

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 17 SEPTEMBER 2019 AT 10:00 HOURS
IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE,
BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

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

2 DECLARATIONS OF INTERESTS

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

3 APOLOGIES

To receive any apologies.

3 - 8

4 ACTION NOTES/ISSUES ARISING

To confirm the action notes of the meeting held on 13th August 2019.

9 - 20

5 REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care.

21 - 42

6 FORWARD THINKING BIRMINGHAM

Elaine Kirwan, Deputy Chief Nurse, Mental Health Services, Forward Thinking Birmingham.

7 **ADULT SOCIAL CARE PERFORMANCE MONITORING**

Maria Gavin, Assistant Director, Quality & Improvement, Adult Social Care.

8 **PUBLIC HEALTH PERFORMANCE MONITORING**

Elizabeth Griffiths, Interim Assistant Director, Public Health

9 **WORK PROGRAMME - SEPTEMBER 2019**

For discussion.

10 **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).

11 **OTHER URGENT BUSINESS**

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

12 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 13th August 2019, Committee Room 6 – Actions

Present:

Councillor Rob Pocock (Chair)

Councillors: Mick Brown, Diane Donaldson, Peter Fowler, Ziaul Islam and Paul Tilsley.

Also Present:

Michele Garrison, Finance Manager

Ian James, Independent Adviser to the Health & Social Care O&S Committee. (Care and Health Improvement Adviser West Midlands; Local Government Association, Care and Health Improvement Programme).

Marion Kelly, Interim Assistant Director, Finance Business Partnering

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Pauline Mugridge, Assistant Director, Adult Social Care

Tim Normanton, HR Business Partner

Gail Sadler, Scrutiny Officer, Scrutiny Office

Afsaneh Sabouri, Head of Service, Adult Social Care

1. NOTICE OF RECORDING

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

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

Councillors Mohammed Idrees and Zaheer Khan.

4. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 16th July 2019 were agreed.

The following matters have arisen since the committee last met:

- Period Poverty: Evidence Gathering
Awaiting a response from the Cabinet Member for Education, Skills and Culture to the query regarding how educational programmes in schools teach children about the menstrual cycle.
- Adult Social Care Performance Monitoring Scorecard – End of Year 18/19
Further clarification on some areas of performance will be circulated upon receipt.

5. REVIEW OF IN-HOUSE ENABLEMENT SERVICE

The Chair clarified the intended outcome of the review which was to look at the options, define the issues that the Executive should consider relating to the future of the in-house service, and compile a report which will go to the Cabinet Member for Health and Social Care for consideration prior to any Executive decision being made.

He also stated that the agenda for the meeting was not to go over what had happened in the past but to look at how best the service may be developed in future.

Pauline Mugridge (Acting Assistant Director, Adult Social Care); Marion Kelly (Interim Assistant Director, Finance Business Partner); Michele Garrison (Finance Manager); Afsaneh Sabouri (Head of Service, Adult Social Care) and Tim Normanton (HR Business Partner) were present to discuss the work that had been undertaken to date in terms of identifying alternative activities and determining where further work was needed to ensure that the rota hours for Enablement workers are utilised to the best effect and also supports the work being done with the Early Intervention Community Team.

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

- Undertaking three pieces of work to provide other activities for Enablement Assistants to undertake during their rota hours when they do not have any other allocated work:-
 - Increase the amount of domiciliary care packages.
 - Supporting Duty Social Workers e.g. supporting someone with shopping or a sitting service. This is being piloted in the Edgbaston constituency.
 - Supporting the Emergency Duty Teams out of hours' provision so if there is a crisis in the middle of the night/weekend this would be provided by the Enablement Team rather than using external providers.
- Currently exploring alternative activities for staff within their existing terms and conditions, working hours and rotas.
- In terms of the BCC Edgbaston constituency pilot roles are still being developed but the in-house enablement function would see people being

supported to go to centres, shopping etc. with the outcome being that they will be able to do these activities independently.

- Clarification was sought about how many people currently receiving support from social care also have a medical need and are supported by the NHS.
- As part of the Sustainability and Transformation Partnership (STP) there was a work stream – Personalised Support – which is looking at multi-disciplinary working arrangements to provide a joined up approach to health and social care and avoid duplicity.
- The committee was advised that an estimated 40% of the Enablement Assistants are car users and claiming mileage. The rest use public transport or walk between calls.
- A system called ‘Staff Plan’ is used to allocate calls which takes into consideration which mode of transport is used between calls. If there is a delay in getting to the next call the service user is informed.
- There are two pilots ongoing in the Edgbaston constituency. The first is the Early Intervention Prototype which is a joint team led by the Birmingham CHT looking at rehabilitation/ enablement support for people who are being discharged from hospital and step up from the community. Currently, this is only for patients being discharged from the QE Hospital or through the front door at the QE Hospital. The step up work from the community has not yet begun.

The second is a BCC pilot involving the in-house workforce which is about preventing people getting into crisis. Supporting people in the community to avoid them needing the early intervention support.

- The Early Intervention Prototype is road testing the new service which will be externally commissioned by Birmingham and Solihull Clinical Commissioning Group.
- Over the next couple of months the Early Intervention Team will have started the step up work from the community. When this happens, testing will be undertaken to see how the Early Intervention Programme and BCC Preventive Programme fit together.
- Introduction of the 3 conversations model and whole service transformation with a new customer journey will improve the throughput of people who are supported beyond the 6 week limit. Currently, 22% of people are with the service longer than 6 weeks.
- The Early Intervention Prototype is currently being rolled out into Northfield constituency. It is envisaged that the full city-wide roll out will be complete over the next 8-12 months.
- In terms of the in-house BCC Preventive Programme the committee was told “We will be reviewing that in 2 weeks and if it’s successful, we’ll be rolling out to the next constituency. We will be learning from that and our intention is to roll that out really quickly – definitely less than 12 months.”

- Once clear about the model being adopted, the Early Intervention Community Team will then be in a position to determine what the staffing implications are in terms of the numbers and types of roles. There is a potential that as that model develops staff from BCC would be working with staff from the various health organisations. The HR implications for staff working between the two organisations would then be legally considered. At this point, which is likely to be at the start of 2020, a further report seeking an Executive decision will be presented to Cabinet.
- The new arrangement for the in-house team needs to resolve the issue of downtime. Providing a broader suite of preventive and support activities would use the Enablement Assistants time more productively.
- The figures comparing the cost of hourly provision in Birmingham with Coventry and Nottingham were taken from the business case in June 2017. Since then, almost half of the staff have taken voluntary redundancy and, therefore, some of the inefficiencies in the rota which were driving up the hourly rate have reduced.

Ian James (Independent Adviser to the Health & Social Care O&S Committee; Care and Health Improvement Adviser West Midlands; Local Government Association, Care and Health Improvement Programme) presented an advice note on recent research findings on emerging national best practice on how to organise social care services which makes the best use of resources and outcomes for people. Ian made the following observations:-

- Promoting independence should underpin everything the City Council does in terms of delivering adult social care.
- There are a range of services that are aimed at promoting independence:-
 - Reablement, recuperation and rehabilitation – typically associated with people coming out of hospital.
 - Progression – could apply to a whole range of people with long term conditions including people with learning disabilities. Providing support that helps them to progress and become more independent.
 - Recovery – focussed around people with mental health difficulties.

As a model, this may be a useful approach to looking at how the Community Early Intervention Service and In-House Enablement Service complement each other to promote independence.

- There are challenges for the City Council in trying to transform the whole adult social care service, which is complicated and has implications for Neighbourhood Networks and partnership working, in a realistic timescale, whilst at the same time, trying to implement some things quickly. The new approach to a different way of supporting people needs to be a long term commitment. There is no quick fix.

- The issues of rotas and value for money need to be addressed but, initially, there would be more value in being able to explore and prototype some of the service potential.
- There needs to be a coherent approach to everything the Community Early Intervention Team and In-House Enablement Service are trying to do.

The Chair cited three issues that needed to be looked at:-

1. The need to create a synchronised operational service around the promoting independence model, where the enhanced Enablement service commissioned by the NHS works in close alignment with the remaining in-house home care team to provide an integrated experience for service users.
2. Organise the work programme and activities of the in-house team within their agreed terms and conditions to ensure a productive and valuable use of time.
3. The need to demonstrate evidence that prevention uses resources more efficiently and effectively.

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

- The cost of in-house service provision can often appear more expensive than contracted out services. To mitigate against those high costs some councils use their in-house service for the out of hospital reablement role where there is some justification for incurring higher costs because investment and delivering a good service in this area will then reduce long term costs.
- One of the issues about delivering the Enablement Service in a different way is identifying what improved outcomes are expected to be delivered? How will those be measured? How will we know if it's working or not and the relationship between that, the cost of the service and value for money? It is always more difficult to demonstrate the impact of a preventative intervention and long term costs.

RESOLVED:

- Provide information on how many of the service users also have a medical condition and are also being supported by the health service (if available).
- Finance to provide the current cost per hour for the Enablement Service benchmarked against other comparable local authorities, noting the need for a fair and valid like-for-like comparison.
- Ian to undertake some more in-depth work on reviewing the transferable experience of other local authorities and NHS providers in the context in which Birmingham is now proceeding i.e. as the service evolves our current workforce may take the opportunity to work for the NHS or through the in-house provision.
- Further information is required on:-

- The Community Early Intervention Prototype and experiences from providers and service users.
- Update on the BCC Preventive Programme Pilot.
- Birmingham and Solihull Clinical Commissioning Group to clarify their commissioning intentions.
- Workforce views on the future direction of the service.
- The next evidence gathering session originally scheduled to be held on 3rd September is deferred until October to allow further time for this evidence to be gathered.

6. WORK PROGRAMME – AUGUST 2019

The work programme was noted.

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

None.

8. OTHER URGENT BUSINESS

None.

9. 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 1118 hours.

**HEALTH AND SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
17 September 2019**

**REPORT OF CABINET MEMBER FOR HEALTH & SOCIAL CARE
COUNCILLOR PAULETTE HAMILTON**

1. PURPOSE OF REPORT

This report sets out my portfolio priorities and provides an update report further to the report received by Health and Social Care Overview and Scrutiny Committee in November 2018.

2. ACCOUNTABILITY

I have accountability for:

Adult Social Care and Health	<p>Development of the Health and Wellbeing Board and relationships with the NHS and private providers.</p> <p>Strategic leadership of social care services and safeguarding for adults.</p> <p>Development of an integrated health and social care economy in Birmingham and neighbouring local authorities around the relevant Sustainability and Transformation Plan.</p>
Public Health	Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities.
Healthy Communities	Championing healthy living through sport and leisure services and influencing resident choices through proactive behaviour change initiatives.
Domestic Violence	Taking the lead on the health implications of domestic violence and advising the Cabinet Member for Social Inclusion, Community Safety and Equalities on these matters.

3. SUMMARY OF KEY PRIORITIES

The vision for adult social care remains as stated in my previous report to Overview and Scrutiny Committee in November last year. This is to create an environment where adults and older people are resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing.

- Over the past year we have been working to support shaping places that people want to live in, and have invested in early intervention through our pioneering 'Connecting Communities'. We are looking at how we can work better locally to tackle loneliness and social isolation and this is clearly set out in our vision for Adult Social Care which is about enabling our communities to look after themselves with the support of their families and local community first.

- We continue to work closely with our partners on the integration of Health and Social Care and to see through a shift in demand from more acute services to early intervention and preventative services based in the community, whilst giving residents more say over how things are run. Through this we have already seen a huge reduction in care-related delayed discharges from hospital and readmission rates;
- I am keen continue to ensure that as many of the changes and transformation taking place in adult social care is done with our citizens engaged and involved as they know what will work best for them;
- We have a Suicide Prevention Strategy in place and will be working with our partners so our mental health service is recovery focused and working with our partners on Suicide Prevention;
- I am pleased that we have made progress in the uptake of direct payments and personal budgets so our citizens are enabled to take control and have choice in services that best meet their outcomes for independence and wellbeing;
- Through our public health services we will continue to work towards improving the health inequalities that are prevalent in some of our communities and targeting services at those most in need.

4. PARTNERSHIP WORKING

4.1 Birmingham and Solihull Sustainability and Transformation Partnership

The Health Service continues to evolve Integrated Care Systems (ICSs) are emerging from the current Sustainability and Transformation Partnerships (STPs) and are intended to be the way in which partners will work together in the future to deliver care in a joined up way for local people, reducing fragmentation, complexity and duplication. ICSs **do not have a statutory basis**, and rely on partners' willingness to collaborate and work differently to develop strategy, set priorities and agree outcomes. It is expected that they would work through a system partnership board, and that they would bring opportunities to seek greater delegation and the devolution of funding and decision making to a local level.

It is recognised that the move to new arrangements under an ICS will be complex and the current timeline for the complete transition is April 2021. The Council is involved in discussions at a senior level about future ways of operating and delivering joined up care by 2021, and these discussions fit in neatly with our vision for adult social care and include

Collaborative local leadership to develop a shared vision, culture and values will support transformation. All partners understand their own contributions and support the contributions of other partners to a shared vision and goals to improve health and wellbeing.

Decisions taken as close to communities as possible – All leaders will have a demonstrable commitment to making decisions at the most local level and as close as possible to the communities that they effect. Accountability mechanisms for new health and care partnerships will build on existing structures – in particular the health and wellbeing boards and health overview and scrutiny arrangements – and new governance structures will be open, transparent and locally accountable.

Build on what already works locally - Many areas have developed partnership working to plan and deliver joined-up, person-centred services. Where appropriate, build on effective partnerships and consider adding partners to existing arrangements. All areas

should be enabled to develop their own neighbourhood, place and system wide approaches according to what is appropriate for them, rather than adhering to a rigid national blueprint.

A person-centred approach in which all partners plan and deliver care and support with individuals and, where they wish, with their families, to achieve the best health and wellbeing outcomes for them.

A preventative, population health approach that maximises health and wellbeing, independence, and self-care in or as close to people's homes as possible in order to reduce their need for health and care services.

Achieving best value – all health and care partners to work together to ensure that all planning and delivery of care and support represents the best value in terms of securing the best health and wellbeing outcomes, improved quality and safety of services and sustainable use of resources.

Primary Care Networks (PCNs), form one of the key building blocks of the NHS long term plan and are designed to support the wider changes outlined above.

The new requirements for PCNs mean that all GP practices have now come together in geographical networks covering populations of approximately 30-50,000 patients. PCNs are a formal way of bringing general practice together to work at scale to:

- Improve the ability of practices to recruit and retain staff.
- Provide a wider range of services, including social prescribing and improved support to care homes.
- More easily integrate with the wider health and care system at a local level to improve care for patients.

In Birmingham we have welcomed many elements of the LTP - in particular, the focus on community based services, prevention and on place-based planning.

4.2 West Midlands Combined Authority

I am a member of the West Midlands Health and Wellbeing Board and am taking the lead on Child Obesity.

In Public Health – the approach we are using is the three pillar approach

1. Creating a Health Food City – healthy food environments in communities, workplaces and our schools
2. Creating an Active City – making the most of the Commonwealth Games opportunities
3. Supporting Weight Management – school nursing and NHS Health Check and Weight Management.

Birmingham is one of 5 local authorities selected as Childhood Obesity trailblazer pilot to test out new ways of working to reduce childhood obesity supported by £75,000 investment over 18 months. The focus of the work in Birmingham will be on developing educational levers for a healthy food environment through mainstream and targeted apprenticeships and undergraduate education. As part of this work we are working with Food Foundation to develop a policy audit tool that then can be rolled out across other areas.

Milan Urban Food Policy Pact – is a European partnership for action on creating healthy food environments in cities and towns. The partnership enables connection with a network of 193 cities across the world to share learning on approaches to food in urban environments.

BINDI Project in partnership with Pune, India to work together on creating food smart cities. Both Pune and Birmingham are second cities in their respective countries, both have significant educational footprints of universities and schools, strong links to manufacturing and industry and growing and evolving economics. This project is funded by Department for International Development and TATA foundation.

Birmingham has been asked to join the Partnership for Healthy Cities, as part of this process we will be developing an implementation plan that will focus on physical activity and social marketing interventions. We have to be dynamic with early intervention right from the outset in order to secure the future health and wellbeing of our children.

4.3 Health and Wellbeing Board

As Chair of Birmingham Health & Wellbeing Board we have established four new sub-forums to sit alongside the existing Health Protection Forum which is chaired by the Director of Public Health. The Forums will provide a space to accelerate our work to tackle health inequalities in partnership with other key organisations and stakeholders. Each Forum is chaired by a Cabinet Member and they are being informed and shaped by stakeholder workshops, the membership includes cross-party political representation. The four new forums are:

- Creating an Active City
- Creating a Healthy Food City
- Creating a Mentally Healthy City
- Creating a City Without Inequality

The Health and Wellbeing Board will meet alternate months from September with the Forums meeting in the intervening month. Each Forum will report to the Board on an annual basis.

4.4 Joint Strategic Needs Assessment

Following the review of the JSNA in 2018/29 there has been a significant overhaul of the JSNA and the first stage of its redevelopment will be published in Autumn 2019.

The first of the structured deep dives will be published in Autumn 2019, it is focused on the health issues affecting Veterans and will provide a strong platform for the Council and its partners to consider how to better support our ex-services personnel.

4.5 Public Health

With the Director of Public Health I continue to review the Public Health Grant to ensure that the spending is in line with the requirements of the grant and that it is within the financial envelope passed down from Government. I have recently set up regular Public

Health quarterly contract briefing meeting which sits alongside the monthly PH Contract Meeting which is chaired by our Director of Public Health.

The Public Health Team have organised a number of workshops over recent months to inform work including:

The Physically Active City Workshop (10th July) The aim being to bring together a variety of key stakeholders, influencers and change-makers to change the entire system within Birmingham, ensuring we utilise the opportunities the 2020 Commonwealth Games bring to the citizens of Birmingham, to inform a physically active future for all. This was to establish a specific strategic forum to help drive a strategic approach to increasing physical activity across all ages and all abilities and reduce the proportion of citizens not even achieving 30 minutes of physical activity each week.

The Creating a Healthy Food City Work (25th July) This workshop was arranged to begin to address the ambition to take a strategic upstream approach to tackling obesity at all ages in the city and aid in developing and Creating A Healthy Food City Forum that will lead partnership action to create a healthy food environment in the city.

Creating a Mentally Healthy City Workshop (3rd September) to inform the development of the Creating a Mentally Healthy City Forum, subgroup of the Health and Wellbeing Board. During the workshop, attendees participated in various exercises attendees such as “ What does Mentally Health City means to you, your family, your community, and City . There was also was an interesting exercise around the Prevention Concordat for Better Mental Health, which created insightful discussions what we currently doing, what’s missing and how we can work together . All delegates were also invited to sign up to support the Prevention Concordat for Better Mental Health.

A City without Inequality Workshop (12th September) The workshop precedes the first formal meeting of the new Health and Wellbeing Board’s sub-committee on inequalities, which will be called A City without Inequality Forum. It is aimed at all partners who are working towards reducing health and wellbeing inequalities. At present, we are inviting all colleagues who are able to contribute and going forward the forum will have a relevant representation. This HWBB sub-group will be responsible for the delivery of the Board’s strategic objectives around reducing inequalities, so inevitably it must link with the existing groups working on specific areas such as homelessness, domestic abuse, poverty, migrants, sex workers etc.

We have also created a LinkedIn Groups for all 5 Sub–Forms, to join the Groups please click on the links below:

Creating a Mentally Healthy City <https://www.linkedin.com/groups/12278284/>

Creating a Physically Active City <https://www.linkedin.com/groups/13734676>

Creating a Healthy Food City <https://www.linkedin.com/groups/13744273/>

Creating a City without Inequality <https://www.linkedin.com/groups/12278575/>

4.6 The Better Care Fund

One of my responsibilities as the Chair of the Health and Wellbeing Board is to provide oversight and accountability for the use of the Better Care Fund (BCF). The BCF is intended to improve integration of health and social care.

Throughout this year partners have been working together intensively to improve the outcomes experienced by citizens. In particular, we are making use of the BCF to deliver a shared transformation programme called Early Intervention. This programme aims to prevent older people being unnecessarily admitted into hospital, to reduce the length of time that people spend in hospital when they are medically fit to leave and to ensure that people get the care, support and therapy that they need, when they need it.

Key aims are to get older people back to their own home after a stay in hospital and to prevent a loss of capacity or independence as a result of prolonged stays in hospital. Whilst it is early days, the signs are positive that the new ways of working that are being introduced can make real differences to peoples' long-term independence, health and well-being. The task now is to embed these benefits – including reductions in the volume of long-term social care required - across the whole city.

4.7 Learning Disability

The Directorate is working with Birmingham and Solihull CCG and Sandwell and West Birmingham CCG to update the Section 75 agreements that underpin the Joint Commissioning of services for people with Learning disabilities and mental Health needs across Adult Social care and Health. There is a commitment from Partners to continue to undertake integrated commissioning across Birmingham and the new S75 agreements set out the proposed continuation of existing partnership arrangements for:

- Services for people with Mental Health conditions including:
 - Over 18 years of age for social care provision and;
 - Aged 0-25 and 25+ including older adults for health care provision; and separately
 - Services for adults from 18 years of age with a learning disability.

