BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 26 JANUARY 2021 AT 10:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

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 **APOLOGIES**

To receive any apologies.

3 **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.

4 **ACTION NOTES/ISSUES ARISING**

1 - 8

To confirm the action notes of the meeting held on 8th December 2020. (1000-1005hrs)

5 **PUBLIC HEALTH UPDATE**

Dr Justin Varney, Director of Public Health; Helen Jenkinson, Chief Nursing Officer, Birmingham and Solihull Clinical Commissioning Group. (1005-1030hrs)

6 **BIRMINGHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019-2020**

9 - 38

Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board; Asif Manzoor, Business Manager.
(1030-1100hrs)

7 **ADULT SOCIAL CARE PERFORMANCE MONITORING - MONTH 6**

39 - 64

Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care.
(1100-1125hrs)

8 **INFANT MORTALITY - EVIDENCE GATHERING**

65 - 70

Shabana Qureshi, Project Manager, Ashiana Community Project.
(1125-1155hrs)

9 **WORK PROGRAMME - JANUARY 2021**

71 - 82

For discussion.
(1155-1200hrs)

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

1400 hours on 8th December 2020, via Microsoft Teams – Actions

Present:

Councillor Rob Pocock (Chair), Debbie Clancy, Diane Donaldson, Peter Fowler, Mohammed Idrees, Ziaul Islam and Paul Tilsley.

Also Present:

Angela Brady, Deputy Chief Medical Officer, Birmingham and Solihull CCG.

Dr Qulsom Fazil, Institute of Applied Health Research, University of Birmingham.

Dr Jo Garstang, Designated Doctor for Child Death, Birmingham Community Healthcare NHS Trust.

Dr Marion Gibbon, Assistant Director, Partnerships, Insight and Prevention, Public Health.

Dr Laura Griffith, Senior Knowledge Transfer Facilitator, Local Knowledge Intelligence Service, Public Health England Midlands.

Helen Jenkinson, Chief Nurse, Birmingham and Solihull CCG.

Richard Kennedy, Medical Director, Birmingham Local Maternity System.

Gail Sadler, Scrutiny Officer.

Professor Sarah Salway, Professor of Public Health, University of Sheffield.

Dr Julie Vogt, Consultant Clinical Geneticist, Birmingham Women's and Children's NHS Foundation Trust.

Emma Williamson, Head of Scrutiny Services.

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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

None.

4. ACTION NOTES/ISSUES ARISING

The action notes for the meeting held on 17th November 2020 were agreed.

Public Health Update

The committee had received clarification that the data presented for the West Midlands is the regional area comprising of 14 local authorities. It is not the Combined Authority area.

The request for further information concerning the following is still outstanding: -

- Public Health England definitions relating to case breakdown by ethnicity to identify if the Bangladeshi community is included in 'Asian Other'.
- Information about a Covid-19 non-porcine vaccination.

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

- Councillor Debbie Clancy had been sent information on the ring-fenced public health budget.
- Karl Beese circulated information on the Home Detox Programme and location of the CGL Hubs on 17th November 2020.

Work Programme

Councillor Debbie Clancy had been sent the Terms of Reference and Scoping Paper for the Infant Mortality inquiry.

5. PUBLIC HEALTH UPDATE

Dr Marin Gibbon (Assistant Director of Public Health) set out the latest Covid-19 data for Birmingham. Dr Gibbon confirmed that, over the past week, the number of positive cases had decreased especially in the over 60s age group but remained high in the working age group population. The Director of Public Health had expressed concerns about people socialising over the Christmas period and not remaining vigilant to Covid secure measures. Therefore, the likelihood of moving in Tier 2 restrictions would not necessarily be welcomed.

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

- Guidance in terms of faith settings is regularly updated on the BCC website.

  https://www.birmingham.gov.uk/info/50246/local_guidance_during_covid-19/2224/updated_government_guidance_on_covid-19_safety_measures_in_places_of_worship

- The NHS is leading on the roll-out of the Covid-19 vaccination. Birmingham is part of Phase 2 of the vaccination programme and should be distributed within days of Phase 1. The Pfizer vaccine requires two doses, as does the Oxford/AstraZeneca vaccine, but the Pfizer vaccine needs to be stored at -70

degrees whereas the Oxford/AstraZeneca vaccine can be stored at fridge temperature making it easier to distribute to care homes etc. Priority for vaccination will be given to the most vulnerable population e.g. over 80s, care home residents and staff.

- Very aware that in various parts of the city there is a low uptake of the flu vaccination every year. Therefore, it is vital to work with local leaders and GPs to reach those communities who would not normally come forward for a vaccine to explain the benefits of having a vaccine and provide information so they can make an informed decision.
- Will provide information regarding a non-porcine vaccination when the components of each vaccine are known.
- The vaccination is not mandatory but clear and consistent messages need to be communicated to the population based on science and history where the ability to vaccinate has reduced or eradicated infections e.g. smallpox.
- Currently working on standard operating procedures/information for GPs to facilitate the vaccination of people with physical and learning disabilities.

RESOLVED:

A further update to the next meeting including any additional information on the Covid-19 vaccination roll out programme.

6. INFANT MORTALITY INQUIRY – EVIDENCE GATHERING

Infant Mortality in Birmingham – the headline figures

Dr Laura Griffith (Public Health England) set out the key data of infant mortality in Birmingham and its positioning within the West Midlands region and nationally and the relationship between determinants of population health such as economic, social and environmental condition. Dr Marion Gibbon (Assistant Director in Public Health) looked in detail at some of the risk factors associated with infant mortality smoking in pregnancy, obesity in early pregnancy and low birth weight.

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

- The 2018-19 figures for smoking in early pregnancy were 11.6% compared to 12.8% nationally but smoking at the time of delivery rates are 10.7% in Birmingham compared to 10.4% in England and the recent trend has been for that to rise slightly.
- Female genital mutilation (FGM) did not appear to be a contributory factor to a mother giving birth to a premature baby or a baby dying of other causes.
- The relationship between deprivation and infant mortality is complex but connected to various factors including maternal health and nutrition, standards of antenatal care, the time of first contact with health services, levels of obesity and smoking (which correlate to deprivation), smoking in the home post delivery and standards of care particularly within the neonatal

period. Also, teenage pregnancies correlate with higher rates of infant mortality and this, in turn, correlated with levels of deprivation.

RESOLVED:

- Dr Laura Griffith to provide latest statistics on smoking in pregnancy.

Perinatal Mortality – Birmingham and Solihull Local Maternity System

Richard Kennedy (Medical Director, Birmingham Local Maternity System) explained that a report entitled 'Better Births' (2016), a national review, highlighted the great variation of quality across maternity services. The recommendations resulting from that review was to provide continuity of care by the same individual healthcare professional, or a small group of healthcare professionals, through the whole pregnancy, birth and postnatally. Better perinatal mental health care and a system approach, working across boundaries, to deliver care which is equitable to everybody within a geographical area. This was followed by a national maternity improvement programme which set a target of a 50% reduction in perinatal mortality and still birth death rates by 2025 which was based on the 2010 baseline. Mr Kennedy also highlighted the three most modifiable factors which influence perinatal mortality and local/national data pertaining to those factors i.e.

- Pre-term birth
- Fetal growth restriction detection
- Smoking

Child Death Overview Panel – Infant mortality and ethnicity data 2018-2020

Dr Jo Garstang (Designated Doctor for Child Death, BCHC) stated that the Child Death Overview Panel (CDOP) reviews the death of every child from the city of Birmingham and the data she was presenting related to children whose deaths were reviewed between April 2018 and March 2020. Dr Garstang also explained what data was collected and how CDOP categorise deaths. The Birmingham 2011 census was used to compare the ethnicity of child deaths.

