the last 12 months including recruiting 60 additional staff (35 nurses recruited internationally); the roll out of Peer Support Workers and a pilot undertaken to improve the Pharmacy Delivery Service.

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

- The new international nurses have been recruited from South Africa.
- Urgent discussions need to take place with GCHQ to prevent another cyber-attack because they can offer safeguards.
- Concern was raised that the NHS are not investing enough in training their own workforce and having to rely on third world countries who invest heavily in training their staff who then come to the UK. Members were assured that these were long term options, and they are working closely with universities to increase the number of student places and, therefore, increase the number of trained clinicians. Have got a number of actions in place to grow home talent but it is a slow process and need to fill the gap in the interim.
- The international nurses are recruited on the same pay and conditions as any substantive employed staff within the organisation.
- 18 weeks target from referral to treatment are in place for physical health but not mental health but FTB use that target as their standard. Just over 76% of service users are currently accessing treatment within 18 weeks. Used to have challenges with some service users having to wait over a year but that has not been an issue for the last 2 years.
- There has been a significant increase in ADHD referrals which has led to longer waiting times for treatment.

- Out of area beds refers to any beds outside of the Birmingham and Solihull area and are mainly in London and Manchester catchment areas. People are accessing services quite late due to the pandemic, and this has led to a rise in serious mental illness conditions. Out of area has varied between 20-30% (15-20 young people) additional usage at any one time. Have a dedicated Case Management Team to support families and carers to enable visitations.
- Mental health practitioners will be placed in Primary Care Networks but with a modelled allocation of workers to support the population.
- As a system between FTB and the Birmingham and Solihull Mental Health Trust have identified an additional 20 short term beds.
- All patients are assessed by FTB but around 60-70% do not meet the eligibility criteria and their needs may be met by the voluntary sector.

RESOLVED:

- Further detail required on:-
 - age/distance of young people being placed out of area and the trajectory for reducing that.
 - the number of weeks a patient has to wait before treatment starts.

7. INFANT MORTALITY TRACKING REPORT

Joann Bradley (Public Health Service Lead: Children and Young People) attended for this item to outline progress against the four outstanding inquiry recommendations.

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

- The revised targets for reducing infant mortality were to ensure they aligned with the Health and Wellbeing Strategy and being more realistic about timescales for achieving the targets. Citywide partners are committed to the revised targets.
- Within the local maternity system there are link workers who are working directly with parents. Those link workers speak different languages making communication more effective. Also creating Parent Forums across the city.
- Public Health officers were congratulated for the work that has been undertaken so far and for treating the issue as a priority. Also elected members would be keen to play a part in the community engagement. To advise when the role of elected members in engaging communities might be helpful.
- Addressing the issue of genetic risk awareness in schools was commended.

RESOLVED:

Members agreed with the following Cabinet Member Assessments:-

R01 – Cabinet Member Assessment 2 (Achieved Late).

R02 – Cabinet Member Assessment 2 (Achieved Late).

R03 – Cabinet Member Assessment 2 (Achieved Late).

R04 – Cabinet Member Assessment 2 (Achieved Late).

A copy of the 22nd March 2022 report to the Health and Wellbeing Board is circulated.

Report and recommendations signed off as completed.

8. AN UPDATE ON FUTURE ARRANGEMENTS FOR ADULT SOCIAL CARE PERFORMANCE MONITORING

James Thomas (Senior Performance Adviser); Maria Gavin (Assistant Director, Quality and Improvement – Adult Social Care) and Merryn Tate (Head of Service – Safeguarding) attended for this item.

Members were told that a revised Corporate Performance Framework had been established which was aligned to the Corporate Plan. The Performance and Delivery Plan which brings together key performance measures and delivery milestone for each corporate theme would be presented to Cabinet in November 2022. There has been a delay due to no committee meetings being held during the period of national mourning. This has also impacted on performance data not being available for consideration today. The first of the new performance reports will be presented to Cabinet in December and will contain Q1 and Q2 data.

Furthermore, members were reminded of the measures Adult Social will be reporting corporately for 2022/23. At a directorate level more detailed data is collected for the Management Team e.g., vacancies, sickness, freedom of information, complaints etc. There is also service level data that is not reported to the Management Team unless there is a particular issue or concern.

In response to concerns raised at a previous meeting about the lack of information regarding safeguarding that the committee receives in the performance monitoring reports, Merryn Tate presented a high-level set of data on referrals; sources of referral; types of alleged abuse or neglect; location of abuse etc. across the city.

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

- The Care Act included self-neglect as a safeguarding matter rather than care management. The Social Care Institute of Excellence says it depends upon the impact and what is meaningful to that person. For example, if a person had support to services in place but, because an impairment or disability, was not engaging and, potentially, this is creating a risk to themselves or others, then that would be considered a safeguarding issue. Emotional neglect would be assessed in the same way i.e., the impact on that person. If there was intentional withholding of emotional support with malicious intent, then it would be considered a safeguarding issue.

RESOLVED:

- Merryn Tate to provide a table that depicts the alleged type of abuse/neglect to the location where it has taken place.

- The report was noted.

9. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH INQUIRY – TERMS OF REFERENCE

The committee received a verbal update from the Senior Overview and Scrutiny Manager who informed them that the Task and Finish Group met on 7th October and agreed the draft terms of reference included as an appendix to the report. The membership of the Task and Finish Group consists of members from both this committee and Education and Children's Social Care O&S Committee. The report from the inquiry would be presented to City Council in June 2023 meaning the evidence gathering would need to be finished by the end of March 2023. The focus of the inquiry will be access and support for children and young people who have diagnosed mental health need and for those who experience psychological distress.

The Task and Finish Group agreed to review the terms of reference during the inquiry process to see if the evidence is highlighting some areas that would benefit a more detailed focus from Scrutiny. Therefore, it may be that during the inquiry members decide to focus on a particular mental health need.

The draft report will be considered by the Task and Finish Group with cross-party representation and the final report signed off by the Chair of the inquiry.

RESOLVED:

The terms of reference for the inquiry were agreed.

10. WORK PROGRAMME – OCTOBER 2022

The Chair told Members that he had received a briefing note from Professor Graeme Betts on the Adult Social Care Reforms, and he would ask Scrutiny Officer(s) to circulate it to the committee.

RESOLVED:

That the work programme be noted.

11. DATE AND TIME OF NEXT MEETING

The date of the next meeting is scheduled to take place on Tuesday 22 November 2022 at 10.00am.

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

None.

13. OTHER URGENT BUSINESS

None.

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 1207 hours.

Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date 22 November 2022



Subject: Birmingham and Solihull Integrated Care System Ten Year Strategy

Report of: David Melbourne, Chief Executive, Birmingham & Solihull Integrated Care Board

Report author: Suzanne Cleary, Chief Officer – Strategy & Partnerships, Birmingham Community Healthcare NHSFT (seconded as Senior Responsible Officer for the Ten Year Strategy Engagement Programme)

1 Purpose

- 1.1 The purpose of the report is to share the work to date on the development of the Integrated Care Partnership's Ten-Year Strategy for the Birmingham and Solihull Integrated Care System. It also provides an opportunity for members of the Health and Social Care Overview and Scrutiny committee to contribute to the further development of the Ten-Year Strategy

2 Recommendations

- 2.1 The Birmingham Health and Social Care Overview and Scrutiny Committee is invited to **DISCUSS** the questions in the Engagement Briefing
- How can the Birmingham Health and Social Care Overview and Scrutiny Committee contribute to achieving the objectives?
 - What more can we do to make the strategy 'real' for people - for citizens, for patients / service users, for our colleagues - to recognise that we all have a role to play in making this happen?
 - What do you as a Committee need to see to believe we are making a difference?

3 Any Finance Implications

- 3.1 No direct financial implications

4 Any Legal Implications

4.1 No direct legal implications

5 Any Equalities Implications

5.1 No direct equality implications

6 Appendices

6.1 BSol ICS Engagement Briefing Pack Bham HOSC Nov 2022



Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Item 5

Developing the Birmingham and Solihull Integrated Care Strategy

Engagement session for Birmingham Health and Social Care Overview and
Scrutiny Committee
November 2022

David Melbourne, CEO, Birmingham & Solihull Integrated Care Board

What this presentation covers

Watch our animation



What is the Integrated Care System?

[English](#)
[Urdu](#)
[Punjabi](#)
[Bengali](#)
[Polish](#)
[Pahari](#)

The ICS ten-year strategy



The challenge for Birmingham and Solihull



The ten year strategy in brief

How we are engaging



Considering who to engage with

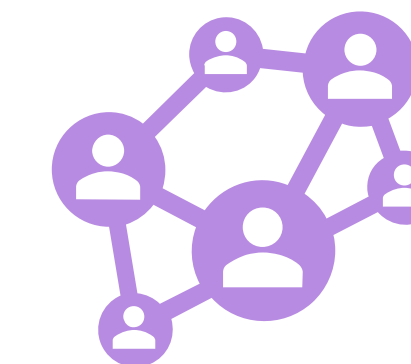


Considering how to engage



Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Section one: About the Integrated Care System (ICS)



Section one: About the Integrated Care System (ICS)

What is an Integrated Care System?

And Integrated Care System (ICS) is a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. In our case, Birmingham and Solihull.

Who is in Birmingham and Solihull ICS?

- All of the NHS hospitals and community services
- All of the GPs, pharmacists, dentists and opticians
- Birmingham City Council and Solihull Metropolitan Borough Council
- The voluntary, faith and community sector
- Healthwatch Birmingham and Healthwatch Solihull

What is the purpose of an ICS?

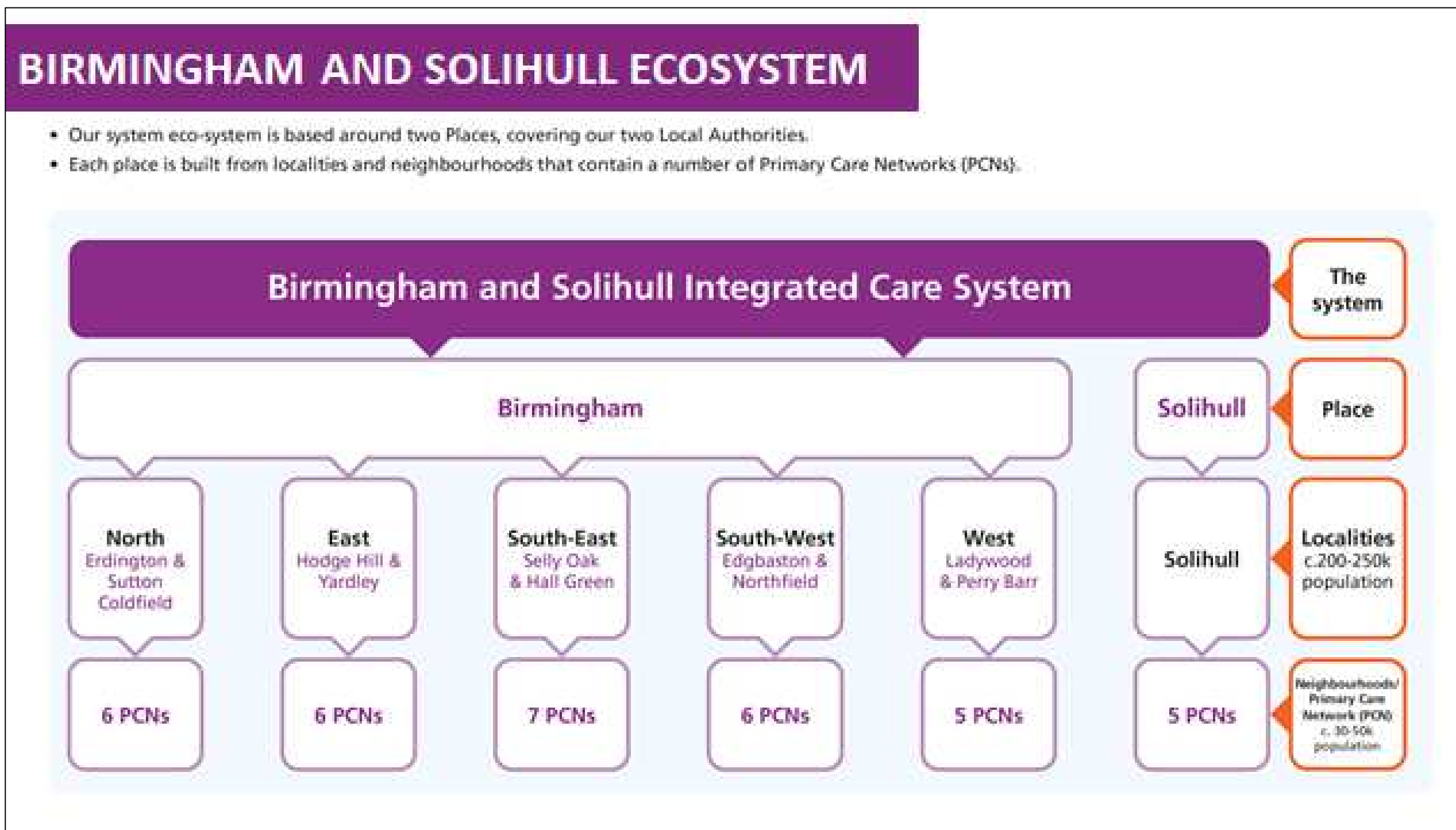
- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money

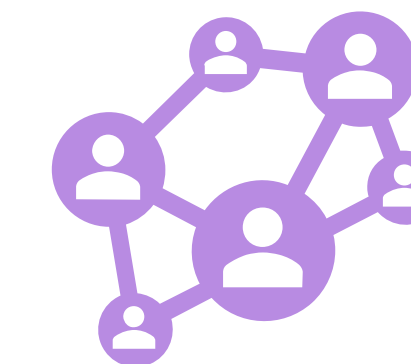




Section one: There are a number of different levels within our ICS at which we will plan and delivery care

One System: Birmingham & Solihull – 1.4m people
Two Places: Solihull & Birmingham – 2 local authorities
Five Localities – about 250,000 people
Many Neighbourhoods – about 30-50,000 people





Section One: Developing a ten year strategy for the Integrated Care System

July

Capturing all of the data and work that has already happened

- Consolidation of JSNA themes
- Consolidation of HWB Strategies, ICS Inception plan

Aug

Creating the draft plan

- Vision and ambition
- Principles
- Objectives
- Metrics for success

Sept - Oct

Engagement

- By working together we can engage with all ICS partners
- Engaging with communities of place, identity and experience

Nov - Dec

Governance

- 2x Health Overview and Scrutiny
- 2x Health and Wellbeing Board
- ICB
- NHS Midlands
- DHSC
- OHID
- UKHSA



This is where we are now



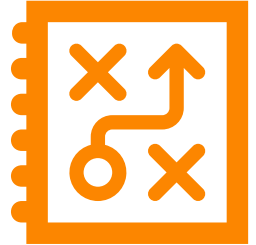
Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Section two: The ten year strategy

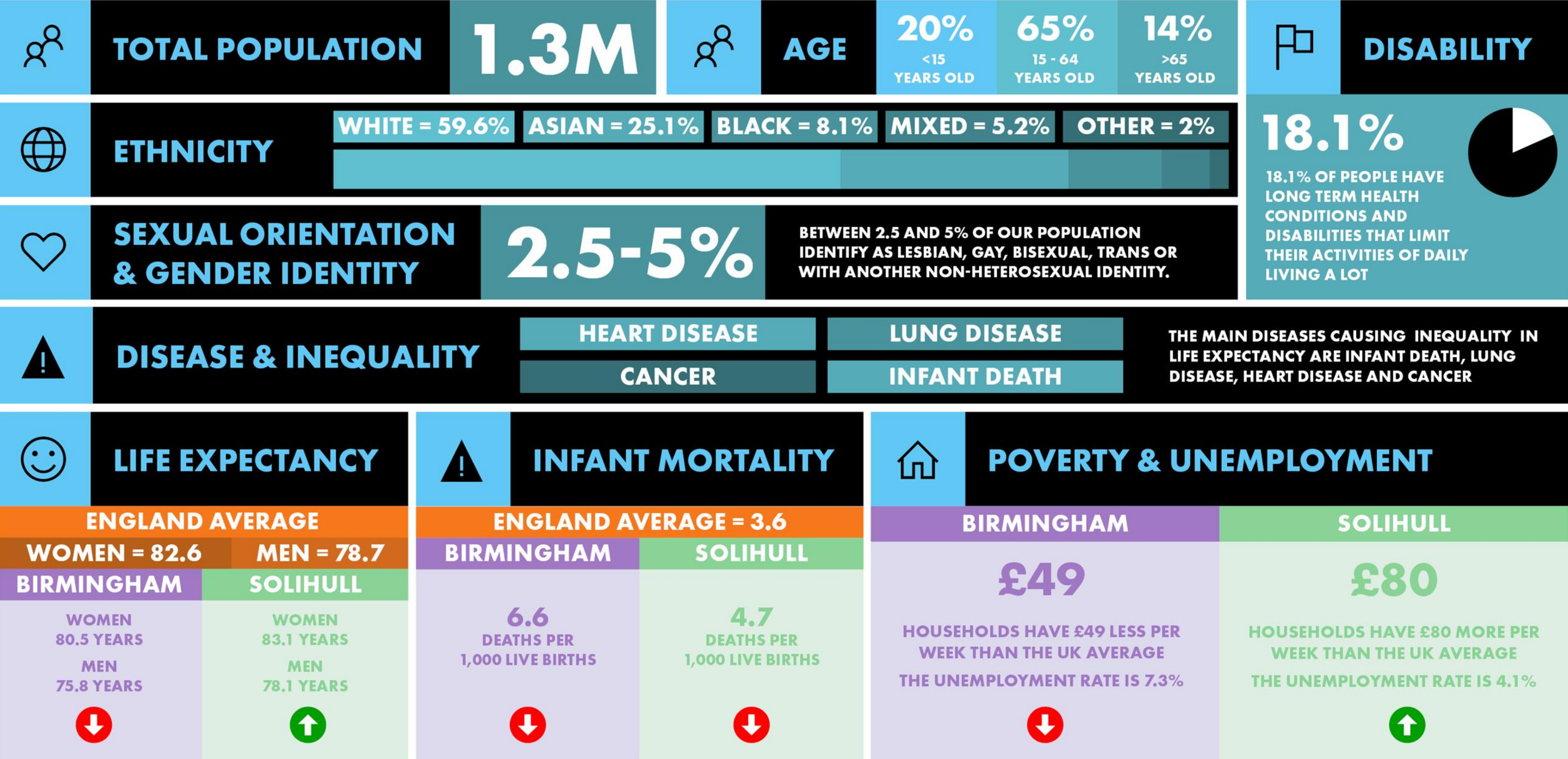


Section two: Birmingham and Solihull - We live and work in amazing places!





Section two: The ten year strategy – our population





Section two: Building from what we already know

The Ten Year Masterplan builds on consultation and engagement that co-created the [Creating a Bolder Healthier City Strategy for Birmingham](#), the [Tackling Health Inequalities: a blueprint for Solihull](#) and Solihull's Health and Well-being Strategy 2019-23.

The two strategies have overlapping priorities, which resonate with the [ICS inception framework](#)

SUMMARY OF HEALTH & WELLBEING BOARD STRATEGY PRIORITIES FOR BIRMINGHAM & SOLIHULL WITH IDENTIFIED AREAS OF SHARED PRIORITY

Level	Maternity & Early Years	School aged children & Youth	Working age adults	Older Adults	Diversity & Inclusion	Wider Determinants
Common Priorities across Birmingham & Solihull	<ul style="list-style-type: none"> • Infant Mortality • Childhood immunisation • School readiness 	<ul style="list-style-type: none"> • Childhood immunisation • School readiness • Physical activity 	<ul style="list-style-type: none"> • Suicide prevention • Reduce depression and anxiety • Physical activity 	<ul style="list-style-type: none"> • Ageing well approach • Healthy Life expectancy at 65yrs 	<ul style="list-style-type: none"> • Better data and analysis to increase understanding • Carer support 	<ul style="list-style-type: none"> • Maximise benefits of green space & built environment • Promote healthy housing • Active transport
Common principles	Community collaboration, Integrated delivery, better use of data and analysis, safeguarding, anchor organisations					
Birmingham Priorities	<ul style="list-style-type: none"> • Oral Health • Healthy Start Vouchers 	<ul style="list-style-type: none"> • Childhood obesity • Accident prevention 	<ul style="list-style-type: none"> • 5-a-day/nutrition • Health literacy 	<ul style="list-style-type: none"> • Dementia detection • Falls prevention • Excess winter deaths • Musculoskeletal disease 	<ul style="list-style-type: none"> • LGBTQ+ mental health • Ethnic inequalities in diabetes & CVD 	
Solihull Priorities	<ul style="list-style-type: none"> • Infant and parental mental health 	<ul style="list-style-type: none"> • Youth training, support and employment 	<ul style="list-style-type: none"> • Employment & support for people with LD & MH needs 	<ul style="list-style-type: none"> • Social connectedness and isolation 	<ul style="list-style-type: none"> • Learning disabilities and autism • Mental health 	<ul style="list-style-type: none"> • Transport poverty • Net Zero



Section two: The ten year strategy – elements

These are the different elements of the strategy. Are you ready for a whistlestop tour?

Vision

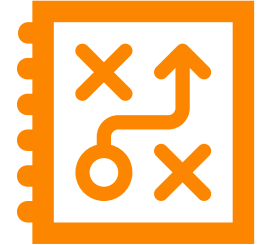
Ambition

Objectives

Principles

Ways of working

Metrics



Section two: The ten year strategy – Vision and Ambition

Our vision

The vision was developed in partnership with people across the ICS. It is simple but ambitious...