The refresh of the existing agreements is scheduled for Cabinet decision in November 2019.

- The Directorate also continues to be an active member of the Transforming Care Partnership which aims to improve health and care services so that more people can live in the community, with the right support, and close to home. The Transforming Care program arose as a result of the poor treatment highlighted through the Winterbourne View review and will mean that fewer people will need to go into hospital for their care. As a council we are working closely with our health partners to make sure that services in the community are much better, and are making steady progress to reduce the number of people being cared for in hospital settings and developing the community support required to enable people with more challenging behaviour to be supported within the Community.
- Directorate staff are playing an important role as active reviewers on the Birmingham Learning Disability Mortality Review program (LeDaR). This important national program, has been commissioned by NHS England, as a result of a confidential Inquiry which found that people with learning disabilities were three times more likely to die from causes that could have been avoided by good medical care. The national program

supports people in local areas to train as reviewers and to check whether there was something that went wrong with the care and support a person with learning disability received which may have contributed to premature death.

4.8 Mental Health

- We are working in partnership to deliver an AMHP (Approved Mental Health Practitioner) Improvement Plan to make better use of these specialist resources and provide more timely provision. Taking a collaborative approach with key partners across the Mental Health Trusts, the Police, Ambulance services, etc. and considering the impact on citizens.
- The Customer Journey is reviewing the role of the AMHP daytime service with a view to aligning the team under the Constituency Model, by which all the AMHPs are dispersed into the ten Constituency teams.
- Work has been on-going to identify and confirm all citizens entitled to aftercare under Section 117 of the MHA, in order to establish a register in line with the Mental Health Act Code of Practice, as well as monitor, review and close those, if & when appropriate.
- We are collaborating with the Birmingham & Solihull Mental Health Foundation Trust to repatriate forty-four Birmingham citizens, currently placed out of the City, back into Birmingham.

5 UPDATE ON SOCIAL CARE AND HEALTH PERFORMANCE / SERVICE IMPROVEMENTS

5.1 Adults Scorecard

- The latest performance scorecard for the directorate will be presented to the committee as a separate item on today's agenda. There are areas where we know we need to improve and the commentary on the scorecard sets out how we are focusing on these areas to drive through improvements. There are many areas where our performance has and is improving to meet the expectations that we have for better outcomes for our service users. I am particularly pleased with the increase in uptake of Direct Payments which just over 2 years ago was below 20% and is now above 30% on track to meet our target of 35%.

5.2 Commissioning and market shaping

Birmingham City Council commissions care and support from over 700 independent care providers on behalf of almost 13,000 service users. Significant work has been underway to develop and implement a new Adult Social Care Commissioning Strategy to:

- Improve outcomes for those with health, care and support needs
- Improve the quality of commissioned health and care services
- Improve the resilience and sustainability of our health and care system.

The Council's new Quality Framework aims to ensure that we do not do business with 'inadequate' providers and is based on a fixed fee and core quality standards linked to a quality rating system. All new care packages are allocated based on the quality rating, backed up with annual monitoring visits from either the Council, CCG or CQC. Since the introduction of the new framework there has been a significant increase in the percentage of citizens in receipt of care from a Good/Outstanding Provider, and we are currently exceeding our target.

5.2 Three Conversations Approach

Through the introduction of the three conversations approach we have made some very positive steps forward in shifting the way in which social care is delivered and empowering our citizens to take control.

There is a range of prevention activity underway focusing on ensuring our citizens who are experiencing social isolation and loneliness are reached out to and that we work with other agencies to see how we can do this effectively in localities;

We are also working with our partners to explore more innovative ways to improve the universal offer and how we can engage and make a difference;

Enabling our citizens to stay at home, and ensuring the outcomes best meet their needs and providing outcomes that best fit their aspirations for wellbeing and support. This has enabled the directorate to support the increasing numbers of citizens who require support and do so in the planned budget reductions for Adults.

Work is underway working within our neighbourhoods to look at our community assets and ensure these are maximised enabling local groups to provide support that helps people remain engaged within their communities.

The delivery of the vision for adult social care is rooted within communities, connecting citizens to assets and facilitating the growth of assets which are responsive to the needs and aspirations of citizens to live independently within their communities.

5.3 Neighbourhood Networks

We want to ensure that by investing in prevention older people can live healthy, happy, independent lives in their own homes and communities. Alongside the new Three Conversations model of social work, the introduction of Neighbourhood Networks is an important part of delivering this vision.

In January we saw the completion of the development phase of the Neighbourhood Networks Schemes. This has generated a wealth of asset information including gaps and issues at a neighbourhood level, across individual constituencies and across the City. The findings, alongside the feedback from social work teams has informed the commissioning of the Neighbourhood Networks. We are currently in the process of rolling out Neighbourhood Networks across the city with a focus on the following:

- Community Assets – identifying, working with and supporting community groups and organisations
- Connecting, co-ordinating and relationships – between the statutory sector, particularly social care and community networks.
- Local commissioning – including awarding small grants to develop access to community activities and assets for older people.
- Citywide collaboration, co-ordination and innovation – developing good practice and collaboration across boundaries and constituencies.

The next phase of the NNS role out will include work within neighbourhoods connecting across to the role out of NHS led Social Prescribing Initiatives in the City.

5.2 Support to Carers

Carers play a vital role in the City. There are approximately 107,000 carers in the City providing a contribution to the local health economy of approximately £2 Billion. A new Birmingham Carers hub has been commissioned to provide vital support, information and guidance to carers and agencies. For the first time this has been jointly commissioned as an all age pathway approach with the Children's Trust, CCG and BCC.

A Carers Passport has been developed which will entitle carers to a range of discounted or free opportunities such as leisure, retail and hospital parking.

Internally, we have made a significant commitment towards our status as Carer Friendly Employers. Work is in progress to revise HR policies and procedures to enable employee to balance their caring responsibilities with work.

5.3 Day Opportunities

- The draft Day opportunities strategy consultation took place between 8th April and 4th August 2019.
- As well as citizens completing a formal questionnaire, a number of events were held across the city for citizens who attend day centres ran by the council, provider events and for Birmingham citizens.
- A formal governance and consultation approach was followed to ensure that there was a consistency in what was presented to citizens. Involvement from key areas of the council was put in place through the consultation working group. This included representation from Legal, HR, Finance, Citizen Engagement, Commissioning and Communications team.
- Consultation analysis is under way and a post consultation report is currently being drafted with a view to presenting recommendations to Cabinet in November 2019.

5.4 Shared Lives

- I have been keen over the past few years to improve our Shared Lives performance, so we can improve the outcomes and wellbeing for our citizens through both long and short-term placements in a family centred environment.
- Whilst the number of placements remains low for a city the size of Birmingham, the service continues to look at ways to strengthen how we can work with partners and third sector to improve our shared lives offer further.
- The Service has strengthened links with Occupational Therapy services to ensure we maximise potential for carers without placements to take placements
- Respite is an area that we want to grow as supporting carers is key to preventing carer breakdown. Emergency respite has been offered to a couple of service users recently and will want to continue to build on this in the next 12 months.
- We have planned for a session with carers who do not have a placement to explore blockages and improve take up of placements
- Link working with constituency team has led to increased numbers of referrals and enquiries from the Social Work teams, the Shared Lives team are starting to progress these to placements.

6. UPDATE ON KEY BUDGET ISSUES / KEY FUTURE BUDGET ISSUES

6.1 2018/19

In the 2018/19 financial year the directorate reported a net underspend of £10.7m. This was largely related to better than budgeted performance on income related to packages of care, including windfalls as a result of negotiations and external factors.

6.2 2019/20

The total 2019/20 budget for this portfolio is £325.931m. Within this allocation there are £14.6m of savings; benefits and efficiencies that have to be achieved internally as well as through corporate initiatives.

- *65% of the net total budget is allocated to external packages of care.*
- *9% is spent on specialist care services.*
- *13% is spent on assessment and support planning (Social Work).*
- *5% of the budget is spent on Supporting People.*
- *8% is spent on commissioning and other services.*

The council budget for 2019/20 has provided additional funding for adult social care, as set out in the financial plan. However, like other local authorities nationally we are facing a real pressure in the increasing number of people requiring care and support, particularly within younger adults.

The Directorate is working to implement the Adult Social Care and Health Improvement and Business Plan 2017-2021. As well as ensuring that Birmingham is seen as a great place to grow old in, this programme will deliver the savings included in the Council Plan and Budget.

7. Challenges and Closing Summary

We continue to operate at time of little long term financial certainty but I remain committed to continue to work on improving our offer to our citizens so the services provided are fit for purpose and meet the changing needs and expectations of our citizens.

I am resolutely clear that we need to work with our citizens first and foremost and our partners and all stakeholders to shift the focus on prevention and early intervention so we can improve the outcomes and the health and wellbeing of our City to meet our aspiration for Birmingham to be a great city to live in and grow old in.

I am delighted and so very grateful for the support from Cllr Mary Locke the Cabinet Adviser for Carers and Cllr Mick Brown, Cabinet Adviser for Isolation and Loneliness. They both have worked innovatively with a range of organisations and local groups to support work in these key areas and help drive forward improvements and retain a focus on the need to support our carers and reducing loneliness and isolation in our local areas.

I always like to finish my report with some positives and supporting our workforce is integral. We have a committed social care workforce – social work and the care aspects is not just a career it is a vocation and we have some extremely diligent and aspirational staff who work tirelessly to improve the outcomes for our citizens.

As part of the commitment to staff development - Adult Social Care are training six AMHP candidates, who are timed to graduate this coming November 2019. The

Councils mental health training programme has previously been highly commended by the Care Quality Commission

Maximising income for citizens

The Financial assessment team has supported the wellbeing and prevention agenda in supporting 153 citizens with the uptake of unclaimed benefits. For the period 1 April to 12 August, the team has claimed benefits that equate to the sum of £15,475 per week, ensuring that citizens are claiming all the correct benefits has a positive impact on their wellbeing and reduces the risk of poverty within the household.

Last Chamberlain Awards

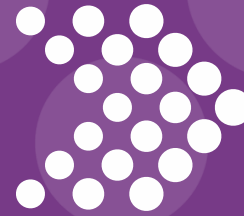
Outstanding Innovator of the Year: The Hall Green Adults social work team. For doing a fantastic job, supporting people in the Sparkbrook area – and received this award for their amazing work using the '3 conversations' social work model in Birmingham. This model focuses on people's strengths, and what community assets are available to support individuals to remain connected with local support.

Story of success – Direct Payments

Ms M has been in receipt of a long-term home care package since 2016 and recently moved over to a direct payment. Ms M remained with the care provider but now has flexibility to change provider in the future if needed. The real benefit for Ms M is that she will be having a holiday late 2019 with a company called Revitalise and Ms M will be able to use her Direct Payment to pay towards the cost of her care only when she is away. The care cost of her holiday is then subsidised because she can use the Direct Payment weekly agreed amount towards care, enabling Ms M to fully experience the same life events, without being held back due to her disability.

Councillor Paulette Hamilton
Cabinet Member for Health and Social Care

Forward Thinking Birmingham



Health and Social Care O & S Committee



Recent CQC Inspection

- The Care Quality Commission reassessed Forward Thinking Birmingham in April 2019.
- Our latest unannounced inspection visited all of the Forward Thinking Birmingham community sites and visited our Urgent Care Centre. They interviewed front-line staff and the leadership team, spoke to patients and took feedback from key stakeholders.
- CQC reviewed numerous documents, policies, data and additional information in relation to specific areas of care, including Early Intervention Psychosis.



What the Inspectors Observed

- Staff treat patients in a respectful and considerate manner
- The development of a positive culture focussing on patient outcomes and experience
- Leadership is strong, supportive and visible
- Parents and children said that staff treat them with kindness, dignity and respect
- FTB have demonstrated sustained improvements across the whole service with significant progress recognised.
- BWC are waiting for the overall rating in November 2019.



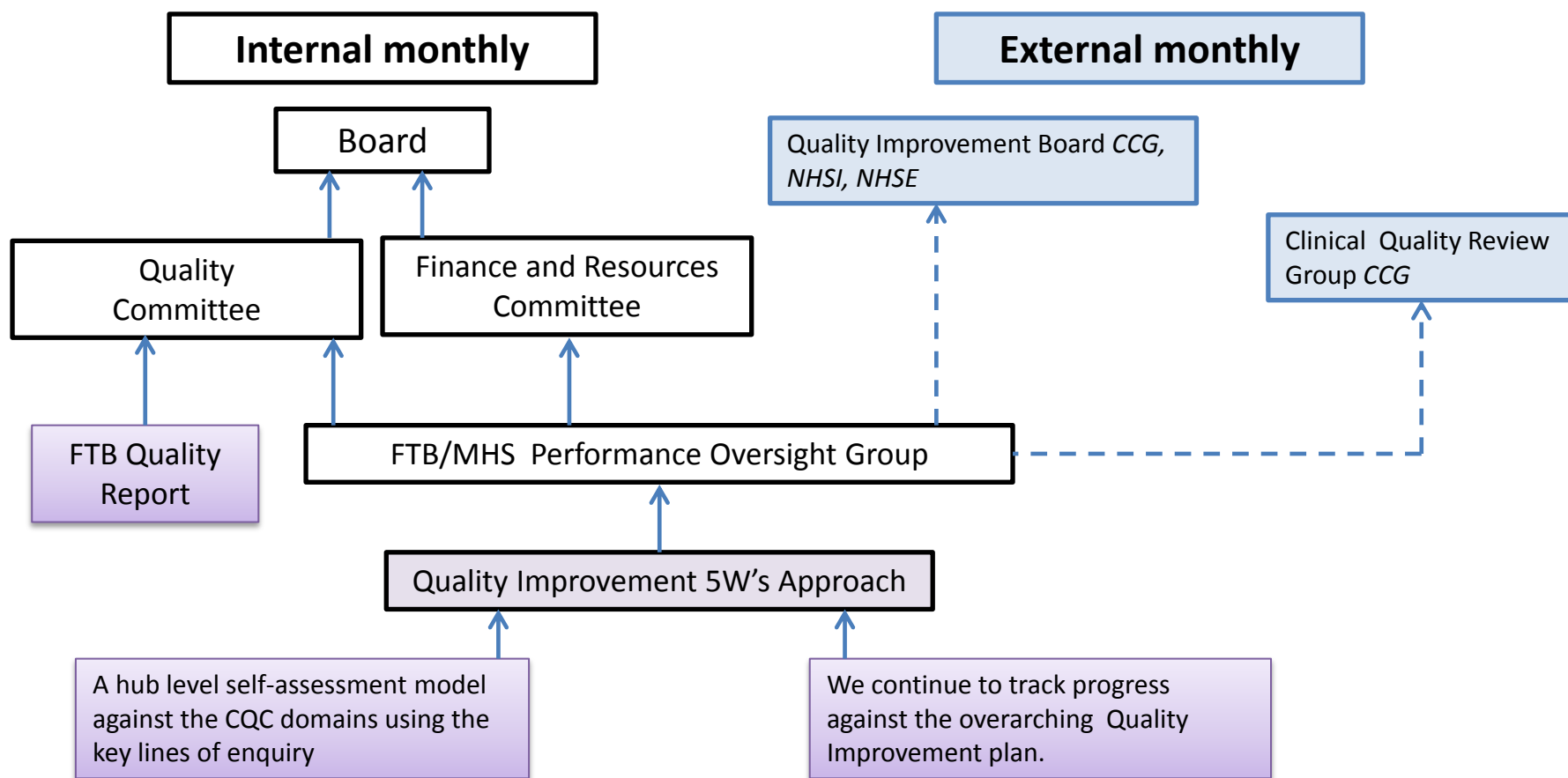
Particular Areas of Improvement

- Hub leadership accountability – responsible for local improvements. The trust has introduced a model of Quality Improvement known as the 5W's – local improvement projects will be identified through improvement HUDDLES.
- Infection control practice – daily checks and weekly audits, rated as green following NHSI visit in June 2018 – early indications from the inspection visit in April 2019 show sustained improvement.
- Medicines Management – forms part of the objectives held within the Quality Improvement framework for trust – known as the 5W's.
- Clinical risk monitoring of those on our waiting lists. Additional work and reconfiguration of ACCESS activity is supporting an improved position.
- Improvements in seven day follow up – 100% compliance on every occasion
- Follow up of patients who Did Not Attend (DNA) – continues to improve and is subject to regular audit through operations with clinical follow up in place. Text messaging is now in place to remind young people of their appointments
- Clearer ownership of local governance responsibilities
- Provision of information for people who do not speak English as their first language and patients with impaired hearing

Actions Arising out of the Quality Improvement

Area for Improvement	Where we have Improved
Number of skilled and qualified staff	Whole system workforce review in FTB has taken place, recruitment and retention has improved, new roles have been initiated and are being introduced, for example the Schools Mental Health Worker.
Quality assurance around care quality indicators	<p>Mental Health Care Quality Indicators (MHCQI) development and audit cycle – 110 patients are audited every month via the MHCQI monitoring tool to provide quality assurance</p> <p>Results for May were overall completion 83% / June 80% and July 80%</p>
Physical health assessments not completed	Physical health (PH) assessments monitored via the MHCQI and continue to show an improved position. Improvements have been made to the PH recording templates held in care records – providing prompts and ease of reference
Restructuring leadership team and framework	Recruited Mental Health Director and implemented a new Hub management system and new governance framework implemented
Waiting list management	We have improved our waiting list validation which includes a new process which insures individuals get the right care required at the right time, for example all urgent referrals are screened within 4 hours in our Access Centre

Enhanced Governance from Board with External Reporting

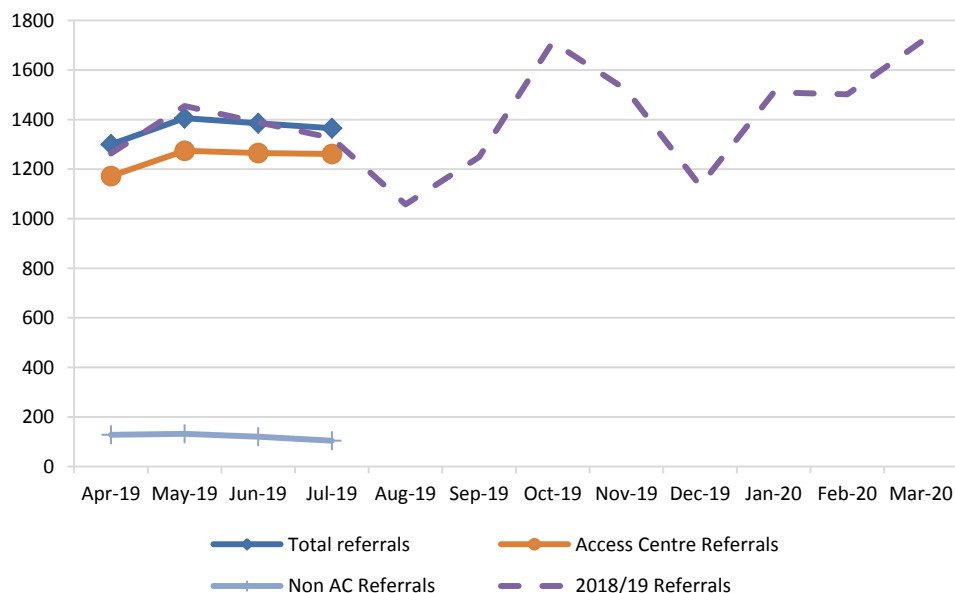




System Challenges

- Waiting list
- Managing increasing demand and system flow
- Placing young people out of area
- Lack of other support services
- Lack of investment in universal core services
i.e. social housing, social care, vulnerable
people services across statutory and VCS
sectors

Referrals in Carenotes



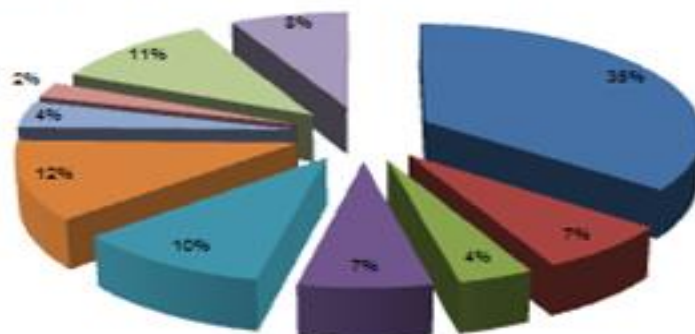
- Access were 26% over contracted activity in July.
- Seasonal activity peaks are noted in Mar and Oct/Nov.
- Based on historical data a further 10% increase in referrals is anticipated; so for 19/20 we expect circa 17,000 Access Centre referrals and 18,500 total referrals.
- Simplify Health are working with BWC on the actions as part of the Demand & Capacity workstream which include updates to the FTB website to reduce referrals into Access and pilot of a post access MDT panel to reduce and more effectively manage referrals into secondary hub services.