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

- It was acknowledged that the population ethnicity may have changed since the 2011 census, but the Pakistani population is over-represented in deaths both in the perinatal category and the congenital causes.
- Clarification was sought regarding the ethnic profile of the base population i.e. was it taking the specific ethnic profile of people of parent age rather than the city average and whether the data had been adjusted for this.
- CDOP look at modifiable factors in all deaths – these are defined as actions or initiatives that could improve future outcomes. These modifiable factors are in 4 domains: intrinsic to child, social environment, physical environment and service provision. Approximately 25% of deaths had modifiable factors. There are very few perinatal deaths with modifiable factors relating to service provision.

- There is a national bereavement care pathway for stillbirth and perinatal deaths. Parents should have a follow-up appointment with their consultant a few weeks following the death. Parents of infants who die in the community will be supported by the Palliative Care Team or the specialist CDOP nurses.

RESOLVED:

Dr Garstang was asked to provide the committee with a comparison of the infant mortality ethnicity data with the base population profile age-adjusted i.e. for women aged 16-45.

Explore national policy/guidance and NHS initiatives relevant to this issue

Angela Brady (Deputy Chief Medical Officer, BSol CCG) introduced the following policy/guidance which is relevant to the review: -

- Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for Maternity Care (2016)
- Saving Babies Lives Care Bundle (version 2) which is a guidance document for Maternity Services and Commissioners developed by NHS England/NHS Improvement in March 2019 which provides detailed information on how to reduce perinatal mortality across England.
- The NHS Long Term Plan published in January 2019 which includes specific measures for maternity/neonatal/mental health services, CCGs and regional NSE/I teams.
- Examples of local NHS initiatives which are relevant to the issue.

Review of the impact of consanguinity locally and current clinical genetics service provision

Dr Julie Vogt (Consultant Clinical Geneticist, Birmingham Women's and Children's NHS Foundation Trust) introduced data that reflected the increased risk of congenital abnormalities in babies from consanguineous couples; strategies to improve access to Genetic Services in the West Midlands; referral pathways into clinical genetics and barriers that may be affecting uptake of those services. Furthermore, the resources required to implement national and local initiatives to ensure the equitable provision of the service to all populations.

Consanguinity and genetic risk: providing effective and culturally appropriate services

Professor Sarah Salway (Professor of Public Health, University of Sheffield) set out the key messages relating to the current scenario associated with consanguinity and risk of infant mortality; the unmet need for information and service gaps and what can be done better by emulating good practice from other parts of the country. Explaining that there was a need for increased equity of access to information and services that was culturally sensitive. Nationally a four-strand approach was recommended, the core of which was a family centre enhanced clinical genetic service. Secondly, to educate and equip professionals, particularly, GPs, Health Visitors etc. who are seen as a good point of contact with communities and often

have a high level of trust. To improve the knowledge of genetics within communities and, finally, strengthen access to genomic diagnostic services.

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

- The misinformation from professionals' service gap refers to examples from research and practice around the country that some healthcare professionals do not seem to know the levels of risk associated with consanguinity. They may exaggerate them or provide insufficient information to what is a complex picture. The issue requires longer consultations with genetics counsellors who have the skills to explain and take the time to ensure people understand.

Community Engagement, Behaviour Change and Infant Mortality/Disability

Dr Qulsom Fazil (Institute of Applied Health Research, University of Birmingham) explained it was important not to stigmatise certain communities by emphasising consanguinity and infant mortality when there are other risk factors including low birth weight and smoking. It was also very difficult to influence behaviour change if communities do not see infant mortality and disability as an issue for them or even if they do recognise there is a risk, they do not apply it to themselves. One way of changing people's attitudes is through cascading facts and figures regarding infant mortality and disability into the community. Engaging with communities to create an environment for discussion and change through community leaders and councillors to help them find their own solutions.

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

- The committee has taken a very broad approach to the issue of infant mortality and fully recognises that there are many factors at play that lead to high levels of infant mortality. Consanguinity may be part of that, but the modifiable factors certainly go further than consanguinity. So, it will be important not to over-emphasise this specific factor, it needs to be considered within the broader approaches that need to be taken.
- Co-production with communities in the city is an approach that the committee would wish to support.

Reducing Infant Mortality: Possible Interventions

Dr Marion Gibbon (Assistant Director of Public Health) presented a series of possible interventions that had been initiated/were under consideration to reduce infant mortality including: -

- Understanding community perspectives and having focus groups undertaken within those communities.
- Ensuring communities have a voice through engaging Community Researchers in communities across the city to gain a greater understanding of issues.

- Implement the four-strand approach in Birmingham as set out in Professor Salway's presentation.
- Support Birmingham colleague's participation in the National Steering Group.
- More data analysis at a local level.
- Involvement in national work and endorsement of that approach.

7. WORK PROGRAMME – NOVEMBER 2020 (UPDATED)

Noted.

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

The Chair stated that a petition was submitted to the last meeting of Full Council concerning the Norman Laud Association Centre in Wylde Green and that the petition requests this committee considers the issues that it raises. The process for dealing with the petition is that all signatures are verified, as far as possible, as coming from those who either live, work or study in Birmingham, and assuming the number remains over 10,000, then the petition will be scheduled to come to the next suitable meeting of this committee under the Petitions agenda item. The Scrutiny Office will be responsible for scheduling this and will do so upon receipt from Committee Services.

9. OTHER URGENT BUSINESS

None.

10. 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 1656 hours.

BIRMINGHAM SAFEGUARDING ADULTS BOARD

Birmingham Safeguarding Adults Board

Annual Report 2019-2020

2 Forward by the Independent Chair

It gives me great pleasure to introduce our Birmingham Safeguarding Adults Board Annual Report for 2019-20.

During this Board year we have worked closely with partner agencies to ensure that safeguarding adults remained at the top of our agendas. We remain committed to ensuring that safeguarding is 'Everyone's Business' across the city.

As the Board has matured, the openness and willingness to both challenge and be challenged has developed, and that culture is vital if we are to meet the challenges ahead.

This Annual Report provides an overview of the work of the Board, our partners and our sub-groups illustrated with examples as to how our overarching ambitions of Making Safeguarding Personal and Risk Enablement are making a positive difference to ensuring that adults with care and support needs are supported in how they live their lives in the city where they feel safe, secure and free from abuse and neglect.

2019 started with a great deal of energy focussing on our four key priority areas of Hearing the Voice of the Communities; Safer Communities; Empowering our Communities and Governance and Assurance. Towards the end of the year of this Annual Report we were all greatly challenged by the Coronavirus and an immediate innovative approach was required to ensure that our most vulnerable citizens were supported.

The start of the Covid-19 period really highlighted yet again, the immense capacity and capability of our voluntary and faith sectors to join forces with the statutory sector and lead and provide support to our communities in need.

I would like to take this opportunity to thank all of our partners for their continued commitment and clear focus on safeguarding adults in Birmingham, we would not be successful without you and we are eternally grateful.

I will look forward to working with you all again this year.