Our vision, as a partnership, is that the people of Birmingham and Solihull live **longer, healthier and happier** lives.

Our ambition

- Our vision will be a reality for **every community** and every person, not just those who have social and economic advantages.
- People will be **supported from birth to the end of life** in ways that are culturally safe and give them control, dignity, and choice.
- Those who are vulnerable, disadvantaged or disabled by society are **safeguarded, protected, enabled and empowered** to achieve their potential through our potential through our partnership actions.
- We will achieve this through **integrated working and partnership** through a workforce that is thriving, diverse and innovative.
- We will have a real-time impact in people's lives through brings **evidence-based practice and driving action, research and innovation.**
- As a system we play and active role in **improving quality of life** through our wider role as employers and anchor institutions.



Section two: The ten year strategy - Objectives

In the ICS strategy, we have developed objectives that all of us – service users, citizens and people working in health and care - will need to work together to achieve.

Reduce inequalities – means acting intentionally to reduce inequalities in everything that we do, thinking about inequalities in access to care, experience of services and health and care outcomes. We will work with all our communities, as well as with data and monitoring systems, to close the unacceptable gaps in care, treatment and outcomes for people.

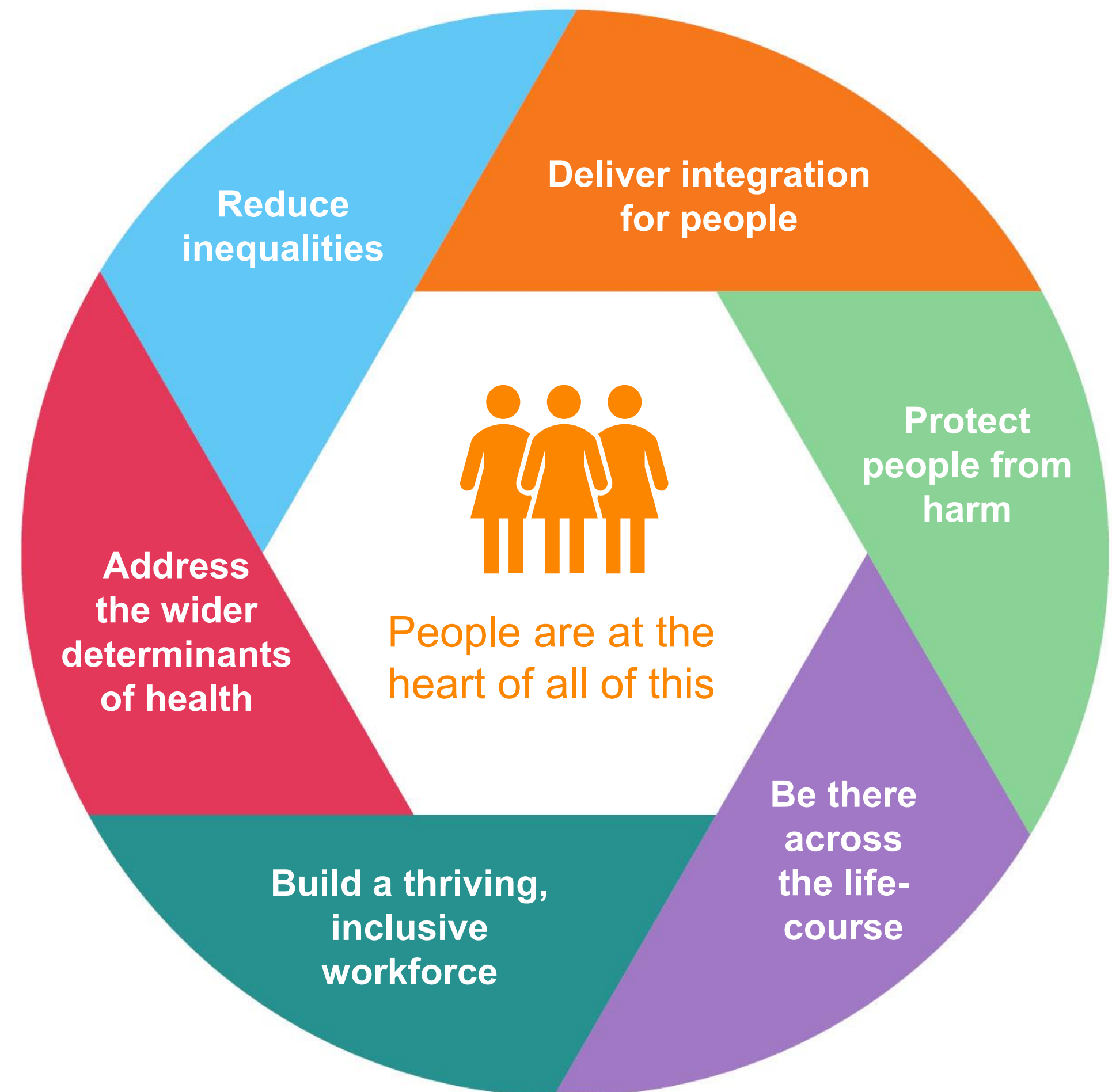
Deliver integration for people – means a renewed commitment from all of us to working together to deliver joined up integrated services, sharing data and information between partners and acting to remove barriers that get in the way of seamless care pathways that are delivered by multiple organisations. To do this, we will also work with patients / service users / citizens to continually improve how we are providing health and care services.

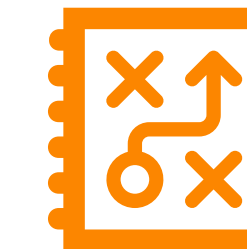
Protect people from harm - We will be a system that actively protects people from harm, that is prepared for emergencies and acts quickly to respond to problems.

Be there across the life course - Every child in Birmingham and Solihull should have the best start in life and we are committed to being there for people as they grow, age and die. Our role is to ensure that health does not become a barrier for any individual to achieve their potential, whoever they are and wherever they live

Build a great, inclusive workforce - We want to be a system that is playing its role anchoring communities and providing great employment to a diverse local workforce that delivers great services. We want every ICS partner to be intentional in tackling discrimination and demonstrate active improvement in the experience of our staff at ever level.

Contribute to the wider determinants of health - Collectively, the ICS is a major employer, purchaser and has a significant physical presence in Birmingham and Solihull in the buildings we own and provide services from. We have a significant role to play in addressing the wider determinants of health such as employment, education and environmental sustainability.





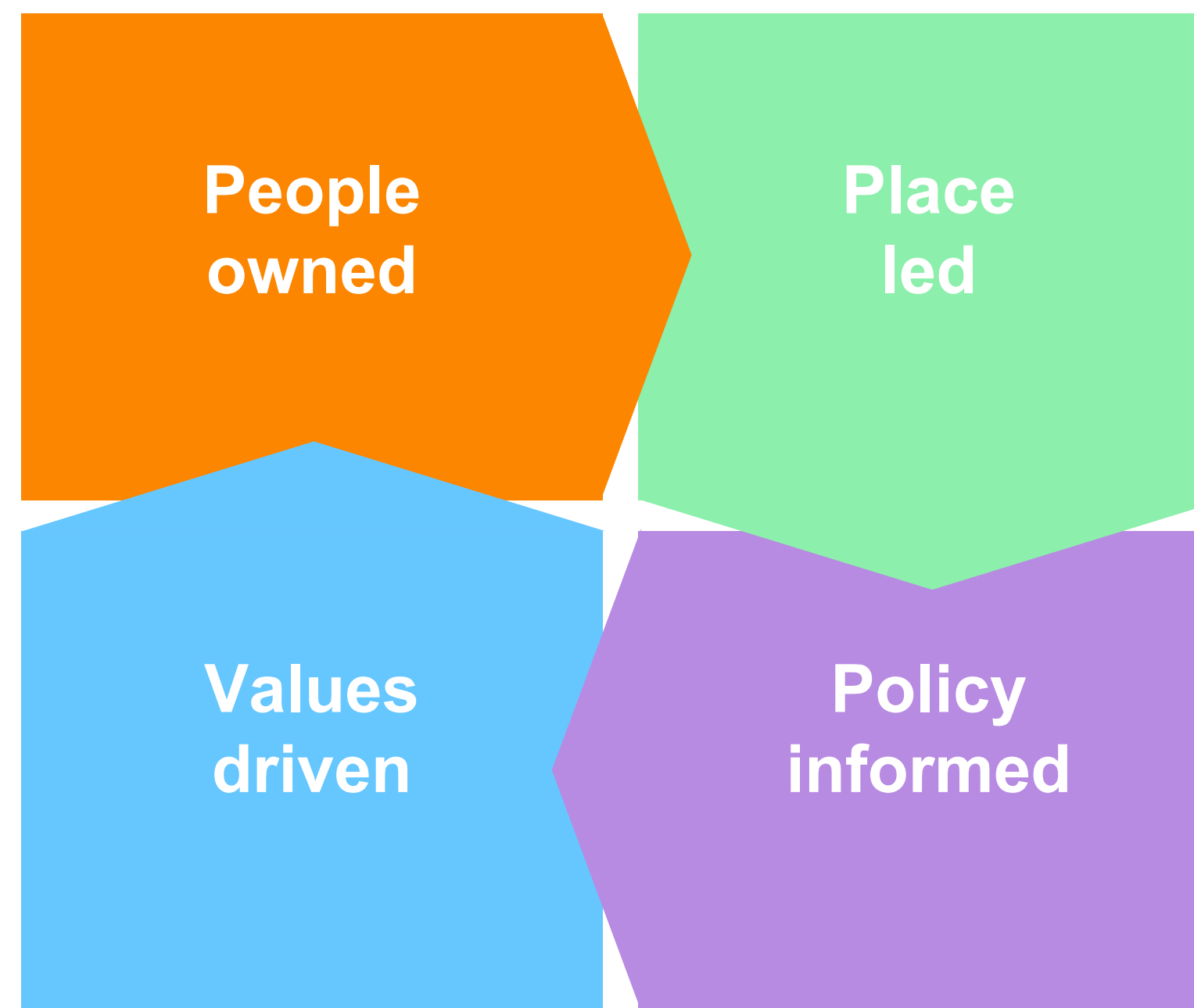
Section two: The ten year strategy - Principles

Our principles

We have developed principles about how we want to do things at every level of our system and in every organisation.

- **Staff**
- **Patients and service users**
- **Citizens**
- **Cultural safety**

- **Equality, Diversity, Inclusion**
- **Data sharing with intention and purpose**
- **Maximising social purpose**



- **Subsidiarity – right thing at the right level of the system**
- **Leadership of Place at Local Authority, Locality and Neighbourhood level**

- **Health in All Policies**
- **Prevention in Every Pathway**
- **Innovation & Research**



Section two: The ten year strategy – Ways of Working

Our ways of working

We know that we cannot keep doing the same things and expect the outcomes to be different. We want to develop new ways of working together.

SUBSIDIARITY

Things should be done and decisions made at the level that is most relevant, effective and efficient. These actions at every level work together to contribute to the overall ambition of the ICS.

JOINT-WORKING

Both in the way we commission and the way we deliver services, from shared funding, and collaboration to health and care teams designed around people and their lives.

EMPOWERMENT

Enabling people to navigate our system when they need help. We will need every organisation to think harder about access, inclusion, cultural safety and health literacy in the services they provide

INNOVATION, EVIDENCE & RESEARCH

Should be at the heart of our approach to the challenges we face and the opportunities to deliver our ambition at scale and quickly



Section two: The ten year strategy – Five big changes

Our Five Big Changes

Fully integrated health and social care that is based around the person in local communities.

Prevention is embedded in every step of every pathway to prevent disease and reduce the impact of ill health on people's lives

A diverse and successful workforce across health and social care that delivers high quality care and rewarding career opportunities for all

Achieve financial sufficiency through better use of skill mix, evidence-based practice & using research & insight at pace to improve outcomes.

Making a positive impact through every health and social care providers actions on the wider determinants of health and reduce inequalities.

Resulting in....

More efficient and accessible services for people & professionals in every community

Fewer people developing preventable disease or dying from potentially preventable causes

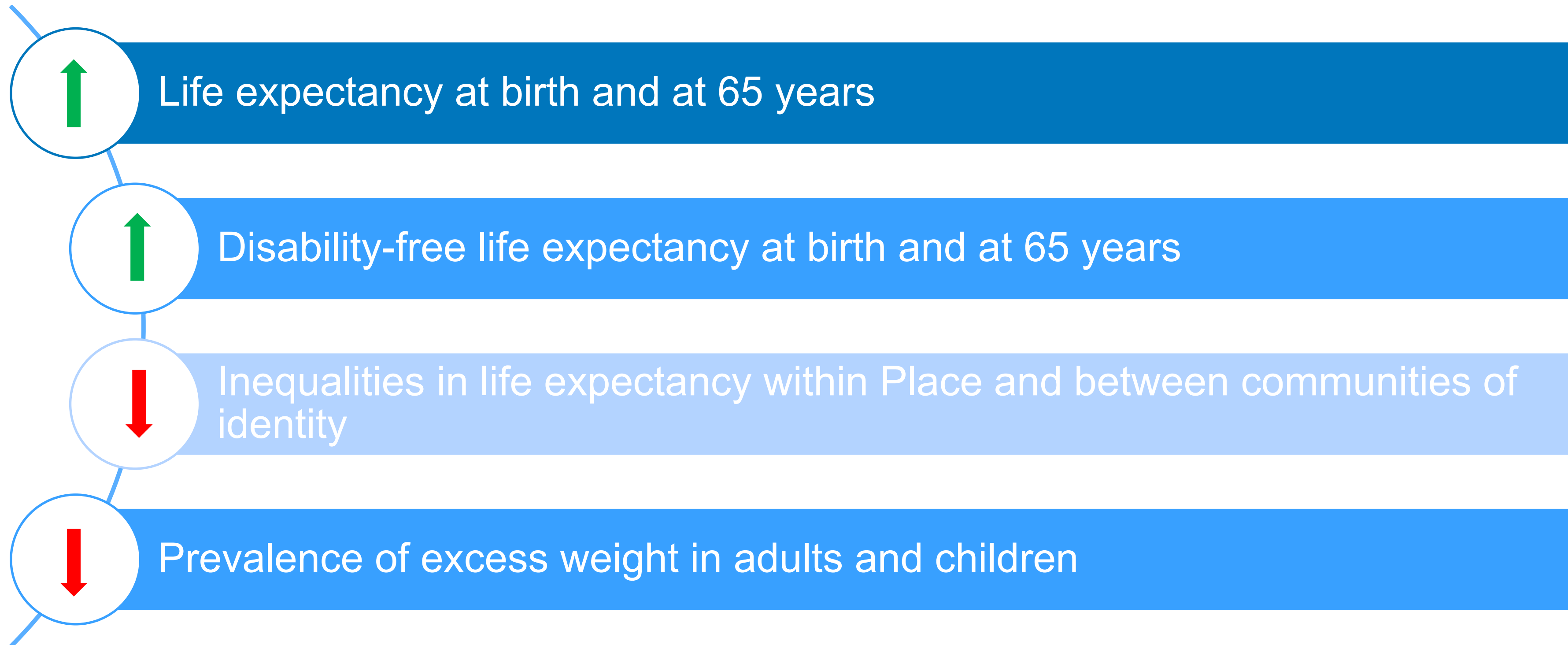
Stable health and social care economy that supports great careers for a diverse local workforce



Section two: The ten year strategy – How we will know we are making a difference

**10
YEARS**

ICS Level Long Term Metrics - Ten year trajectory of change



Section two: The ten year strategy – How we will know we are making a difference



5 YEARS Health Equity Metrics – Five year trajectory of change

- ↑ Continuity of maternity care for women from the ethnic communities and economically deprived groups that experience the poorest outcomes
- ↓ Inactivity in people who are less active than the national average, focusing on those people living with a long term condition or disabilities
- ↓ Inequalities in care between ethnic communities for people living with type 2 Diabetes
- ↑ More people living with learning disabilities and severe mental illness should receive annual health checks
- ↑ More carers should receive an annual health check
- ↑ More people who identify as LGBT+ with common mental health issues should receive timely and culturally safe support

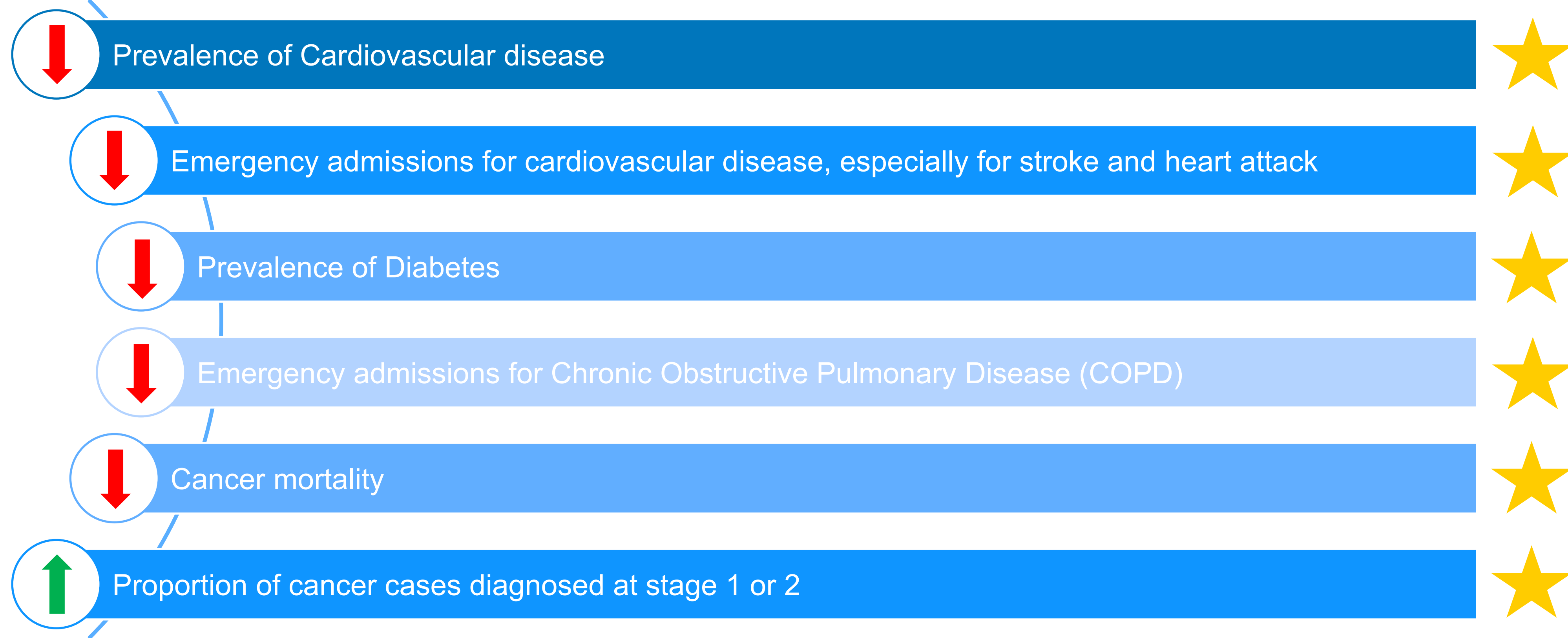


**Directly links
to six health
inequality
priorities in
the health
inequalities
strategy**

Section two: The ten year strategy – How we will know we are making a difference



5 YEARS Place and Locality Level Metrics – Five year trajectory of change

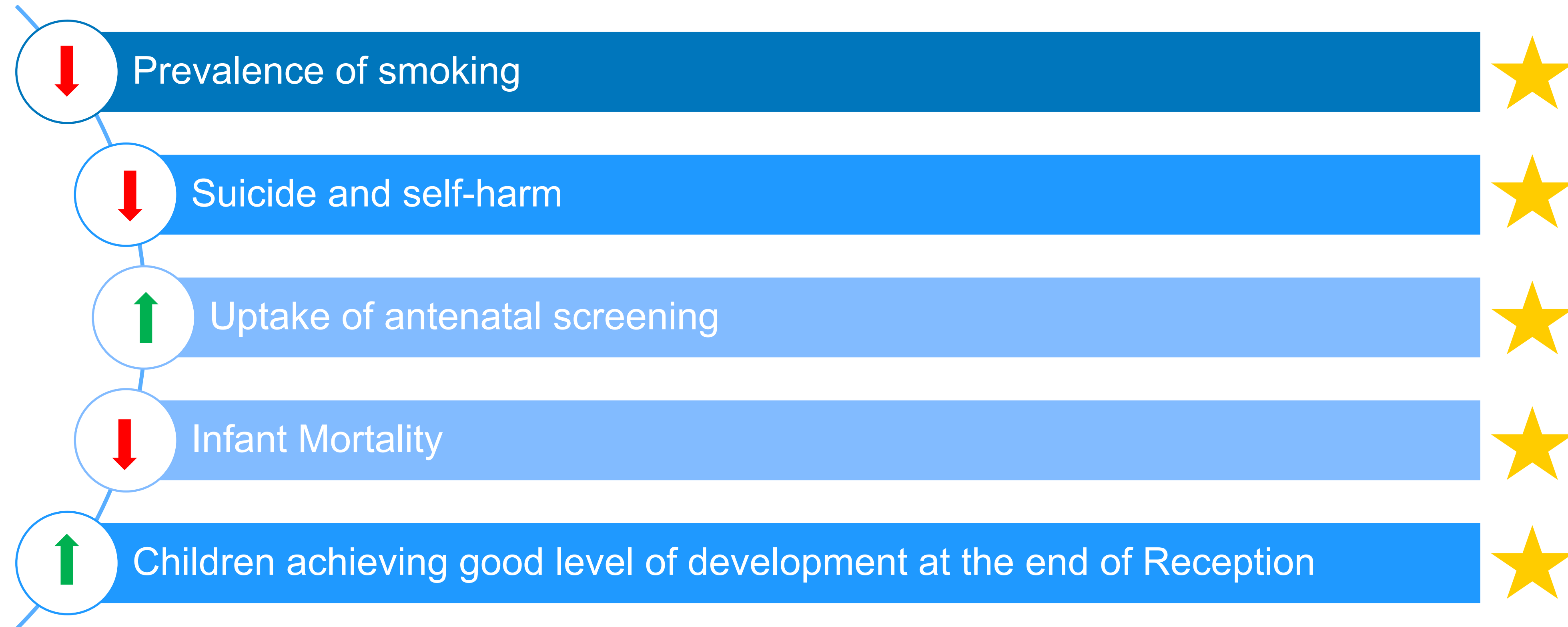


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Directly links
to six health
inequality
priorities in
the health
inequalities
strategy