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD	Average
Access Centre Referrals	1,172	1,274	1,265	1,261									4,972	1,243
Other Referrals	128	132	120	104									484	121
Total Referrals	1,300	1,406	1,385	1,365									5,456	1,364
Number of Triages in Access Centre	1,330	1,457	1,426	1,430									5,643	1,411
Total Triages	1,458	1,589	1,546	1,534									6,127	1,532



Access Centre Referral Data

Knowing why people have been referred can influence the staff you employ, how these staff are trained and how resources can be used across all levels of care



- Anxiety & Depression
- Conduct, Attachment and personality difficulties
- Eating disorders
- Psychosis
- In Crisis
- Neurodevelopmental Conditions
- Personality and relationship difficulties
- Post-traumatic stress disorder
- Self-Harm Behaviours
- Other (OCD, self care, gender, perinatal, drug and alcohol, bipolar, chronic health)

One example, 10% of referrals for personality disorder should mean that at least 10% of the staff in FTB should have experience of, or be trained in the assessment and management of personality disorder



Access Centre Referral Data

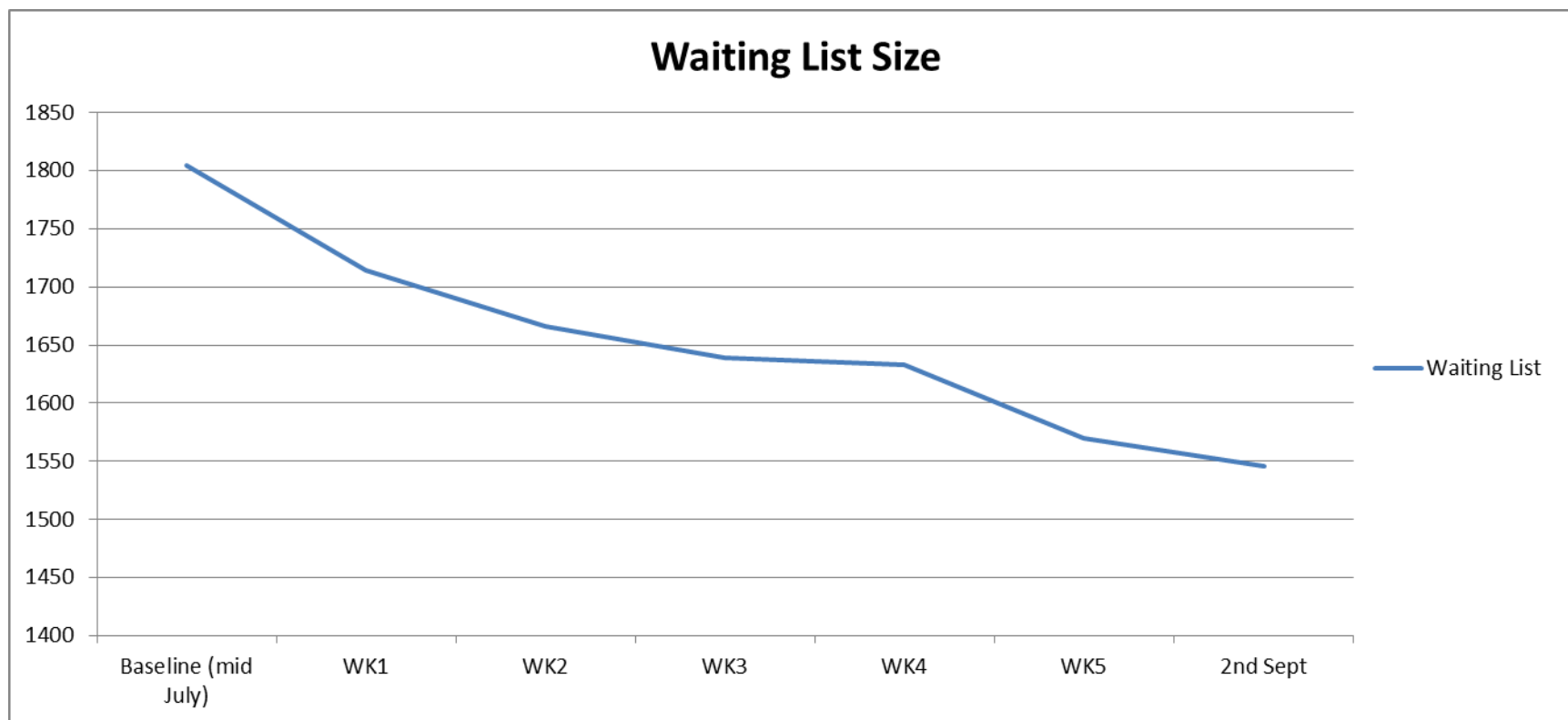
Since April 1st 2016:

- Access to services 24/7 across the age group and self referral
- City centre based drop in service receives great feedback from CYP
- 191,000 phone calls, 81% answered within 60 seconds, for advice, guidance, signposting and triage through our Single Point of Access
- 50,700 referrals through our Single Point of Access, 99% screened for clinical urgency within 4hrs
- Access to services has increased by 40%, with equitable access for male and females and peak age being 14-15 year olds
- Circa 73% of referrals have been triaged to non NHS secondary care services; enabling faster access to the right help and more effective utilisation of secondary/specialist NHS care
- Minimised the impact of increased demand for inpatient beds – Whilst admissions increased by 15% increase, OBD only increased by 8% due to an average reduction in OBD per admission of 2 days*

*from November 2017 to March 2019 following targeted intervention



Waiting List Size





Improvement Projects

Access

- FTB are piloting a new rapid gateway review following initial Access Triage, the aim on this work is to further improve the allocation of our patients to the correct pathway sooner in their patient journey to avoid unnecessary delays.

Demand and Capacity

- FTB have recently trialled an online assessment option for patients.
- Healios is a secure online based mental health assessment service, patients with access to a smart device and the internet can access the secure online portal from the comfort of their own home to attend a face to face clinical assessment via video link.
- Initial feedback has been positive with good clinical synergy with the decisions being made, and response times to appointments taking place within the agreed service agreement time.

Urgent care

- Urgent care operational services are currently being reviewed as part of a service improvement exercise.



Transformation Partnership BSOL CGG FTB/Birmingham- New models of care

- Statutory partnership – STICK
- Partnership with University of Birmingham – Pilot Pause
- Strategic partnerships to support system shift change – i.e. City wide suicide prevention strategy
- Co-production with beneficiaries – Think4Brum PE group
- Adult MH trust partnership -Building an all age neurodevelopmental pathway for Autism and ADHD



STICK Team

- **Screening**– Providing assessment and screening of CYP within schools, GP surgeries and family support services to increase early intervention and identify emerging symptoms
- **Training**– Providing specialist training to professionals working alongside CYP to up-skill and equip them to provide low level interventions
- **Intervention** – Therapeutic menu of interventions for CYP who traditionally would not have met thresholds for a CAMHS Service
- **Consultation** – Specialist consultation for those working in education, children's services and GP practice – encouraging wrap around care when it is most needed
- **Knowledge** – Practitioners include Nurses, Social Workers, Teachers and Youth Workers. The combined skill of this team brings a specialist knowledge and a comprehensive service



- Patient A was referred to FTB in September 2018 after being permanently excluded for bringing a knife into school aged 10.
- Patient A received an Urgent Choice Assessment and was also receiving support by the Crisis Team due to thoughts of wanting to end his life.
- In January, whilst awaiting core services, Patient A was referred to STICK for support around his education.
- STICK Clinician, Youth Worker and Family Support Worker (BCT) worked together to plan care around the family, involving both Patient A and mum.
- By March we had engaged educational partners, and by Easter BEP had advocated on behalf of Patient A and a placement was arranged for him at a local secondary school.
- Patient A continued therapy sessions in school before being formally on-roll, and during the summer holidays he attended school to meet other students and staff.
- On 02nd September 2019 Patient A started full time education, following more than 12 months out of mainstream education. This outcome would not have been possible without enhanced partnership working between Health, Social Care and Education.



Model fit into the University?

What will remain the same

- Drop-in model – to provide timely access and support to address mental health and well-being needs.
- Staff mix – A range of different professionals will be appointed. Supported by volunteers.
- Low level brief intervention service.
- Workshops/Groups – this will not happen straight away but aim to have some running by end of second term.
- Referrals to FTB/IAPT and signposting to suitable services in Birmingham if low-level support at our drop in site is not suitable.
- Central base (UOB Library) with pop ups in different parts of the University if needed – this will happen towards the end of the first year.



Model fit into the University?

What will be different

- We will be open Monday to Friday around 30 hours a week – this will be reviewed in the first year to include weekends.
- We will be developing a close link with Wellbeing services in the University, ensuring effective signposting and referrals can be made when needed.
- We will be looking at the consent to share information with the University as part of the evaluation of the project.
- Only UOB students under 25 year old can access service.
- They don't need to be registered to a Birmingham GP to access our service. If additional services are required they will be advised to register.



New Care Models – NHS-led Provider Collaborative

- Birmingham Women and Children's leading the business case for the West Midlands New Care Model for CAMHS - Inpatient Child and Adolescent Mental Health
- The current system doesn't allow us to care for all children and young people close to home – some children and young people have poor experiences and stay in hospital longer than needed.
- The New Care Models have pilots nationally. This will support better outcomes for children and young people who are admitted to hospital and ensure that they remain closer to home.
- There will be further emphasis on reinvestment in community and step-down services, to improve the whole inpatient pathway and reduce reliance on long inpatient admission.



NHS Long Term Plan - What Does it Mean for Mental Health in Birmingham

- Improved crisis response/commitment to 24/7 services support to A&E
- Focus on building the capacity in community settings with recovery and social prescribing for wider social impact and shifting the balance towards prevention and community based provision
- Greater range of psychological intervention – with outcomes and benefits delivered
- Workforce Strategy – Building skills and competencies of the wider workforce





NHS Long Term Plan – Interdependencies

- Transforming Children and Young People's Mental Health Services in the context of the expansion of School Mental Health work and children's services.
- SEND/Disabilities and Autism
- The Mental Health Programme Delivery Board overseeing the transformational long-term plan across all interdependencies , including Primary Care networks, Urgent Care and Personality Disorder, Adult Social care, Housing/Homeless strategies
- Voluntary and community sector capacity and infrastructure



Any Questions?



Cabinet Scorecard - May 2019

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

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

Please note that due to changes in the cabinet reporting timescale, this report is for the month before the quarter. As a result, some quarterly measures have not been updated since our last submission to the committee.

1. Use of Resources

Measure	Status	Target	Last Month	This Month	D o T	Constituencies	Benchmarkable	
1 Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)	GREEN	7.95 (EoY 7.95)	9.72	7.06	Down (Green)		✓	More detail
2 The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)	AMBER	75%	66.1% (Q3)	73.1% (Q4)	Up (Green)			More detail
3 Proportion of clients reviewed, reassessed or assessed within 12 months	RED	85% (EoY 85%)	78.5%	77.2%	Down (Red)	✓		More detail
4 The number of long-term admissions to residential or nursing care per 100,000 over 65s	GREEN	650 (EoY 560)	628.7 (Q2)	611.5 (Q3)	Down (Green)			More detail

2. Personalised Support

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark	
5 Social work client satisfaction - postcard questionnaire.	GREEN	70%	97% (Q3)	93% (Q4)	Down (Red)			More detail
6 Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	GREEN	85%	93%	97%	Up (Green)	✓		More detail
7 Uptake of Direct Payments	GREEN	30.8% (EoY 35%)	30.5%	31.1%	Up (Green)	✓	✓	More detail
8 The percentage of people who receive Adult Social Care in their own home	GREEN	DoT Only	68.8%	68.8%	Static (Amber)		✓	More detail
9 The number of people who have Shared Lives	RED	140 (EoY 140)	76	75	Down (Red)			More detail

Cabinet Scorecard - May 2019

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

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

Please note that due to changes in the cabinet reporting timescale, this report is for the month before the quarter. As a result, some quarterly measures have not been updated since our last submission to the committee.

3. Prevention and Early Help

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
10 Number of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	10	10	Static (Amber)		More detail
11 Percentage of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	9.7%	9.3%	Down (Red)		✓ More detail

4. Community Assets

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
12 The percentage of service users aged 18-64 with learning disabilities in employment	RED	2% (EoY 2%)	1.36%	1.37%	Up (Green)		✓ More detail
13 The percentage of adults in contact with secondary mental health services in employment	RED	DoT Only	4.3% (2016/17*)	4% (2017/18)	Down (Red)		✓ More detail
14 The proportion of people who use services who reported that they had as much social contact as they like	GREEN	DoT Only	37.3% (2016/17)	46.5% (2017/18)	Up (Green)		✓ More detail
15 The proportion of carers who reported that they had as much social contact as they like	N/A	DoT Only	28.3% (2016/17)	(2018/19)			✓ More detail

Theme: Use of Resources

Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

GREEN

Change:

**Down
(Green)** 27.3%

Last Month

9.72

This Month

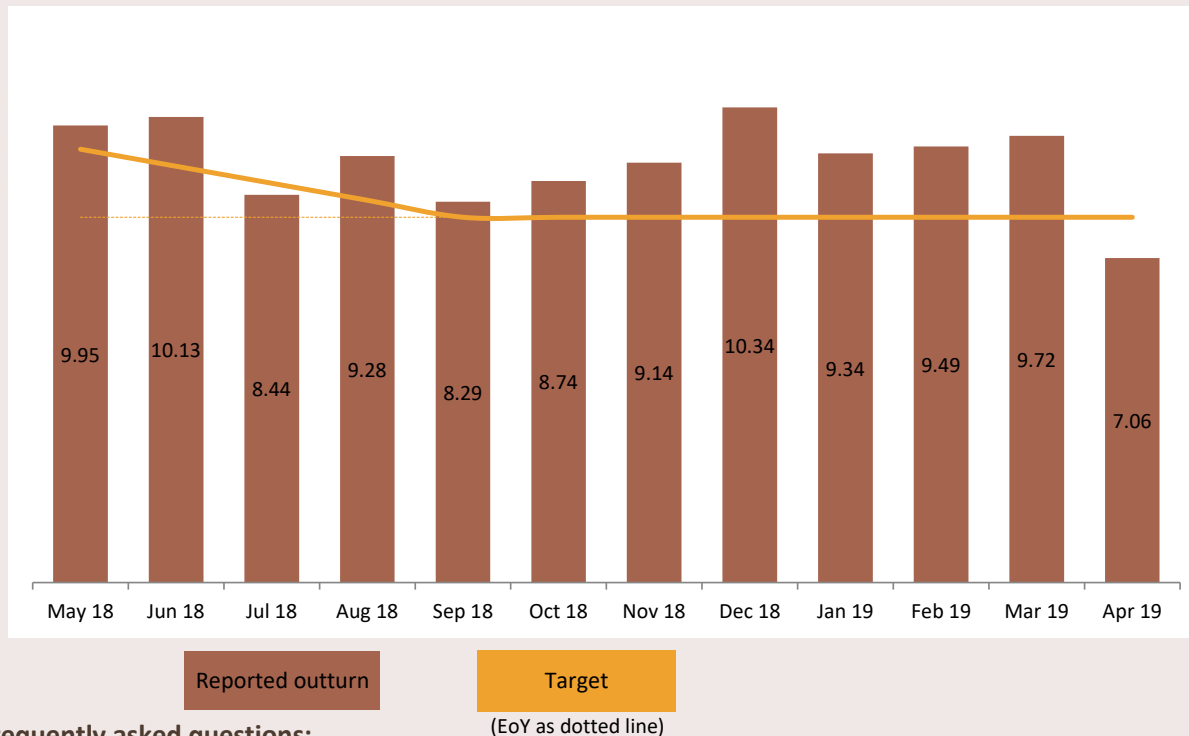
7.06

Target

7.95
(EoY 7.95)

Source:

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



Frequently asked questions:

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

Commentary:

We are pleased to note that there has been a significant improvement in the number of our delayed transfers of care. April's figure represents our best month since November 2015. We have achieved this despite an unusually high number of referrals in to two of our hospital teams (Heartlands and the Queen Elizabeth- QE), and a high number of safeguarding referrals to the QE hospital team.

A variety of things have contributed towards our improvement this month. Social work staff in the hospital teams have been making use of a discharge tracker that has helped ensure that they are aware of any upcoming delays. Our Home First principle, which is aimed at discharging people home whenever possible, has helped us to reduce the number of referrals to short-term care home beds, with an associated reduction in delays. Our new 3-times-weekly conference call, chaired by an assistant director, has helped our management team to take more control over severe delays.

The Early Intervention programme pilot that we have been operating for patients in the QE hospital who live in Edgbaston, has proved successful, and has increased the proportion of people being discharged straight home. We are now going to expand the pilot for all eligible patients at the hospital.

Our management team continues to look at new and different ways of approaching hospital discharges, and ways of sharing successful ideas between the teams.

Measure Owner:
Pauline Mugridge

Responsible Officer:
Natalie McFall

[< Previous: MH Employment quartiles](#)

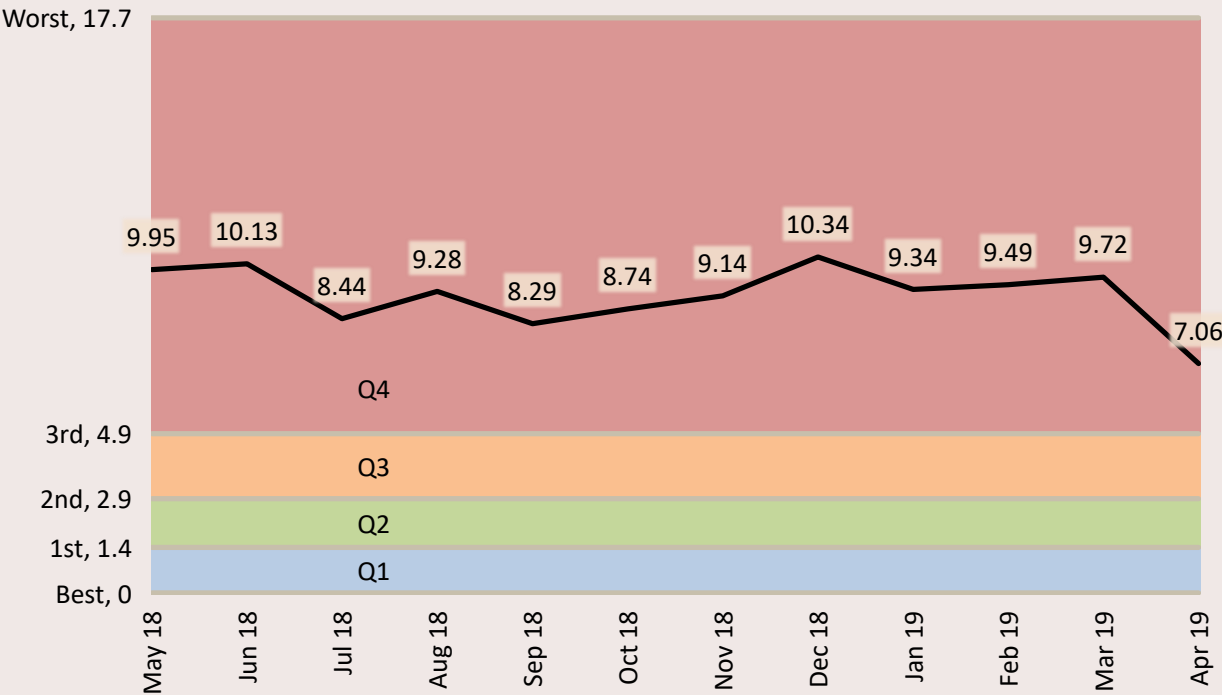
[Return to Scorecard](#)

[Next: DToC Total quartiles >](#)

Theme: Use of Resources

Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

Performance against national quartiles



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

Quartile	Score	Difference		Beds/day Difference
		Figure	%	
Worst	17.70	10.64	151%	89
Birmingham	7.06			
3rd	4.90	-2.16	-31%	-18
2nd	2.90	-4.16	-59%	-35
1st	1.40	-5.66	-80%	-47
Best	0.00	-7.06	-100%	-59

Current Quartile	4th
Distance to next quartile	18 Beds/day
Distance to top quartile	47 Beds/day

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

[< Previous: DTOC Total](#)

[Return to Scorecard](#)

[Next: Good provider all >](#)

Theme: Use of Resources

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

AMBER

Change:
Up
(Green) 7 pp

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

Source:
Carefirst service agreements and commissioning provider assessment data



Commentary:

Q1 data due in the next Scrutiny scorecard due to change in cabinet reporting timetable

Measure Owner: Alison Malik
Responsible Officer:

Frequently asked questions:

Theme: Use of Resources

Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:

Down
(Red) 1.3 pp

Last Month

78.5%

This Month

77.2%

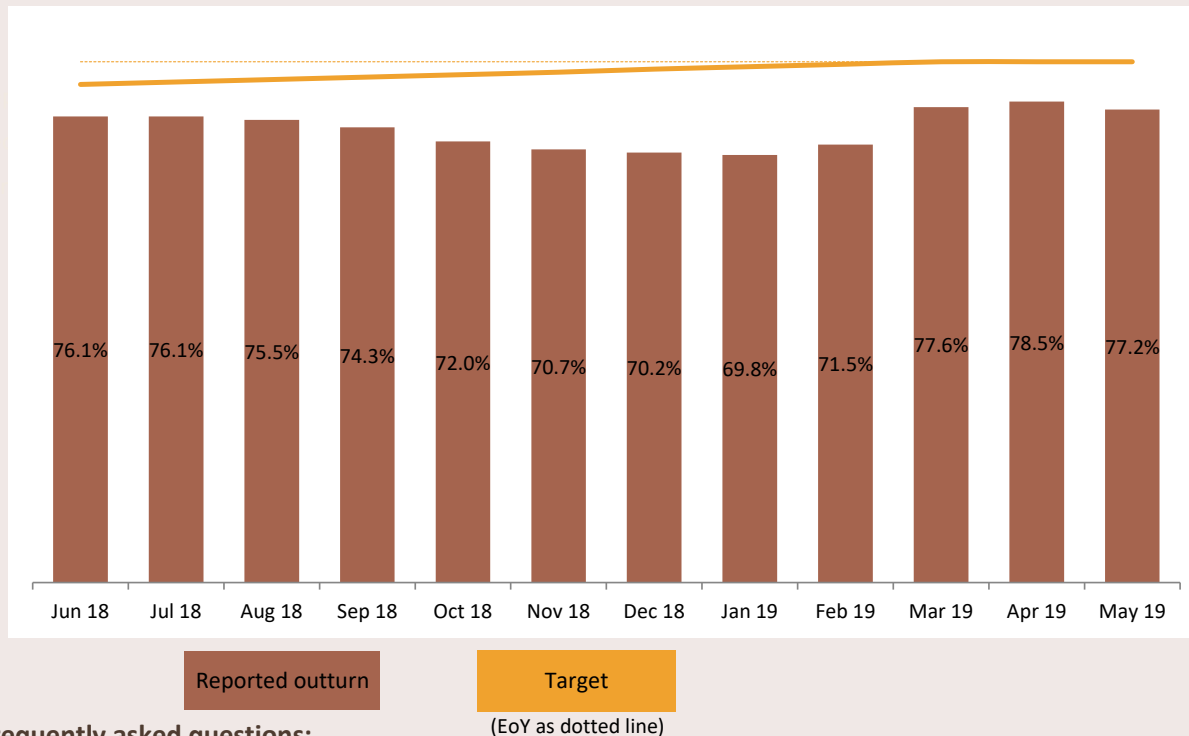
Target

85%

(EoY 85%)

Source:

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



Frequently asked questions:

Commentary:

Following three months of improvements, our performance has dropped back slightly. This is due to a number of circumstances, but our senior management remains confident that our performance is on track for the year. We will continue to monitor the situation in case our performance deteriorates further. As part of our work to develop a sustainable way of completing social care reviews, our Principal Social Worker will lead a working group to design a new broader definition of a review for Birmingham; identify opportunities for reviews to take place that are currently being missed; develop a clear package of support and guidance on reviews for social work staff and anyone else who carries them out; and a list of recommendations for implementing them. We have agreed the terms of reference for the group, and we expect that by December, it will have identified new opportunities for reviewing service users' support. In the meantime, we are continuing to monitor the performance of individual teams and the whole service weekly. Group Managers are involved in this, and are helping communicate issues both upwards and downwards through the management structure, so that they are addressed quickly.

Measure Owner:
Linda Harper

Responsible Officer:
Grace Natoli

[< Previous: Good provider all](#)

[Return to Scorecard](#)

[Next: Long term admissions >](#)

Theme: Use of Resources

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

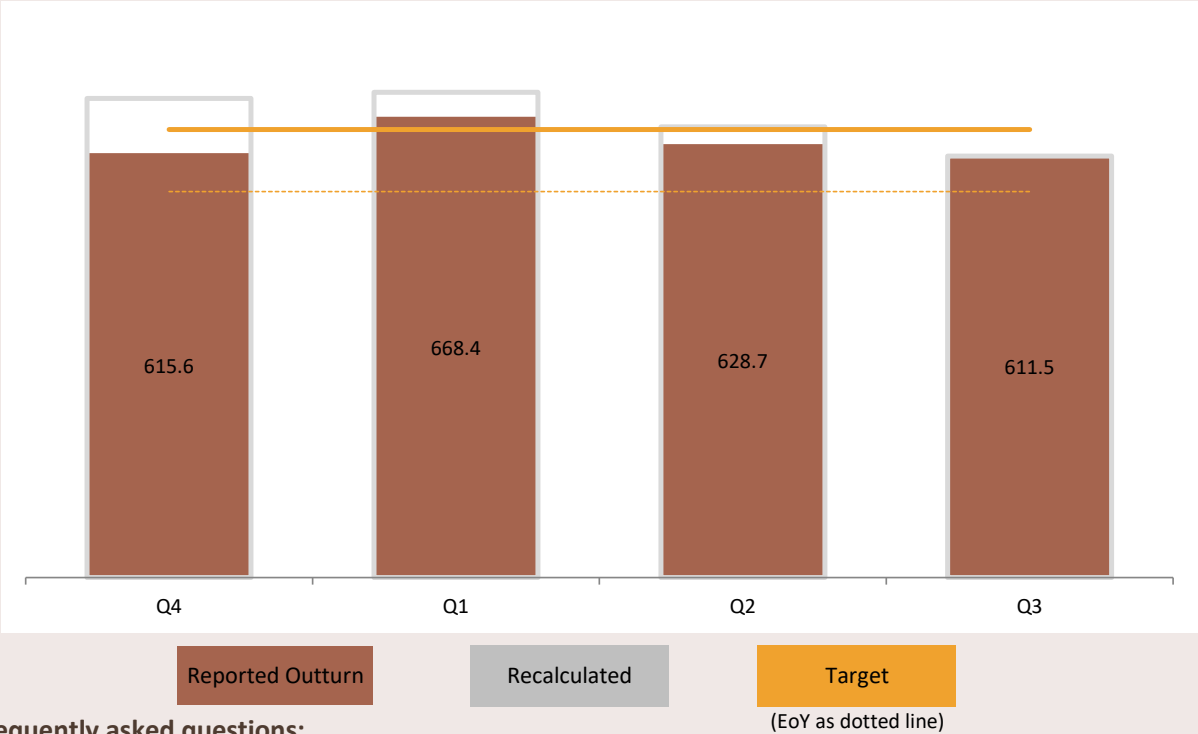
GREEN

Change:

Down
(Green) 2.7%

Prev. Quarter	Latest Quarter	Target
628.7	611.5	650
Recalculated: 0		(EoY 560)

Source:
Carefirst



Commentary:

Q4 data due in the next Scrutiny scorecard due to change in cabinet reporting timetable.

Measure Owner:
Pauline Mugridge

Responsible Officer:
Pauline Mugridge

Frequently asked questions:

[< Previous: Reviews](#)

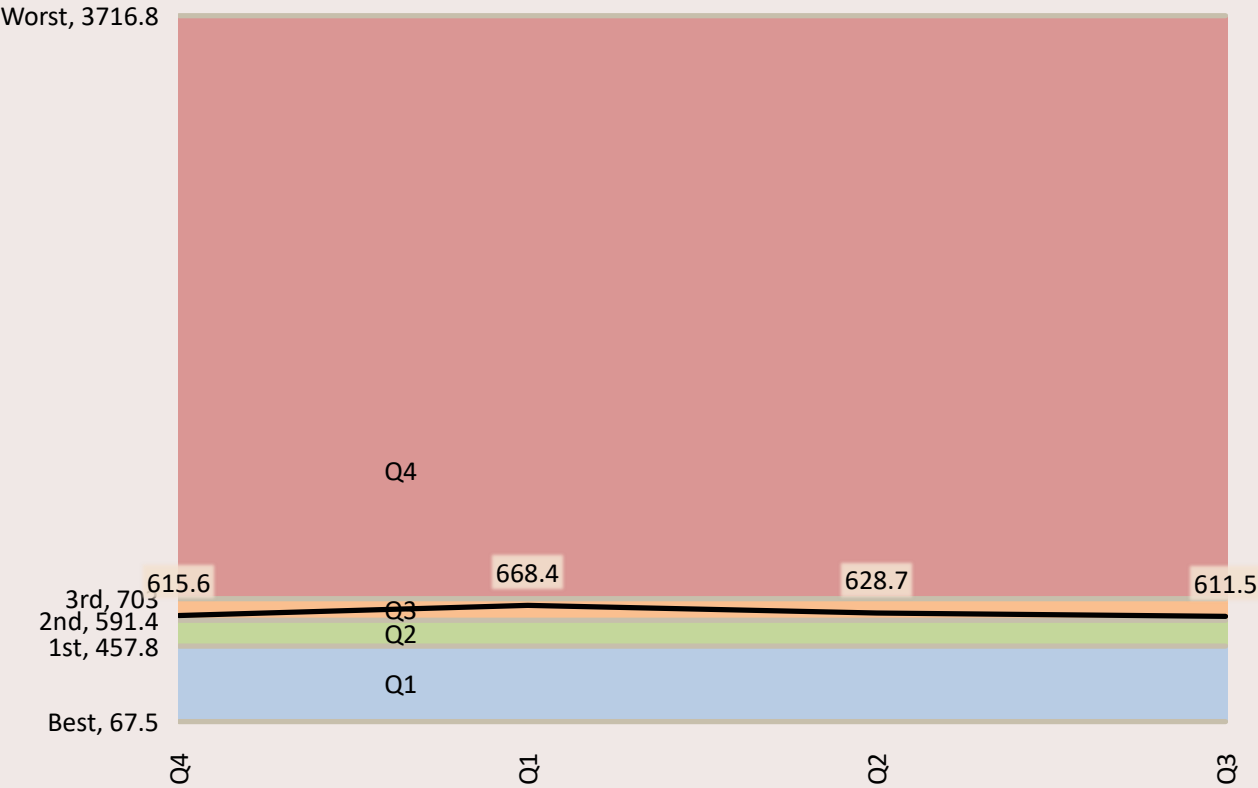
[Return to Scorecard](#)

[Next: Long term admissions quartiles >](#)

Theme: Use of Resources

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

Performance against national quartiles



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

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

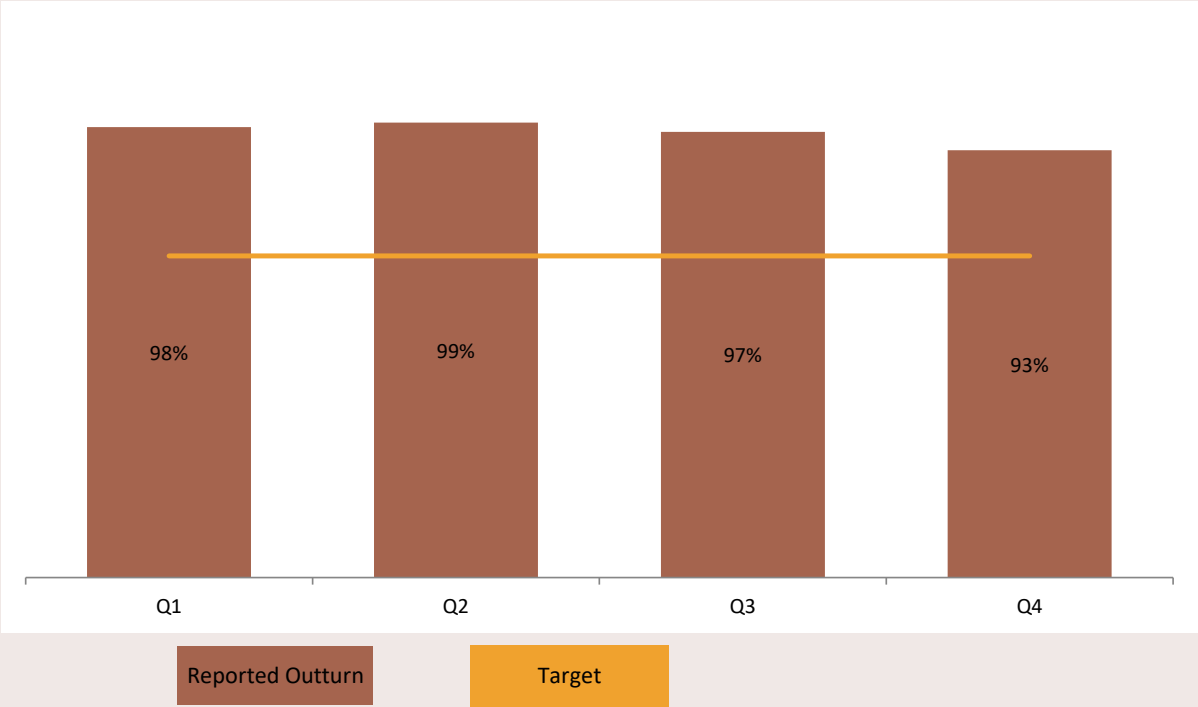
Current Quartile	3rd
Distance to next quartile	29 Admissions
Distance to top quartile	224 Admissions

GREEN

Change:
Down
(Red) 3 pp

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

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



Commentary:
Q1 data due in the next Scrutiny scorecard due to change in cabinet reporting timetable

Measure Owner:
Fiona Mould

Responsible Officer:

Frequently asked questions:

Theme: Personalised Support

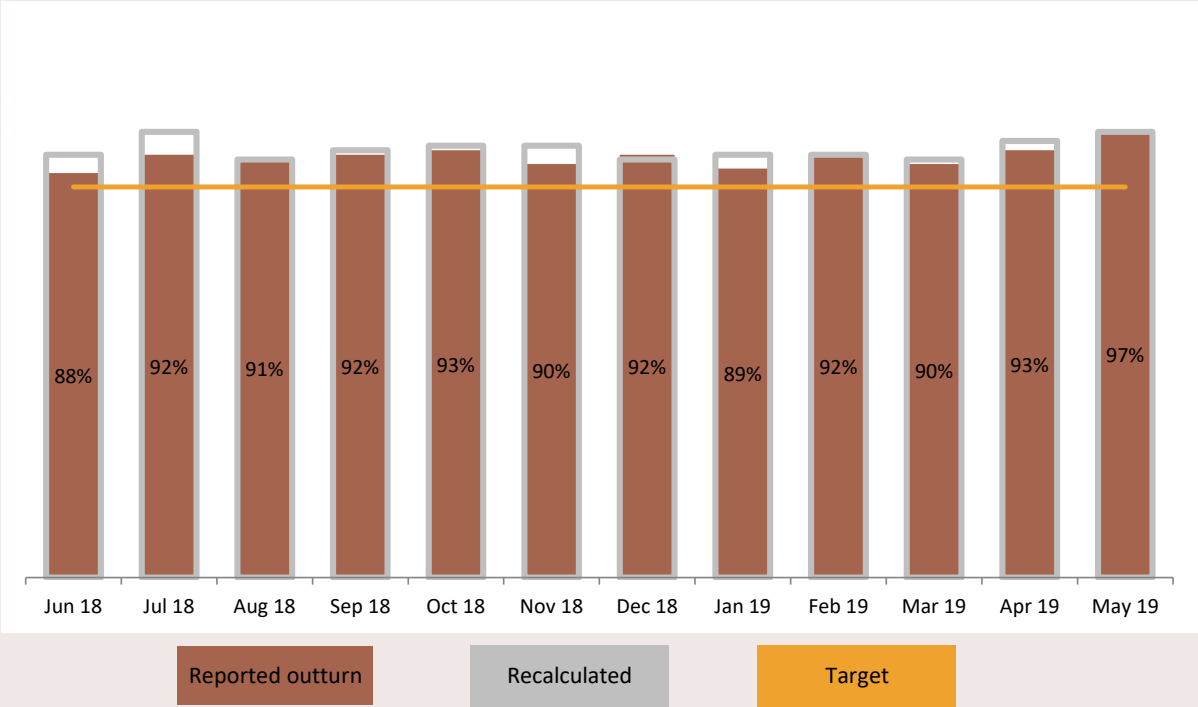
Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were

GREEN

Change:
Up
(Green) 4 pp

Last Month	This Month	Target
93%	97%	85%
Recalculated: 95%		

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



Commentary:

We have consistently met or exceeded the target for this measure and our performance for the last 12 months overall is 93.2%. As we have noted previously, this measure is based on relatively small numbers, so we expect some variation in the result, however the consistently high performance indicates to us that social work staff are making efforts to include vulnerable people in their Safeguarding Enquiries.

Measure Owner: David Gray
Responsible Officer:

Frequently asked questions:

GREEN

Change:

Up
(Green) 0.7 pp

Last Month

30.5%

Recalculated:
30.7%

This Month

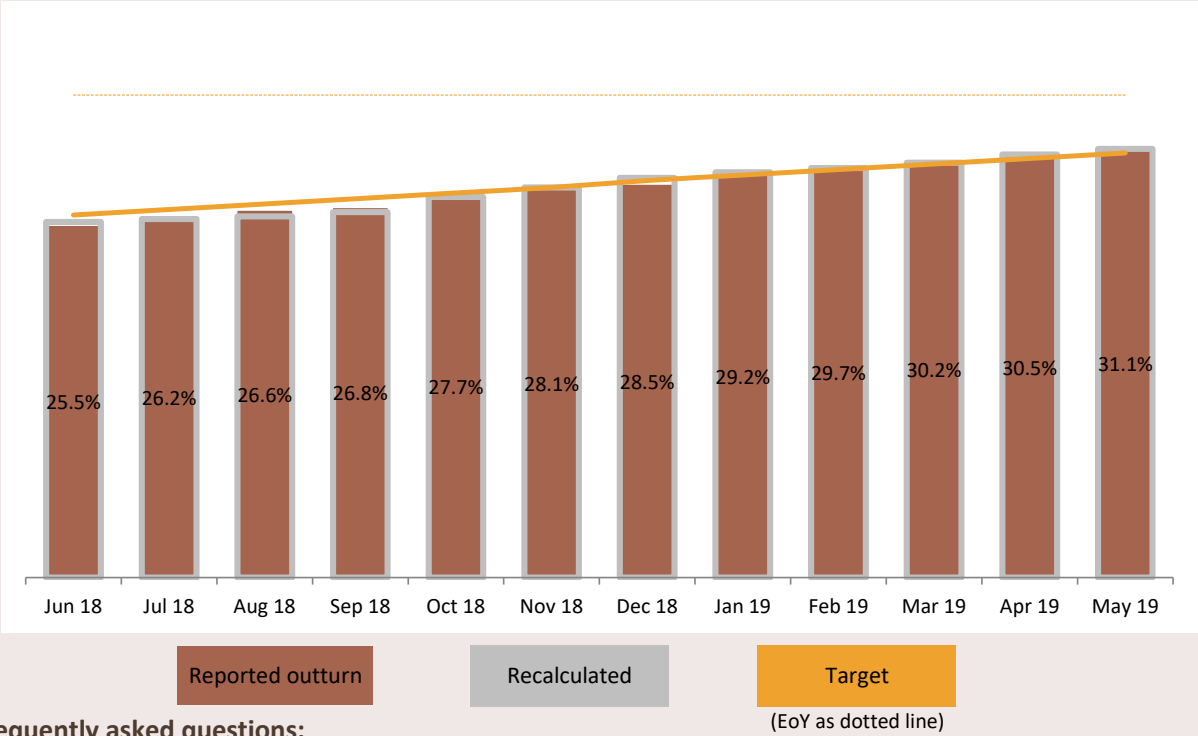
31.1%

Target

30.8%

(EoY 35%)

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



Commentary:

We have continued to increase the proportion of eligible people who are receiving a Direct Payment, and have now done this consistently month-on-month since December 2017.

We intend to build on this improvement over the course of this year across all our teams, but specifically focussing on understanding the variations between teams and sharing good practice.