Cherry Dale
Independent Chair, Birmingham Safeguarding Adults Board

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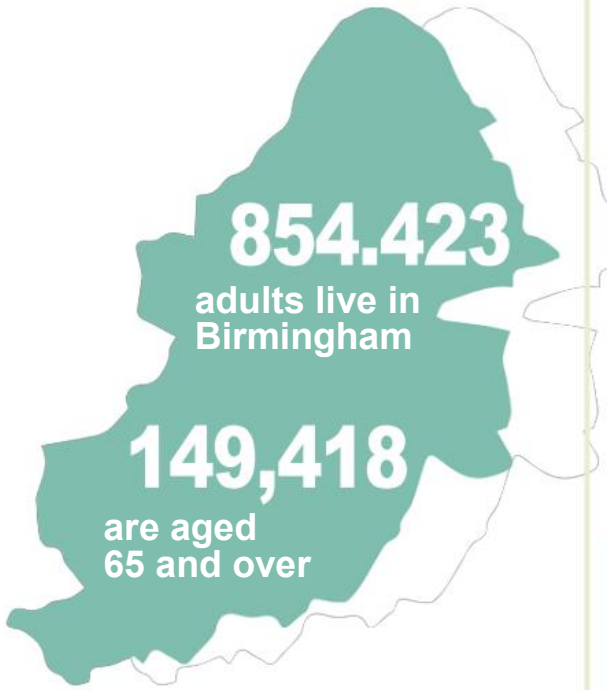
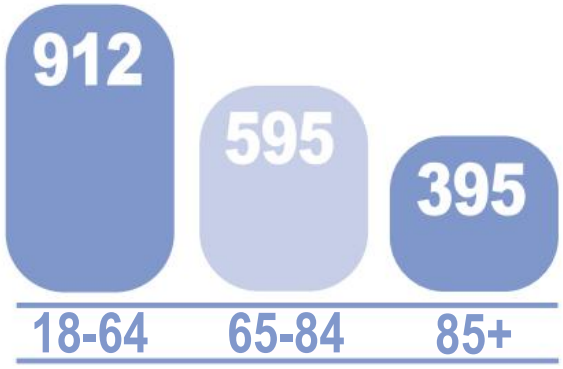
1 Key Safeguarding Facts for 2019-2020





The age-groups of people who had enquiries made on their behalf

11,542

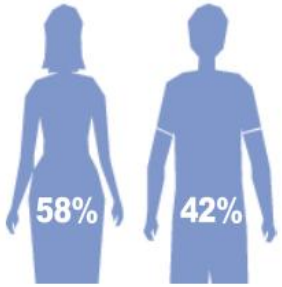
concerns raised during the year

1,987

concerns became enquiries

93%

of people felt their enquiry had achieved what they wanted



More women than men were alleged victims

62%

1,116 enquiry allegations listed the source of risk as someone known to the person at risk

25%

449 allegations involved service providers

13%

233 allegations involved someone not known to the person at risk

7% increase in the number of concerns raised, up from 10,805 last year

8% decrease in the number of enquiries started, up from 2,149 last year

686 enquiries involved allegations of neglect

636 enquiries involved alleged financial abuse

1,077 allegations occurred in the victim's home

1,077 WHITE BRITISH

420 BLACK & MINORITY ETHNIC

people had safeguarding enquiries made on their behalf

3 What is the purpose of the Annual Report?

Welcome to Birmingham Safeguarding Adults Board's (BSAB) Annual Report for 2019-2020.

The law says that we must publish a report every year to say what we have done to achieve our main goals and how our members have supported us to do this. So this report says who we are and what we did between April 2019 and March 2020.

4 What does Safeguarding Adults mean?

Safeguarding Adults means stopping or preventing abuse or neglect of adults with care and support needs.

Adults with care and support needs are aged 18 and over and may:

- have a learning disability;
- have a mental health need or dementia disorder;
- have a long or short-term illness;
- have an addiction to a substance or alcohol; and/or
- are elderly or frail due to ill health, disability or a mental health illness.

5 What is Birmingham Safeguarding Adults Board?

Birmingham Safeguarding Adults Board (BSAB) is a statutory partnership between the Council, West Midlands Police, NHS, Fire Service and other organisations that work with adults with care and support needs in our city.

The job of the Board is to make sure that there are arrangements in Birmingham that work well to help protect adults with care and support needs from abuse or neglect.

6 What is BSAB's vision?

Our vision is that people with care and support needs in Birmingham are able to live their lives free from harm because we have a city that does not tolerate abuse or neglect; the community works together to prevent abuse and neglect and people know what to do when it happens.

> "Our vision is that people with care and support needs in Birmingham are able to live their lives free from abuse and harm.

7 What do BSAB's Executive Board members do?

Each member is responsible for sharing information between the Executive Board and their agency and for making sure their agency does what it has agreed to do.

The Board is led by an Independent Chair appointed by the local authority. She reports to the Director of Adult Social Care and the Cabinet Member for Health and Social Care in Birmingham City Council.

8 Who are BSAB's partner organisations?

BSAB works with many partner organisations across Birmingham who support adults with care and support needs.

9 Who are the members of BSAB's Executive Board?

BSAB's Executive Board is made up of senior representatives from the following organisations:

- **Birmingham City Council - Adult Social Care**
- **West Midlands Police**
- **Birmingham and Solihull Clinical Commissioning Group**
- **Chief Nurses Forum - Representing Health Partners**
- **Healthwatch Birmingham**
- **West Midlands Fire Service**
- **Forward Carers**

10 New Governance Model for the BSAB - March 2020

West Midlands Police

Birmingham City Council (Chief Executive & Director of Adult Social Care)

Birmingham & Solihull Clinical Commissioning Group (CCG)

Independent Chair (provides accountability)

Safeguarding Adults Partnership Network (five per year) - Citizen Engagement (ongoing) - Practitioner Forum (six per year)

Ongoing exchange of perspectives and information

Safeguarding Adults Board (five per year)

Delivery Group (quarterly)

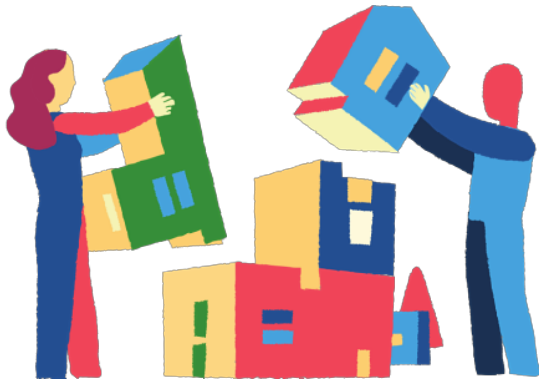
- Learning & Development Sub-group (quarterly)
- Safeguarding Adults Review Sub-group (monthly)
- Quality & Performance Sub-group (quarterly)
- Task & Finish Group (as required)

CROSS BOARD PARTNERSHIP

- Children's Partnership
- Community Safety Partnership
- Health & Wellbeing Board