Section two: The ten year strategy – How we will know we are making a difference



5 YEARS Place and Locality Level Metrics – Five year trajectory of change

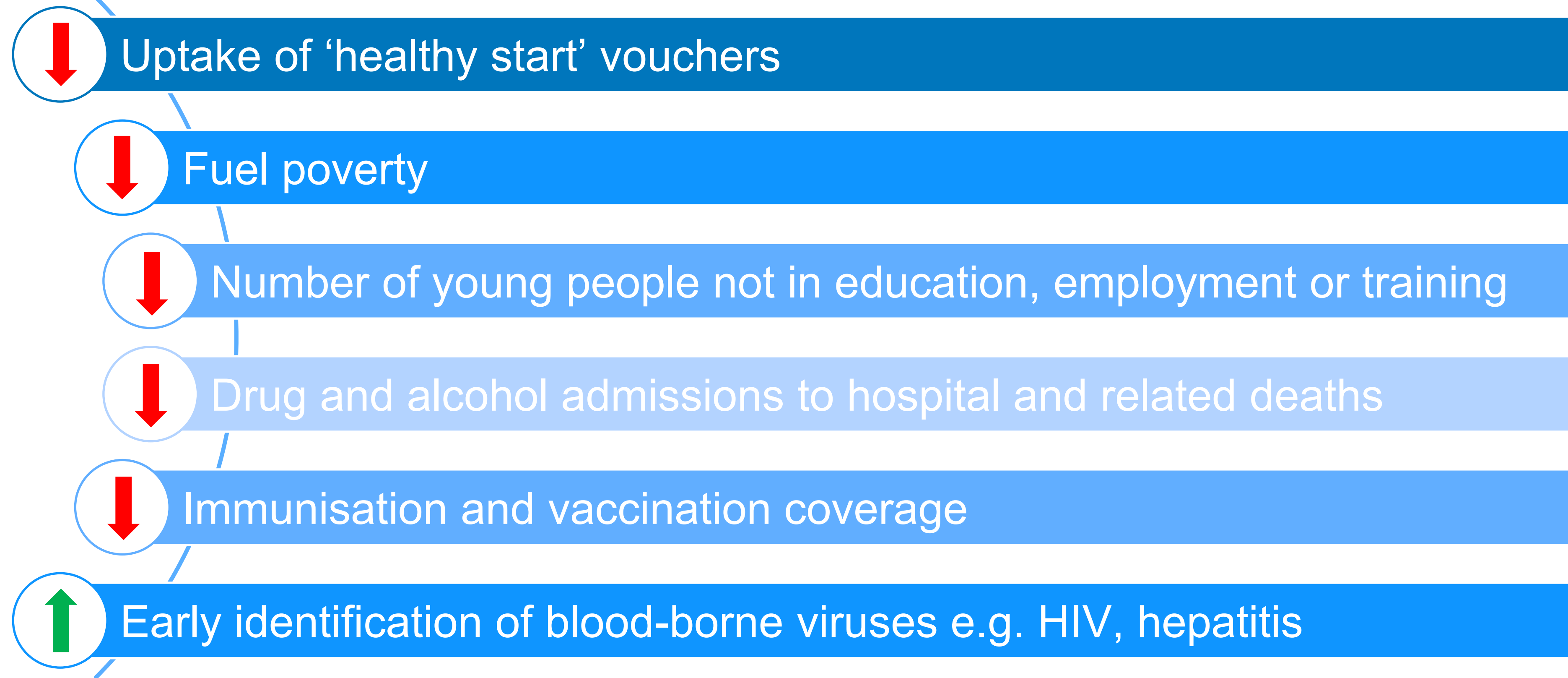


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Section two: The ten year strategy – How we will know we are making a difference



5 YEARS Place and Locality Level Metrics – Five year trajectory of change



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strategy





Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Section three: Supporting Engagement



Section three: How we are engaging on the ICS 10 year Strategy

Building on all the amazing work and engagement

The Integrated Care System Strategy has been developed from existing plans and strategies building on extensive previous engagement with local communities about what matters to them.

This isn't a consultation!

Because the strategy builds on existing work, we are not 'consulting' about what should be included in the strategy.

Confirming the content reflects experience

Instead, our approach through the engagement programme is to listen to people and confirm the content reflects what they have already shared and reflects the lived experiences of people who live and work in Birmingham and Solihull

Making sure the strategy connects

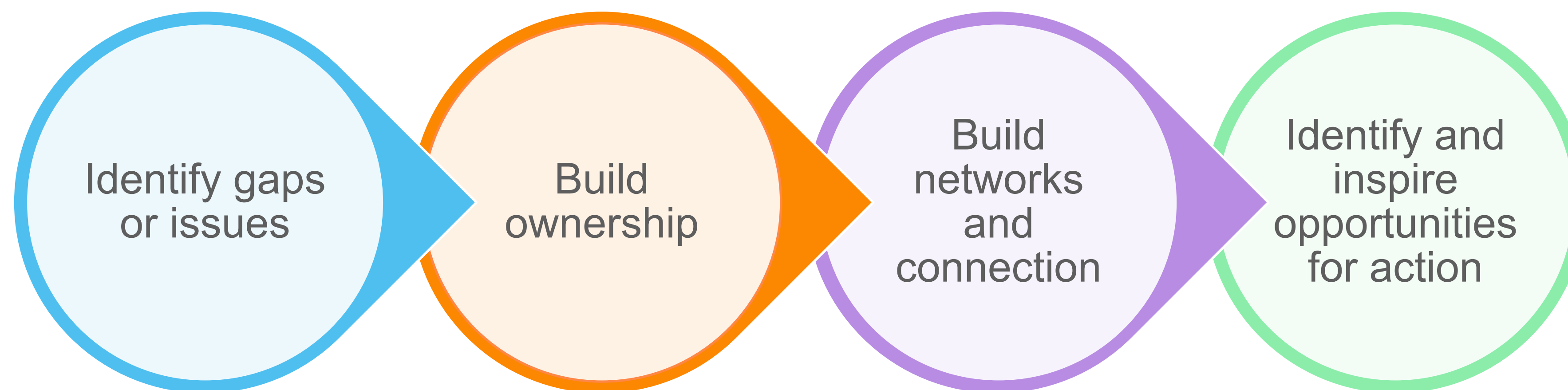
We want to confirm the strategy is connective and works to help integrate

Confirming the ambition

We want to confirm that people who live and work in Birmingham and Solihull feel heard and that the ambition of the strategy captures what matters to them



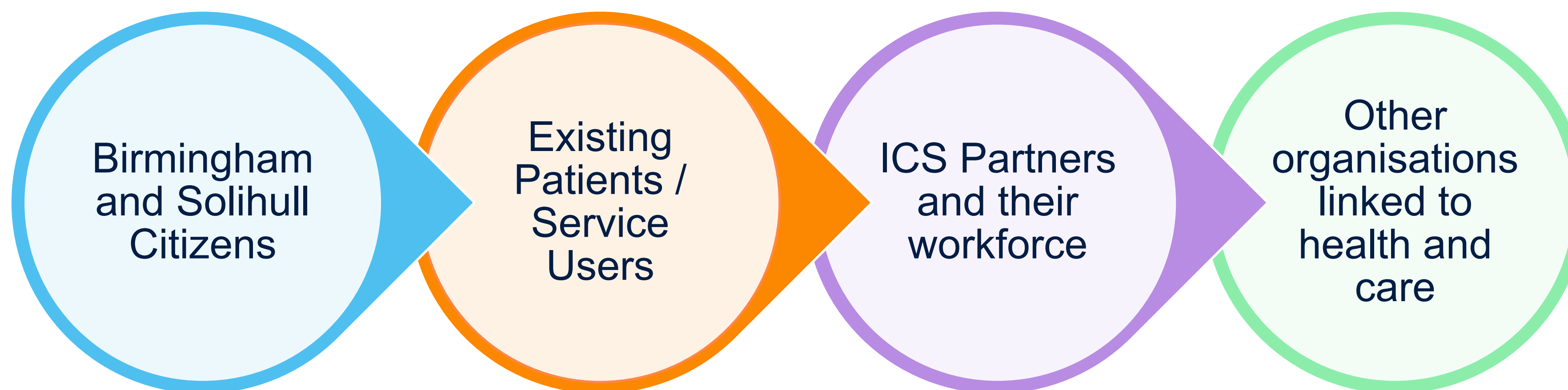
Section three: Why we are engaging with people



Through the engagement work, the ICP aims to connect everyone in our system with the strategy objectives and vision and make real how what they do every day contributes to the ten-year journey to improve lives and outcomes



Section three: Who we are engaging with



Our ambition through the engagement programme is to give as many people living, working and receiving care within Birmingham and Solihull the opportunity to help shape the ten year strategy.



Section three: Our approach to engagement starts from the future we want to create

Backcasting Method: Starting from the future we want to create

Preferred Future: People of Birmingham and Solihull live longer, healthier, happier lives

Objective: e.g. reduce Inequalities

Signposts: How will we know we are making a difference? Potential future events that signal achievement (or that we are moving in the right direction in 3y, 5y, 7y). These are the key metrics

Obstacles: What might stop us?

Opportunities: What can we do?

Actions: What steps can we take to overcome / avoid these obstacles?

Actions: What concrete steps do we need to take to achieve this opportunity?

https://www.researchgate.net/publication/342272669_Back_from_the_Future_The_Backcasting_Wheel_for_Mapping_a_Pathway_to_a_Prefered_Future

Section three: Engagement Questions for people living, working & receiving care in Birmingham & Solihull



- What can you and your team do to help people in Birmingham and Solihull live longer, healthier and happier lives?
 - What could help you / your community to live longer, healthier happier lives?
 - How can you / your organisation / your community contribute to achieving the objectives?
-
- What will feel different if we get this right?
 - What do you need to see to believe we are making a difference?
-
- What will help us to have a more connected health and care system?
-
- What could stop us from achieving the improvements we need to make?

Future: People of Birmingham and Solihull live longer, healthier, happier lives

Objectives

Signposts

Opportunities

Obstacles



Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Clarification questions

Over to you - Questions for Birmingham Health and Social Care Overview and Scrutiny Committee members to discuss



- **How can the Birmingham Health and Social Care Overview and Scrutiny Committee contribute to achieving the objectives?**
- **What more can we do to make the strategy ‘real’ for people - for citizens, for patients / service users, for our colleagues - to recognise that we all have a role to play in making this happen?**
- **What do you as a Committee need to see to believe we are making a difference?**





Section three: Our 'ask' of Birmingham Health and Social Care Overview and Scrutiny Committee members

Your feedback from today's session will support the further development of the strategy

- Please support your own engagement leads to engage widely within your own organisations / communities on the strategy. We have a communications and engagement pack that we can share with relevant people in your organisations.
- Please encourage people to have their say via the online surveys <https://www.birminghamsolihullics.org.uk/about-us/our-integrated-care-partnership/engagement>
- If you have other high level meetings that you would like someone to attend to present information on the ICS 10 Years Masterplan before the end of November, please let us know.



Birmingham and Solihull
Integrated Care System
Caring about healthier lives

Thank you

Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date: 22nd November 2022



Subject: Birmingham Substance Misuse Recovery System delivered by Change, Grow, Live (CGL)

Report of: Dr Justin Varney
Director for Public Health
Cllr Khan
Cabinet Member Health & Social Care

Report authors: Chris Baggott
Service Lead, Health Protection
Karl Beese
Commissioning Manager, Adults Public Health Services

1 Purpose

- 1.1 To provide the Health and Social Care Overview and Scrutiny Committee with an Annual report on the performance of the Birmingham Adult Substance Misuse Service which is commissioned by Public Health and delivered by Change, Grow, Live (CGL).

2 Recommendations

- 2.1 That the Committee notes the performance of the Adult Substance Misuse Service that will be provided by Public Health, Commissioners and CGL on 22nd November by way of the information detailed under Appendices embedded under Point 6.

3 Any Finance Implications

- 3.1 None, the Birmingham Adult Substance Misuse Service is funded through the Public Health Grant that is received by the Council and through additional grant funding from Office for Health Improvement and Disparities (OHID).

4 Any Legal Implications

- 4.1 None, the Health and Social Care Act 2012 and associated regulations transferred the responsibility for public health from the NHS to local authorities from April 2013. The provision of Substance Misuse Services is a condition of

the Public Health Grant that is received into the Council. Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse and have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

5 Any Equalities Implications

- 5.1 None, the Birmingham Adult Substance Misuse Service is open to anyone in Birmingham aged 18 and above and is not discriminatory towards any of the 9 protected characteristics detailed in the Equality Act 2010. Anyone under the age of 18 can access the Young Peoples Substance Misuse Service delivered by Aquarius Action Projects.

6 Appendices

Appendix 1: Presentation to O&S Committee



Adults Substance Use
- Overview & Scrutiny

Appendix 2: BCC Additional Supporting Information



SM OSC 22.11.2022
BCC Additional Inform

Appendix 3: BCC Additional Supporting Financial Information



SU OSC 22.11.2022
BCC Additional Financ

Appendix 4: CGL Throughcare Guide



SU OSC 22.11.2022
CGL Additional Inform

Appendix 5: CGL Demographics



SU OSC 22.11.2022
CGL Additional Inform

Appendix 6: CGL Case Study: JC



SU OSC 22.11.2022
CGL Additional Inform

Appendix 7: CGL Case Study: SF



SU OSC 22.11.2022
CGL Additional Inform

Appendix 8: CGL Case Study: Elaine



SU OSC 22.11.2022
CGL Additional Inform

Appendix 9: CGL Case Study: Matthew



SU OSC 22.11.2022
CGL Additional Inform

Appendix 10: CGL Case Study: Michael



SU OSC 22.11.2022
CGL Additional Inform

Substance Use: Birmingham's Adult Treatment Services

Presentation to Health & Social
Care Overview & Scrutiny
Committee
Tuesday 22nd November 2022



Overview: Adult Substance Use Service

- Delivered by Change, Grow, Live (CGL) who are part of a multi-agency partnership approach across the city
- Contract commenced 1st March 2015 and ends 31st March 2024, procurement process has commenced
- Annual contract value for 2022/23 and 2023/24: **£14,696,149**. Annual contract spend since contract commencement in March 2015 detailed in supporting information
- Additional Office for Health Improvement and Disparities (OHID) - previously Public Health England), grant funding of **£4,514,847** in 2022/23; details of each grant in supporting information
- Key commissioning intentions:
 - Think Family; support families during the recovery process and reducing associated harms caused to children
 - A Single System with CGL as the Lead Provider
 - Focus on Recovery Outcomes

Current Position: Drug Misuse - Birmingham

- 10,525 people using opiates and/or crack. Source: 2016-17 government estimates (latest data available)
- Average of 82 deaths from drugs misuse per annum (246 for the period 2018 – 2020); 7.8 deaths per 100,000 population. England average 5; highest Blackpool (22.1), lowest Enfield (1.9)
- 6,388 clients (5,325 opiate, 544 non-opiate & alcohol and 519 non-opiate) in treatment in 2020/21 (latest full year data available), an increase of approx. 10% compared to 5,790* in 2019/20
- Those in treatment and those new to treatment tend to have multiple complexities i.e. mental health and other health issues
- Numbers in treatment are increasing; the yearly figure of 6,388 in 2020/21 is the highest since 2012/13. There is a minimal waiting time to access services with >99.5% of clients accessing CGL within 3 weeks

Data source: <https://fingertips.phe.org.uk/> unless otherwise stated.

*National Drug Treatment Monitoring System (NDTMS)

Current Position: Alcohol Misuse - Birmingham

- 13,443 people are alcohol dependent; 1.58 per 1,000 population, England average 1.37. Source: Mid-2018 government estimates (latest data available)
- Average of 128 alcohol specific deaths per annum (384 for the period 2017 – 2019); 14.5 deaths per 100,000 population. England average 10.9; highest Blackpool (27), lowest Bracknell Forest (3.9)
- 1,472 alcohol clients in treatment 2020/21 (latest full year data available), an increase of approx. 29% compared to 1,140* in 2019/20
- A heavy drinking profile of those in treatment - in Birmingham alcohol clients in treatment are at the high end of daily/weekly alcohol unit consumption, so a very high risk/dependent clientele
- Numbers in treatment are increasing; the figure of 1,472 in 2020/21 is highest since 2016/17. There is a minimal waiting time to access services with >99.5% of clients accessing CGL within 3 weeks

Data source: <https://fingertips.phe.org.uk/> unless otherwise stated.

*National Drug Treatment Monitoring System (NDTMS)

PAGE 5

The Future: Triple Zero City Strategy and 10-year drugs plan

- The Triple Zero City Strategy for Substance Use for the period 2020 to 2030 has three key ambitious outcomes we want to achieve through working in partnership across the city:
 - Zero deaths due to drug or alcohol addiction
 - Zero overdoses due to drug or alcohol addiction
 - Zero people living with addiction to drugs or alcohol not receiving support to manage and overcome their addiction
- The government published “From harm to hope”; a 10-year drugs plan to cut crime and save lives in December 2021. This is a 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system.
- Procurement process is underway in order for a new contract to be in place by 1st April 2024 and will include key elements from the government 10-year drugs plan which will include incorporating the commissioning quality standard and local outcomes framework with an overarching ambition to deliver a world-class treatment and recovery system.



Change Grow Live Birmingham

OSC Presentation – Tuesday 22nd November 2022

Page 55 of 138



**Change
Grow
Live**

Service is for adults (over 18s) experiencing difficulties with drugs or alcohol in Birmingham

We deliver the service alongside our partners DATUS, KIKIT, Emerging Futures and Intuitive Thinking

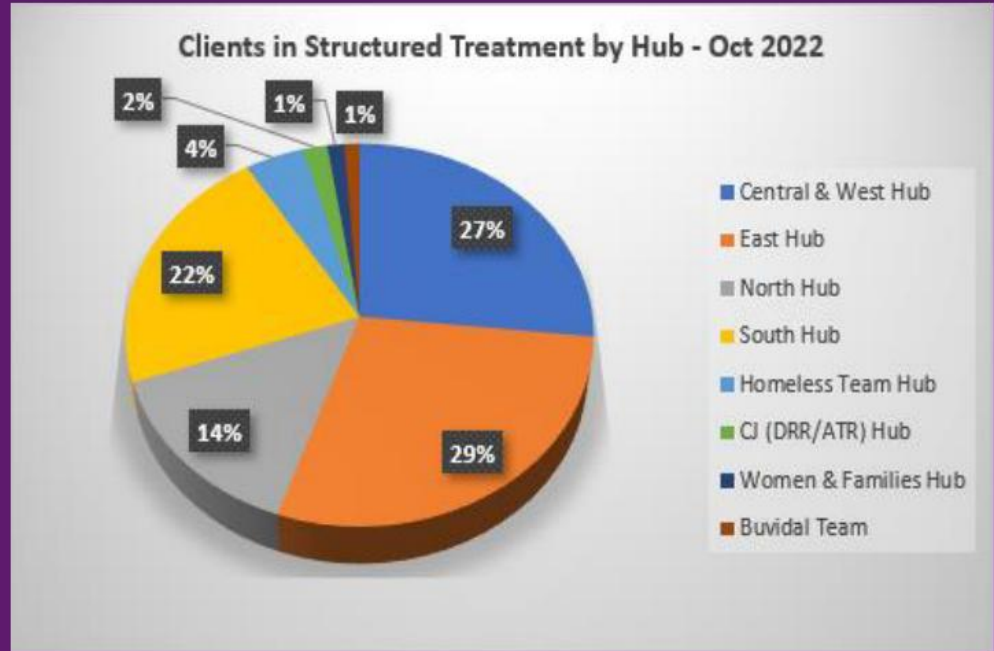
Work in partnership with a broad range of statutory and non-statutory providers

We have 8 specialist teams operating across the city and five community hubs:

- South Hub : 113 Griffins Brook Lane, Bournville
- Central and West Hub : 225 Hospital Street, Newtown
- East Hub: 111 Church Lane, Stechford
- North Hub: Shady Lane, Great Barr
- Change Grow Live at Lonsdale : Lonsdale House, Blucher Street

Change Grow Live Birmingham Services

- From September 2021 to August 2022, 7,626 individuals accessed structured treatment.
- Current total caseload is 4,941 individuals accessing structured treatment.
- The breakdown per drug category is:
 - Opiate - 4212
 - Alcohol – 437
 - Non-opiate and alcohol - 177
 - Non-opiate - 115




Responding to local need and working in partnership

City Centre Hub opened January 2022

Welcoming space and facilities such as showers, washing machine, toiletries, clothes and refreshments

Rough sleeper and Homeless Team

- 182 individuals have commenced treatment
- Partnership working is integral
- Clinical interventions
- Access to detox and rehab
- Harm reduction
- Outreach
- Group work
- Acupuncture




*I felt like I was
valued by the
services and that
I was important*

Responding to local need and working in partnership

Prison Leavers Team

- Commenced August 2021
- Purpose to increase the numbers of prison leavers into treatment
- Partnership with KIKIT and Emerging Future
- 46 prisons refer – Largest are Birmingham, Hewell and Foston Hall
- 10% increase in people attending following release



Thank you so much for the support you have given me, there is no way I would of made that appointment or even tried to without your help and then I would have definitely been re-called straight back to prison

Current activity

- Increasing size of team to further improve communication and engagement
- Embed ourselves in the 'InsideOut' Hub at HMP Birmingham

Responding to local need and working in partnership

Buvidal Team

- Commenced August 2021
- Injectable form of buprenorphine administered on site
- 57 individuals currently prescribed
- Mixture of people prescribed
- A variety of groups delivered and expanding
- Supported 14 people back into training or education
- We are contributing to national learning

I work full time so not having to collect my medication every day has helped me maintain my employment

Other specialist teams and partnership working

Womens and Families Team

Pregnant women, women with children, domestic abuse, sexual exploitation, serious mental health issues

Hospitals Team

Workers based in 4 hospitals. Engage individuals admitted are known and unknown to CGL

Individual Placement and Support

Providing pre and post employment support to individuals accessing drug and alcohol support who are job ready

Blue Light

A dedicated team for alcohol users who are frequent attenders at hospital and other blue light services who otherwise are resistant to engaging in treatment

Great support in helping me find a job and gain a sense of self-worth after a long journey in recovery.