Measure Owner:
Pauline Mugridge

Responsible Officer:
Julia Parfitt

Frequently asked questions:

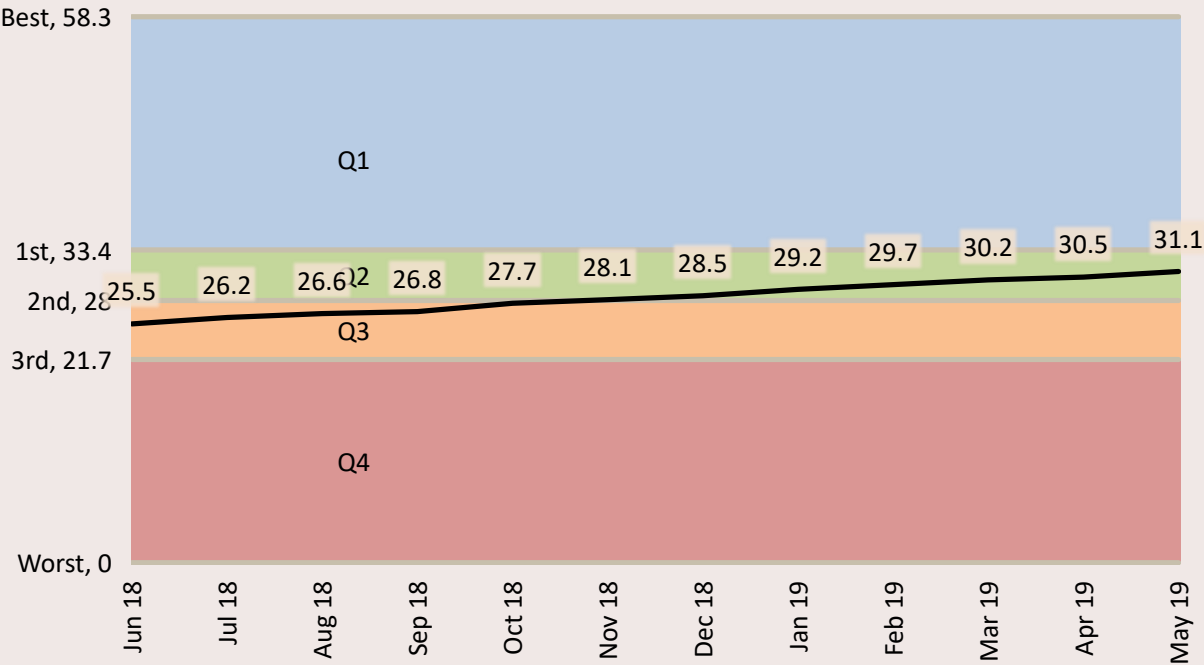
[< Previous: Safeguarding MSP](#)

[Return to Scorecard](#)

[Next: Direct payments quartiles >](#)

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

Performance against national quartiles



Quartile	Score	Difference		Packages Difference
		Figure	%	
Worst	0.0%	-31.1	-100%	-2567
3rd	21.7%	-9.4	-30%	-776
2nd	28.0%	-3.1	-10%	-256
Birmingham	31.1%			
1st	33.4%	2.3	7%	190
Best	58.3%	27.2	87%	2245

Current Quartile	2nd
Distance to next quartile	190 Packages
Distance to top quartile	190 Packages

Theme: Personalised Support

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

GREEN

Change:

Static
(Amber) 0.1 pp

Last Month

68.8%

Recalculated:
68.6%

This Month

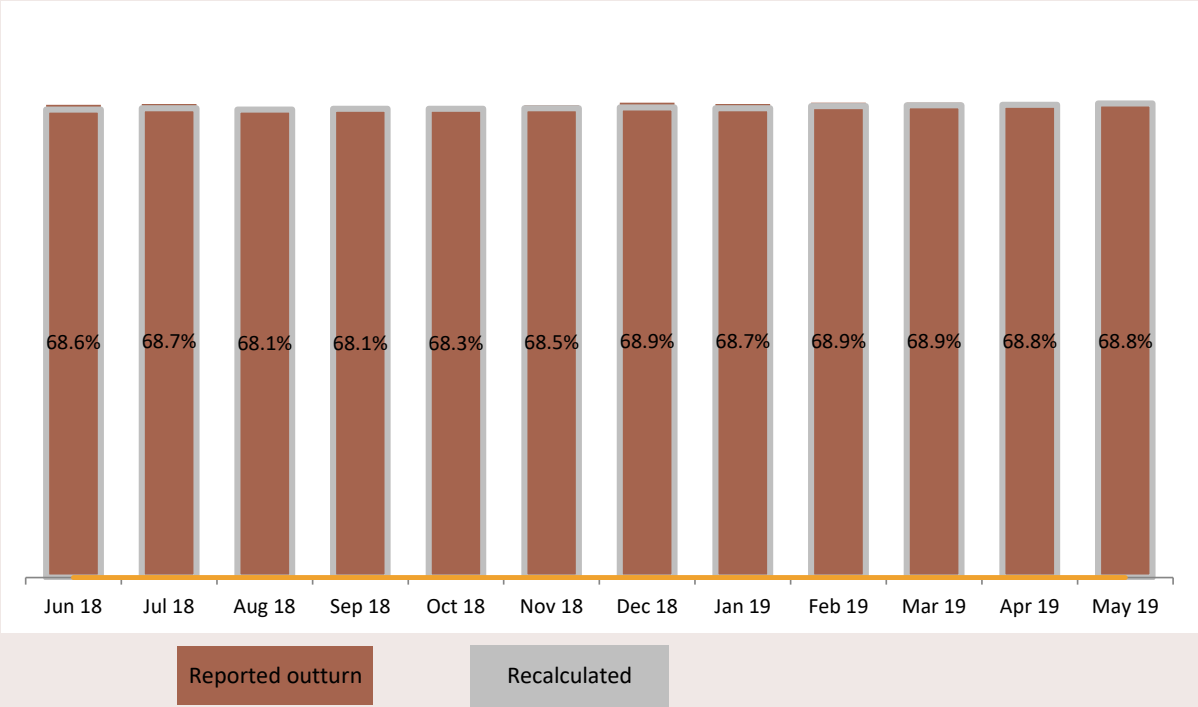
68.8%

Preferred

Travel:

Upwards

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



Commentary:

The proportion of people receiving care in their own home has remained stable since last month, but has increased slightly over the last year. Our intention is to help people to remain living in their communities for as long as possible, so long as it meets their care needs and does not place them at risk. We have a variety of policies and initiatives in place to support this aim. These include our Home First policy, which aims to prevent discharging people from hospital into a care home wherever we can avoid it. As part of Home First we are running a pilot of an intensive home care service to assist people to return home when previously they would have needed to move to a nursing home. Our Occupational Therapists actively support our Social Workers to use equipment and assistive technology effectively so that people can remain in their homes for longer. We have adopted a new model for social work across a large part of our service, the Three Conversations model, and we are in the process of rolling it out to the remaining teams. As part of the Three Conversation model, we focus on reconnecting people with their local communities as a source of support, and this should prevent, or at least delay, them needing to

Measure Owner:
Pauline Mugridge

Responsible Officer:
Gian Saini

Frequently asked questions:

[< Previous: Direct payments quartiles](#)

[Return to Scorecard](#)

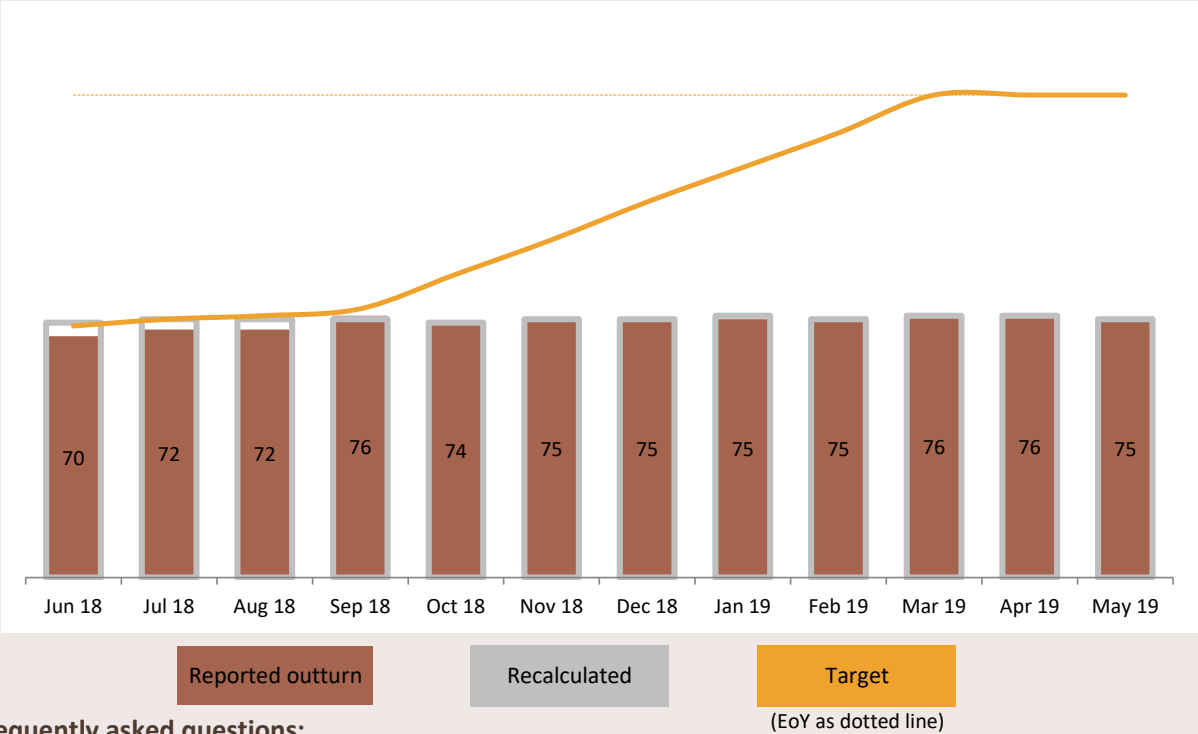
[Next: Shared lives uptake >](#)

RED

Change:
Down
(Red) 1.3%

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

Source:
Carefirst service agreements



Commentary:

The Shared Lives Team has strengthened its approach to Performance Management, and individual team members are now aligned to constituencies to improve their links with the social workers within our communities. In spite of this, there has been a slight drop in the number of people receiving a Shared Lives service this month.

In May, Shared Lives received four new applications from members of the public to become Shared Lives carers, and two previous applications passed the recruitment panel successfully. They also received referrals for nine new service users in the month, and secured two new long-term placements, and one for respite.

For Shared Lives week (17th – 21st June) the team is organising a number of events aimed at bringing existing and prospective carers together. They also have a similar event planned for the citizens’ forum during the week of 10th June.

The team is implementing an incentive scheme that Shared Lives Plus uses successfully around the country. We have redesigned our offer from Shared Lives Plus so that it focusses on shaping a service in Birmingham that is based on national good practice. We will be presenting a Strategic Report to directorate management in June that will look at this offer and other options for expanding Shared Lives so that it supports Preparation for Adulthood and Mental Health. We will base the report on the outcomes of a successful partnership event that we held in May which involved key stakeholders including people who have lived experience of Shared Lives, such as carers and people currently using the service.

Measure Owner: Linda Harper
Responsible Officer: Sonia Mais-Rose

Frequently asked questions:

Theme: Prevention and Early Help

Number of completed safeguarding enquiries which involved concerns about domestic abuse

GREEN

Change:

Static
(Amber) 0%

Last Month

10

Recalculated:
12

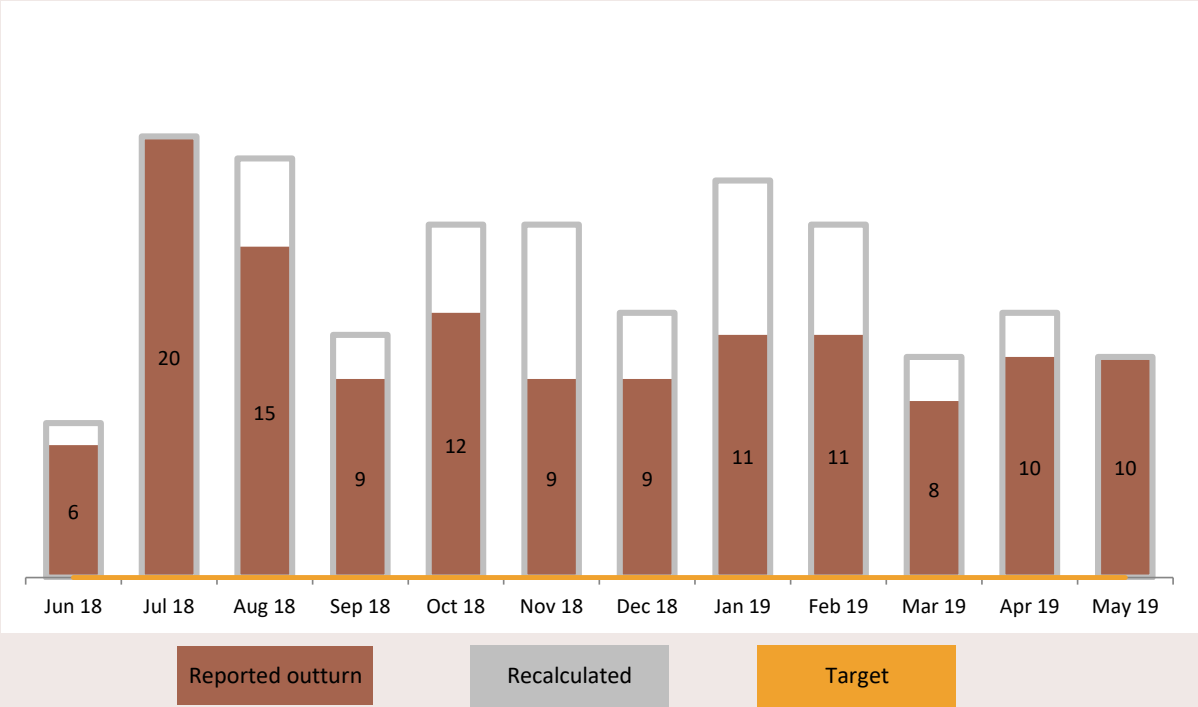
This Month

10

Target

N/A

Source:
Carefirst



Commentary:

107 Safeguarding Enquiries were completed in May, of which 10 involved allegations of domestic abuse - 9.3%
In the last 12 months there have been 167 completed enquiries relating to this. Of these 91% achieved their expressed outcomes, 93% felt that they were involved, 91% felt that they had been listened to, 90% felt we had acted on their wishes, 83% felt safer and 81% felt happier as a result of our intervention.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

[< Previous: Shared lives uptake](#)

[Return to Scorecard](#)

[Next: DV safeguarding proportion >](#)

Theme: Prevention and Early Help

Percentage of completed safeguarding enquiries which involved concerns about domestic abuse

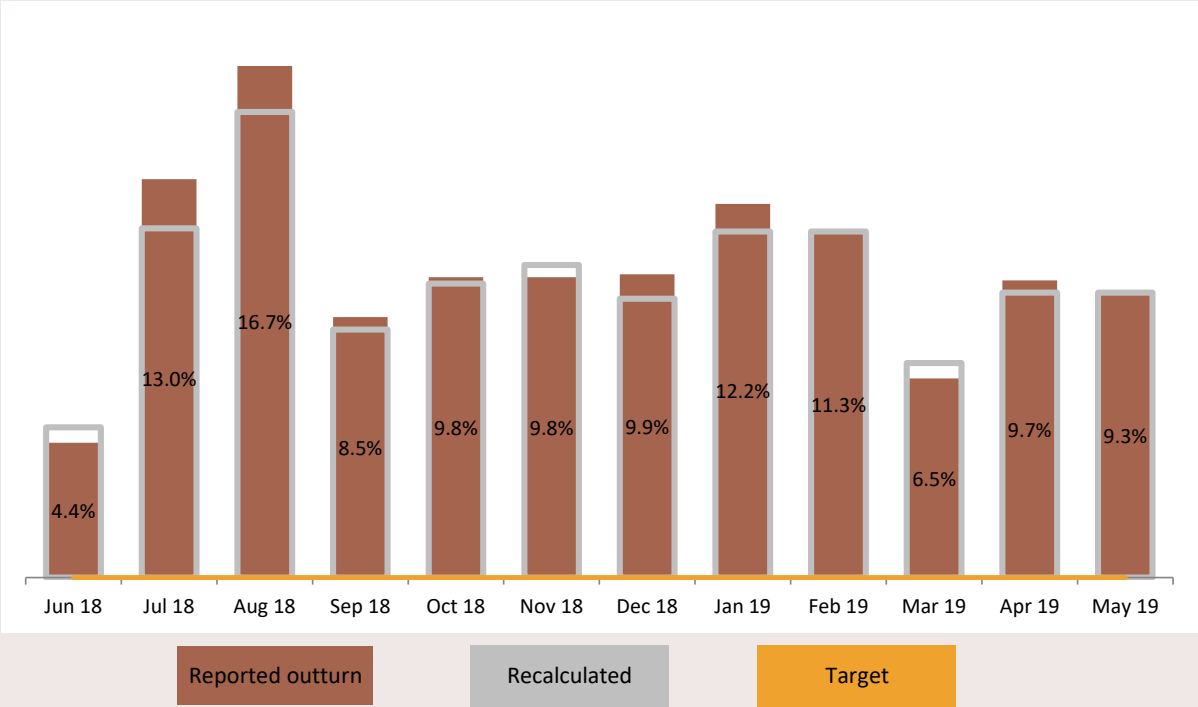
GREEN

Change:

Down
(Red) 0.4 pp

Last Month	This Month	Target
9.7%	9.3%	N/A
Recalculated: 9.3%		

Source:
Carefirst



Commentary:

107 Safeguarding Enquiries were completed in May, of which 10 involved allegations of domestic abuse - 9.3%
In the last 12 months there have been 167 completed enquiries relating to this. Of these 91% achieved their expressed outcomes, 93% felt that they were involved, 91% felt that they had been listened to, 90% felt we had acted on their wishes, 83% felt safer and 81% felt happier as a result of our intervention.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

[< Previous: DV safeguarding count](#)

[Return to Scorecard](#)

[Next: LD Employment >](#)

Theme: Community Assets

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

RED

Change:

Up
(Green) 0 pp

Last Month

1.36%

This Month

1.37%

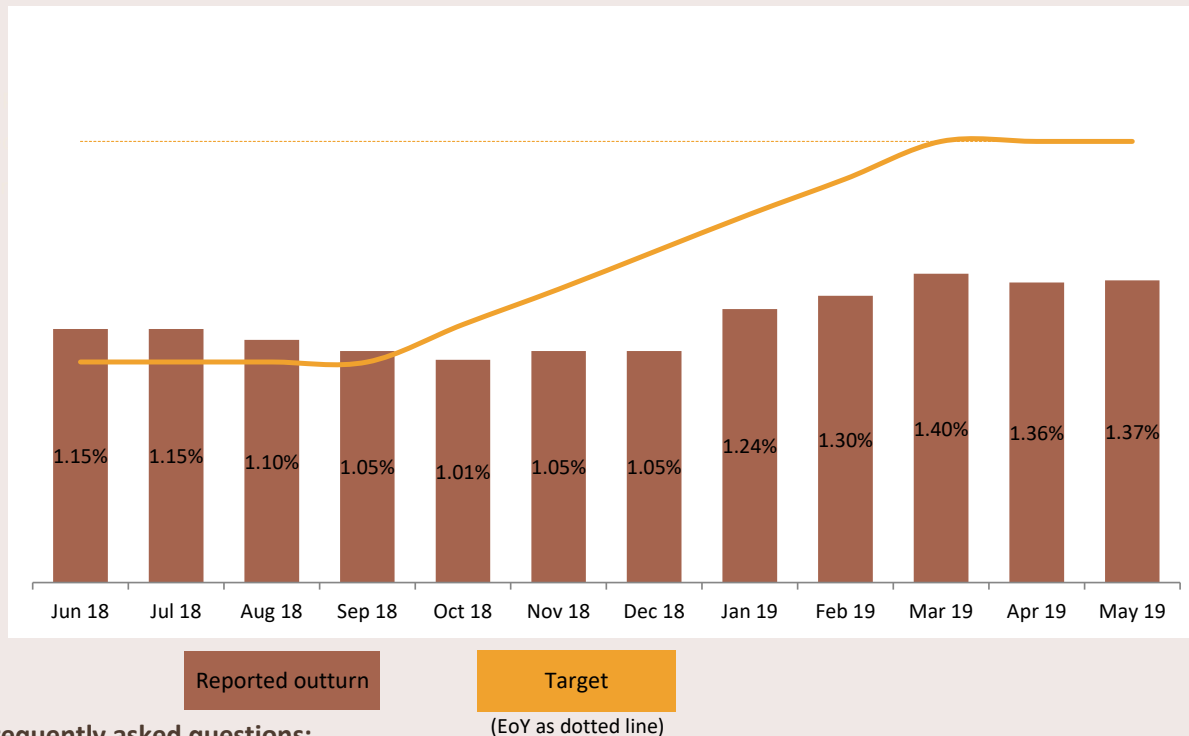
Target

2%

(EoY 2%)

Source:

Carefirst classifications



Commentary:

Our social work staff have worked concertedly to support people with Learning Disabilities into employment and this has resulted in a slight improvement this month.

We are continuing to focus on our action plan in order to drive improvements to our performance. As part of the plan, we are in the process of recruiting a dedicated officer whose sole responsibility will be to accelerate our work around employment for people with Learning Disabilities, both within the council and with our other partners. However, until we have appointed someone to the post, we expect that progress will be limited. We have been working together with the PURE Project (Placing vulnerable Urban Residents into Employment and training) to produce the job description and person specification for the post, and this work is nearly complete. Once they are in place, the new officer will take over the lead of the Readiness and Delivery project, which will be embedded as part of the PURE project.

We have also established a link with the Department of Work and Pensions (DWP) so that we can carry out some targeted work within our constituencies. We will be presenting a report to the council's Corporate Management Team in July that will build on the wider responsibilities and opportunities around supporting adults with a learning disability into employment, particularly in the context of the upcoming Commonwealth Games.