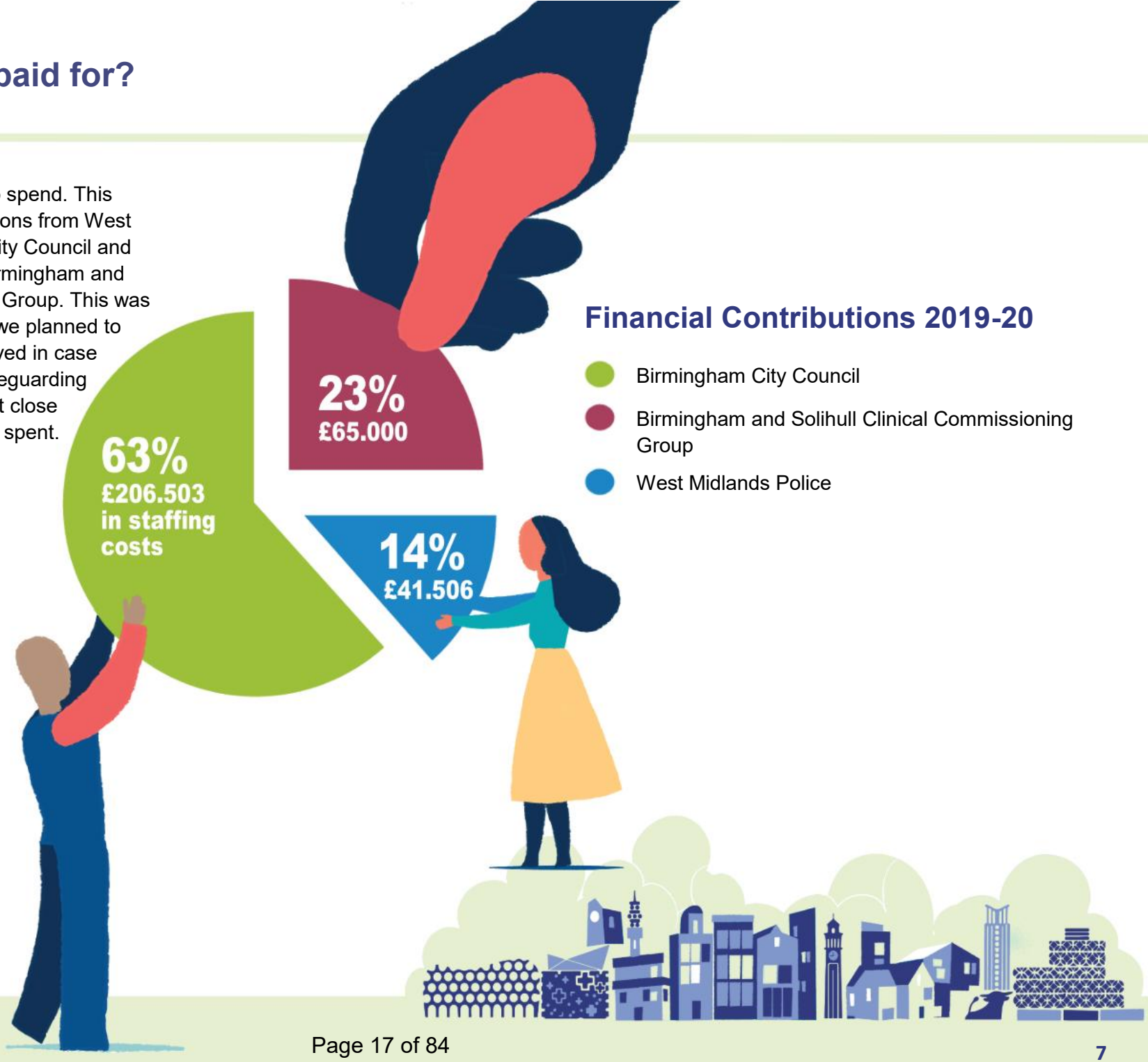
STRATEGIC PLAN

The Board Governance Model has been designed within the framework of the statutory requirements, accountabilities and key principles of safeguarding.



11 How is the Board paid for?

In 2019-20 We had £106,506 to spend. This money represents the contributions from West Midlands Police, Birmingham City Council and combined contributions from Birmingham and Solihull Clinical Commissioning Group. This was enough money to pay for what we planned to do, and for us to keep some saved in case we needed to carry out any Safeguarding Adults Reviews. The Board kept close watch over how the money was spent.



Financial Contributions 2019-20

- Birmingham City Council
- Birmingham and Solihull Clinical Commissioning Group
- West Midlands Police

12 BSAB's Strategic Priorities for 2019-2020

- Recognising communication and informing sharing as a means of prevention and early intervention.
- Communicating in a language and through channels that are accessible.

- Assurance that people will be supported to make their own decisions.
- Empowering people and communities to take an active role in their own wellbeing and safeguarding.
- Providing safeguarding support and guidance to empower people and community groups they work with.

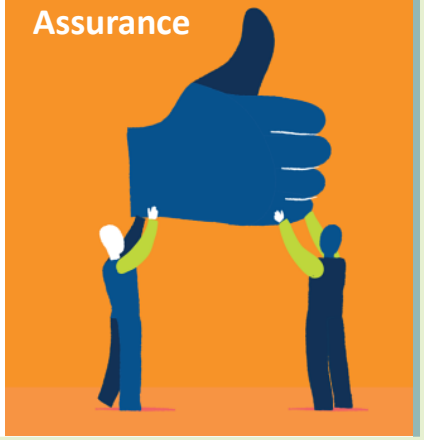
- Having clear protocols, prevention and early intervention strategies in place.
- Sharing business objective and priorities with other strategic boards and partners to ensure we work in a coordinated way to reduce risk to the safety of adults in Birmingham.

- To develop an emotionally intelligent learning culture.
- Engaging all partners with a focus on continuous improvement.

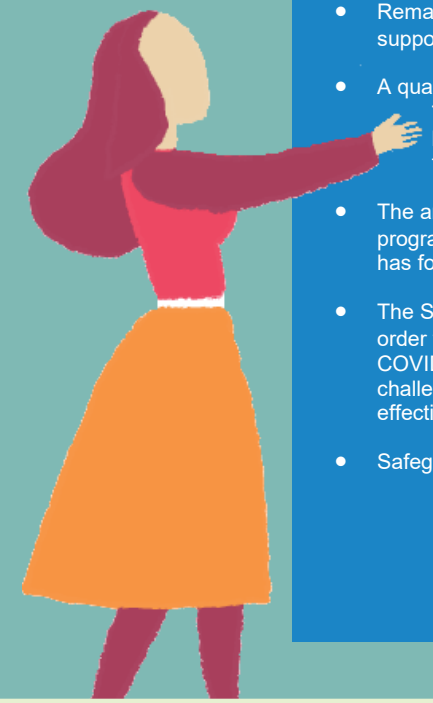
13 What did the Board achieve in 2019-2020

Priorities	What we said we'd do	What we did
STRATEGIC PRIORITY 1 **Communication & Involvement** 	• Recognising communication and informing sharing as a means of prevention and early intervention. • Communicating in a language and through channels that are accessible.	• We continue to publish our newsletter to inform both citizens and professionals. • Our social media platform of Twitter continues to share messages that support the work around safeguarding - what is happening locally and nationally. • We have liaised with housing organisations and domestic abuse advocates to support the domestic abuse agendas that will support Birmingham citizens to give them awareness and preventative tools in order to minimise risk and abuse of vulnerable individuals. • We have engaged with citizens which has included working with the Citizens Involvement Team working on co-production with citizens • We have worked with Community Rehabilitation to highlight pathways for resettlement of vulnerable adults.
STRATEGIC PRIORITY 2 **Prevention & Early Intervention** 	• Having clear protocols, prevention and early intervention strategies in place. • Sharing business objective and priorities with other strategic boards and partners to ensure we work in a coordinated way to reduce risk to the safety of adults in Birmingham.	• We have continued to engage with key partners to drive change around reducing risk for people in unregulated accommodation • We continue to be active in the Birmingham Homeless Strategy and Domestic Abuse Prevention Strategy 2018-23 taking part in its development. • We continue to work with recognised bodies in the field of safeguarding to protect adults from abuse and harm; namely SCIE, RIPFA and the Department of Health. • Our Business Board Manager continues to work with West Midlands regional and national counterparts. • .We have continued to build relationships with the Children's Partnership and the Health and Wellbeing Board and work collaboratively on linked agenda • We have held Safeguarding Adults Partnership meeting as a conduit to share and knowledge and work in a coordinated way.

13 What did the Board achieve in 2019-2020

Priorities	What we said we'd do	What we did
STRATEGIC PRIORITY 3 **Empowerment & Enablement** 	• Assurance that people will be supported to make their own decisions. • Empowering people and communities to take an active role in their own wellbeing and safeguarding. • Providing safeguarding support and guidance to empower people and community groups they work with.	• At our safeguarding adult partnership event themed on prevention and people with learning disabilities we engaged with citizen and gave them an opportunity to tell partners their lived experiences to help partners shape their services for the citizens of Birmingham. • We purchased and circulated in regards to The Waiting Room which provided a directory of support services available to the citizens of Birmingham. • We have continued to hold Safeguarding Adults Partnerships to engage with partners who work with communities supporting and preventing abuse to citizen raising key issues that effect adults with care and support needs. • We have raised awareness of Risk Enablement and how to apply this into practice. • We have sought assurance that making safeguarding person is being applied and people are being supported to make their own decisions.
STRATEGIC PRIORITY 4 **Learning Through Development & Assurance** 	• To develop an emotionally intelligent learning culture. • Engaging all partners with a focus on continuous improvement.	• We have sought assurance from our partners around their holistic approach to safeguarding adults. • We sought specific assurance on: - progress around unregulated accommodation - care home and issues linked to Wharton Hall - Domestic abuse - applying making safeguarding personal - Partner's safeguarding arrangements. • We have strengthened our governance arrangements to include 'Delivery Group' and 'Quality and Performance' sub-groups. • We started looking at chairing arrangement and membership of our sub groups to strengthen the governance further.