Workforce development and expansion

Some challenges around recruitment

Volunteers


People with lived experience

Professionals

Student placements from variety of disciplines with links to local universities

Social work student placements

Entry level workers



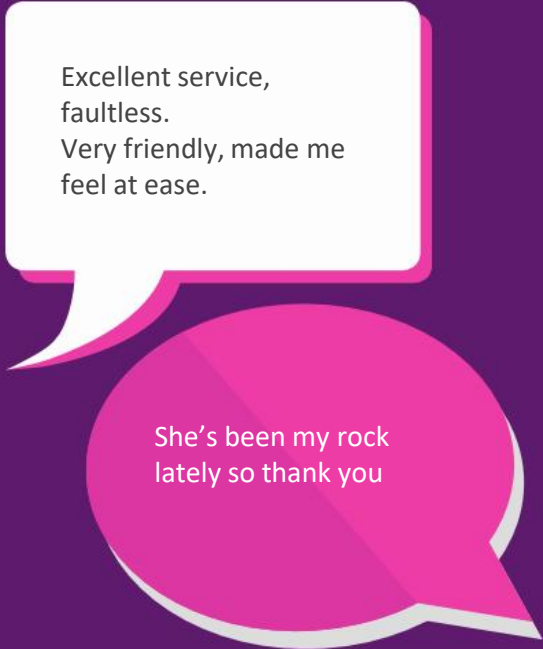
I wouldn't have become a recovery motivator if I hadn't first volunteered. Its my passion to help people get out of that madness; I love it. I don't need an alarm clock to wake up in the morning; I'm up and excited to see service users and to help empower them to make changes

Feedback from people who use our services...

“What amazing friendly service. Brilliant! CGL My worker was brilliant, the way she spoke to me, listened to me, pushed myself, I can do other things, encouraged me to attend AA. Got me my out of area detox too. I made new friends there, Connections! I am me again, my humour is back, I am laughing and making other people laugh. Thank you.”

“I was losing everything at one point but now through you being there for me, weekly calls, advice, your time, seeing my employer being clear with them about risks to my drinking took so much pressure off me. Now I am alcohol free, you have helped me get back everything.”

“I felt she never gave up on me. She made me feel understood, made me feel not alone. She believed in me when I didn't believe in myself. “
(Quotes from Care Opinion)



Excellent service,
faultless.
Very friendly, made me
feel at ease.

She's been my rock
lately so thank you

Substance Misuse: Birmingham's Adult and Young Peoples Treatment Services

OSC Additional Information

31 October 2022



BE BOLD BE BIRMINGHAM

 **Birmingham**
City Council

Birmingham HOSC Substance Misuse Profile ~ Oct 2022

Figure 1: Key indicators for drug and alcohol misuse in Birmingham
(Please note not all indicators are updated annually)

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Successful completion of drug treatment - opiate users (Persons, 18+ yrs)	2020	4.7	4.0	3.2	3.1	2.7	3.3	4.6	3.9	3.5	5.0	2.7	6.9	3.7	5.2	5.8	5.0
Successful completion of drug treatment - non-opiate users (Persons, 18+ yrs)	2020	33.0	30.2	24.3	38.0	49.6	10.7	27.2	21.2	28.4	28.1	31.0	47.2	25.3	26.1	40.7	35.0
Number in treatment at specialist drug misuse services (Persons, 18+ yrs)	2020/21	199156	21869*	6388	1418	1238	557	1173	864	753	1923	1400	611	1268	1533	1128	1615
Number in treatment at specialist alcohol misuse services (Persons, 18+ yrs)	2020/21	76740	-	1472	449	526	270	485	468	397	1040	565	180	487	723	524	777
Estimated prevalence of opiate and/or crack cocaine use (Persons, 15-64 yrs)	2016/17	8.9	9.6	14.2	7.5	10.5	6.3	11.7	7.1	7.8	7.1	14.7	8.9	11.0	5.3	13.6	6.4
Deaths from drug misuse (Persons, All ages)	2018 - 20	5.0	5.3	7.8	4.6	4.2	5.0	2.2	3.7	3.6	4.2	13.9	4.6	4.7	4.4	5.9	4.2
Successful completion of alcohol treatment (Persons, 18+ yrs)	2020	35.3	34.9	30.5	40.6	49.9	19.9	28.1	23.5	31.2	25.2	47.9	50.5	35.7	32.6	43.2	42.4
Percentage of dependent drinkers (Persons, 18+ yrs)	2014/15	1.39	1.46	1.66	1.81	1.56	1.12	1.95	1.15	1.09	1.22	1.98	1.49	1.61	1.12	1.84	1.17

Source: PHE Fingertips tool, 27/10/2022

Accessed from: <https://fingertips.phe.org.uk/indicator-list/view/GaVYo5Oyk6#page/0/qid/1/pat/6/par/E12000005/ati/102/iid/90244/age/168/sex/4/cat/-1/ctp/-1/cid/4/tbm/1>

2 Indicators for Drug and Alcohol Deaths in Birmingham

Figure 2: key indicators around drug and alcohol deaths from the PHE Fingertips tool

Indicator	Period	England	Core Cities	Birmingham	Bristol	Leeds	Liverpool	Manchester	Newcastle upon Tyne	Nottingham	Sheffield
Deaths in alcohol treatment, mortality ratio (Persons, 18+ yrs)	2018/19 - 20/21	1.00	-	0.77	0.57	0.86	*	0.55	1.50	0.86	0.48
Alcohol-related mortality: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020	37.8	-	44.0	43.6	43.5	53.1	54.6	57.4	51.9	48.2
Alcohol-specific mortality (Persons, All ages)	2017 - 19	10.9	-	14.5	14.3	14.8	17.6	17.3	16.9	16.6	16.0
Potential years of life lost (PYLL) due to alcohol-related conditions (Male, All ages)	2020	1116	-	1307	1341	1386	1684	1635	1802	1681	1555
Potential years of life lost (PYLL) due to alcohol-related conditions (Female, All ages)	2020	500	-	597	484	621	724	727	787	564	656
Under 75 mortality rate from alcoholic liver disease (Persons, <75 yrs)	2017 - 19	9.1	-	12.0	10.4	11.5	15.8	16.1	14.7	13.9	12.5
Deaths in drug treatment, mortality ratio (Persons, 18+ yrs)	2018/19 - 20/21	1.00	-	0.74	0.83	0.98	1.08	1.02	1.49	0.80	0.89
Deaths from drug misuse (Persons, All ages)	2018 - 20	5.0	-	7.8	8.9	8.1	12.9	9.0	11.9	5.2	7.8

Accessed from <https://fingertips.phe.org.uk/indicator-list/view/PIYNS4z9kO#page/0/qid/1938132832/ati/402/are/E08000025/iid/92962/age/168/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1/page-options/car-do-0>

Birmingham is significantly worse than England for all indicators except for deaths in drug treatment (significantly better), deaths in alcohol treatment (worse but not significantly) and years of life lost due to alcohol related conditions for females (worse but not significantly).

Compared to the other Core Cities, Birmingham has the lowest mortality ratio for deaths in drug treatment, and compares favourably to most other cities for the majority of indicators

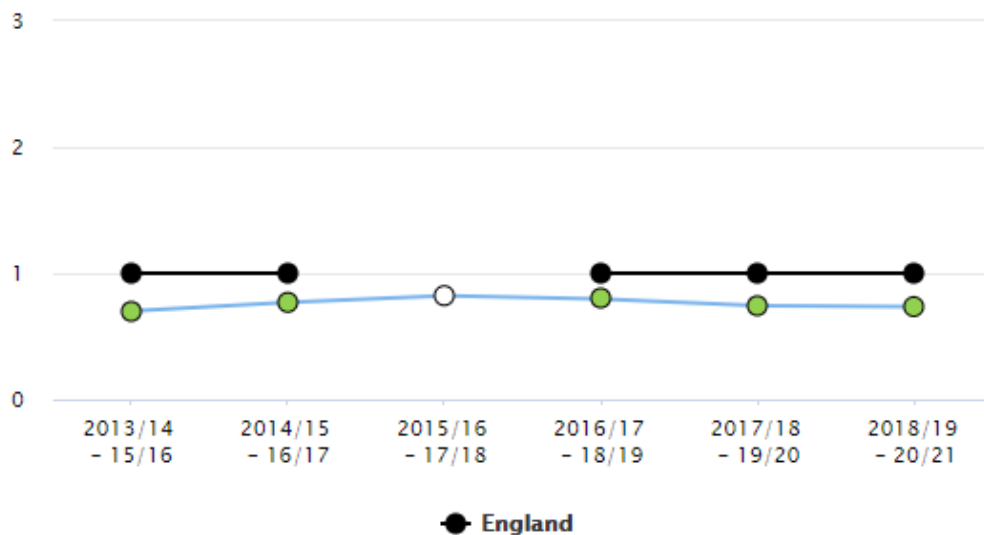
3 Deaths in drug treatment

Between 2018/19 and 2021/22 there were 151 deaths in drug treatment. As a comparable ratio, this has been consistently lower than the England Average since 2013/14-15/16, however the number of deaths in Birmingham has continually increased over this period.

Table 1 Deaths in Drug Treatment - Birmingham

Time Period	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20
Deaths	102	122	136	131	151

Figure 3: Deaths in drug treatment mortality ratio over time

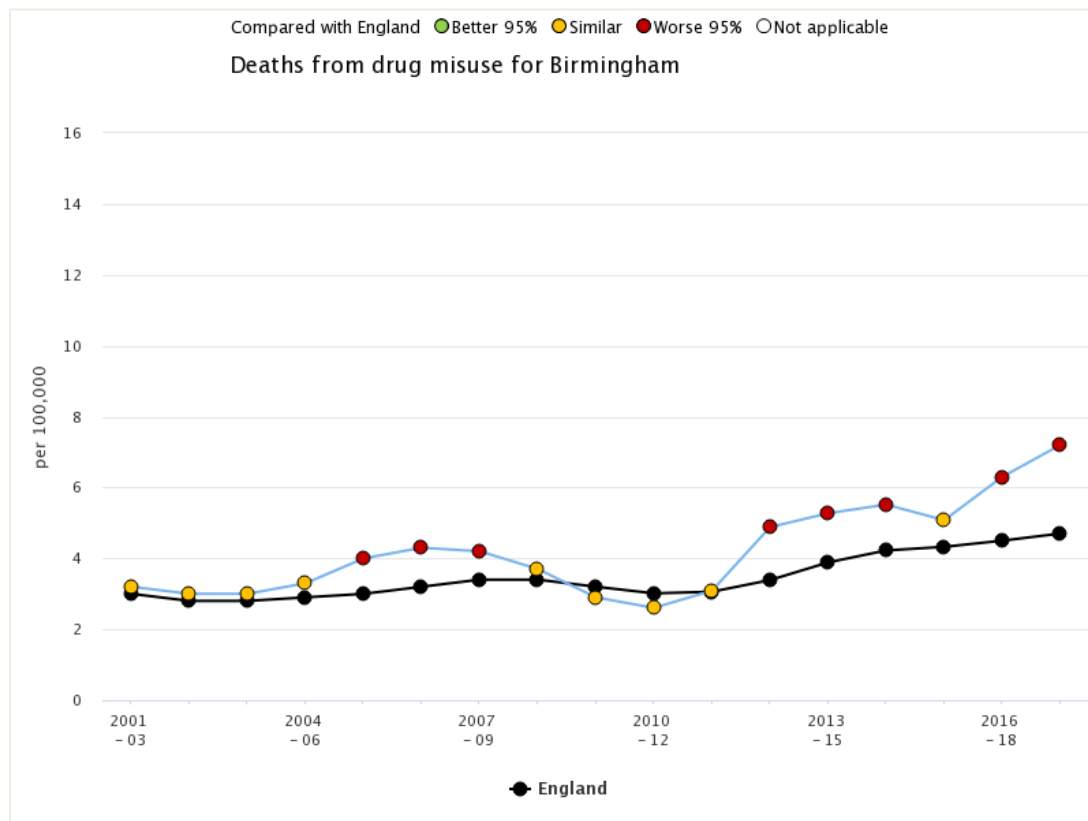


Source: PHE Fingertips tool, 27/10/2022

4 Deaths from drug misuse

There were 246 deaths from drug misuse between 2018 and 2020 and this has increased year on year since 2015-17. Using a directly standardised rate which allows populations to be compared, the rate has been consistently higher than the England average since 2012-14.

Figure 4: Deaths from drug misuse over time (DSR per 100,000 population)



Source: PHE Fingertips tool, 27/10/2022

Table 2: Number of deaths from drug misuse in Birmingham over time

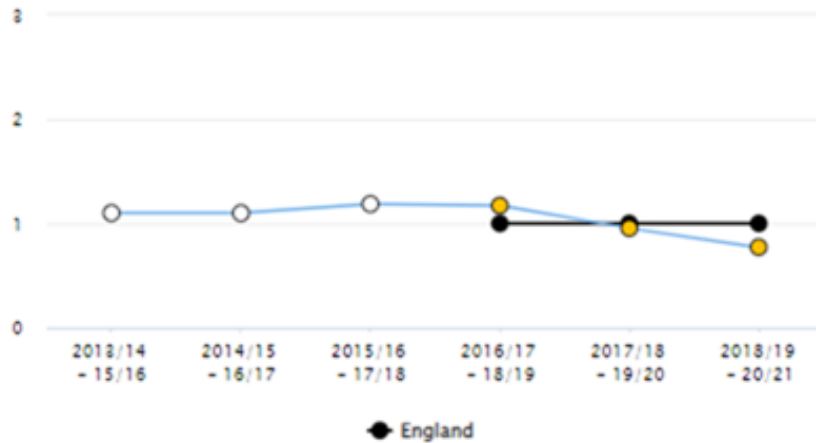
Period	01-03	02-04	03-05	04-06	05-07	06-08	07-09	08-10	09-11	10-12	11-13	12-14	13-15	14-16	15-17	16-18	17-19	18-20
Deaths	101	93	91	104	125	135	130	114	89	79	93	148	161	173	163	206	231	246

Source: PHE Fingertips tool, 27/10/2022

5 Deaths in alcohol treatment

Between 2018/19 and 2020/21 33 people died whilst receiving specialist treatment for alcohol. When expressed as a ratio of expected deaths (if Birmingham experienced the same age specific mortality rates as the whole of England) compared to actual deaths, it shows that Birmingham is similar to the national average. The recent trend in the ratio for Birmingham is fairly stable and appears to be decreasing. The number of deaths reported in the most recent reporting period is around half of what it was in 2012/14-2015/16

Figure 5: Deaths in alcohol treatment mortality ratio



Source: PHE Fingertips tool, 27/10/2022

Table 3: Number of deaths in alcohol treatment in Birmingham over time

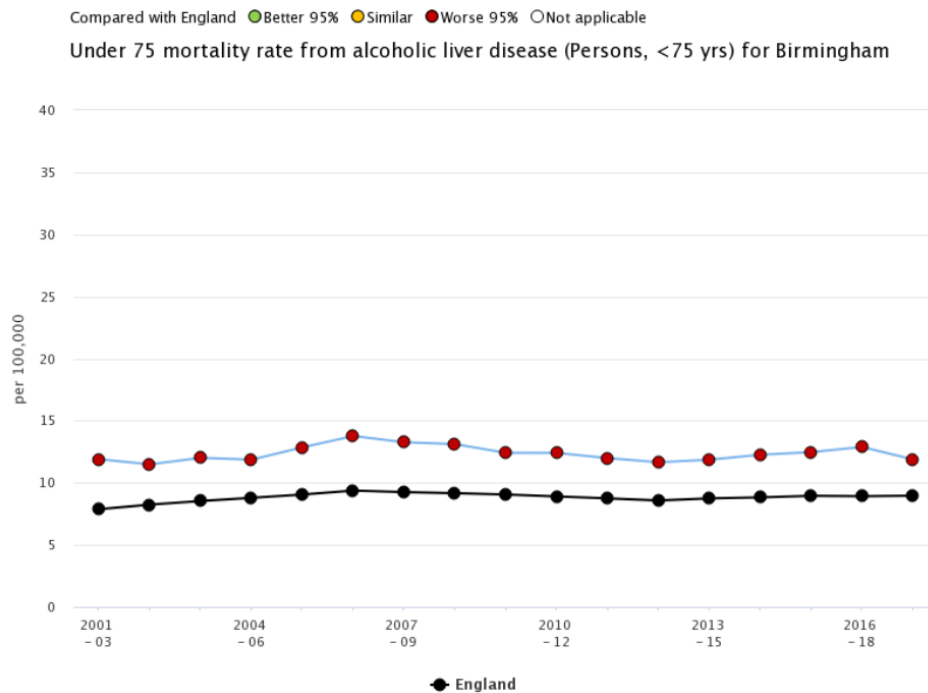
Period	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19	2017/18 - 19/20	2018/19 - 20/21
Deaths	61	59	58	51	36	33

Source: PHE Fingertips tool, 27/10/2022

6 Under-75 mortality from alcoholic liver disease

The most recent data for this indicator is for the three-year period 2017-2019. During this period there were 292 deaths. As a rate this has been consistently significantly higher than the England average.

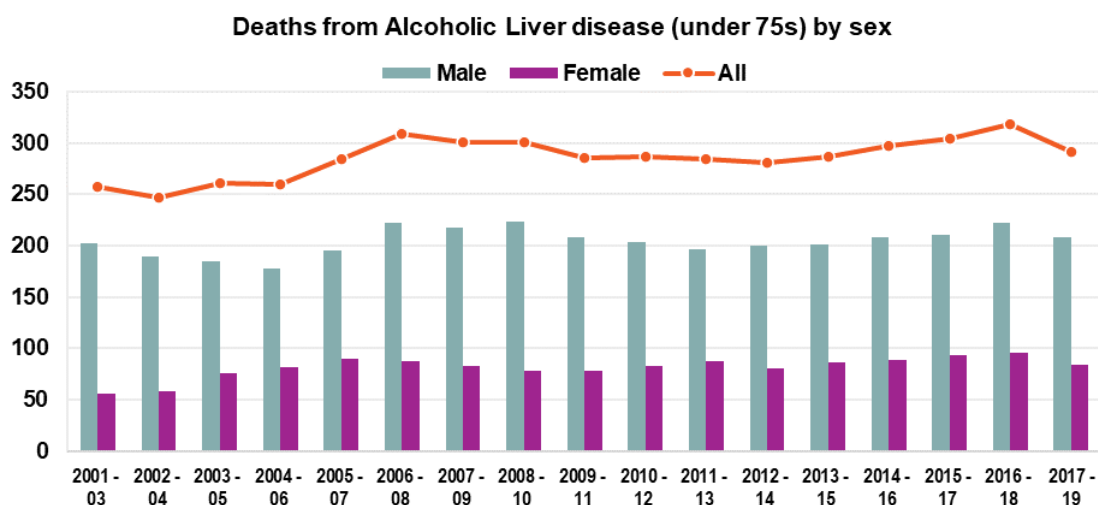
Figure 6: Under-75 mortality rate from alcoholic liver disease (DSR per 100,000 population)



Source: PHE Fingertips tool, 27/10/2022

Figure 7 – Deaths from alcoholic liver disease (under 75) by Sex

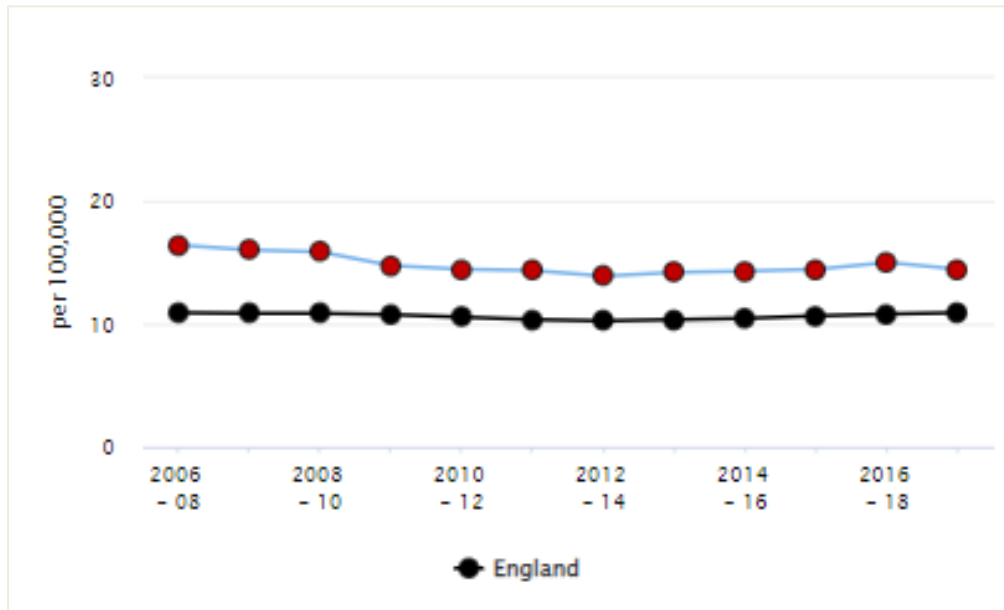
Deaths from alcoholic liver disease are consistently around double for males compared to females.