Measure Owner:
Linda Harper

Responsible Officer:
Sonia Mais-Rose

Frequently asked questions:

[< Previous: DV safeguarding proportion](#)

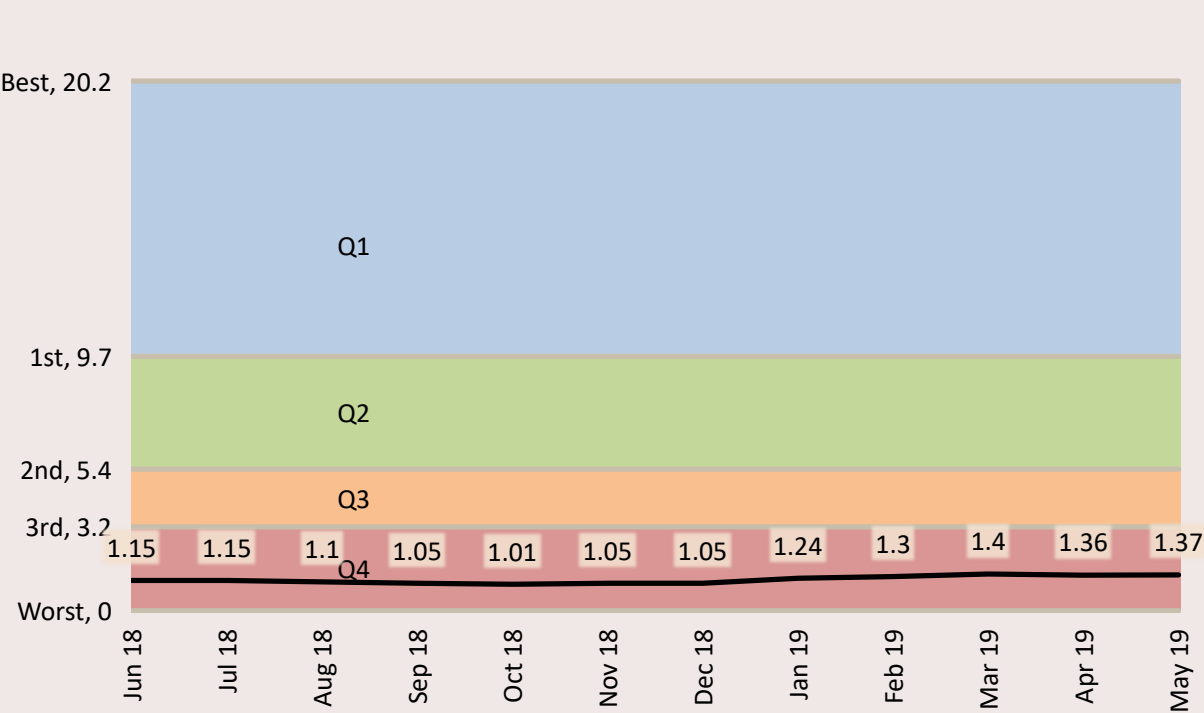
[Return to Scorecard](#)

[Next: LD Employment quartiles >](#)

Theme: Community Assets

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

Performance against national quartiles



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

Quartile	Score	Difference		People Difference
		Figure	%	
Worst	0.00%	-1.37	-100%	-28
Birmingham	1.37%			
3rd	3.20%	1.83	134%	38
2nd	5.40%	4.03	295%	83
1st	9.70%	8.33	610%	171
Best	20.20%	18.83	1378%	387

Current Quartile	4th
Distance to next quartile	38 People
Distance to top quartile	171 People

Theme: Community Assets

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

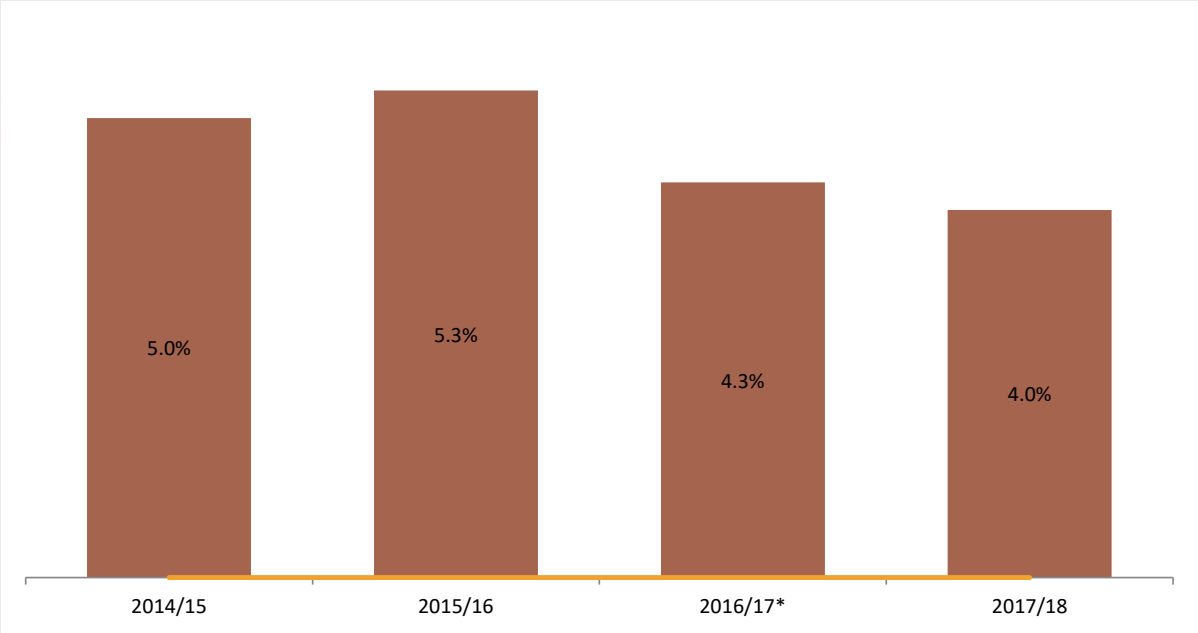
RED

Change:

Down
(Red) 0.3 pp

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

Source:
NHS Digital



Reported Outturn

Commentary:

2018/19 data due around November

Measure Owner: Linda Harper
Responsible Officer: Linda Harper

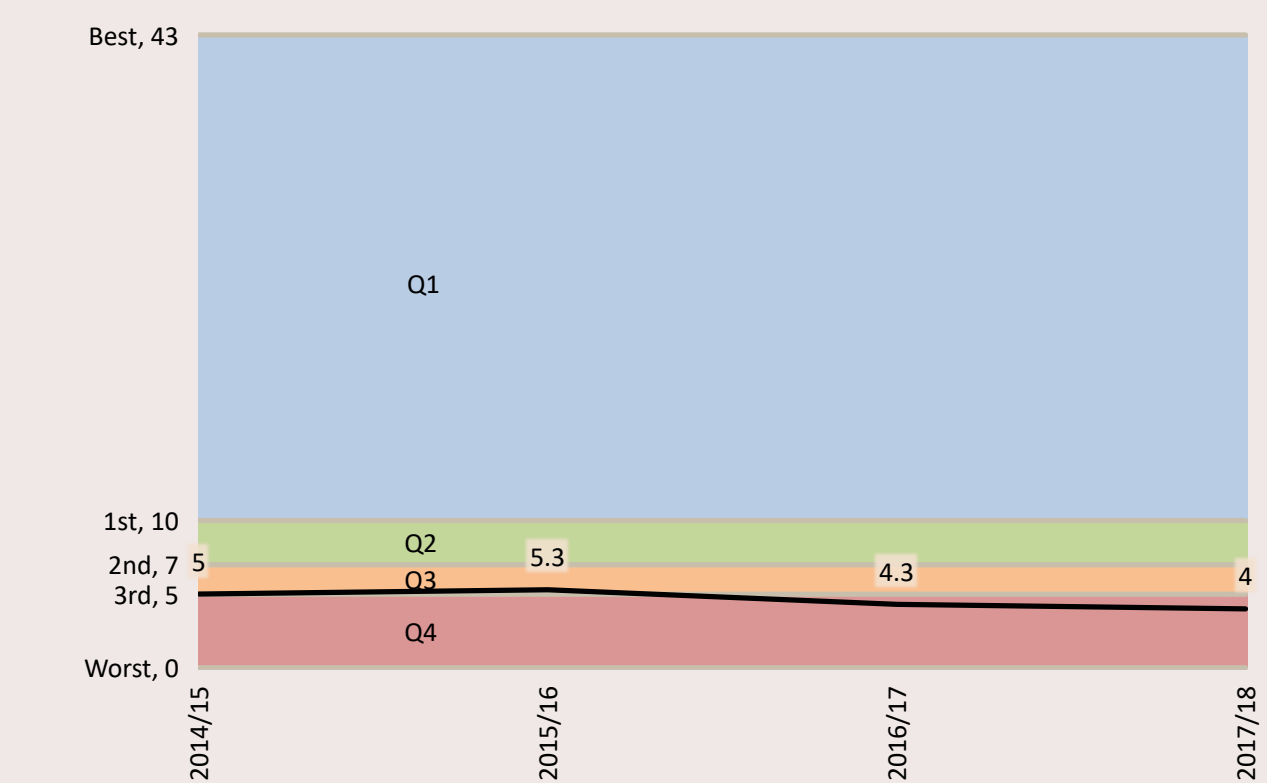
Frequently asked questions:

This is issued annually as part of the Ascof set of measures.
*Please note that due to national data quality issues, NHS Digital did not release this as an official Ascof measure for this year, and this figure should be viewed as a guide only.

Benchmarking data is taken from 2017/18 Ascof

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

Performance against national quartiles



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

*This is external data, and no numerator or denominator were given, so it is not possible to calculate the difference in terms of individuals in employment.

Quartile	Score	Difference		People* Difference
		Figure	%	
Worst	0.0%	-4.0	-100%	
Birmingham	4.0%			
3rd	5.0%	1.0	25%	
2nd	7.0%	3.0	75%	
1st	10.0%	6.0	150%	
Best	43.0%	39.0	975%	

Current Quartile	4th
Distance to next quartile	
Distance to top quartile	

Theme: Community Assets

The proportion of people who use services who reported that they had as much social contact as they like

GREEN

Change:

Up
(Green) 9.2 pp

Prev. Quarter

37.3%

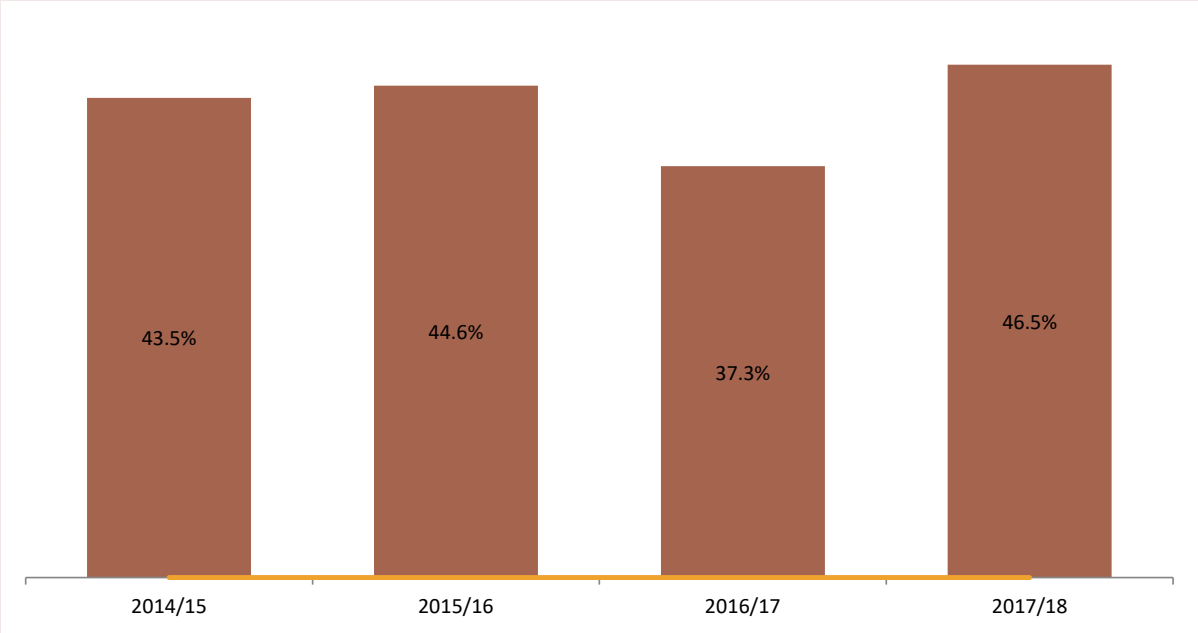
Latest Quarter

46.5%

Preferred

Travel:
Upwards

Source:
NHS Digital



Reported Outturn

Commentary:

2018/19 data due around November

Measure Owner:

Responsible Officer:

Frequently asked questions:

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

[< Previous: MH Employment quartiles](#)

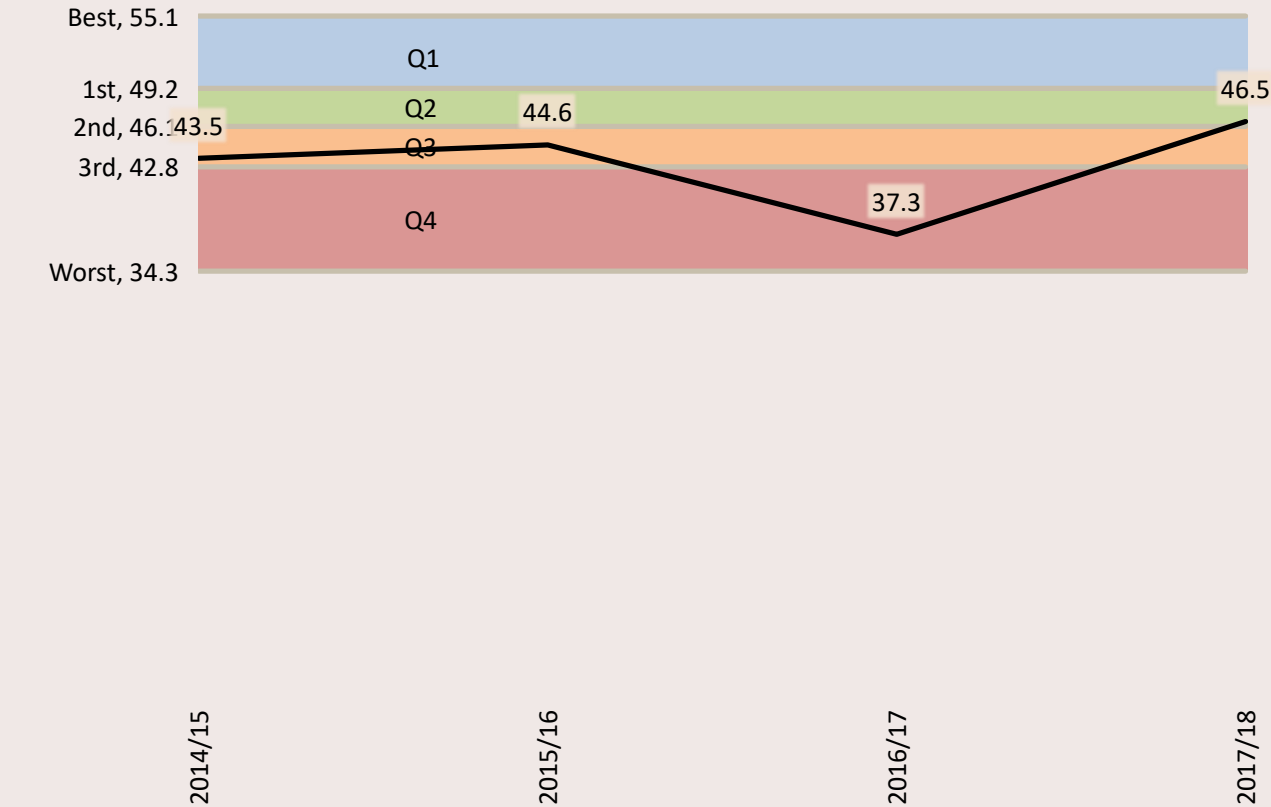
[Return to Scorecard](#)

[Next: Client social contact quartiles >](#)

Theme: Community Assets

The proportion of people who use services who reported that they had as much social contact as they like

Performance against national quartiles



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

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

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

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

Theme: Community Assets

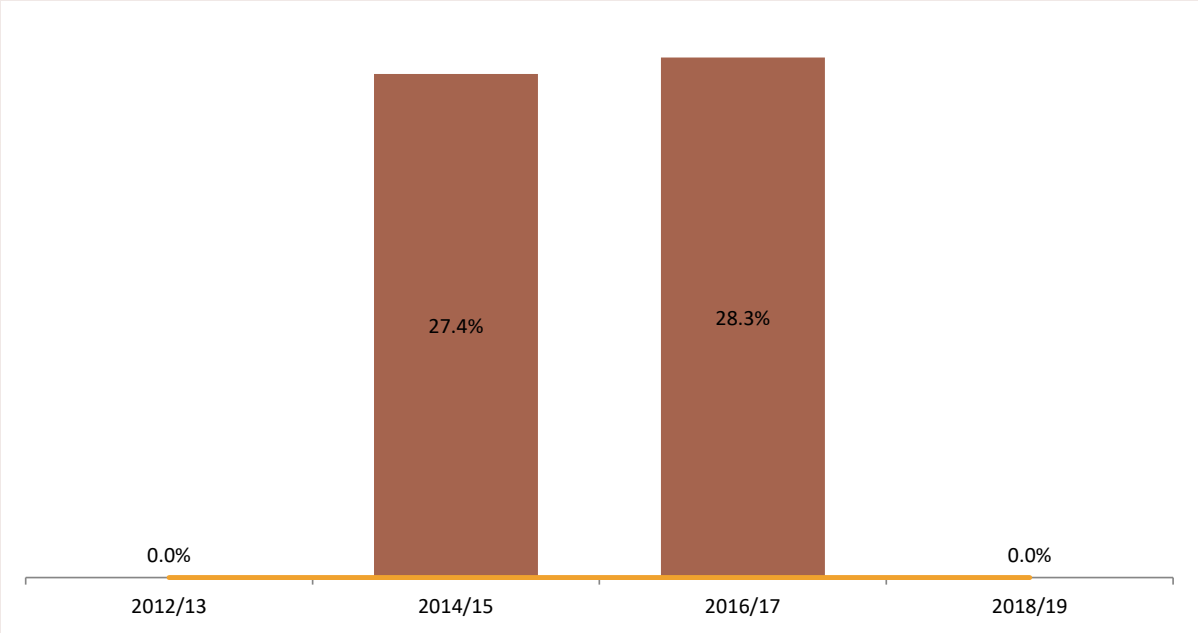
The proportion of carers who reported that they had as much social contact as they like

N/A

Change:

Prev. Quarter	Latest Quarter	Preferred
28.3%		Travel: Upwards

Source:
NHS Digital



Reported Outturn

Commentary:

2018/19 data due around November

Measure Owner:
Pauline Mugridge

Responsible Officer:
Fiona Mould / Austin Rodriguez

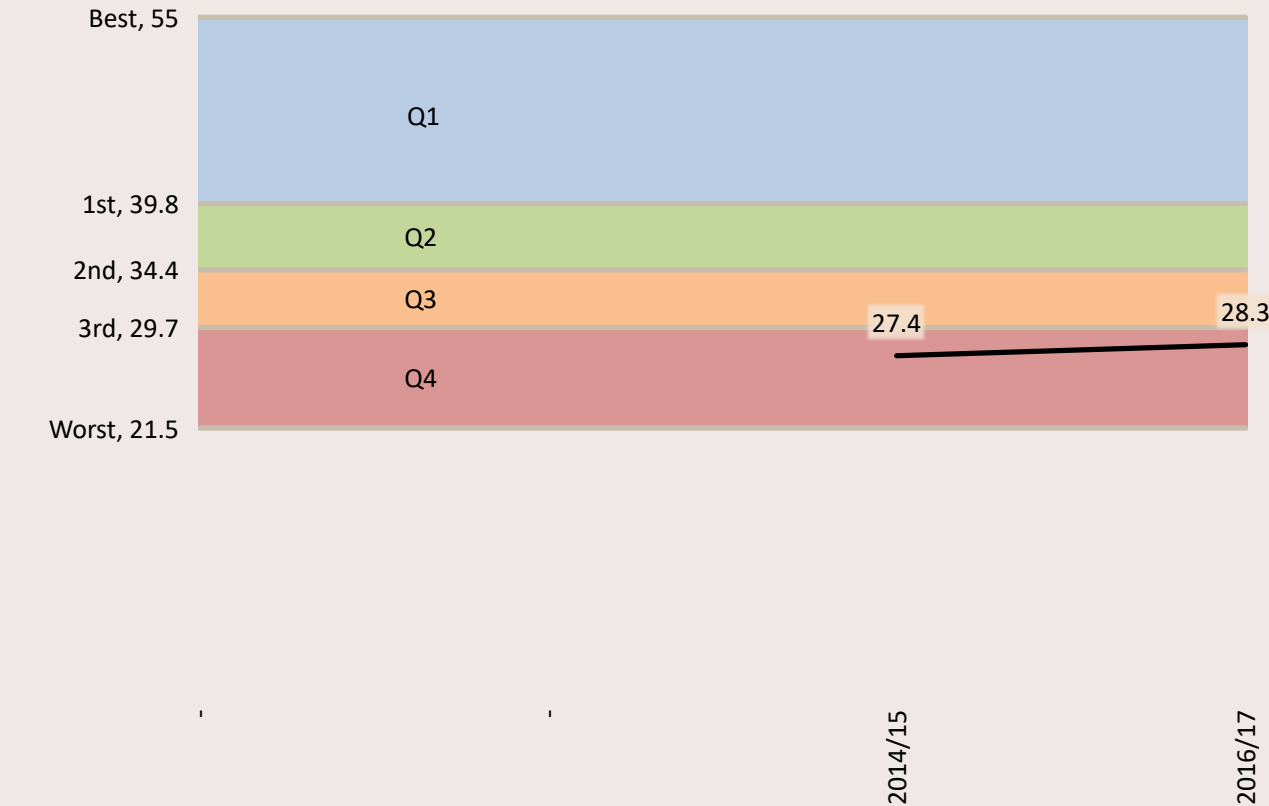
Frequently asked questions:

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

Theme: Community Assets

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

Performance against national quartiles



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

Bencharking data is taken from 2016/17 Ascof

This bencharking is against historical results- current performance by other local authorities may differ from this.