14 A sample of partner achievements



Birmingham Community Health Care

The Key achievements from BCHC Safeguarding Service from April 2019 to March 2020 are driven by the Trust vision, which can be summed up as key achievements:

- Ensuring a safeguarding presence across all clinical divisions, which included a listening into Action initiative with staff enabling implantation of the Care Act.
- Provided robust training to staff as well developed a quality assurance group to ensure training is quality assured.
- Remained committed as an active partner supporting the BSAB.
- A quarterly safeguarding newsletter circulated Trust wide supports dissemination of learning and safeguarding priorities throughout the organisation.
- The annual safeguarding adults audit programme delivered by the Safeguarding team has focussed on patient outcomes.
- The Safeguarding team responded quickly in order to support the Trusts response to the COVID crisis through being flexible to meet the challenges of COVID as well as maintaining an effective Safeguarding service.
- Safeguarding business is scrutinised.

University Hospitals Birmingham NHS Foundation Trust

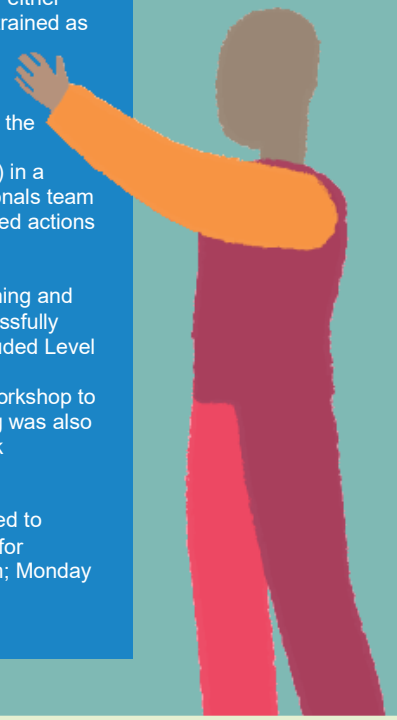
The key achievements from the university Hospital Birmingham from April 2019 to March 2020 are:

- We have continued to build on our partnerships with other external agencies and strengthen working relations with our colleagues from Social care.
- We have continued to promote and raise awareness of the Risk Enablement Guide and Making Safeguarding Personal.
- We set up a performance and audit group and have a robust audit programme in place.
- Learning from SARs/DHRs has been presented to our Safeguarding Board and will be featured on the agenda bi-annually.
- We have continued to raise awareness regarding homelessness, self-neglect, domestic abuse and also promoted advocacy services.

Birmingham and Solihull Clinical Commissioning Group

The key achievements from the Birmingham and Solihull Clinical Commissioning Group from April 2019 to March 2020 are:

- The Designated Professionals team appointed an interim DoLS consultant to aid the transition to LPS and provide training as appropriate.
- The Identification and Referral to Improve Safety (IRIS) programme - aimed at supporting and training GPs around domestic abuse - was further implemented across the Birmingham and Solihull primary care network, with 171 GP sites across Birmingham and Solihull either fully, partially or planning to be IRIS trained as of 31 March 2020.
- Learning from SARs and DHRS continued to be disseminated across the Birmingham and Solihull Practice Safeguarding Leads Network (PSLN) in a timely manner. Designated Professionals team worked to support GPs with associated actions from these reviews.
- The Designated Professionals' Learning and Development programme was successfully delivered across the PSLN, and included Level 3 Adult and Child Safeguarding and 'Problematic Gambling' modules. 'Workshop to Raise Awareness of Prevent' training was also delivered to the primary care network throughout the year, as required.
- The Designated Nurse team continued to operate a Safeguarding Advice Line for professionals on a 9.00am to 5.00pm; Monday to Friday basis.



14 A sample of partner achievements

Birmingham City Council Neighbourhood Directorate

The Neighbourhoods Directorate is committed to attend all BSAB meetings ensuring relevant information and learning is disseminated across all of its sections through the safeguarding representatives. This is in addition to its own regular safeguarding meetings where good practice is shared by all.

Some of the key areas that we have worked on are :

Work with Neighbourhood Network Schemes - developing successful partnership based intervention and prevention programmes for over-50s.

Domestic Abuse Hub - working in a multi-partnership with agencies such as the Police, BSWAID and Cranston, to support victims of domestic abuse throughout the year.

Domestic Abuse Housing - continued to protect and safeguard vulnerable victims who reside in council tenancies and to take action where possible against the perpetrators of domestic abuse.

Homelessness - continued to work with families to relieve their homelessness, some of which is achieved through negotiation, some of which is supporting people into their own home.

Rough Sleeping - an increased outreach provision was mobilised working within a multi-agency partnership including Rough Sleepers Initiative funded roles.

Private Rented Services - we promoted the services available to residents, in particular areas that has a high concentration of Houses in Multiple Occupation (HMOs). Leading to joint working with various agencies to safeguard individuals and provide them with a better standard of accommodation and support.

Cultural Development - we allocated a pot of funding for cultural sector specific safeguarding training - particularly around working with vulnerable adults.

West Midlands Fire Service

At the end of 2019, the National Fire Chiefs Council (NFCC) published the Fire and Rescue Service Guidance and Self-Assessment toolkit.

NFCC Guidance publications/Prevention/ Safeguarding_Guidance.pdf

Since the independent scrutiny review of our safeguarding process, policy and procedure was completed at the end of the previous financial year, work on the recommendations from this have formed an action plan to ensure WMFS has appropriate safeguarding systems. The NFCC publication has been used to further shape and inform the implementation of the safeguarding action plan.

In the first stage of the plan WMFS has revised its Safeguarding policy and process. The new Safeguarding Policy improves the oversight of recording of safeguarding concerns raised and actions taken as a result. This allows for quality assurance and analysis of data from concerns. This can also identify training needs.

The new process also makes explicit the requirement to attempt to establish what those referred to safeguarding want to achieve as a result. (MSP) There is a requirement to include this on any referrals made. There is comprehensive guidance to support our workforce to do this. The revised policy was published in Feb 2020.

Birmingham and Solihull Mental Health Foundation Trust

Our Strategic Priorities were:

1. "Back to Basics"
2. Responding to the findings from safeguarding reviews
3. Shaping the safeguarding culture in BSMHFT

Back to Basics: Piloted placement of safeguarding facilitators in targeted Community Mental Health Teams. The pilot succeeded in gaining an understanding of the challenges faced by front line practitioners and spawned a local quality improvement project

Responding to findings from safeguarding reviews: We reviewed and rewrote our internal Safeguarding Adult Review (SAR) process and have written. Audited all our recommendations and learning from SARs are in the process of analysing how successful the dissemination of such has been. We have changed how we share learning and have introduced 7-minute briefs.

Shaping the safeguarding culture in BSMHFT:

Learning and Development: We have appointed a new practice development facilitator and designed a new model which is due to be introduced during 2020-23. Introduced bespoke supervision in our Assertive Outreach Teams and with the Homeless Health Exchange .