7 Alcohol-specific mortality

Alcohol specific mortality refers to deaths which are as a result of conditions which are solely caused by alcohol such as alcoholic liver disease or poisoning due to alcohol. In the most recent period 2017-19, there were 384 deaths. When presented as a directly standardised rate, Birmingham has consistently been significantly higher than the England average. Rates for Birmingham have remained relatively stable over the last few years.

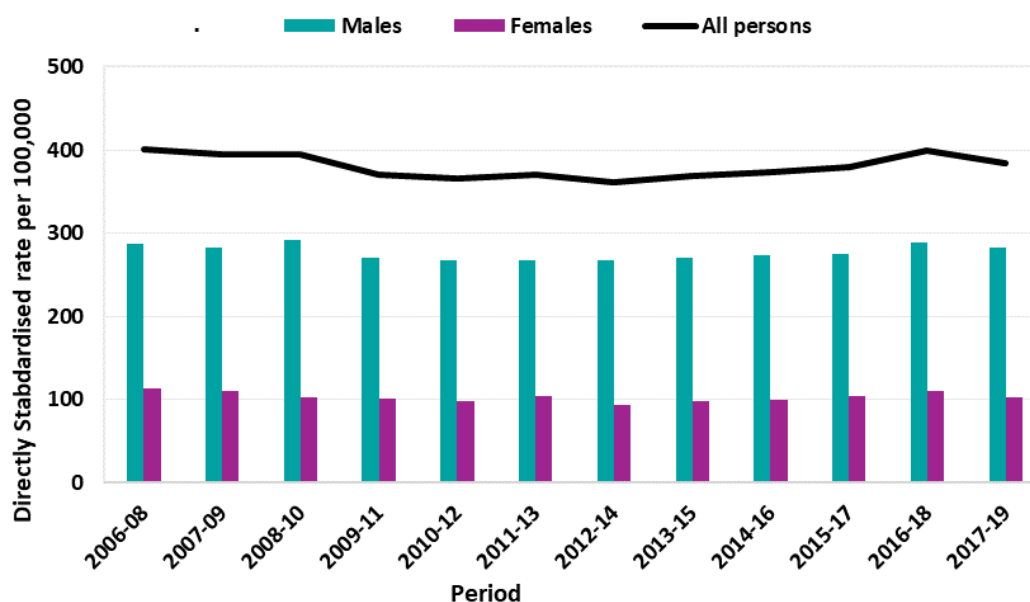
Figure 8: Alcohol-specific mortality (DSR per 100,000 population)



Source: PHE Fingertips tool, 27/10/2022

Deaths from alcohol-specific conditions are consistently more than double, and sometimes treble for males, compared to females.

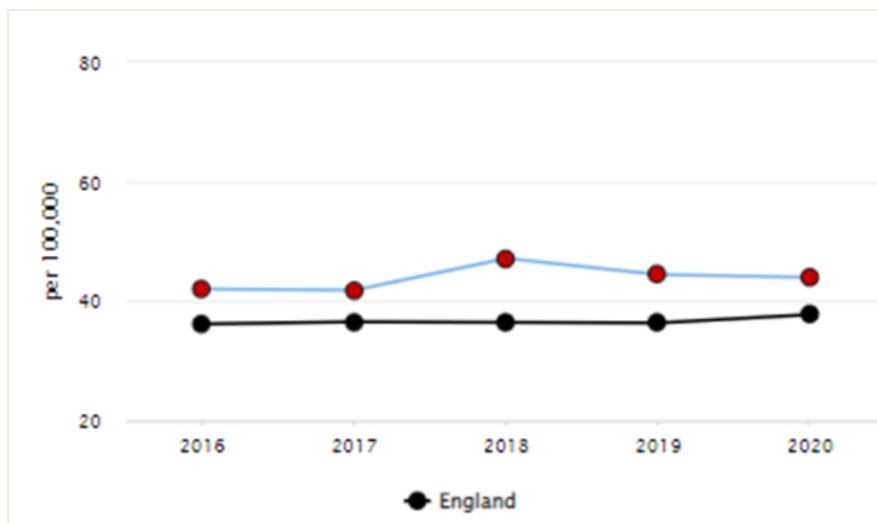
Figure 9: Alcohol-specific mortality by Sex (DSR per 100,000 population)



8 Alcohol-related mortality

Alcohol related mortality refers to deaths which are as a result of conditions which are related to alcohol in the case of the recorded individual, but not always caused by alcohol in other cases; such as alcoholic hepatitis and alcoholic cirrhosis. In the most recent period 2017-19, there were 384 deaths. When presented as a directly standardised rate, Birmingham has consistently been significantly higher than the England average. Rates for Birmingham have remained relatively stable over the last few years

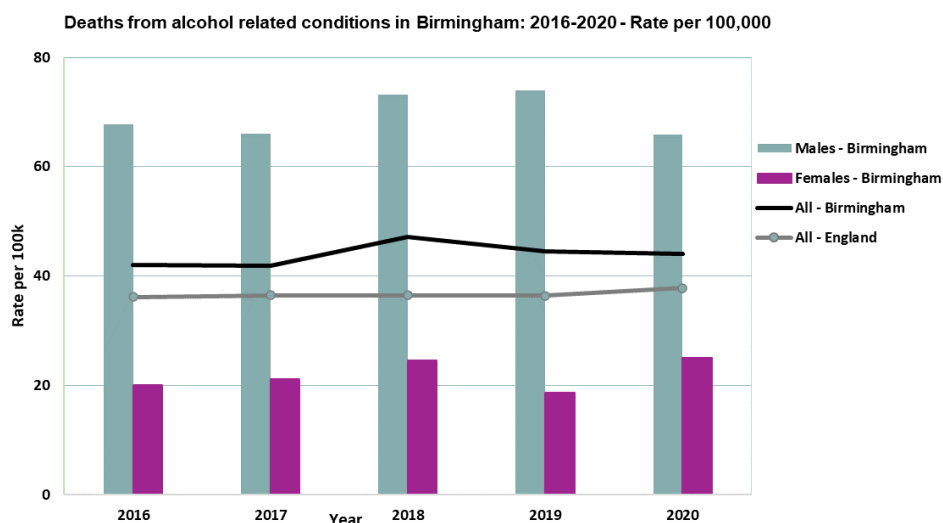
Figure 10: Alcohol-related mortality rate (DSR per 100,000 population)



Source: PHE Fingertips tool, 25/10/2021

Like other deaths, far more males than females die due to alcohol. The ratio of males to females deaths since 2016 has been 3:1

Figure 11: Deaths from alcohol-related conditions by Sex: Birmingham (DSR)



Please note that alcohol-related deaths are calculated using alcohol attributable fractions, and therefore the sum of male and female deaths may not equal the total number of deaths due to rounding (see Glossary for further information).

9 Years of life lost due to alcohol-related conditions

Potential years of life lost refers to the number of years of life lost prematurely due to alcohol-related conditions. (The number of age-specific alcohol-related deaths multiplied by the national life expectancy for each age group and summed to give the total potential years of life lost due to alcohol-related conditions). In Birmingham a total of 1307 years were lost for males and 597 years for females. This is significantly higher than England for males, and similar to England for females.

Figure 12 Potential years of life lost due to alcohol-related conditions

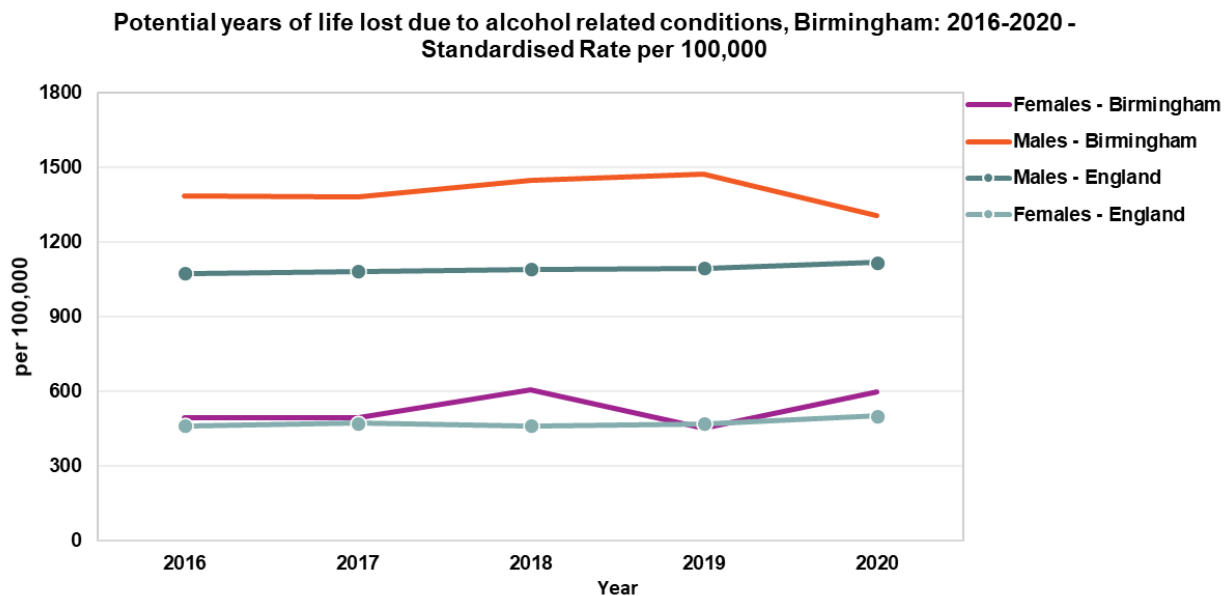
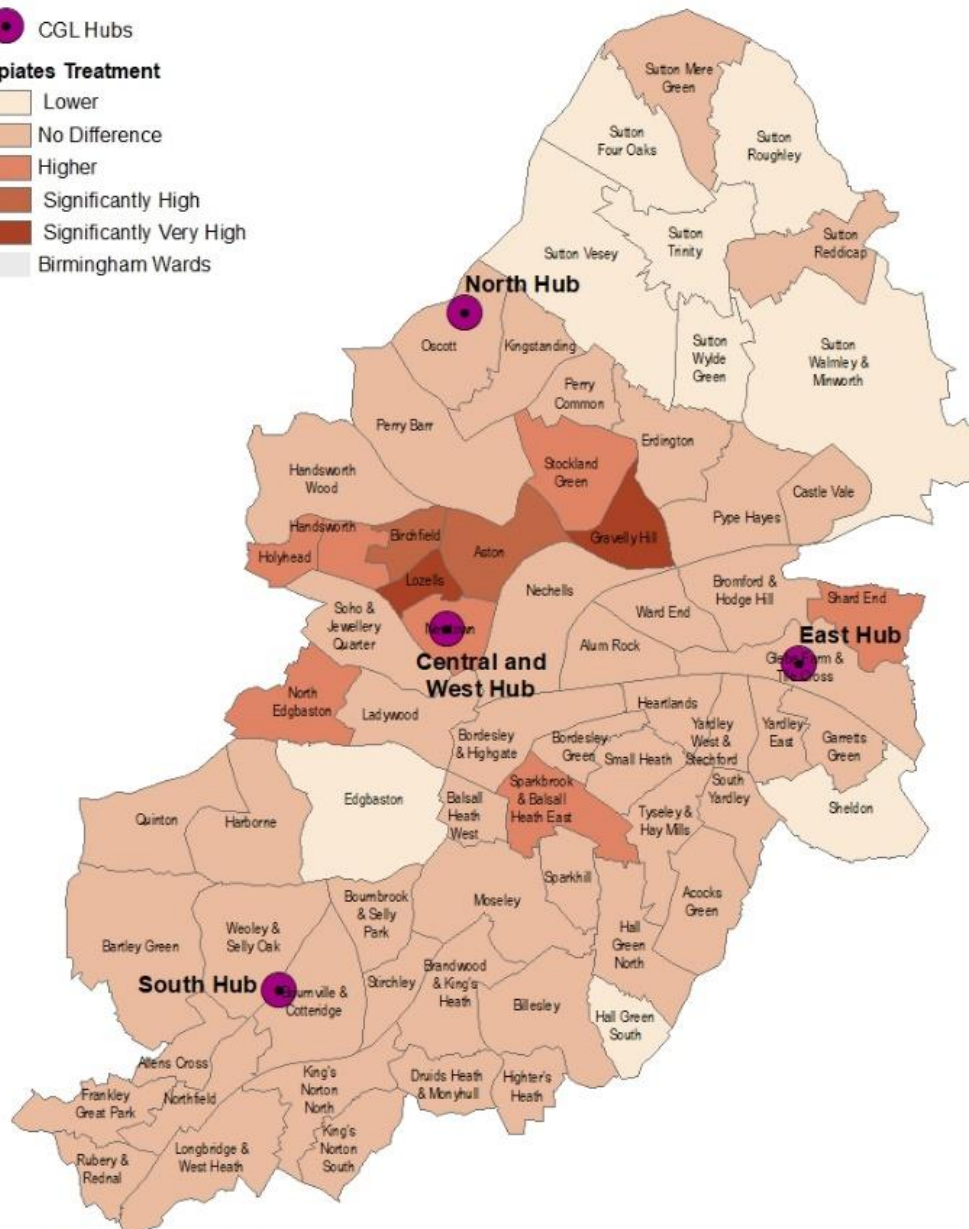


Figure 15 Map showing Opiate clients in treatment by Council Ward as of 30th September 2022

CGL Birmingham Current Clients By Ward & Drug Category at 30 September 2022

Ward rate /1000 population, compared to the Birmingham mean average



Produced by Birmingham Public Health Division (2021)
© Crown copyright and database rights 2021 Ordnance Survey 100021326.

11 Glossary

Alcohol-related mortality

Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population). Each alcohol related death is assigned an alcohol attributable fraction based on underlying cause of death (and all cause of deaths fields for the conditions: ethanol poisoning, methanol poisoning, toxic effect of alcohol).

Alcohol-specific mortality

Deaths from alcohol-specific conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population). Deaths which have been wholly caused by alcohol consumption, registered in the calendar year for all ages.

Deaths in alcohol treatment

The indicator is calculated as an indirectly age-standardised ratio, and compares the observed number of deaths among adults in alcohol treatment over a three-year period to the expected number if the local authority experienced the same age-specific mortality rates as in the whole alcohol treatment population in England.

Deaths in drug treatment

The indicator is calculated as an indirectly age-standardised ratio, and compares the observed number of deaths among adults in drug treatment over a three-year period to the expected number if the local authority experienced the same age-specific mortality rates as in the whole drug treatment population in England.

Deaths from drug misuse

Deaths where the underlying cause of death has been coded to the following categories of mental and behavioural disorders due to psychoactive substance use (excluding alcohol, tobacco and volatile solvents):

- I. opioids (F11)
- II. cannabinoids (F12)
- III. sedatives or hypnotics (F13)
- IV. cocaine (F14)
- V. other stimulants, including caffeine (F15)
- VI. hallucinogens (F16) and
- VII. multiple drug use and use of other psychoactive substances (F19)

AND

Deaths coded to the following categories and where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death record:

- I. Accidental poisoning by drugs, medicaments and biological substances (X40–X44)
- II. Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64)
- III. Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)
- IV. Assault by drugs, medicaments and biological substances (X85) and
- V. Mental and behavioural disorders due to use of volatile solvents (F18)

Under-75 mortality from alcoholic liver disease

Number of deaths from alcoholic liver disease (classified by underlying cause of death recorded as ICD code K70) registered in the respective calendar years, in people aged under 75, directly age-standardised rate per 100,000 population (standardised to the European standard population).

Years of life lost due to alcohol-related conditions

Directly age-standardised rate of potential years of life lost in adults aged <75 due to alcohol-related causes. The number of alcohol-related deaths in those aged 0-74 multiplied by the number of years of life lost up to the age of 75 summed to give total years of life lost due to alcohol-related conditions.

Adults Substance Use Annual Contract Spend
from contract commencement on 1st February 2015 to 31st March 2024

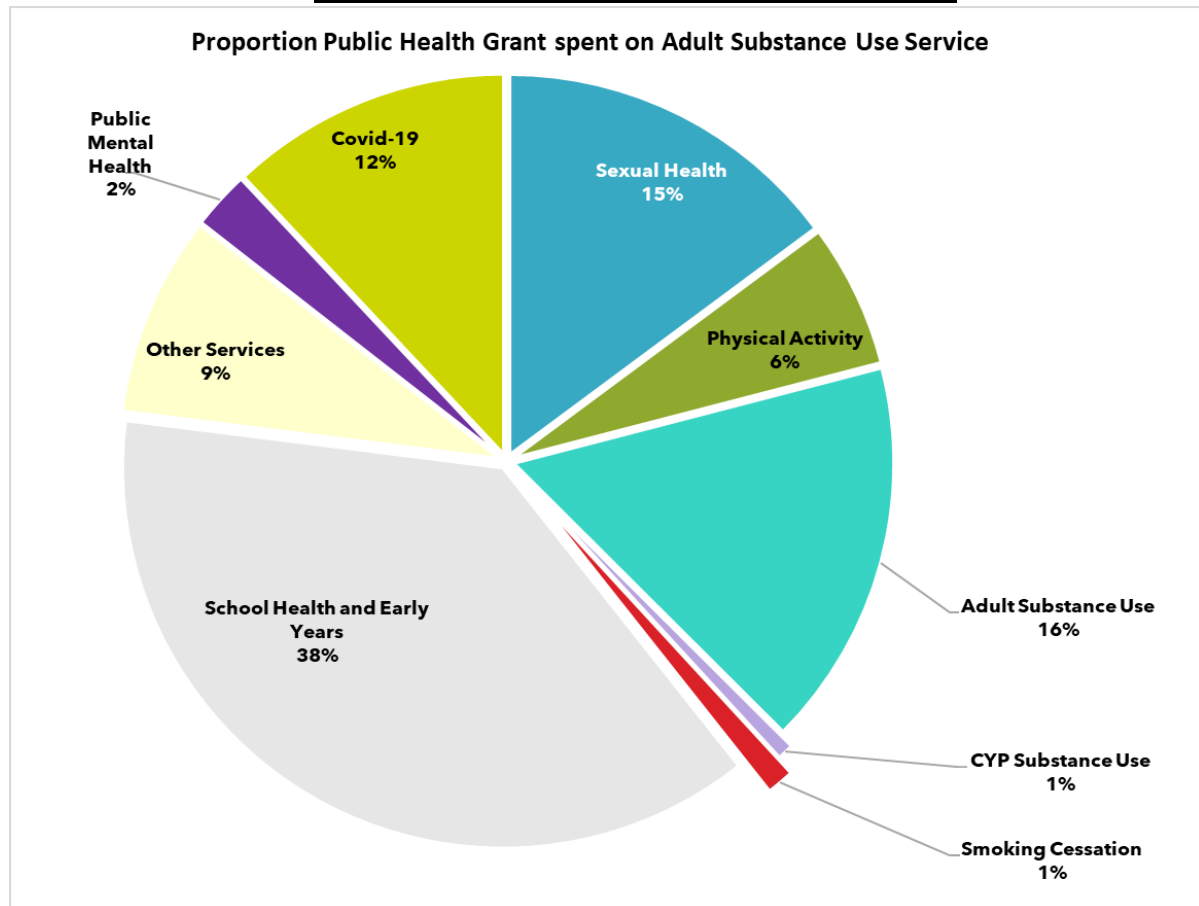
<u>Contract Year</u>	<u>Annual Contract Value</u>
2015-16	£19,022,929.55 (included £2M one-off start-up costs)
2016-17	£18,055,512.73
2017-18	£15,450,809.61
2018-19	£15,164,704.54
2019-20	£14,937,483.08
2020-21	£14,190,608.93 (5% reduction for initial 2 year contract extension period)
2021-22	£14,190,608.93
2022-23 & 2023-24	£14,696,149.00

English Core City Cost Comparison:

Data Source: Local Authority Revenue Outturns 2021/22

Highest Spend: £54.04 per head of population – Nottingham
Lowest Spend: £14.75 per head of population - Birmingham
Average Mean Spend across 8 core cities: £23.27 per head

**Proportion of Public Health Grant spent on the Birmingham
Adults Substance Misuse Service 2022/23**



In addition to the core CGL contract which is funded by the Public Health Grant, Birmingham is receiving additional funding from the Office for Health Improvement and Disparities (previously Public Health England), details of this additional grant funding is below:

Rough Sleeping Drug and Alcohol Treatment Grant

Birmingham has been allocated **£834,063** in 2022/23 and £987,600 in 2023/24 (indicative figure and yet to be confirmed formally) by OHID to fund specialist support for individuals in order for them to rapidly access and engage with drug and alcohol treatment and move towards longer-term accommodation, supporting the work of wider homelessness and rough sleeping funding.