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

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

Delayed Transfers of Care

(see also pages 3 and 4)

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

Target: 7.95 **M2 performance:** 7.06 **GREEN** (April data due to release schedule)

What happened:

- We saw a significant improvement in the number of delayed transfers of care
- April's figure exceeds the target and is our best performance since November 2015

What were the challenges:

- Social Work staff have been using a discharge tracker that ensures they are aware of upcoming delays
- "Home First" principle has reduced referrals to short-term care beds, which has reduced delays
- The 3-times-weekly conference call has helped our management team take more control over severe delays

What we are doing:

- The successful early intervention pilot at the QE which covered patients from Edgbaston will be extended to all patients.
- Our management team continues to look at new ways of approaching hospital discharges, and sharing successful ideas between teams.

Clients reviewed in the last 12 months

(see also page 5)

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

Target: 85.0% **M2 performance:** 77.2% **RED**

What happened:

- Performance has dropped slightly after three months of improvement
- Senior management remains confident that our performance is on track for the year

What we are doing:

- We are continuing to monitor the performance of individual teams and the whole service on a weekly basis.
- Our principal social worker will lead a working group to:
 - design a new broader definition of a review for Birmingham;
 - identify opportunities for reviews that are currently being missed;
 - develop a clear package of support and guidance on reviews; and
 - provide a list of recommendations on how to implement this.

Direct Payments (see also pages 6 and 7)

The proportion of eligible clients in receipt of a Direct Payment

Target: 30.8% M2 performance: 31.1% **Green**

What happened:

We have achieved our target, and have improved consistently month-on-month since December 2017

What we are doing:

We intend to build on this improvement over the course of this year across all our teams, but specifically focussing on understanding the variations between teams and sharing good practice.

Shared Lives (see also page 8)

The number of people who have shared lives

Target: 140 M2 performance: 75 **RED**

What happened:

The number of people living in a Shared Lives arrangement has dropped slightly

What we are doing:

- The team has strengthened our approach to performance management, and aligned team members with constituencies to improve links with social workers
- A number of events aimed at bringing existing and prospective carers together are being organised for Shared Lives week.
- The team is implementing an incentive scheme that is used by Shared Lives Plus around the country
- The offer from Shared Lives Plus has been redesigned so that it is based on national good practice
- Based on a successful partnership event in May, we will be presenting a report to directorate management in June that will look at options for expanding Shared Lives.

People with Learning Disabilities in employment (see also pages 9 and 10)

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

Target: 2.00% M2 performance: 1.37% **RED**

What happened:

Our social work staff have worked concertedly to support people with Learning Disabilities into employment and this has resulted in a slight improvement this month.

What we are doing:

- We are continuing to focus on our action plan in order to drive improvements to our performance.
- We are in the process of recruiting a dedicated officer whose sole responsibility will be to accelerate our work around employment for people with Learning Disabilities
 - We have been working with the PURE Project to produce the job description and person specification
 - The new officer will take over the lead of the Readiness and Delivery project
 - Until we have appointed someone to the post, we expect progress to be limited
- We have established a link with the Department of Work and Pensions (DWP) so that we can carry out some targeted work within our constituencies.
- We will be presenting a report to the council's Corporate Management Team in July that will build on the wider responsibilities and opportunities around supporting adults with a learning disability into employment

Theme: Use of Resources

Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

GREEN

Change:

**Down
(Green)** 27.3%

Last Month

9.72

This Month

7.06

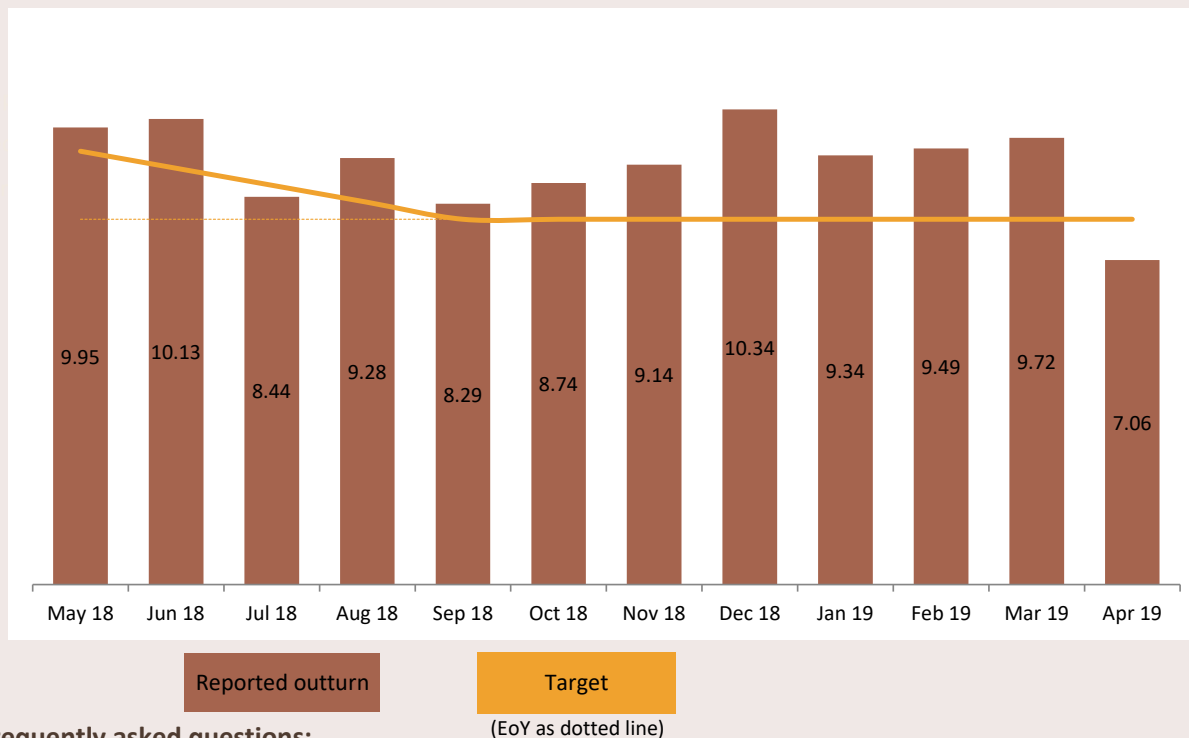
Target

7.95

(EoY 7.95)

Source:

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



Frequently asked questions:

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

Commentary:

We are pleased to note that there has been a significant improvement in the number of our delayed transfers of care. April's figure represents our best month since November 2015. We have achieved this despite an unusually high number of referrals in to two of our hospital teams (Heartlands and the Queen Elizabeth- QE), and a high number of safeguarding referrals to the QE hospital team.

A variety of things have contributed towards our improvement this month. Social work staff in the hospital teams have been making use of a discharge tracker that has helped ensure that they are aware of any upcoming delays. Our Home First principle, which is aimed at discharging people home whenever possible, has helped us to reduce the number of referrals to short-term care home beds, with an associated reduction in delays. Our new 3-times-weekly conference call, chaired by an assistant director, has helped our management team to take more control over severe delays.

The Early Intervention programme pilot that we have been operating for patients in the QE hospital who live in Edgbaston, has proved successful, and has increased the proportion of people being discharged straight home. We are now going to expand the pilot for all eligible patients at the hospital.

Our management team continues to look at new and different ways of approaching hospital discharges, and ways of sharing successful ideas between the teams.

Measure Owner:
Pauline Mugridge

Responsible Officer:
Natalie McFall

[< Previous: MH Employment quartiles](#)

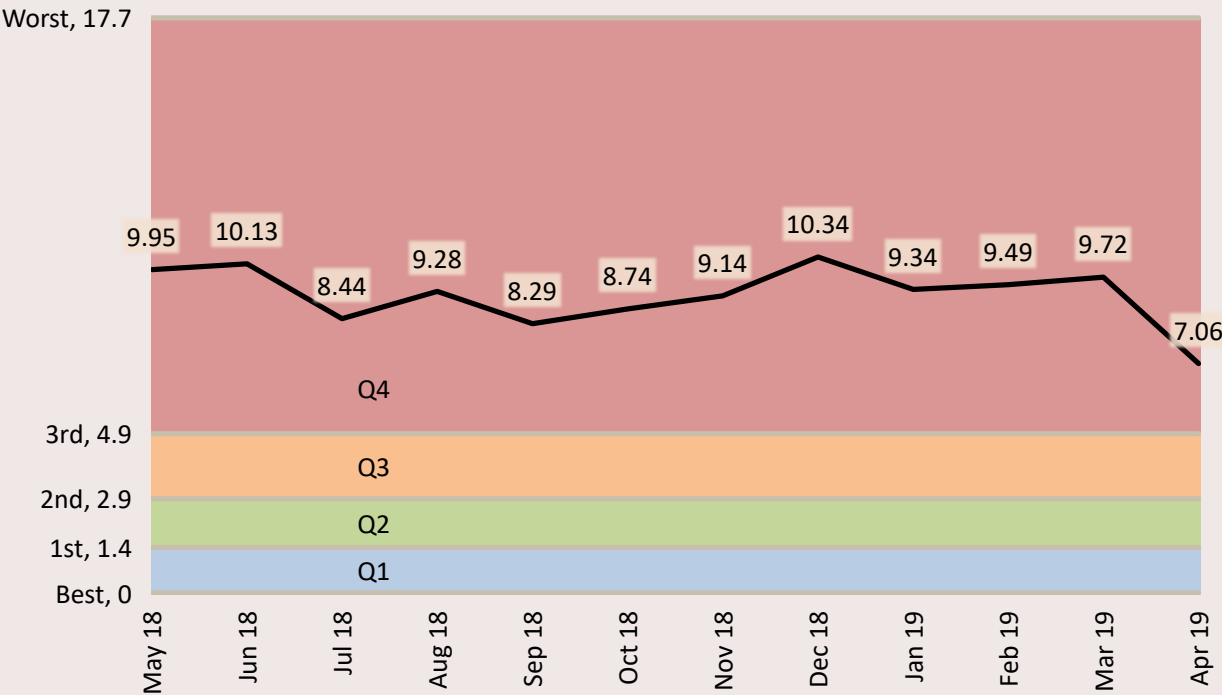
[Return to Scorecard](#)

[Next: DToC Total quartiles >](#)

Theme: Use of Resources

Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

Performance against national quartiles



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

Quartile	Score	Difference		Beds/day Difference
		Figure	%	
Worst	17.70	10.64	151%	89
Birmingham	7.06			
3rd	4.90	-2.16	-31%	-18
2nd	2.90	-4.16	-59%	-35
1st	1.40	-5.66	-80%	-47
Best	0.00	-7.06	-100%	-59

Current Quartile	4th
Distance to next quartile	18 Beds/day
Distance to top quartile	47 Beds/day

Please advised that there has been a change to the target for this measure which was imposed by the Better Care Fund. This target remains externally set and has changed because the National Better Care Fund Team has now revised the provisional DToC figures following the recent period allowed for baseline challenges. There were 3 accepted challenges nationally of which one was in Birmingham, following counting adjustments by the former Heart of England Foundation Trust. This challenge has been factored in to the revised DToC expectations. This means that the year-end target is now slightly higher, with profiled monthly targets revised in line with this change. The change also affects targets for months which have been previously reported and this has been reflected in the Adult Social Care and Health scorecard.

[< Previous: DTOC Total](#)

[Return to Scorecard](#)

[Next: Good provider all >](#)

Theme: Use of Resources

Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:

Down
(Red) 1.3 pp

Last Month

78.5%

This Month

77.2%

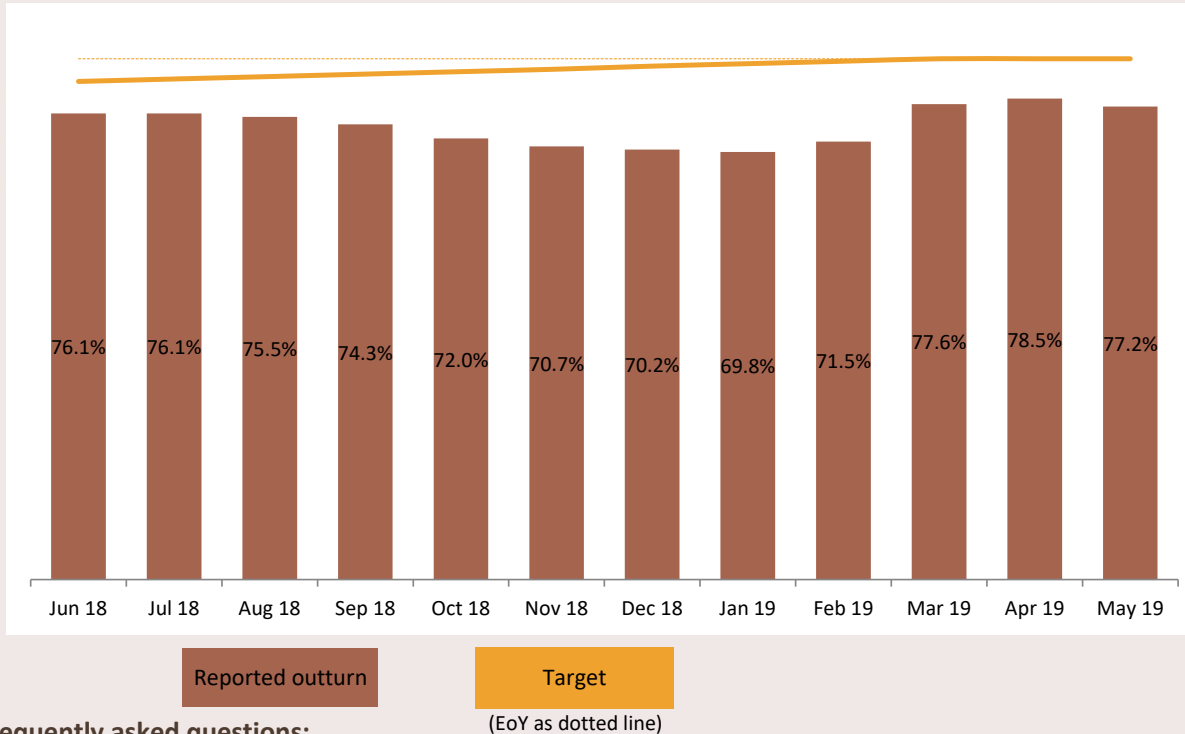
Target

85%

(EoY 85%)

Source:

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



Frequently asked questions:

Commentary:

Following three months of improvements, our performance has dropped back slightly. This is due to a number of circumstances, but our senior management remains confident that our performance is on track for the year. We will continue to monitor the situation in case our performance deteriorates further. As part of our work to develop a sustainable way of completing social care reviews, our Principal Social Worker will lead a working group to design a new broader definition of a review for Birmingham; identify opportunities for reviews to take place that are currently being missed; develop a clear package of support and guidance on reviews for social work staff and anyone else who carries them out; and a list of recommendations for implementing them. We have agreed the terms of reference for the group, and we expect that by December, it will have identified new opportunities for reviewing service users' support. In the meantime, we are continuing to monitor the performance of individual teams and the whole service weekly. Group Managers are involved in this, and are helping communicate issues both upwards and downwards through the management structure, so that they are addressed quickly.

Measure Owner:
Linda Harper

Responsible Officer:
Grace Natoli

[< Previous: Good provider all](#)

[Return to Scorecard](#)

[Next: Long term admissions >](#)

GREEN

Change:

Up
(Green) 0.7 pp

Last Month

30.5%

Recalculated:
30.7%

This Month

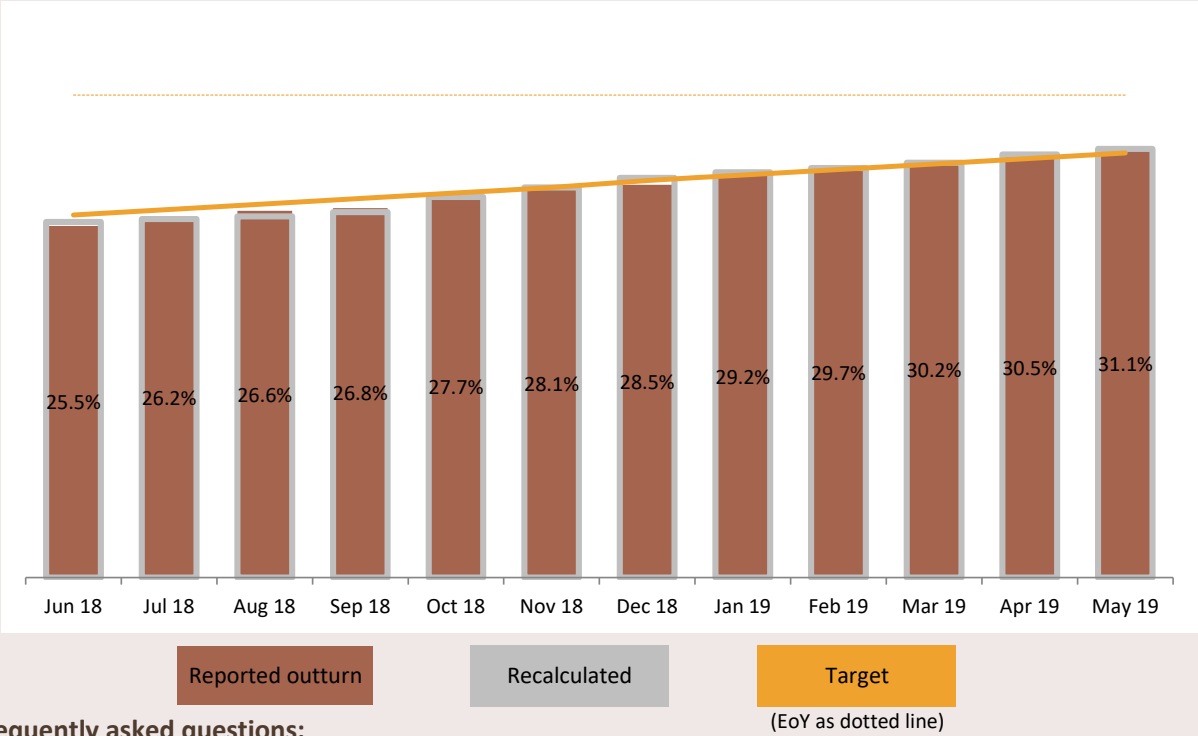
31.1%

Target

30.8%

(EoY 35%)

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



Commentary:

We have continued to increase the proportion of eligible people who are receiving a Direct Payment, and have now done this consistently month-on-month since December 2017.

We intend to build on this improvement over the course of this year across all our teams, but specifically focussing on understanding the variations between teams and sharing good practice.