Domestic Abuse: MARAC support has been reviewed and presented to the BSMHFT Strategic Safeguarding Committee as a risk. We have championed the development of better domestic violence and abuse support for BSMHFT and have lobbied for more support from our commissioners. Plans are in place to procure additional resources which shift the culture towards prevention.

15 Making Safeguarding Personal

What is Making Safeguarding Personal?

The Care Act says that adult safeguarding is about protecting individuals, but people are all different, So when we are worried about the safety of a person we should talk to them to find out their views and wishes. Then we should respond to their situation in a way that involves them as much as possible, enabling them to have choice and control over what happens in their life, so they can achieve an improved quality of life, wellbeing and safety. Doing adult safeguarding this way is call **Making Safeguarding Personal (MSP)**.

In 2019 we asked our partners how they make safeguarding personal in their organisation and how MSP has been implemented in their procedures. Our partners told us:

- Making Safeguarding Personal principles are mirrored in our statutory obligations under the 'Victims Code'. Under these obligations the injured Party's (IP) wishes and feelings have to be taken into account as part of the investigation
- Our staff are trained to listen to the person, respect their choices and be honest with them, supporting them to be part of a shared decision-making process, ensuring there is 'no decision about me without me'.
- We work with the person to set safeguarding outcomes which have meaning to them. Practice that focuses on achieving meaningful improvement to people's circumstances rather than just an 'investigation' and 'conclusion'
- We work to improve the understanding of the safeguarding process for individuals with a learning disability and empower them to consider the risks they may face, encouraging them to make their own decisions wherever possible, supporting the individual to find their own wellbeing. balance between risk and enablement.

A case study from our partners:

Case Study 1

The local Fire Station responded to a small fire at a house, involving a discarded cigarette in a waste paper bin, at a property.

At the scene, they discovered an elder lady who appeared to be unkempt and self-neglecting and having no food in the house.

The crew raised a safeguarding alert through Birmingham's Adult Social Care online referral portal.

The crew were able to also source a package of food and delivered this to the occupier, with the support from a local supermarket. The crew, after seeking the consent, then referred the lady to a local support group for elderly people to try to reduce her periods of isolation. In addition, they made contact with a relative of the lady to try to build back some family contact.

Based on the fire crew's initial assessment of the incident, the crew returned to the property the next day with fire-retardant equipment and fitted this safely. Further inspection of the living area prompted the crew to make a referral directly into Adult Social Care for some additional support. The crew then diarised a follow-up visit to the lady a fortnight later to check on progress and wellbeing.

A case study from our partners:

Case Study 2

Adults Social Care, through working with a young adult, identified that there were potential risks with the adult and through building relationship with their estranged family.

The adult was keen to build these relationships.

Using family group conferencing a person-centred approach, they enabled the adult and her family to work through the risk, listening to what the adult wanted to achieve and using principles of risk enablement.

The adult has successfully built relationship with achieving her desired outcomes.

What is a Safeguarding Adult Review (SAR?)

A Safeguarding Adult Review takes place when agencies who worked with an adult who suffered abuse or neglect, come together to find out how they could have done things differently to prevent harm or a death.

A SAR does not seek to blame anyone; it tries to find out what can be changed so that harm is less likely to happen in the future in the way it did to other people.

The law says BSAB must arrange a SAR when:

- **There is reasonable cause for concern about how BSAB, its partners or others worked together to safeguard the adult; AND**
- **The adult died and BSAB suspects the death resulted from abuse or neglect; OR**
- **The adult is alive and BSAB suspects the adult has experienced abuse or neglect.**

SARs are overseen by BSAB's Safeguarding Adult Review sub-group, made up of representatives from statutory partner organisations and chaired by Mat Shaer, Chief Superintendent within West Midlands Police Force, as appointed by the Board. The previous joint chairs Catherine Evans (BSMHFT) and Ruth O'Leary (UHB) were thanked by the independent and members for their dedicated work and support on the Board Strategic Business Plan and leading on SARs work.

In 2019-2020, BSAB received five SAR referrals which were reviewed by the SAR sub-group and did not meet the statutory criteria for a review.

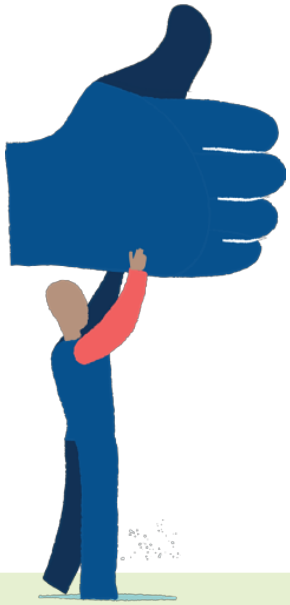
The Board continues to work on its four reviews, three of which are reviews that did not meet the statutory criteria for a review. It is expected that the learning from the reviews will be completed in 2020/2021.

We continue to liaise with Birmingham Community Safety Partnership (BSCP) on a Domestic Homicide Review case and disseminating the learning identified wider to partners where care and support needs were recognised and are awaiting publication of this report.

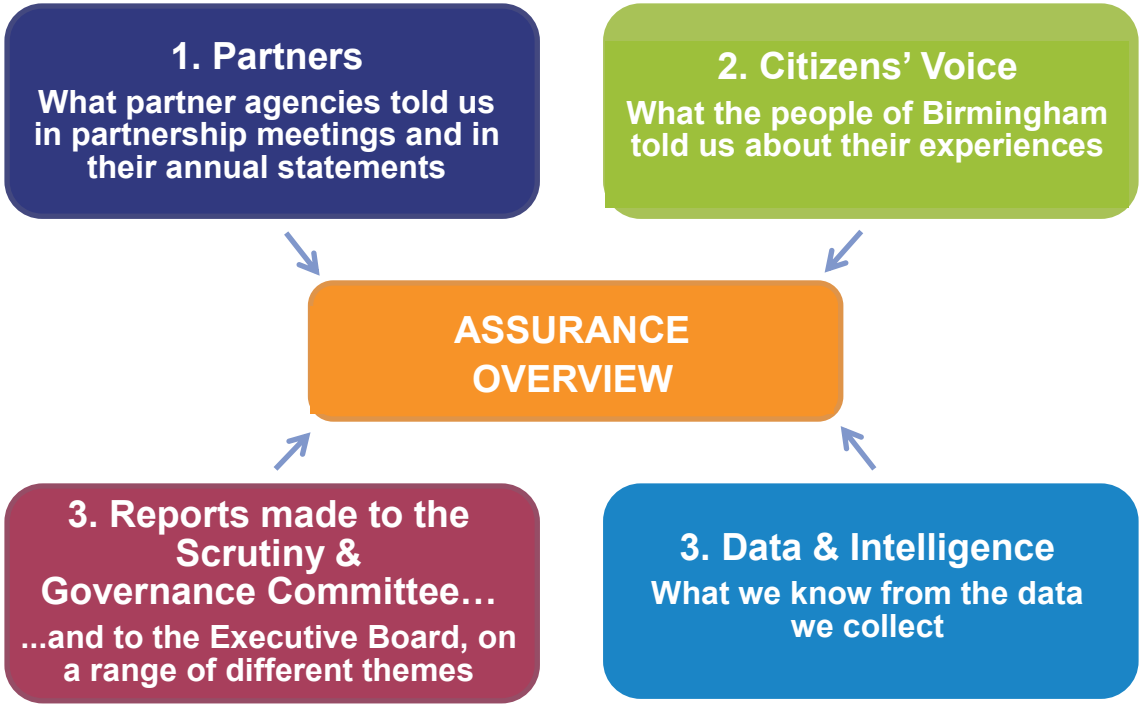
We continue to share any learning from any regional or national reviews across our partnership.

What do we mean by assurance?