To support the CGL team funded by the grant and more importantly to further support those people rough sleeping or homeless, CGL opened a city centre hub in early January 2022 at Lonsdale House, 52 Blucher Street, Birmingham B1 1QU. which will provide an opportunity for Change Grow Live to support vulnerable adults in a city centre location in a safe environment. The CGL teams based at Lonsdale House consist of multi-disciplinary staff, partners and volunteers with lived experience, , putting the health and well-being of service users at the heart of what they do.

This funding is managed by the Office for Health Improvement & Disparities (OHID) and is subject to annual confirmation of funding from HM Treasury. This grant is provided pursuant to section 31 of the Local Government Act 2003.

Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant

This grant is to address the aims of the treatment and recovery section of the UK Government's 2021 drug strategy (From Harm to Hope) published in December 2021. This supplemental funding is to support improvements in the quality and capacity of drug and alcohol treatment 2022/23 to 2024/25. Birmingham has been allocated **£3,018,940** in 2022/23, £4,946,496 in 2023/24 and £9,547,838 in 2024/25; the figures for 2023/24 & 2024/25 are indicative and yet to be confirmed formally.

Birmingham's detailed plan for 2022/23 has been approved by OHID and includes; Additional Commissioning and Strategic Public Health Support Capacity, Assertive outreach service that will deliver a) Brief Interventions, b) Extended Brief Interventions/Campaigns and c) Targeted Outreach, a dedicated Partnerships Lead, Increasing drug/alcohol treatment capacity by the recruitment of additional workers and increasing residential rehabilitation capacity.

From an CGL perspective, in 2022/23 this additional funding will facilitate strengthening the Criminal Justice Team, Enhancing Prison to Community Continuity of Care and recruiting additional recovery co-ordinators which will support improvements in the quality and capacity of the adult drug and alcohol treatment service in Birmingham.

This funding is managed by the Office for Health Improvement & Disparities (OHID) and is subject to annual confirmation of funding from HM Treasury. This grant is provided pursuant to section 31 of the Local Government Act 2003.

SSMTR Housing Support Grant for people in drug and alcohol treatment

The Housing Support grant is a programme to test and evaluate models of housing support for people in treatment in a targeted number of areas and is provided in *addition* to the Supplementary Substance Misuse Treatment and Recovery Grant, to deliver a programme of interventions for people in drug and alcohol treatment with a housing need. This was a commitment in the Drug Strategy in response to Dame Carol Black's recommendation that government should invest in housing support for people in treatment.

Birmingham has been allocated **£376,628** in 2022/23 and £579,428 in 2023/24 and 2024/25; the figures for 2023/24 & 2024/25 are indicative and yet to be confirmed formally.

West Midlands Inpatient Detox Consortium

This OHID funding is to increase the capacity and subsequently the uptake of residential inpatient detoxification from drugs and/or alcohol nationally. The 14 Local Authorities in the West Midlands Region have been allocated a share of £1,192,500 by OHID in order to start to commission additional inpatient alcohol and drug detoxification provision, which will increase the capacity within the treatment system.

All local authorities in the West Midlands region are part of a consortium with Staffordshire County Council acting as banker. Of the £1,192,500 Birmingham has been allocated **£285,216** for 2022/23, 2023/24 and 2024/25. The figures for 2023/24 & 2024/25 are indicative and yet to be confirmed formally.

The total amount of additional funding from OHID to Birmingham for 2022/23 is: **£4,514,847**

Throughcare Guide

Building recovery capital to support individuals exit treatment.



Summary

Welcome to Throughcare! We've created a guide full of fantastic group sessions for people to join and boost their recovery. Have a chat to our welcoming Programmes team and dedicated partners to sign up to Throughcare today!

Updated April 2022

Contents

1. Timetable

Throughcare timetable. Subject to change. LIFE and ACT timetable can be found [here](#). CRAFT family support sessions can be found [here](#).

2. How to refer

Information on how to refer to Throughcare groups, Veterans Group and IPS.

3. Programmes

- [Pre-Detox/Detox Programme](#)
- [Ambulatory detox](#)
- [Day/Post detox programme](#)
- [Peers through Care](#)

4. 'Menu of Options' Change Grow Live Groups

- [Open Recovery Group](#)
- [168 Groups](#)
- [Creative Group](#)
- [Managing Anxiety Group](#)
- [LGBTQ+ Group](#)
- [Veterans Group](#)
- [IPS \(Employment support\)](#)

5. 'Menu of Options' Partners with Throughcare

Information on our courses run by our partners: KIKIT, Intuitive Thinking Skills, and DATUS. Our partners offer culturally diverse, specialist, and peer-led sessions that include mutual aid groups.

- [Skills-Tu Life Course](#)
- [Intuitive Recovery Course](#)
- [Enough's Enough Course](#)
- [Better Choices \(Low Dose Pods\)](#)
- [KIKIT Drop-in centre](#)
- [Diversity in Recovery](#)
- [Muslim Recovery Network](#)
- [Mutual Aid \(network of SMART and ACT meetings\)](#)
- [See Change Program](#)

Weekly Service User Forum

Get Connected, Stay Connected

Birmingham's Drug & Alcohol Service



**Change
Grow
Live**

What is Get Connected, Stay Connected?

It's an online forum where people come together as a group, to have their say about how our service can improve the way we provide support.

In each meeting we discuss topics related to the support our service offers, encourage people to share their experiences and views, and work together to find solutions and better ways of delivering support.

Who can attend?

It's open to anybody who has lived experience of facing personal challenges with their drug or alcohol use and is interested in helping us to improve the way we work and support people. You don't have to be abstinent to attend and a whole range of different people turn up to get involved each week, including current and past service users, staff, and volunteers.

When and where does it take place?

The forum runs every Thursday from 11:00am until 1:00pm (2 hours). People who have a telephone or internet access can get involved in the forum, using the following information:

Online Access

Link: <https://bit.ly/CGLBrumGCSC>
Password: 222

Telephone Access

Call: 0330 088 5830
Enter Meeting ID: 933 3576 2667 #
Password: 222 #

Attending for the first time?

If you would like to talk to the people who run the forum before you attend for the first time, we run a 'meet and greet' service for newcomers.

Simply text or email Lydia, who is one of the people who runs the forum, and she will explain how and when to access the 'meet and greet.'

Email address: lydia.broom@cgl.org.uk

Telephone: 07717715273

Do I have to speak about myself or get involved in any of the discussions?

Only if you want to. You're welcome to sit back and just listen if that suits you best. We don't ask people to introduce themselves at the start of the forum and we don't put people on the spot with questions. When you join the forum, your microphone will be muted and only you have the power to turn your microphone on and off.

Will I need to turn my camera on?

When you join the forum, your video will automatically be turned off and you can keep it off for the whole meeting if you want to. Only you can turn your camera on, and you're more than welcome to do this as soon as you feel comfortable.

We hope to see you in Get Connected, Stay Connected soon!

Throughcare and Group Session Timetable

		Monday	Tuesday	Wednesday	Thursday	Friday
AM	Day	10am Check in 11.15am: Morning Group e.g., Identity	10am Check in 11.15am: Morning Group e.g., Boundaries and Ruminations	10am Check in 11.15am: Morning Group e.g., 168 Group	10am Check in 11.15am: Morning Group e.g., Stay Connected	10am Check in 11.15am: Morning Group e.g., Reflective group
	Detox	10am check-in 10.30am: Detox Group e.g., Relapse prevention	10am check-in 10.30am: Detox Group, e.g. 'What is your recovery capital' group	10am check-in 10.30am: Detox Group, e.g., Prenoxad group	10am check-in 10.30am: Detox Group, e.g., Mindfulness	10am check-in 10.30am: Detox Group, e.g., Reflective journaling
				10:15am: <u>Veterans Group</u> Hosted online by Craig and Trevor. 10:30am - 12pm: <u>ITS Better Choices</u> South hub	10:30am - 12pm: <u>ITS Better Choices</u> North hub	11am - 12pm: <u>KIKIT Hub Drop-in</u> Central and West hub 12 pm: Walking Group for people on Day programme
PM		1:00pm: <u>LGBTQ+ Group</u>	12pm - 1pm: <u>KIKIT Hub Drop-in</u> East hub 1:00pm: <u>Managing Anxiety</u>	1:00pm: <u>168 Group</u> North & C&W	1:00pm: <u>Creative Group</u> 2pm - 4pm: <u>ITS Better Choices</u> Central and West hub	
		1:30pm: <u>168 Group</u> South & East	1:00pm: <u>Open Recovery Group</u> 2pm - 3pm: <u>KIKIT Hub Drop-in</u> North hub			

How to refer

**IMPORTANT: You must get consent from the individual before making a referral.
Someone must be ready to actively engage with the group sessions.**

For most throughcare groups:

Email ([Programmes team](#)) with the following information:

- Client name
- B-number
- Group/programme
- Reason for referral
- Email (not needed if using WhatsApp)
- Phone Number
- Able to Zoom/access by phone
- Any safeguarding issues (particularly Domestic Abuse)

The more information you can provide the programmes team, the quicker they can get someone booked on to a course or group session.

The programmes team will add notes to CRiis and report back any updates from your referrals.

Email address for Throughcare and Programmes team: p0614.programmesteam@cgl.org.uk

Hear from our programmes team about group sessions...

'Being a Recovery Motivator working within the Programmes Team is empowering, it's the best feeling in the world seeing clients successfully exiting treatment'.

- **Paddy**

Programmes

Two set programmes run Monday to Friday mornings. You can build your tailored recovery package by adding in 'menu of options' groups in the afternoon.

Pre-detox/Detox Programme

Overview:

A mix of 'foundation of change' and other psychosocial intervention groups that support you to develop the knowledge and skills to work through your detox and maintain the changes you are making.

Who is it for?

If you are undertaking a planned alcohol or opiate detox.

What times/dates does it run?

Monday to Friday, over 2 weeks.

For how long?

Usually 2 weeks, with the flexibility to extend if needed.

Important information: If entering this programme, you must have a responsible adult who can monitor your detox and take blood pressure readings.

Ambulatory Detox

Who is it for?

Anyone identified by medical team following a medic decision as being suitable for a community detox.

What times/dates does it run?

The Programme runs in cycles from 2 hubs at the same time (South and East for the 2-week duration then the service is offered at North and Central & West for 2 weeks)

Provision is Monday to Friday 9:00am to approx. 3:00pm

An online calendar "Q0005 Birmingham Ambulatory Detox" is accessible for all staff to view details the weeks that the programme will be running in each hub

For how long?

2 Week programme

Overview:

This programme is facilitated by the Hub Nursing Team and the Programmes Team to enable a community detox to be delivered with nursing supervision and psycho-social support, whilst providing the opportunity for peer support and learning.

Lunch is provided and "Day Bus Passes" can be issued if required.

Social/ life skills you will gain:

Skills and tools to enable you to progress through your detox safely and prepare for life after your successful detox.

There are also introductions to our external partners and agencies who can provide you with support and learning opportunities to stay on your new pathway.

Here what people had to say about ambulatory detox...

'Detox wasn't on my do list...

I didn't go to CGL because I had a bad weekend, I had a couple of bad decades.

For me this had become a matter of life and death.

No doctor, psychiatrist, therapist, or family member could keep me sober.

I tried everything and gave up everything to continue to drink.

Then I found CGL... they didn't teach me how to get sober they taught me how to stay sober.

Ambulatory detox experience'.

'My experience with CGL has been brilliant, I could have not asked for a better experience.

James and Paddy have been great mentors, sponsors and mostly I have made 2 great friends.

They have set up these sessions they have been brilliant. I have learned so much about myself and how to deal and stay abstinent. I learned I must put myself first in my recovery.'

'I have just completed a 2-week community detox with James and Paddy. I feel so empowered now to carry on with another life! The course is so well put together. I have learned tools to use in my future sobriety. The medical care from Shirley and Amy everyday was invaluable, making sure we were doing ok on the medication.'

Day/post-detox Programme

Who is it for?

The programme is suitable if you have recently detoxed (including those prescribed acamprosate) or reducing off a low dose (opiates or alcohol).

Places are limited, so the day programme is most appropriate for someone who is recently abstinent, who have been unable to engage in opportunities to develop recovery capital whilst in treatment.

Overview:

A programme of 'foundations of recovery' activities and groups that build recovery capital. We aim to meet the needs of people who need a little extra support after their detox. You will be invited to join a weekly walking group in Birmingham. This helps promote wellbeing and connection to others in recovery.

What times/dates does it run?

Groups run Monday to Friday. You need to be able to attend a minimum of 3 days a week. Attendance can be matched to your schedule.

For how long?

Any length between 2 to 12 weeks. Usually, the more support you need to achieve and maintain abstinence, the longer the programme.

What if there is a waiting list?

The maximum number on the programme is 18 people. People from the following groups will be prioritised for the programme:

- Someone on Acamprosate (prescribed by Change Grow Live)
- Someone who has completed recent detox

What are the options in the interim?

People waiting to go on the programme can choose from the menu of options below. They can also choose to take part in courses provided by KIKIT, Intuitive Thinking Skills, and DATUS.

Here what people had to say about the day/detox programme...

'CGL has shown me my inner strength and confidence to push forward and make positive progress and changes in my life my future is looking great'.

'Attending the Day Programme was a joyful & essential part of my wellbeing in recovery & its positive influence persists today. It was a huge source of support & encouragement; the connections forged with peers & inspirational recovery motivators was & is vital & the daily content has helped me better understand the issues I have faced, allowing me to adjust to a life free from the damaging impact of addiction. I remain grateful for my time spent on Day Programme & to all involved in its implementation.'

'I got onto the day programme which saved my life, I was given the tools to do that. I engaged with every group that CGL offered and began to find myself again. Recovery isn't easy but it's so worthwhile. I still go to groups via zoom and 12 months down the line I am now a service user rep with CGL. I have made great new connections and friends for life. Every member of staff I have met has helped me so much. If I could give any advice to anyone it would be to throw yourself into your recovery, make it a priority your life. GGL have made me understand I am so worth it. I am forever grateful. 12 months ago, I welcomed death but to-day I am living.'

Throughcare: Menu of options

Stand-alone groups running Monday to Friday mornings. People can build their own tailored recovery programme from the menu of options.

168 groups

Who is it for?

If you want to develop their recovery capital.

What times/dates does it run?

Monday 1.30 pm (South and East); Wednesday 1 pm (North and Central & West).

For how long?

12-week rolling programme.

Overview:

Through exploring and building recovery capital, 168 includes structured group sessions and guest speakers who want to share all the amazing things that you could be getting involved with. Guest speakers include Birmingham Mind and BMET College.

Social/ life skills you will gain:

Connection, support services, toolkit for recovery and exiting treatment, goal setting, build on confidence, build on recovery capital (mutual aid, employability, social support, family support).

Here what people had to say about the sessions:

'The 168 group has helped me cut down on alcohol and relieved some of my anxiety symptoms'

'Enjoys face to face group sessions, feels more connected, I inspired, and engaged. Feels more comfortable in a face-to-face setting, prefer this option than being at home, more interaction'.

LGBTQ+ Group

Who is it for?

If you identify as LGBTQ+.

What times/dates does it run?

Mondays at 1.00 pm.

For how long?

For as long as you need the support for.

Overview:

This group provides a safe and non-judgemental environment to discuss issues you may have around their sexual and gender identity and discover how this may have impacted your substance misuse. The groups are open to discuss any topics or issues that are relevant to the group. There are guest speakers on occasions from external agencies.

Social/ life skills you will gain:

Confidence, empowerment, shared experience, connection.

Managing anxiety group

Who is it for?

If you want support to manage anxiety.

What times/dates does it run?

Tuesdays at 1.00pm.

For how long?

4 consecutive sessions.

Overview:

The group aims to provide you with a better understanding of anxiety and how it impacts you, share your experiences, and gain self-help techniques. You will learn ways to challenge unhelpful thinking patterns, face avoidance, stop and breathe, and will know how to ground yourself when you feel yourself getting anxious. You will also be given information on other sources of support which you can access. People who have attended this group have reported feeling less alone in their anxiety and better understood.

Social/ life skills you will gain:

Improving mental health, signposting, building confidence, mindfulness, stress management.

Hear what people had to say about the sessions:

Change Grow Live anxiety management is very good, very well presented, and informative. It helped me understand and manage my anxiety. Brilliant!

'Really informative with great tips and tricks to help me to understand my anxiety and how I can manage it better'.

'Gave me a better understanding of anxiety and a better way of understanding myself and living with anxiety'.

'Didn't even know I was suffering from Anxiety until I done the course. Learning to manage it much better now. Thank you CGL'.

Open Recovery Group

Who is it for?

If you want to progress in your recovery. Great for anyone who is unsure about group work.

What times/dates does it run?

Tuesdays at 1.00 pm.

For how long?

For as long as you want to attend – fresh topics each week.

Overview:

This group is a good first step for people to get involved in groups and there is absolutely no pressure for people to contribute to discussions. If they wish to, people can just sit back and listen without having to turn on their videos or microphones.

The group is run via Zoom and each week, the group concentrates on a theme or a topic that our service users and volunteers who have lived experience, believe will help people to move forwards. People who attend this group can expect to feel less alone and gain a greater belief that recovery is possible.

Social/ life skills you will gain:

Connecting with others, understanding group work and how it can help.

Creative Group

Who is it for?

If you would like to explore your creative side.

What times/dates does it run?

Thursdays 1 pm / 12-week rolling programme

Overview:

The group offers creative strategies to promote well-being, behaviour change, and social connection. The group is very gentle, and people can work at their own pace. People are never expected to share if they are not comfortable.

The three areas we offer are:

- Creative writing – express feelings, create stories, explore changes, and embrace recovery.
- Art – Still life, life drawing, project planning, portraits, and therapeutic colouring.
- Music – music appreciation, learning an instrument, song writing, record mix and master tracks.

Veterans Group

Who is it for?

The Veterans group is open to all who have a history of drug and or alcohol dependency issues who have served in the UK armed forces for a minimum of 24 hours.

What times/dates does it run?

Wednesdays from 10.15 am to 11.15 am.

For how long?

For as long as someone wants to attend.

Overview:

The purpose of the group is to support those in treatment to exit positively by linking them into organisations that have been set up to help ex-servicemen and women.

The treatment-based support that we provide is the 5-ways to wellbeing, CBT, anxiety management, diet etc. Any questions on the clinical aspects of treatment are answered by our resident expert, Craig. We also run non-treatment-based groups aimed at encouraging our vets to make constructive use of their time; these are usually run by our vets. To date, we have covered Astronomy and will shortly be getting a presentation on Archaeology. In addition, we also signpost our vets to both treatment-based support such as AA etc and to those organisations that specifically support veterans.

Referral information:

Simply email the name, b-number and contact details of the client to trevor.bedford@cgl.org.uk or craig.francis@cgl.org.uk

IPS (Employability team)

Who is it for?

Any person who is motivated to get back into paid employment and is willing to start work in the first 8 weeks if needs be.

What times/dates does it run?

The service is 1-2-1 based so works across our normal working hours.

For how long?

Until someone gets into paid work. They will then receive in-work support for an extra 3 months if they want it (Currently the service runs up to March 2022).

Overview:

For any individual who is motivated to get into paid employment, the IPS service will provide 1-2-1 support to help the individual develop their CV, prepare their transition from benefits to paid employment, develop a job search and apply for jobs, prepare for interviews, and develop skills needed for returning to work.

Referral Information

Simply email the name, b-number and contact details of the client to birmingham.ips@cgl.org.uk

Partners in Throughcare

We work with a variety of partners to provide people with specialist support throughout their recovery. Our partners work with the programmes team to find the best support for people.

Intuitive Thinking Skills

Who are you?

Specialists in Attitudinal Behavioural Change. Supporting your services users to achieve sustained outcomes in abstinence, prescription reduction, mental health & wellbeing and improving personal relationships.

Contact Information:

Fill in a fast referral form today >

<https://www.intuitivethinkingskills.co.uk/fast-referral/>

Questions and queries: markspooner@intuitivethinkingskills.com



Skill-Tu Life Courses:

Skills-Tu Life is an accredited course designed to change attitudes and behaviour towards managing health conditions (both mental and physical) and not allowing it to impact on their ability to function and contribute positively to society and increase the quality of their life.

The course considers the various challenges (barriers) that people face improving their well-being including:

- Self-esteem/Low confidence
- Difficult/traumatic circumstances
- Social exclusion
- Learning difficulties
- Stigma
- Substance misuse
- Lifestyles

Qualifications: NOCN Level 1 Award in Building Personal Resilience and NOCN Level 1 Award in Developing Critical Thinking Skills to Enhance Personal Decision Making

Duration: 8 x Half days

Learn more here > [Skills-Tu Life® - Intuitive Thinking Skills](#)

Intuitive Recovery Courses:

This is an accredited abstinence program that simply gives you the tools to say NO to drinks, drugs, or gambling, happily and with confidence.