Measure Owner:
Pauline Mugridge

Responsible Officer:
Julia Parfitt

Frequently asked questions:

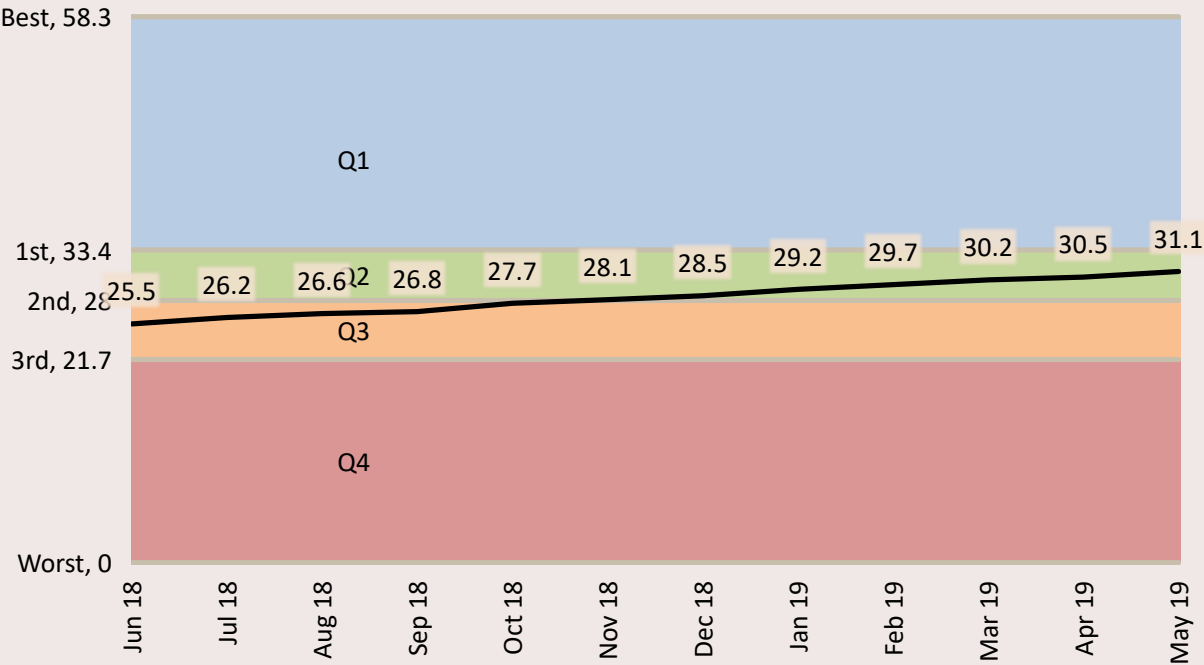
[< Previous: Safeguarding MSP](#)

[Return to Scorecard](#)

[Next: Direct payments quartiles >](#)

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

Performance against national quartiles



Quartile	Score	Difference		Packages Difference
		Figure	%	
Worst	0.0%	-31.1	-100%	-2567
3rd	21.7%	-9.4	-30%	-776
2nd	28.0%	-3.1	-10%	-256
Birmingham	31.1%			
1st	33.4%	2.3	7%	190
Best	58.3%	27.2	87%	2245

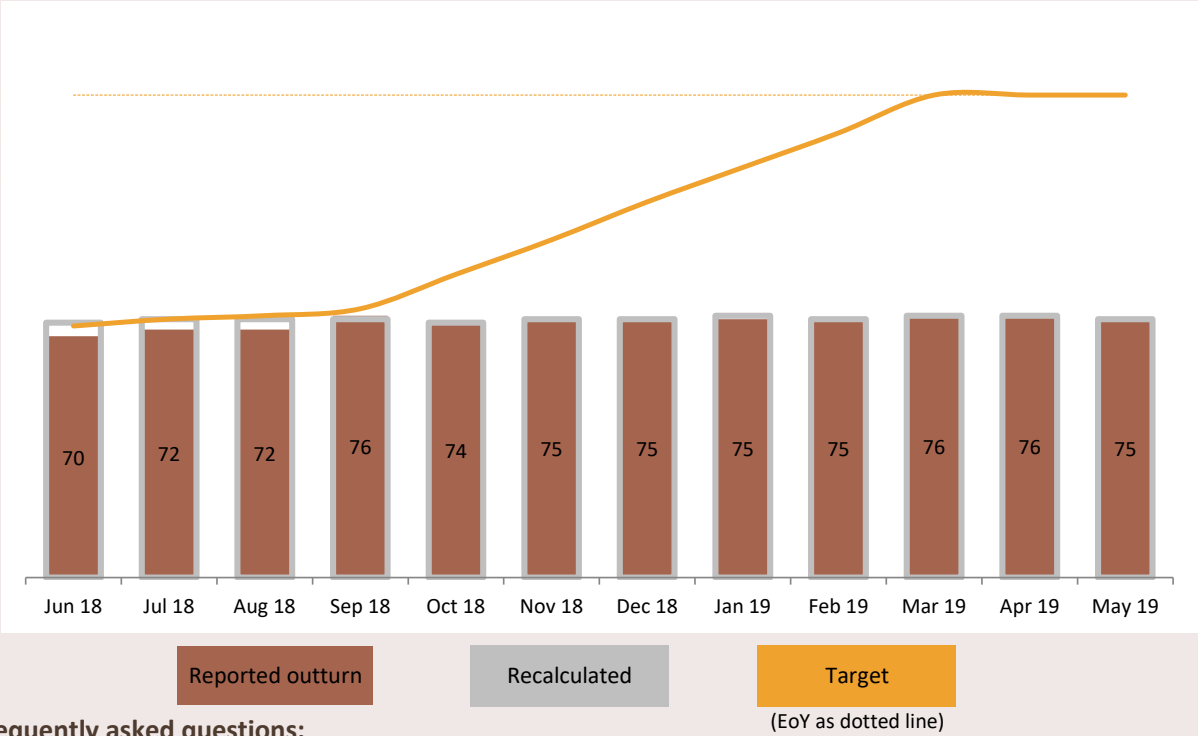
Current Quartile	2nd
Distance to next quartile	190 Packages
Distance to top quartile	190 Packages

RED

Change:
Down
(Red) 1.3%

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

Source:
Carefirst service agreements



Frequently asked questions:

Commentary:

The Shared Lives Team has strengthened its approach to Performance Management, and individual team members are now aligned to constituencies to improve their links with the social workers within our communities. In spite of this, there has been a slight drop in the number of people receiving a Shared Lives service this month.

In May, Shared Lives received four new applications from members of the public to become Shared Lives carers, and two previous applications passed the recruitment panel successfully. They also received referrals for nine new service users in the month, and secured two new long-term placements, and one for respite.

For Shared Lives week (17th – 21st June) the team is organising a number of events aimed at bringing existing and prospective carers together. They also have a similar event planned for the citizens’ forum during the week of 10th June.

The team is implementing an incentive scheme that Shared Lives Plus uses successfully around the country. We have redesigned our offer from Shared Lives Plus so that it focusses on shaping a service in Birmingham that is based on national good practice. We will be presenting a Strategic Report to directorate management in June that will look at this offer and other options for expanding Shared Lives so that it supports Preparation for Adulthood and Mental Health. We will base the report on the outcomes of a successful partnership event that we held in May which involved key stakeholders including people who have lived experience of Shared Lives, such as carers and people currently using the service.

Measure Owner:
Linda Harper

Responsible Officer:
Sonia Mais-Rose

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

[Return to Scorecard](#)

[Next: DV safeguarding count >](#)

Theme: Community Assets

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

RED

Change:

Up
(Green) 0 pp

Last Month

1.36%

This Month

1.37%

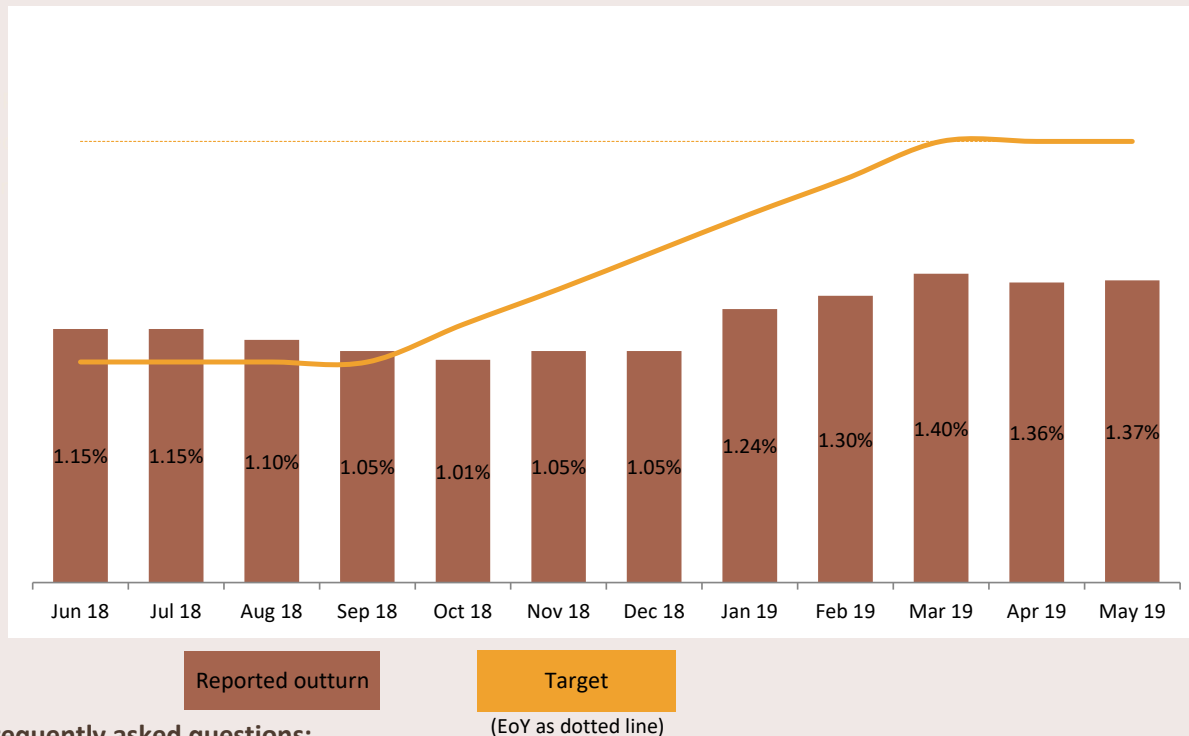
Target

2%

(EoY 2%)

Source:

Carefirst classifications



Frequently asked questions:

Commentary:

Our social work staff have worked concertedly to support people with Learning Disabilities into employment and this has resulted in a slight improvement this month.

We are continuing to focus on our action plan in order to drive improvements to our performance. As part of the plan, we are in the process of recruiting a dedicated officer whose sole responsibility will be to accelerate our work around employment for people with Learning Disabilities, both within the council and with our other partners. However, until we have appointed someone to the post, we expect that progress will be limited. We have been working together with the PURE Project (Placing vulnerable Urban Residents into Employment and training) to produce the job description and person specification for the post, and this work is nearly complete. Once they are in place, the new officer will take over the lead of the Readiness and Delivery project, which will be embedded as part of the PURE project.

We have also established a link with the Department of Work and Pensions (DWP) so that we can carry out some targeted work within our constituencies. We will be presenting a report to the council's Corporate Management Team in July that will build on the wider responsibilities and opportunities around supporting adults with a learning disability into employment, particularly in the context of the upcoming Commonwealth Games.

Measure Owner:
Linda Harper

Responsible Officer:
Sonia Mais-Rose

[< Previous: DV safeguarding proportion](#)

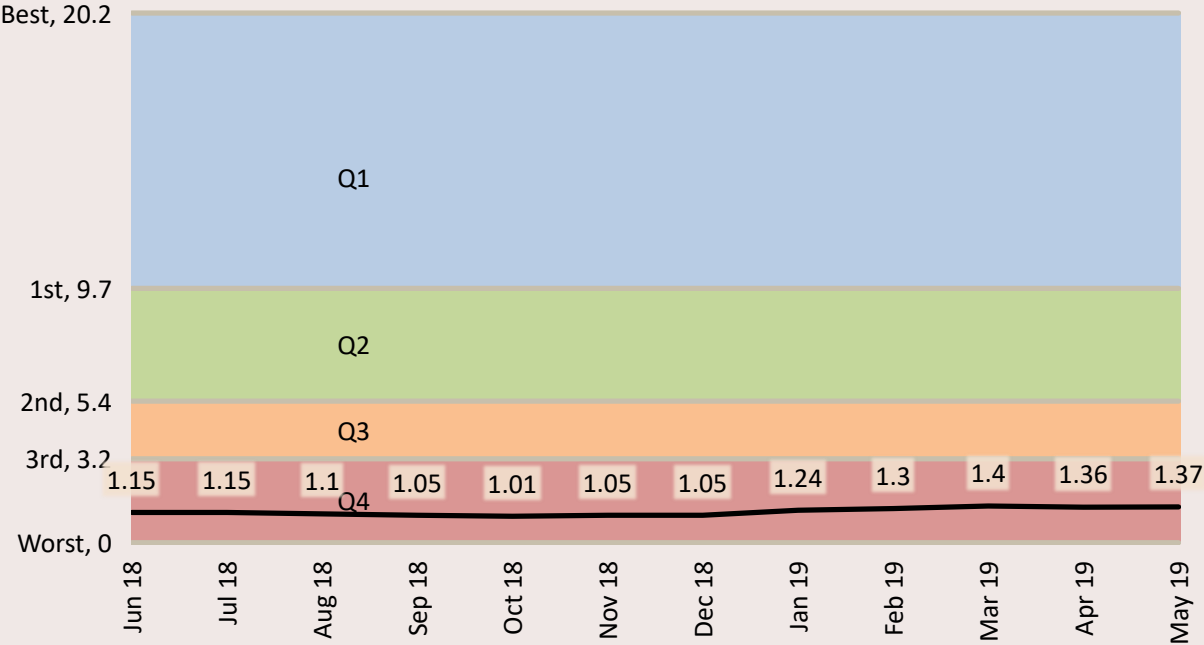
[Return to Scorecard](#)

[Next: LD Employment quartiles >](#)

Theme: Community Assets

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

Performance against national quartiles



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

Quartile	Score	Difference		People Difference
		Figure	%	
Worst	0.00%	-1.37	-100%	-28
Birmingham	1.37%			
3rd	3.20%	1.83	134%	38
2nd	5.40%	4.03	295%	83
1st	9.70%	8.33	610%	171
Best	20.20%	18.83	1378%	387

Current Quartile	4th
Distance to next quartile	38 People
Distance to top quartile	171 People



Health and Social Care Overview & Scrutiny Committee Work Programme

2019/20

Committee Members: Chair: Cllr Rob Pocock

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

Cllr Zaheer Khan
Cllr Ziaul Islam
Cllr Paul Tilsley

Committee Support:

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

Committee Manager: Errol Wilson (675 0955)

Schedule of Work

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



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



15 th Oct 2019 Send out: 3 rd Oct 2019	Public Health Green Paper – Feedback from consultation Public Health Grant – Position Paper Dementia Strategy (new) Urgent Treatment Centres	Dr Justin Varney, Director of Public Health Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG TBC
15 th Oct 2019 Informal meeting	Period Poverty Report – Post 8 day rule.	Cllr Rob Pocock
29 th October 2019 Send out: 17 th Oct 2019	Enablement Review – Evidence Gathering	
19 th Nov 2019 Send out: 7 th Nov 2019	The Impact of Poor Air Quality on Health – Tracking Report Birmingham Substance Misuse Recovery System (CGL) Healthwatch Update:- <ul style="list-style-type: none"> • Healthwatch Strategy • Update on investigations • New structure Adult Social Care Performance Monitoring Public Health Performance Monitoring	Mark Wolstencroft, Operations Manager, Environmental Protection. Max Vaughan, Head of Service, Universal and Prevention – Commissioning Andy Cave, Chief Executive, Healthwatch Birmingham Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer. Elizabeth Griffiths, Interim AD, Public Health.
17 th Dec 2019 Send out: 5 th Dec 2019	Transformation of Services through Early Intervention	Balwinder Kaur, AD, Adult Social Care; Pauline Mugdrige, AD, Adult Social Care
17 th Dec 2019 Informal meeting	Enablement Review – Draft Report	Councillor Rob Pocock



21 st Jan 2020 Send out: 9 th Jan 2020	Birmingham Community Healthcare NHS Foundation Trust Draft Quality Accounts 19/20 - Briefing Director of Public Health Annual Report	Colin Graham, Associate Director, Clinical Governance, BCHC. Dr Justin Varney, Director of Public Health
18 th Feb 2020 Send out: 6 th Feb 2020	Birmingham Sexual Health Services – Umbrella (UHB) Adult Social Care Performance Monitoring Public Health Performance Monitoring	Max Vaughan, Head of Service, Universal and Prevention – Commissioning Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer. Elizabeth Griffiths, Interim AD, Public Health.
17 th March 2020 Send out: 5 th March 2020		
21 st April 2020 Send out: 9 th April 2020		

MUNICIPAL YEAR 2020/21	Mental Health Strategy Update Childhood Obesity – Stocktake Report Update on 'The Effects of Pollution on Health'	Joanne Carney, Director of Joint Commissioning, BSol CCG Dr Justin Varney, Director of Public Health Mark Wolstencroft, Operations Manager, Environmental Protection
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Items to be scheduled in Work Programme

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

CHAIR & COMMITTEE VISITS

Date	Organisation	Contact
23 rd July 2019	Day Centre Visits	Sonia Mais-Rose
TBA	Community Early Intervention Prototype	Pauline Mugridge

INQUIRY:

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

Councillor Call for Action requests

Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee

Item no.	Item Name	Proposed date
005730/2018	A Sustainable Solution for the Future of Wellbeing Services and Hubs	29 October 2019
005920/2019	Adult Social Care and Health – Draft Day Opportunity Strategy	26 November 2019
006656/2019	Public Health Budget	26 November 2019
006746/2019	Public Health Green Paper Consultation Outcome and Next Steps	17 September 2019



Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs Rob Pocock, Mick Brown, Peter Fowler, Ziaul Islam, Paul Tilsley	
Meeting Date	Key Topics	Contacts
24 th July 2019 @ 2.00pm Birmingham	<ul style="list-style-type: none"> Update on Review of Solid Tumour Oncology Cancer Services Update on Recommissioning of Gynae-oncology Services. 	<p>Scott Hancock, Project Lead, Head of Operational Performance and Business Management Support, UHB; Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust; Jessamy Kinghorn, Head of Communications & Engagement – Specialised Commissioning, NHS England (Midlands & East of England).</p> <p>Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.</p>
12th September 2019 @ 2.00pm Sandwell	<ul style="list-style-type: none"> Update on Review of Solid Tumour Oncology Cancer Services Update on Recommissioning of Gynae-oncology Services. 	<p>Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust; Jessamy Kinghorn, Head of Communications & Engagement – Specialised Commissioning, NHS England (Midlands & East of England).</p> <p>Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.</p>
	<ul style="list-style-type: none"> Further update on the Midland Metropolitan Hospital Further update on Measures to Reduce A&E Waiting times at Sandwell and West Birmingham Hospitals 	



Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs Rob Pocock, Diane Donaldson, Peter Fowler, Zaheer Khan, Paul Tilsley	
Meeting Date	Key Topics	Contacts
26 th June 2019 @ 6.00pm (Solihull)	<ul style="list-style-type: none"> Financial Savings Plan 2019/20 including:- <ul style="list-style-type: none"> Service Redesign Projects - <ul style="list-style-type: none"> What has been reviewed and what is the outcome of that through cost savings? UHB - Update on UHB Merger including potential changes to trauma, orthopaedic and gynaecology services 	<p>Phil Johns, Chief Finance Officer, BSol CCG</p> <p>Fiona Alexander, Director of Communications UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG</p>
5 th September 2019 @ 5.00pm (Birmingham)	<ul style="list-style-type: none"> UHB - Potential changes to trauma and orthopaedic and gynaecology services - Update Urgent Primary Care Service Model <ul style="list-style-type: none"> JHOSC to be consulted on draft Service Model Impact of UTC communications campaign in Solihull Clinical Treatment Policies – Evidence based policy harmonisation programme – Phase 3 	<p>Fiona Alexander, Director of Communications UHB; Jonathan Brotherton, Chief Operating Officer UHB; Pratima Gupta and Panayiotis Makrides, Clinical Leads UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG</p> <p>Phil Johns, Deputy CEO; Helen Kelly, Associate Director of Urgent Care and Community, BSol CCG</p> <p>Neil Walker, Associate Director of Right Care and Planned Care, BSol CCG; Katherine Drysdale and Andrea Clark, AGEM CSU</p>



December 2019 (Solihull)	<ul style="list-style-type: none"> Clinical Treatment Policies – Evidence based policy harmonisation programme – Phase 3 – Feedback from Consultation. Birmingham and Solihull Mental Health NHS Foundation Trust including:- <ul style="list-style-type: none"> Introduction to new Chief Executive Improvements made since CQC inspection carried out in November 2018. (Report published April 2019). BSol CCG Financial Plans <ul style="list-style-type: none"> Update on risk to delivery of savings and the impact of this on 2020/21. Role of the STP across the Birmingham and Solihull footprint 	<p>Neil Walker, Associate Director of Right Care and Planned Care, BSol CCG; Katherine Drysdale and Andrea Clark, AGEM CSU</p> <p>Roisin Fallon-Williams, Chief Executive, BSMHFT.</p> <p>Paul Athey, Chief Finance Officer, BSol CCG</p> <p>Paul Jennings, System Lead, BSol STP</p>
March 2020 (Birmingham)	<ul style="list-style-type: none"> Birmingham and Solihull STP – Joint Public Health Priorities / role STP across Birmingham and Solihull – evidence of impact and effectiveness 	Dr Justin Varney, DPH Birmingham and Ruth Tennant DPH Solihull.
TO BE SCHEDULED	<ul style="list-style-type: none"> Disinvestment on Savings Plan 	Paul Athey, Chief Finance Officer, BSol CCG
	<ul style="list-style-type: none"> NHS England and NHS Improvement Redesign Work for Community Dental Services 	Howard Thompson, Supplier Manager – Dental, NHS England and NHS Improvement – Midlands.