By assurance, BSAB means making sure that what we and our partners are doing in Birmingham is working so that vulnerable people in the city will feel safer and better protected from the risk of abuse and neglect because of what we do. This is one of BSAB's main jobs. To do this we look for lots of different bits of information to see one big picture of what is happening in Birmingham. This is so we can see what we think is working well, what needs more work, and where any key risks might lie. We will show you this picture each year in our annual report. Because Birmingham is constantly growing, changing and development, seeking assurance has to be done all the time and not just once.



Our assurance model looks like this:



What our assurance process has told us about safeguarding in Birmingham in 2019-20

1. From our partners:

We asked our partner organisation to tell us:

- what the people who use their service had said their safeguarding priorities and concerns were;
- how they had put BSAB's Making Safeguarding Personal guidance into practice and involved citizens;
- how they had worked to reduce social isolation;
- what were the challenges and biggest risks in the city; and
- how they were delivering support to victims of domestic abuse including citizens with disabilities and those that were older.

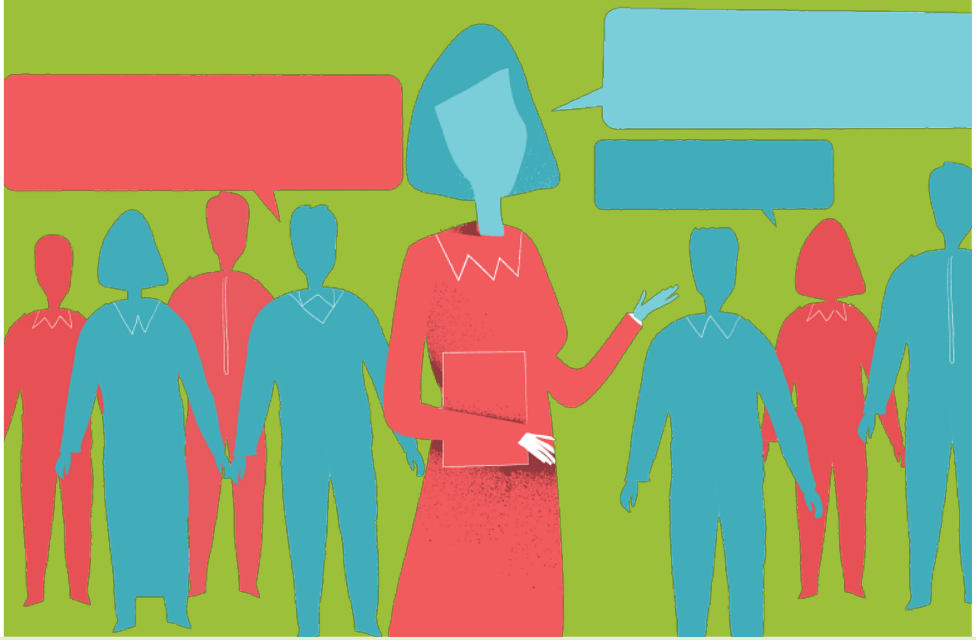
They gave us a sense of the different ways organisations are delivering their safeguarding responsibilities in the varied settings and circumstances they work in. Our role as a board is not to check on the performance of individual services - unless there is a serious problem somewhere - instead it is to try to assess how well things are fitting together overall, and how effective our partnership is. The responsibility to seek assurance about individual providers normally lies with their commissioner and/or regulator.

Some common themes highlighted from the assurance statements were about:

- making safeguarding personal and citizen feedback practice is continued to being embedded;
- many partners working with supporting communities around social isolation;
- domestic abuse continuing on the agenda as a priority area for most organisations;
- mental health; and
- financial pressures and reductions in public spending.

2. From the citizens of Birmingham:

We have made a continued commitment to try to capture what the people of Birmingham are saying, and what the people who have been through a safeguarding experience are saying. We know this is an area that needs concerted and ongoing work. We are continuing to develop ways to increase the involvement of citizens. We have engaged with citizens through the Citizen Involvement Team work very closely in co-production with Citizens of Birmingham. This has included citizens speaking of their experiences at events and at our Board meeting. In particular we have done some focused work with citizens with learning disabilities.



1. We have sought assurance on the following:

The Scrutiny and Governance Committee (S&G) received reports from different organisations throughout 2019 - 20. The committee requests reports from whoever is best placed to comment on or analyse a particular issue or theme. For example, Birmingham City Council provided assurance on Deprivation of Liberty and their duty under the Mental Capacity Act 2005 The committee then question and challenge what had been presented, then try to identify strengths and weaknesses and to make suggestions about ways forward. The S&G Committee then provides summary reports to the Board on its findings.

Last year we received reports from:

- Deprivation of Liberty
- Birmingham and Solihull Clinical Commissioning group about the Learning Disability Mortality Review
- The Local Authority on their implementation of the 3 Conversations Model
- Progress in relation to work around unregulated accommodation
- Process around Person in a Position of Trust
- Wider assurance for all partners developed and received.

What did the reports tell us?

Birmingham City Council informed us that there continues to be a challenge to assess all high priority DoLS cases due to increasing referral rates. A waiting list system was in place with managers ensuring that those experiencing actual restraint, or who are actively objecting to their care or treatment arrangements, are prioritised.

Birmingham and Solihull Clinical Commissioning Group assured us that learning Disability Mortality Reviews were taking place and how the learning was being implemented and shared.

We were informed of the progress of 3 conversations model being adopted in Birmingham as a positive approach based on the assets, strengths and capabilities of people, families and communities and how the awareness was being raised.

The Birmingham Safeguarding Adults Board raised the issues around unregulated accommodation and we received assurance of work taking place to deal with the issues and were assured of progress being made.

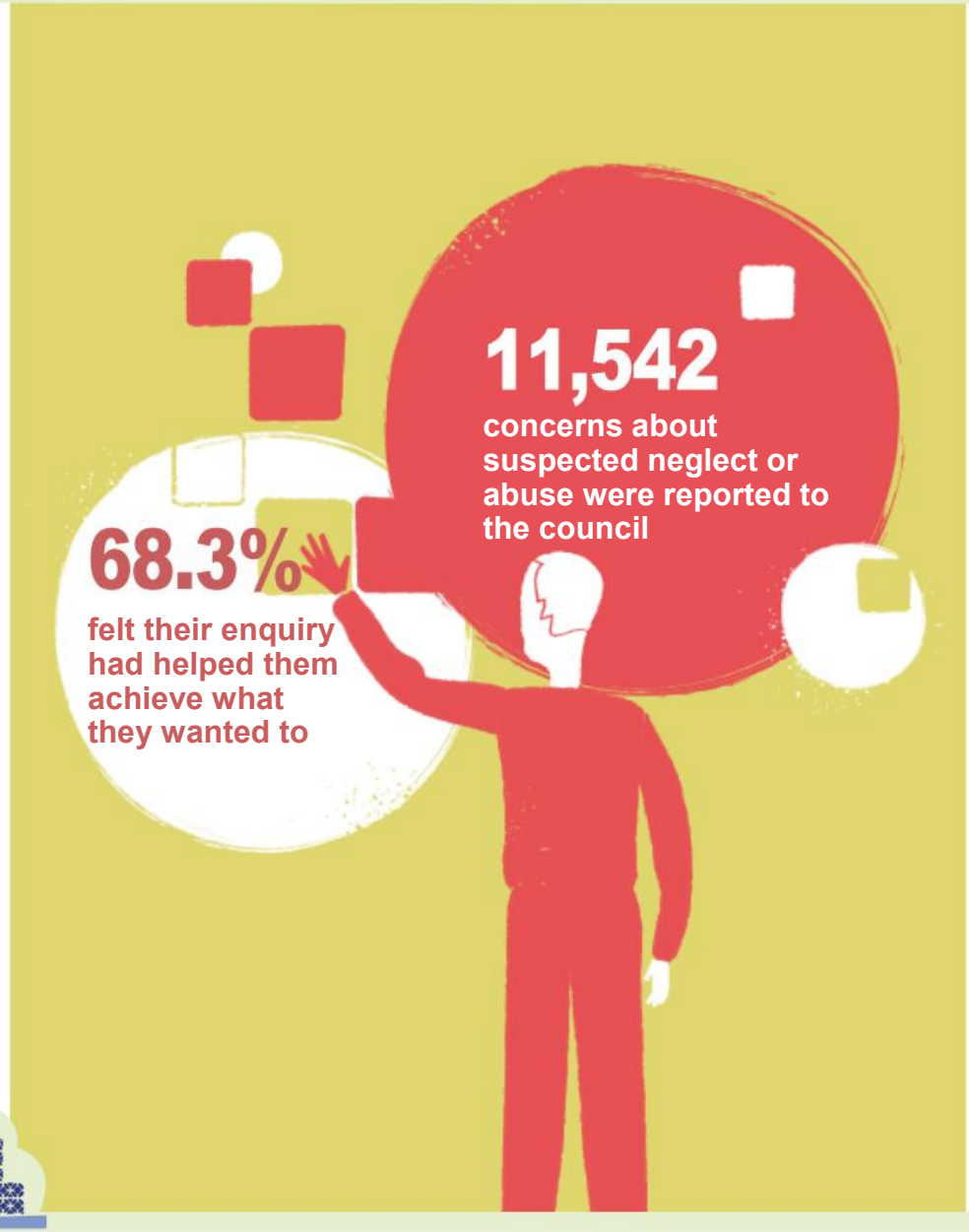
We were presented with an updated process around Person in a Position of Trust with a view for it to be implemented in Birmingham.