Imagine being able to say, with meaning and clarity, that YOU WILL NEVER USE AGAIN!! We focus the skills exactly where they are required; at the thoughts, feelings, and attitudes that support further use now or in the future.

Intuitive Recovery remains the premier peer-led abstinence program in the UK. Our course tutors have been there, got the T-Shirt, and are happily abstinent, enjoying life substance-free.

Qualification: On graduating from the course, each person will receive a NOCN QUALIFICATION [NOCN Level 1 Award in Addictive Desire Recognition]

Duration: Minimum of six 2½ hour sessions

Learn more here > [Intuitive Recovery @ - Intuitive Thinking Skills](#)

"Our aspiration for all our learners is that you achieve true independence from addiction. We recognise that you don't want to spend a lifetime "in recovery" but would rather have the tools to stand alone, happily embracing life. Furthermore, moving on and away from treatment is essential if you are to escape the lifestyle of endless support"

- **Peter Bentley, Founder Intuitive Thinking Skills**

Fill in a fast referral form today > <https://www.intuitivethinkingskills.co.uk/fast-referral/>

Enough's Enough Courses:

This is an accredited educational programme that promotes SIMPLE and PRACTICAL tools to allow people who have been abused within a domestic relationship to move on and build new relationships and careers free from fear, guilt, and misplaced dependence.

Find out more > <https://www.intuitivethinkingskills.co.uk/what-we-do/enoughs-enough/>

Qualification: NOCN Level 1 Award in Developing Skills to Change Behaviour and Improve Relationships

Duration: 8 x 3-hour sessions

"I'm stronger now, I have more confidence since Enough's Enough. If it were to happen again, I would walk away, I know that now. I was completely caught up in him and nothing else mattered. Now I see much clearer, I use the skills I learnt, and I will not be walked over again. I now know it's not my fault. I feel so much stronger, I am ready to go back to work and become financially independent again, It feels really good."

- **Learner Quote**

Learn more about the course modules [here](#)

Fill in a fast referral form today > <https://www.intuitivethinkingskills.co.uk/fast-referral/>

Motivational Low Dose/Better Choices Sessions:

By attending the sessions, you will learn skills that will help you to improve all areas of your life, including preparing to reduce your script, building self-confidence, and achieving your dreams, ambitions, and goals.

Attending 'Better Choice Motivational Sessions' will help you to:

- Increase confidence and motivation
- Create a fulfilling life
- Achieve your ambitions
- Realise reduction is within your capabilities
- Understand and deal with uncomfortable feelings, emotions, and cravings

Where and when?

Sessions are available weekly either by Zoom (online) or at your Local Hub

South: Wednesday 10:30 am – 13:30 pm

East: Wednesday 14:00 pm – 16:00 pm

North: Thursday 10:30 am – 13:30 pm

Central and West: Thursday 14:00 pm – 16:00 pm



Contact Information:

Fill in a fast referral form today > <https://www.intuitivethinkingskills.co.uk/fast-referral/>

Questions and queries: markspooner@intuitivethinkingskills.com

Look for course flyers in your hub!

KIKIT

Who are you?

KIKIT is a BME specialist drug and alcohol support service that provides a range of services to meet the needs of vulnerable people. KIKIT provides culturally sensitive help, advice, support and mentoring for anyone suffering from the effects of drugs and alcohol addiction, dependency, or abuse.

Contact information:

Email: info@kikitproject.org

Phone: 0121 448 3883

Make a referral today > <https://kikitproject.org/make-a-referral-for-someone-you-know/>

Our services include:

- Drug and alcohol recovery programmes
- Outreach support
- Peer mentors
- Training and volunteering
- Self-help recovery support groups
- Family and carer support
- Open access drop-in support



Drop-in centre:

Address: 153 Stratford Road, Sparkbrook, Birmingham, B11 1AD

You don't need to make an appointment, just call between 9am and 5pm weekdays, and we can arrange for you to have a confidential chat about whatever you're worried about.

Access to the drop-in centre > <https://kikitproject.org/drop-in-centre/>

Diversity in Recovery

To support individuals to break down barriers when accessing treatment and to help them to become abstinent from illicit drugs and alcohol by encouraging access to treatment. The course includes three stages:

- Obstacles to Recovery
- Tools to Recovery
- Into Recovery

Duration: 6 weeks

Muslim Recovery Network

An Islamic adaptation of the Original AA 12 Steps to Recovery that supports individuals to become abstinent using their faith. Completion of the course leads to access of MRN 12 Step Support Group.

Duration: 6 weeks

DATUS

We are DATUS, your peer-led partner in Birmingham. Our aims are to increase the community-based support available, link this support with the treatment system and provide peer led services embedded into the treatment system. We provide the following services:

Peers through Care

Peers Through Care is our newest program and connects the community with treatment. Its main functions are to embed Throughcare by offering group sessions from day one and extending Throughcare beyond treatment. This new approach will eliminate the “cliff edge feeling” reported by individuals leaving treatment and reduce the number of individuals representing back into treatment.



Peers Through Care is integrated into the main group work streams that form the foundation of everyone's journey. The Peers Through Care support is delivered by peers who are also involved in the community-based support available outside treatment. When individuals transition out of the service, they will experience “step down” support with the same peers, and approaches they experienced as part of their journey indefinitely.

We also offer the opportunity for peers to train and gain employment, returning to the treatment system to engage with others who seek recovery and guide them in moving toward what is important to them.

Mutual aid (network of **ACT OUT and LIFE meetings)**

LIFE and ACT OUT groups are confidential mutual aid groups open to anyone who has struggled with any kind of addictive behaviour. Sessions are led by someone with personal experience of addiction and recovery.

Attendance at all meetings is open and no referral is required. Meetings do not require abstinence, but you may be asked to leave if you appear intoxicated. LIFE (Living Independently for Everyone) is based on a CBT approach and ACT OUT uses tools from Acceptance and Commitment Therapy.

CRAFT

Mutual aid program for friends/Family and Significant others. These mutual aid meetings are for people affected by the addictive behaviour of someone close to them and are facilitated by someone with personal experience of family members in addiction.

The groups use tools from Cognitive Behaviour Therapy and Rational Emotive Behaviour Therapy in combination with the highly acclaimed CRAFT (Community Reinforcement and Family Training) programme.

The programme is designed to help those affected by a loved one's addictive behaviour to learn new ways of dealing with the challenges, thoughts, and emotions that they experience.

Advocacy

DATUS have been delivering a peer led advocacy service for 12 years and have developed a wealth of skills and experience to support individuals to meet their basic needs, which is essential to their recovery. DATUS makes sure individuals with complex needs do not get left behind. They provide support to maximise their chances of achieving recovery. We use the advocacy process to engage with individuals not based on recovery but on their own terms, building a trusting relationship, where the individual sets the agenda.

Focusing resources on individuals who are hesitant or opposed to recovery is crucial to a recovery systems success. We are providing a new and innovative approach to engage these individuals and achieve better outcomes. Appropriate referrals should be for cases that represent a significant barrier to the individual's recovery. Referrals should not be made to DATUS for things that a recovery coordinator or other key worker is equipped to support.

See Change Program:

See Change is a community engagement program. We develop connections with local community organisations, providing opportunities to help build and access community resources, reducing stigma and paving the way for peers in the future by developing positive connections.

These video links provide some insight into the See Change program:

The program:

<https://www.youtube.com/watch?v=l0WnJ4QEgQ&feature=youtu.be>

The Madness: <https://www.youtube.com/watch?v=1xVO6Wxqldc>



How to refer

All enquiries about the above services can be directed by email to mel.birkill@dat.us.org.uk or james.sadler@dat.us.org.uk and to Maggie.thompson@dat.us.org.uk for family support.

DATUS Timetable and Links to ACT OUT and LIFE sessions:



DAY	Time	<u>Location</u>	Format
Mondays	1.30pm – 2.30pm	https://zoom.us/j/91291630875	ACT OUT
Mondays	5.00pm - 6.30pm	https://zoom.us/j/94223720551	LIFE
Tuesdays	10.30am – 12.00pm	https://zoom.us/j/96971351919	LIFE
Wednesdays	1.30pm – 3.00pm	Northfield Baptist Church, 789 Bristol Rd South, Northfield, Birmingham B31 2NQ https://zoom.us/j/99242563668	LIFE
Thursdays	10.30am – 11.30 am	https://zoom.us/j/93705482550	ACT OUT
Thursdays	12.30pm – 2.00pm	All Saints Church - 172 Herbert Rd, Small Heath, Birmingham B10 0PR https://zoom.us/j/986444692	LIFE
Fridays	1.00pm – 2.00pm	https://zoom.us/j/91573374741	ACT OUT
Saturdays	11.00am - 12.30pm	https://zoom.us/j/94497124180	LIFE

LIFE and ACT groups are confidential mutual aid groups open to anyone who has struggled with any kind of addictive behaviour. Sessions are led by someone with personal experience of addiction and recovery. Attendance at all meetings is open and no referral is required. Meetings do not require abstinence, but you may be asked to leave if you appear intoxicated.

For more information or to provide feedback contact DATUS: St Anne's Parish Centre, 45 Alcester St, Digbeth, B12 0PH Mel: 07966 237 658 / mel.birkill@dat.us.org.uk. Jamie: 07966 237 613 / james.sadler@dat.us.org.uk. DATUS office: 0121 523 4855 and website: <http://dat.us.org.uk>

DATUS CRAFT FAMILY AND FRIENDS MEETINGS



Use the below links to attend each meeting.

Alternate Mondays – 12.30pm – 2.00pm, Face to Face at Kingstanding Leisure Centre Dulwich Rd, Birmingham B44 0EW and also on <https://zoom.us/j/92294893964>

Alternate Mondays – 12.30pm – 2.00pm, previously held at Beechcroft Day Centre, Erdington <https://zoom.us/j/96465721516>

Every Tuesday – 1.00pm – 2.00pm, previously held at CGL Central & West <https://zoom.us/j/91489422926>

Alternate Wednesdays – 12.30pm – 2.00pm, previously held at DATUS office, Digbeth <https://zoom.us/j/93311004121>

Every Thursday – 11.30am – 1.00 pm, previously held at CGL North <https://zoom.us/j/99886625563>

Every Friday – 12.00pm – 1.30pm, previously held at Welcome Change, Shard End <https://zoom.us/j/95514346157>

Call Maggie on 07925 022 953 to check the dates for meetings that take place on alternate weeks.

These meetings are for people affected by the addictive behaviour of someone close to them and are facilitated by someone with personal experience of family members in addiction.

These groups include tools from Cognitive Behavioural Therapy and Rational Emotive Behaviour Therapy in combination with the highly acclaimed CRAFT (Community Reinforcement and Family Training) programme.

The programme is designed to help those affected by a loved one's addictive behaviour. We do this by learning new ways of dealing with the challenges, thoughts, and emotions that we experience. The aim is to engage the individual experiencing addiction with effective support.

For more information or to provide feedback about CRAFT Family and Friends Groups in Birmingham please contact:
Mobile 07925 022 953 DATUS office: 0121 523 4855
Email Maggie.thompson@dat.us.org.uk

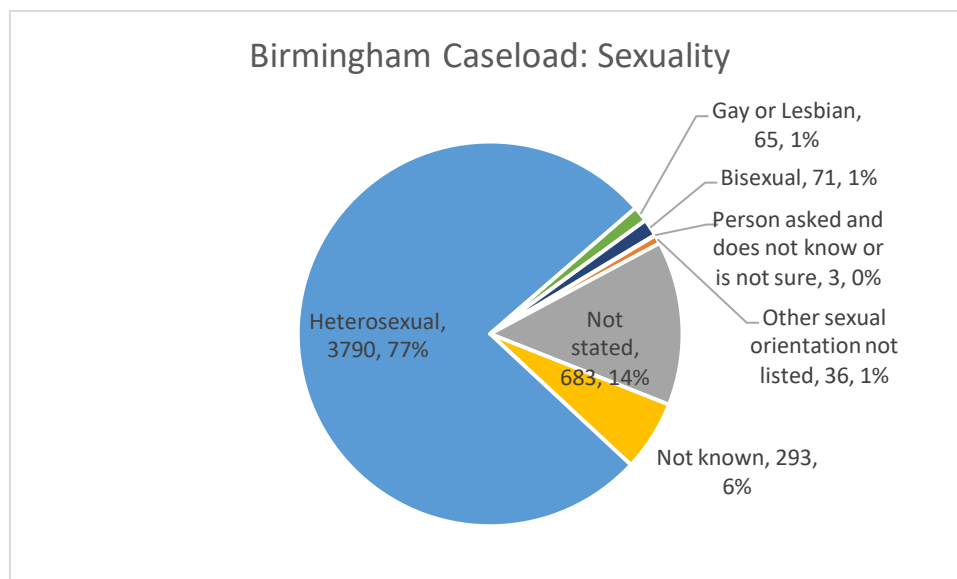
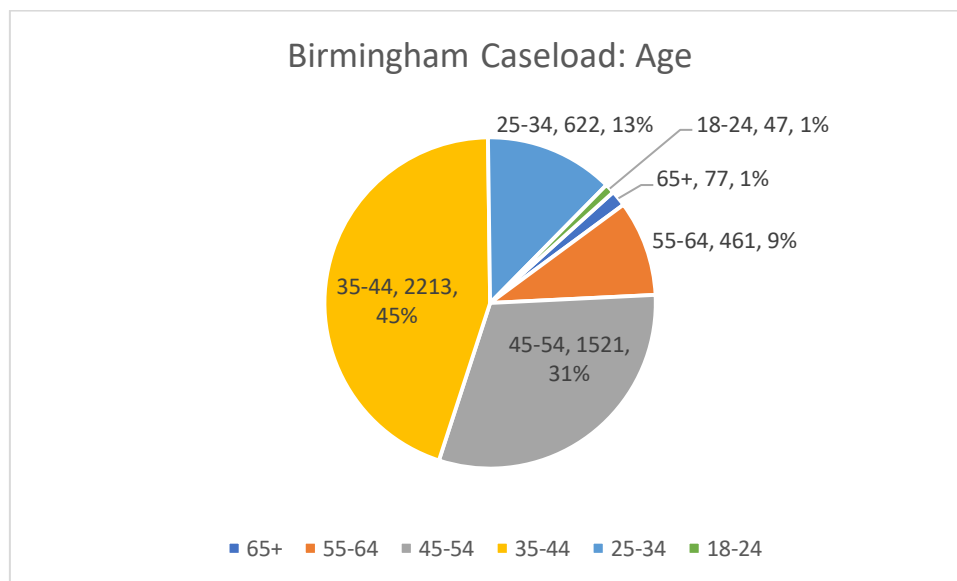


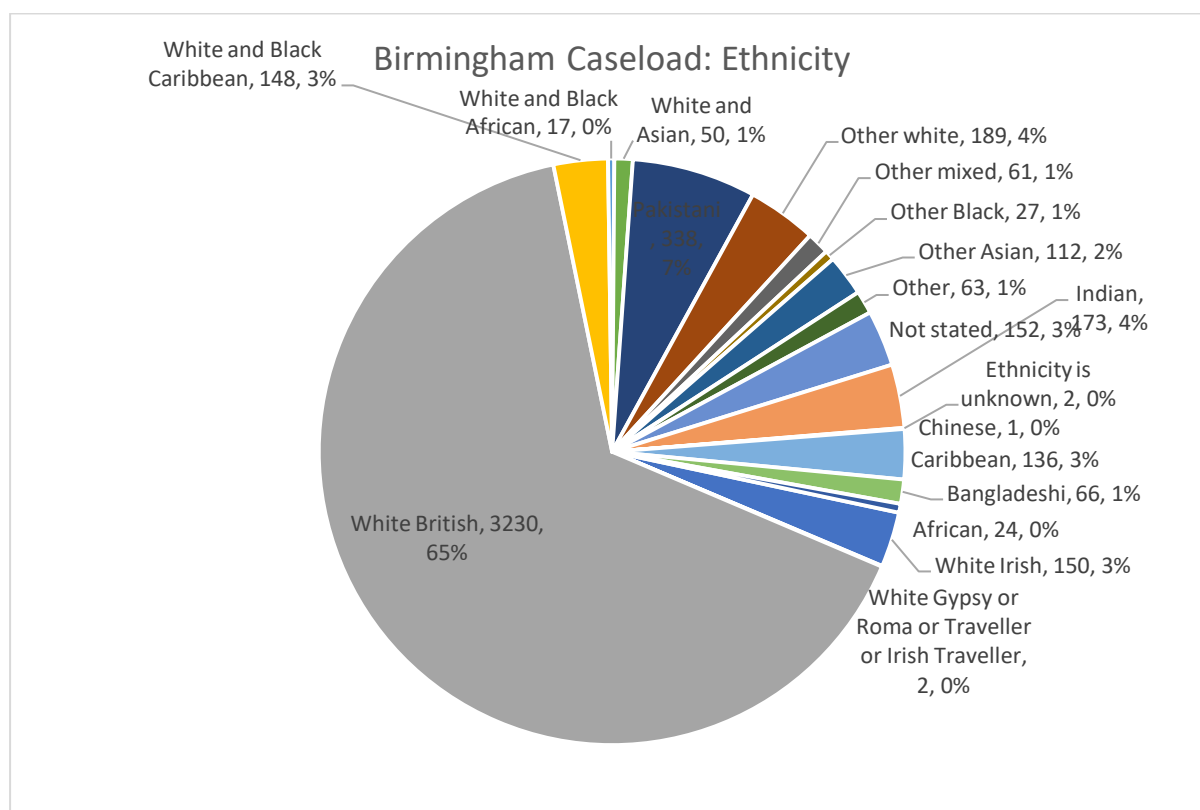
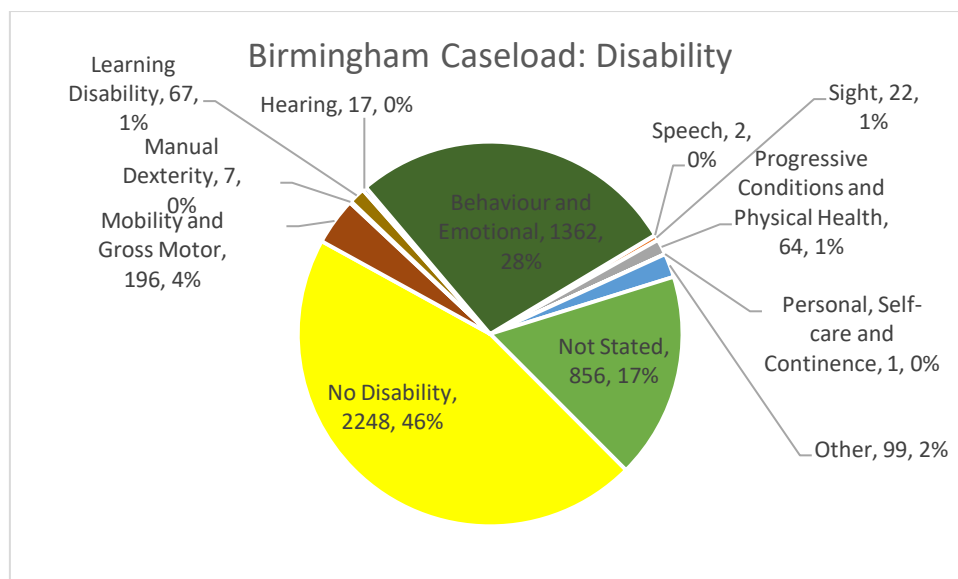
Demographics

Birmingham Caseload 4,941 clients

August 2022

Source: Tableau





Case Study: Jamie

Date: 14.01.2022

Summary: Jamie stopped using class A drugs just over 12 months ago and has since reduced his medication. He has done so well and despite his battles with his mental health is now moving in the right direction with the goal in exiting treatment this year.

Jamie's story...

Can you tell us about your story before Change Grow Live (CGL)?

Jamie had been battling 23 years of drug abuse, mainly using crack cocaine and heroin. Jamie spoke about the warnings from others around drug taking and how it can lead to addiction but chose to continue not thinking he would ever get addicted.

"The obstacles I faced was the addiction itself and my mental health, I have bipolar. I never saw an end in sight for 20 years. I was just going through the motions of getting prescribed methadone as a safety net, but I was never ready to stop. I just kept prolonging the use of drugs."

"I met my partner 20 years ago. Even after meeting them, there was still no breakthrough with stopping. I had no social life, I never went to pubs or clubs, as I needed the money for the drugs. As a user, I never had spare money to spend on proper stuff like food, clothing, or socialising. I would just live day-by-day. You never live with drugs, you just exist."

A few years ago, I reached a turning point, and it all became a lot clearer. Life is not long and I'm wasting every day of it. My partner got ill with covid but all I could think about was the drugs. That's the day I stopped."

Jamie reflected on this saying it was difficult to see someone so strong become so ill. Jamie changed his mindset and sought support for his addiction. His family and partner have always been supportive and tried to help Jamie where they can.

Before working with CGL, Jamie had tried detox, group sessions, and more but nothing had stuck. Having 121 support from CGL became a pivotal moment for Jamie.

Can you tell us about the support you received from CGL?

Jamie accessed treatment and support from his GP surgery and CGL on the Shared Care scheme. It meant Jamie could get help locally and meet his recovery worker regularly.

"I was placed with a worker but never had that connection, so I ended up having support with J.W. He's a top man and really nice to talk to. J.W always seemed to really care about me which makes a massive difference. This made my home life a bit better and recovery possible. I've had loads of councillors over the years with such a long addiction, but it was change that finally helped with breakthrough.

I had 121 support and was always told they are there any time I want to talk. I've had many a phone calls to check how I'm doing I've been offered detox. I made it through sticking with the 1 thing. Even though I hated taking the methadone, it's been a real lifesaver."

Can you tell us about your current recovery journey?

Jamie no longer thinks about drugs and has a strong, resilient mindset towards his recovery. He is empowered to make the right decisions and make his family proud.

"I'm now 13 stone look healthier had my teeth fixed, I had lost most of them throughout my addiction. Stable on less than half my original prescription dose reduced bi-weekly and just sticking with that. I will be fully clean in next 6 months at the most if not sooner."

Jamie has taken up exercising to feel healthier and is looking forward to new experiences.

What advice would you give to people starting their recovery journey?

"Listen, don't presume the person you're talking to doesn't know what they're doing. Be strong, only 1 person can ever help you and that is you! You need to be ready to accept that help and don't hate yourself too much for your addiction because addiction lives off that."

We would like to thank Jamie for sharing their story with Change Grow Live Birmingham and wish them all the best with their next steps. Thank you to J.W for helping provide this case study.

Case Study: SF

Background: After working with Matt from the Homeless and Rough Sleeper team, SF took up the opportunity to attend a detox/rehab residential treatment centre. SF has provided details of his recovery journey so far whilst still attending the detox/rehab centre. We have not used SF's full name and have removed identifiable locations for confidentiality and safeguarding reasons.

SF's story...

Can you tell us about your story before Change Grow Live (CGL)?

"I have been an addict for 28 years, using heroin and crack, IV. I got to a point in my life when I was spiritually and emotionally bankrupt, I had lost all self-respect and worth, I was completely powerless over my addiction. My addiction has affected me in every way possible. Physically, I contracted Hep C, nearly had my leg amputated and I have DVTs (deep vein thrombosis). Mentally, I had a loss of will to live and developed deep-rooted depression. During my active addiction, I felt like a social outcast and had given up on life. Totally demoralised in every sense.

I moved to Birmingham; I was in fear for my life from drug dealers from my hometown. I was referred to the CGL Homeless and Rough Sleeper team by the staff at my hostel in the City Centre. I was scripted the next day, this rapid prescribing stopped me from shoplifting to fund my habit and enabled me to consider my recovery options.

Can you tell us about the support you received from CGL?

I was met with respect and compassion, my CGL keyworker, Matt showed me a genuine interest in me and my situation. I felt like my keyworker listened to me and my immediate issues would be addressed. My first meeting inspired me and showed there was a way out of my situation if I was prepared to work. I felt positive and excited.

The one-to-one key working sessions really benefited me, it gave me a positive relationship with my worker and inspired me and gave me the belief that I could make the changes to become a better member of society and address my addiction.

The Housing support from CGL really helped me and got me out of the hostel environment, which enabled me to focus on my recovery and see what was possible.

When I was at my lowest and I knew that I didn't want to live, but that I didn't want to die either. The encouragement and support from my CGL Keyworker to attend Mutual Aid Groups, enabled me to start building a positive support network in recovery.

Can you tell us about your current recovery journey?

The option for detox/rehab offered by CGL, has been life changing and I am now clean from all substances and Methadone.

I am in currently in a residential treatment centre, for the first time in many years I have hope, belief, gratitude, and faith. I have completed my detox and I am completely abstinent for the first time in 14 years. I was nominated as peer of the week for attending all groups despite being ill from detox and adjusting. We have workshops, peer lead groups, treatment step work and one-to-one counselling with workers.

This support from CGL and the centre has allowed me to start rebuilding my life and help me gain my self-respect and feel optimistic. I look forward to leading bright, positive future being a better father /son/ brother and live life on life's terms. I am excited to see the truly beautiful things life has to offer.

What advice would you give to people starting their recovery journey?

Be honest as you can, recovery isn't an easy option but if put the work in, it is worth it. I would suggest getting into NA or mutual Aid Groups.

I have so much gratitude to CGL, without them my parents would be burying their son.

Change Grow Live has been doing this for a while, they know about addiction and recovery. I could not be happier with the service provided to me."

A message from Matt [Recovery Coordinator] ...

I have been working with SF his engagement with myself and CGL has always been excellent. SF is a client who previously used heroin and crack for 27 years, IV. SF had been methadone script since 2008 and felt 'stuck in the same script cycle and couldn't see a way out'.

SF identified that he wanted to be considered for rehab due to several unsuccessful community attempts at detox over the last 14 years. During his treatment journey with CGL, SF stated he was in the 'right place' to benefit from intensive group work to overcome previous trauma and address his substance misuse; I believe this was because of his engagement and willingness to address the immediate issues such as physical and mental health, both of which had hindered his recovery. I supported SF to GP appointments and eventually he had the confidence to attend these himself.

SF requested a reduction on his script in preparation for rehab, he reduced from 80ml to 40ml and then went to rehab to complete the detox. SF completed everything that was asked of him to prepare for rehab, this included 3 mutual Aid meetings per week, regular drug testing (clean from illicit) and being willing to move from the hostel environment into a recovery supported living (prior to rehab). This preparation work paid off and SF is now 90+ days clean and due to his excellent behaviour was offered the position of 'House Leader' at the Rehab Centre!

We would like to thank SF for sharing their story with Change Grow Live Birmingham and wish them all the best with their next steps. Thank you to Matt for supporting SF with his journey.

Case Study – Elaine – September 2022

“An addiction is an addiction; you must realize you don't need it.”

Elaine entered treatment services about 5 years ago for alcohol support and was brave enough to reduce her intake to become sober. Unexpectedly, Elaine relapsed but could not pin down the source or trigger for this. Maybe Covid had some part to play: “Covid got rid of your hopes for the future, life doesn't matter anymore, and the boredom is always there. I lost the will to get on with things.” Elaine experienced shakes, fits, and reduced her social interactions because of her dependency on alcohol.

With the support of her friends and fiancé, Elaine called Change Grow Live and knew this time would be different. Whilst Elaine knew a lot about how Change Grow Live could support her, from her previous experience with services, she was unsure about completing a detox. Phil, her Recovery Coordinator reached out to discuss this with her and reassured her that one could be completed in the hub locally while still living at home. “I was dubious about it, coming into a room for detox 9 am – 3 pm. I thought I would be just coming in for a test and medication and be on my way, but Phil put my worries aside”.

Elaine started her two-week Community Detox in our East hub where she found comfort in talking to Sian, Nighat, and Lisa about her hopes and goals for the future. “I said goodbye to alcohol the day I went for detox and never looked back since.” Elaine had two supportive people outside of her detox who could look after her at home. Even when she felt like crying, Elaine pushed on to complete her detox.

“You've got to want it; you can't just do it because someone else has told you to do it. You've got to have something in your brain to make you want to go and face the change”.

Elaine enjoyed reading *The Book of Hope* which contained a *Love Letter from our Addiction* and many other stories from people who have faced obstacles with addiction. Pairing this book with other workshops throughout her detox, Elaine learned new techniques and discussed her dependency on alcohol openly with the staff. Post detox Elaine is maintaining her treatment on acamprosate by dedicating time to mindful colouring and attending our day programme which has provided structure and reassurance.

Elaine has started working as a part-time dog walker/carers and easing herself back into social situations. Elaine has been able to spend more time with her fiancé and is working to boost her mental health. Elaine wakes up better in the morning, has improved her skin, and feels like she has more energy since the detox.



Drug and Alcohol Service

Birmingham

Elaine wants to thank James Robbins and Sian Dunstan for being so open and understanding throughout her treatment with Change Grow Live.

"It is so valuable that we have people on board that has been through addiction and can relate. Most honest people you've ever met. They're going to help you. As soon as someone hears, I've been through that and makes it less scary."

Quotes from Elaine:

"I feel like I've achieved something, no one's going to give you a magic potion. Not like being in a rollercoaster anymore."

"If you've got an excuse for something, you don't want to do it."

"From my experience, I have met so many nice people and been greeted with empathy"

"You've got to want it yourself and not just need it. You got to want to change. It's not like having a leg amputated, it's all about enduring the little things and appreciating being alive. Get rid of the madness."

Case Study: Matthew 05.09.2022

"My demeanour changed when I drank. I had a sense of overconfidence, arrogance, obnoxiousness, and being short-tempered. I was also overly defensive. My productivity and cleanliness declined."

Matthew always worked in environments in which *grabbing a pint* or getting a drink after work was the norm. Matthew gained great success in becoming a director of a carpentry company, but this meant many nights away from home stopping in hotels with nothing to do but go out for a meal and a drink. Living out of a suitcase and traveling across the country, Matthew found himself wanting more than ciders and beers, and started drinking brandy and spirits. Matthew's habitual drinking continued leading to a relationship breakdown and returning to live with his mother. Matthew's family noticed his drinking habits more and more and pleaded with him to get support.

"When people are constantly nagging you, you dive deeper and deeper into world of oblivion."

Matthew reached out for mental health support and attended a couple of AA meetings to "keep everyone sweet" and to please his family. Matthew even borrowed money from his sister to attend a residential rehab that offered a detox and a 12-step programme in a shared house environment. Unfortunately, whilst Matthew enjoyed the routine and structure, he found the faith-based focus of recovery monotonous and like "ground-hog day". The moment Matthew returned home; he went straight back to drink.

At the beginning of 2022, Matthew sought help for his mental health and with his mother's support, put in a self-referral to Change Grow Live. After a rocky start to entering treatment, missing appointments, and phone calls due to alcohol consumption, Matthew managed to be seen by a nurse for the initial assessments. Chris, Matthew's Recovery Coordinator, was persistent and made sure he got the appointments he needed.

It was decided that a Community Detox in our local hubs would be the best next step. A Community Detox means you can be seen by medical professionals and people with lived experience in the hub whilst living at home. Luckily Matthew's mother was a great support and could help monitor Matthew's detox at home. It also meant Matthew could still see his children and be in the local area. Matthew was turned away on the first day of detox because he was too intoxicated, but the staff welcomed him gladly the following day. Matthew shared that this time round he "was doing it for me, I told everyone that I was doing it for me, and I was not doing it to appease anyone. My previous detox, I was doing for everyone else".



Drug and Alcohol Service

Birmingham

"Staff were part of the group. I felt welcome and they made you feel part of the team."

"It is a breath of fresh air, it was so much more personal. Very informative and I felt part of the family."

Throughout the detox, Matthew's self-confidence grew, his sleep improved, and his short-term memory improved dramatically. Matthew is now over 2 months sober and looking forward to the future. Matthew has kept himself busy by attending an Intuitive Thinking Skills course, joining other peers on a Recovery Walk, attending a couple of AA meetings, and engaging with several other groups from our Throughcare programme.

"I feel confident and happy. I feel content."

Matthew has a slow reintroduction back into work and is self-aware of becoming complacent with his feelings towards alcohol. Matthew has now moved out of his mother's and his children now visit every Friday. "I am completely transparent with my children, and they still do have concerns. I bought a breathalyser to reassure the kids and I want them to be involved in my recovery."

"I have a fire in my belly". Matthew wants to regain his driving license by Easter 2023 so he can take his children on trips and is making a huge effort to reconnect with family.

We asked Matthew for a piece of advice for anyone who may be sceptical about detox and rehab:

"People should believe in themselves. If they really want to get better, then they need to attend. Go in with an open mind, as people have preconceptions of detox and rehab."

Thank you, Matthew, for sharing his story. The information in this case study is factual from 05.09.2022.



Michael Case Study – 05.09.2022

“Ask for help and tell people what you are struggling with. Trust to process. The help is there for you to receive it.”

Michael spent most of his young adult life surrounded by drugs and alcohol. In and out of prison, Michael struggled to trust people and engage with substance misuse services. Michael had little knowledge of safe injecting so would share needles with fellow inmates. As a result, Michael contracted Hepatitis C but could not get the medical care he needed due to a lack of understanding, stigma, and a limited amount of information on blood-borne viruses. Throughout his young adult life, Michael found himself isolated from society, with no fixed residence, and no financial status.

Deb first met Michael begging on the streets of Birmingham. Deb is a Recovery Coordinator with our Homeless and Rough Sleeper team. It took a while for Michael to trust Deb, but her continuous visits several times a week to his tent reassured him that she was there to help. Deb would walk across the city to find Michael to make sure he was safe and taking his medication for his substance misuse, she would remember Michael's birthday which meant a great deal. Michael remembers having new and interesting conversations that did not revolve around drugs: ***“I never understood why people had conversations about anything else apart from drugs”***.

Talking to Michael about Deb he said there was *“No point running away from Deb, she'll catch me”*. Deb managed to build a relationship built on trust convincing Michael to get housing support from Shelter and Housing First. Change Grow Live worked closely with these housing providers to get Michael seen by a doctor, collect regular medication, and eventually get a place in rehab. Michael was able to complete a 3-4 detox and then 3 months in rehab. At first, Michael *“thought life was going to be the same, but [the staff] encouraged you to find fellowships to expand social circle and support.”* Deb checked on Michael throughout his time in rehab and offered a variety of follow-on support. Michael also received medication for his Hepatitis C and is now living free from blood-borne disease.

“I felt like I was valued by the services and that I was important”

All of Michael's hard work paid off and he is now over 11 months sober, engaged to married, and looking for full-time work. Michael underwent open heart surgery earlier this year, but somehow still found the time to volunteer to raise awareness of Hepatitis C. Michael now feels more connected to his family and enjoys taking his sisters for a carvery! Small things like opening a bank account, getting a passport, and answering the telephone for appointments have made all the difference to Michael. Just *“having the ability to sit with a pizza and watch Netflix and catch up on Games on Thrones”* and relax in his place means Michael can live a life with less worry.

We wish Michael all the best with his journey and hope that his story encourages others to seek support.



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

Chair:	Cllr Mick Brown
Deputy Chair:	Cllr Rob Pocock
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.

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 Joint Working Across Committee Work Programmes 2022/23

- 5.1 As the work programmes for the Committees have developed a number of cross cutting issues have been identified. To avoid duplication Members will be invited to attend different Overview and Scrutiny Committee meetings for relevant reports as set out below:-

Lead Committee	Meeting and Agenda Item	Members to be invited and reason
Resources O&SC	17 November 2022: Monitoring recommendations from Council Asset Inquiry	Economy and Skills O&SC The Economy and Skills OSC undertook the inquiry, however this work now falls within the remit of the Resources O&SC
Education and Children's Social Care O&SC	30 November 2022: Report from Birmingham Children's Trust (BCT)	Members of the CYP Mental Health Inquiry from the Health and Adult Care O&SC Information from the BCT will inform the CYP mental health inquiry.
Education and Children's Social Care O&SC	4 January 2023 Report from Birmingham Safeguarding Children's Partnership (BSCP)	Members of the CYP Mental Health Inquiry from the Health and Adult Care O&SC Information from the BSCP will inform the CYP mental health inquiry.
Commonwealth Games, Culture	Meeting: TBC	Members of the Economy and Skills OSC At the meeting on the 8 th July Co-ordinating O&SC decided that this issue falls within the



and Physical Activity O&SC	Report on employment and skills Legacy of the Commonwealth Games	remit of the CWG, Culture and Physical Activity OSC, and as it has been identified during the work planning for the Economy and Skills O&SC as an issue of interest Members of this Committee would be invited to the relevant meeting.
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6 Inquiry

- 6.1 The Children and Young People's Mental Health Inquiry is due to report to City Council in June 2023. The evidence for the Inquiry will be considered at meetings of the Task and Finish Group.

7 Other Meetings

- 7.1 The Birmingham/Sandwell Joint Health Scrutiny Committee will meet on 29th November 2022 at 2.00pm in Committee Room 6, Council House, Birmingham.

Call in Meetings:

None scheduled

Petitions

None scheduled

Councillor Call for Action requests

None scheduled

The Committee approved 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

8 Forward Plan for Cabinet Decisions

- 8.1 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.
- 8.2 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
010624/2022	Covid Recovery Support for Sport and Leisure Contracts (S0034a)	13 December 2022
010717/2022	Regulated Adult Social Care Commissioning Strategy – Care Homes, Supported Living and Home Support Sensory Loss	13 December 2022

9 Legal Implications

9.1 There are no immediate legal implications arising from this report.

10 Financial Implications

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

11 Public Sector Equality Duty

11.1 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.

11.2 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.

11.3 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.



12 Use of Appendices

12.1 Appendix 1 – Work Programme for 2022/2023

HEALTH & SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 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>Election of Deputy Chair</i>	<i>Agenda item</i>	<i>To elect a Deputy Chair. Deferred from 19th July informal meeting.</i>				
<i>Action Notes/ Matters Arising</i>	<i>Agenda item</i>	<i>To approve the action notes of the meeting held on 29th March 2022. To note the action notes of the informal meeting held on 19th July 2022.</i>				
<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>Monika Rozanski Rokneddin Shariat</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>To present the annual report.</i>	<i>Fiona Reynolds Chief Medical Officer Birmingham Women's and Children's NHS Foundation Trust (FTB)</i>	<i>N/A</i>	<i>None identified</i>	It was agreed at Co-ordinating OSC on the 8 July 2022 that the Health and Social Care O&SC undertakes scrutiny of children's mental health (under the overview and scrutiny role set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012) and members of the Education and Children's Social Care Committee will be invited to attend as mental health is included within the Committee's terms of reference.
<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>	

<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.(Deferred to 20 December 2022)</i>	<i>Maria Gavin John Williams Merryn Tate</i>	<i>N/A</i>	<i>None identified</i>	<i>The Q1 Performance data had been deferred to the meeting on 20 December. An update will be provided to the October meeting on the future arrangements for Adult Social Care Performance Monitoring data.</i>
<i>Children and Young People's Mental Health Inquiry</i>	<i>Agenda item</i>	<i>Terms of Reference</i>	<i>Fiona Bottrill</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>Birmingham and Solihull Integrated Care System Ten-Year Strategy</i>	<i>Agenda item</i>	<i>Report setting out the plan for health and care services for Birmingham and Solihull</i>	<i>David Melbourne Chief Executive, Birmingham and Solihull ICS</i>	<i>N/A</i>	<i>None identified</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 Dr Carolyn Kus, Independent Chair</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; Monika Rozanski; 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 Councillor Mariam Khan, Cabinet Member for Health and Social Care. 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>	<i>Reporting Q1 and Q2.</i>

Final Deadline: Thursday 8th December 2022

Publication: Monday 12th December 2022

Health and Social Care O&S Committee, November 2022

Date of Meeting: Tuesday 24th January 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Day Opportunities Co-Production Review</i>	<i>Agenda item</i>	<i>Findings of the independent co-produced review of day opportunity services.</i>	<i>John Williams / Saba Rai / John Freeman</i>	<i>N/A</i>	<i>None identified</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 / Kate Woolley, Director of Immunisation and Vaccinations</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>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>
<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>Engaging with third sector providers of Adult Social Care (Louise Collett)</i>
<i>City Observatory Data (Richard Brooks)</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. Joint inquiry with Education and Children's Social Care O&S Committee: Children and Young People's Mental Health
6. Dementia Strategy and Action Plan.
7. Visit to UHB NHS Foundation Trust Hospital sites.
8. Visit to Early Intervention Community Team, Norman Power Centre.

BIRMINGHAM/SANDWELL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: 29th November @ 2.00pm

Venue: Birmingham

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Acute Care Model</i>	<i>Agenda item</i>	<i>To report on the model for acute care.</i>	<i>TBC</i>	<i>N/A</i>	<i>None identified</i>	
<i>Feedback on proposed changes to Day Case Surgery</i>	<i>Agenda item</i>	<i>To report on feedback regarding proposed changed to Day Case Surgery.</i>	<i>TBC</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: 17th November 2022

Publication: 21st November 2022

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE**Date of Meeting:** 13th October – 1800-2000 hrs – Solihull Civic Suite**Venue:** Solihull

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Draft BSoL Strategic Vision for Autism and the Draft BSoL Strategic Vision for Learning Difficulties and Disabilities</i>	<i>Agenda item</i>		<i>TBC</i>	<i>N/A</i>	<i>None identified</i>	
<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>Update on the recovery and proposed configuration of surgical services across University Hospitals Birmingham – ICB and UHB and Preparation for Winter Pressures</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>	

Final Deadline:**Publication:** 5th October 2022

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: 19th January 2023 at 2.00pm, Committee Room 6, Council House

Venue: Birmingham

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham and Solihull ICS Update on Performance against Finance and Recovery Plans</i>	<i>Agenda item</i>	<i>To report on the financial and recovery plan for the ICS.</i>	<i>Paul Athey, ICS Finance Lead</i>	<i>N/A</i>	<i>None identified</i>	
<i>Integrated Care System and the Role of Scrutiny</i>	<i>Agenda item</i>	<i>To determine future arrangements and reporting</i>	<i>TBC</i>	<i>N/A</i>	<i>None identified</i>	
<i>Dementia Strategy</i>	<i>Agenda item</i>	<i>Following consultation seeking approval for the strategy</i>	<i>Revinder Johal, Commissioning Manager – Strategy and Integration, ASC</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: 6th January 2023

Publication: 11th January 2023

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>ICS Quality Assurance Update</i>	<i>Agenda item</i>	<i>Update on Quality Assurance to every JHOSC</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, Executive Director at NHS Birmingham and Solihull ICB.</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 ROH</i>	<i>N/A</i>	<i>None identified</i>	