We sought assurance from the partners and received a good response on key themes highlighting and providing assurance in particular on Making Safeguarding Personal and Domestic Abuse.

1. From our data and intelligence

From the information collected by the council, we know that:

- 11,542 concerns about suspected neglect or abuse were reported to the council; there has been a very significant growth in the number of reports since 2014, an increase of 737 on the previous year, indicating that there is a high awareness of arrangements for reporting concerns about vulnerable adults in Birmingham.
- The majority of concerns are about citizens living in their own homes; this supports the Board's view that the safety of vulnerable people in the community should be the focus of its attention.
- In the majority of cases, 91.2% of citizens are involved in saying what they want to achieve through their safeguarding enquiry. This is a key indicator of the Making Safeguarding Personal initiative.
- Of those citizens, 68.3% felt their enquiry had helped them achieve what they wanted to, and 85% reported that they felt safer as a result.



Next steps

Our future priorities have been based upon the assurance work and our partners have undertaken this year, which we describe in section 18.

18 How do we support learning, development, engagement and information sharing?

Multi-Agency Practitioner Forums

- Forced Marriage
- Domestic Abuse of Older Adults by Family Members
- Impact of Social Isolation
- Financial Abuse - Illegal Money Lending

Safeguarding Adult Partnership Meetings

The themes of our meeting were:

- Safeguarding Adults Resettlement & Community Rehabilitation
- Risk Enablement
- Domestic Abuse and Homelessness
- Prevention when working with people with learning disabilities

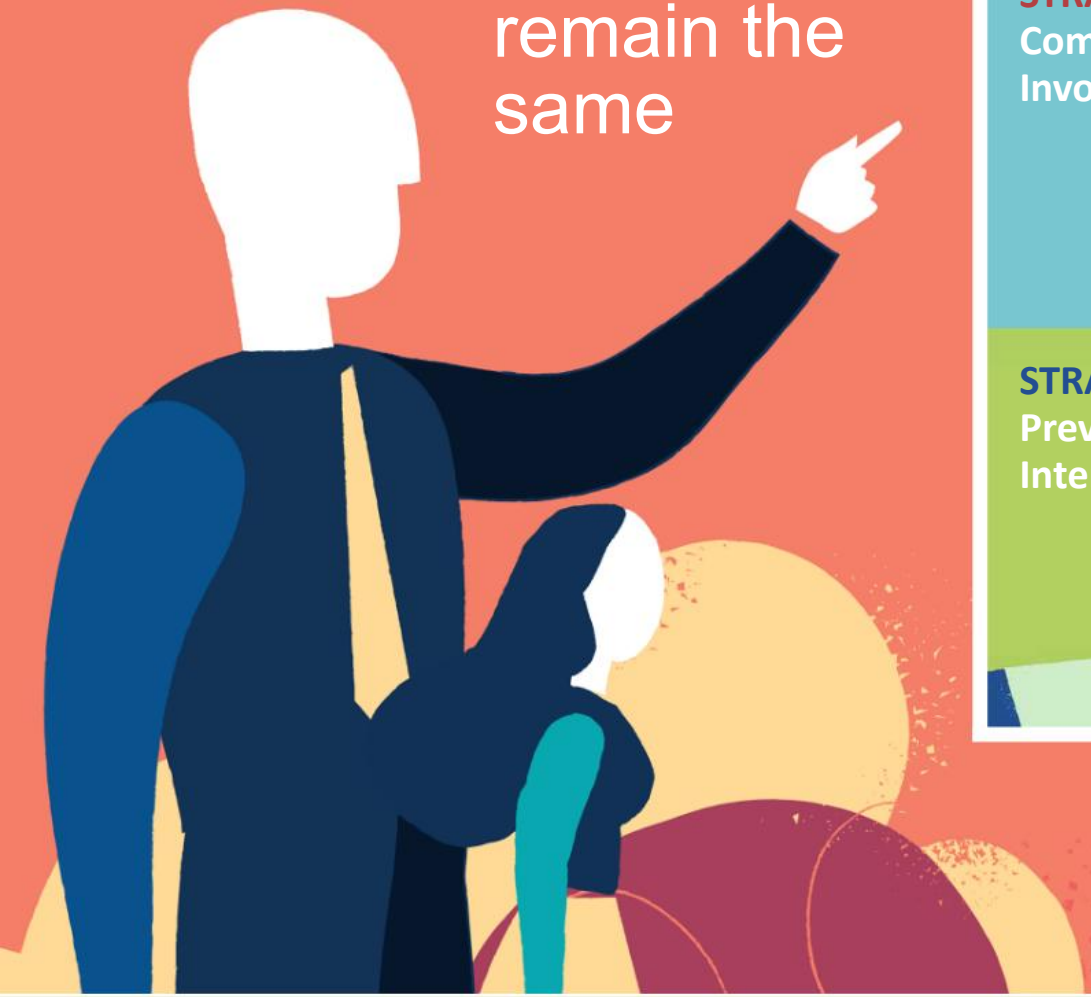
Policy, Procedures, Guidance, Research and Training

- Multi-agency policy and procedures for the protection of adults with care & support needs in the West Midlands - updated
- Person in a Position of Trust
- Safeguarding Adults Review and Independent Management review training
- Risk enablement briefings
- Trauma informed training

Communications/Engagement

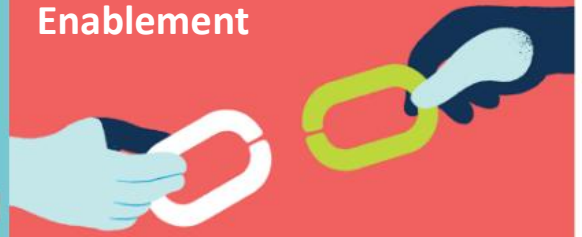
- BSAB Strategy and Action Plan for 2019-2021
- Four editions of the BSAB Newsletter produced
- Independent Chair's reports
- Citizen and Partner engagement
- Website development
- Twitter activity ongoing

“ Our priorities remain the same



STRATEGIC PRIORITY 1
Communication & Involvement

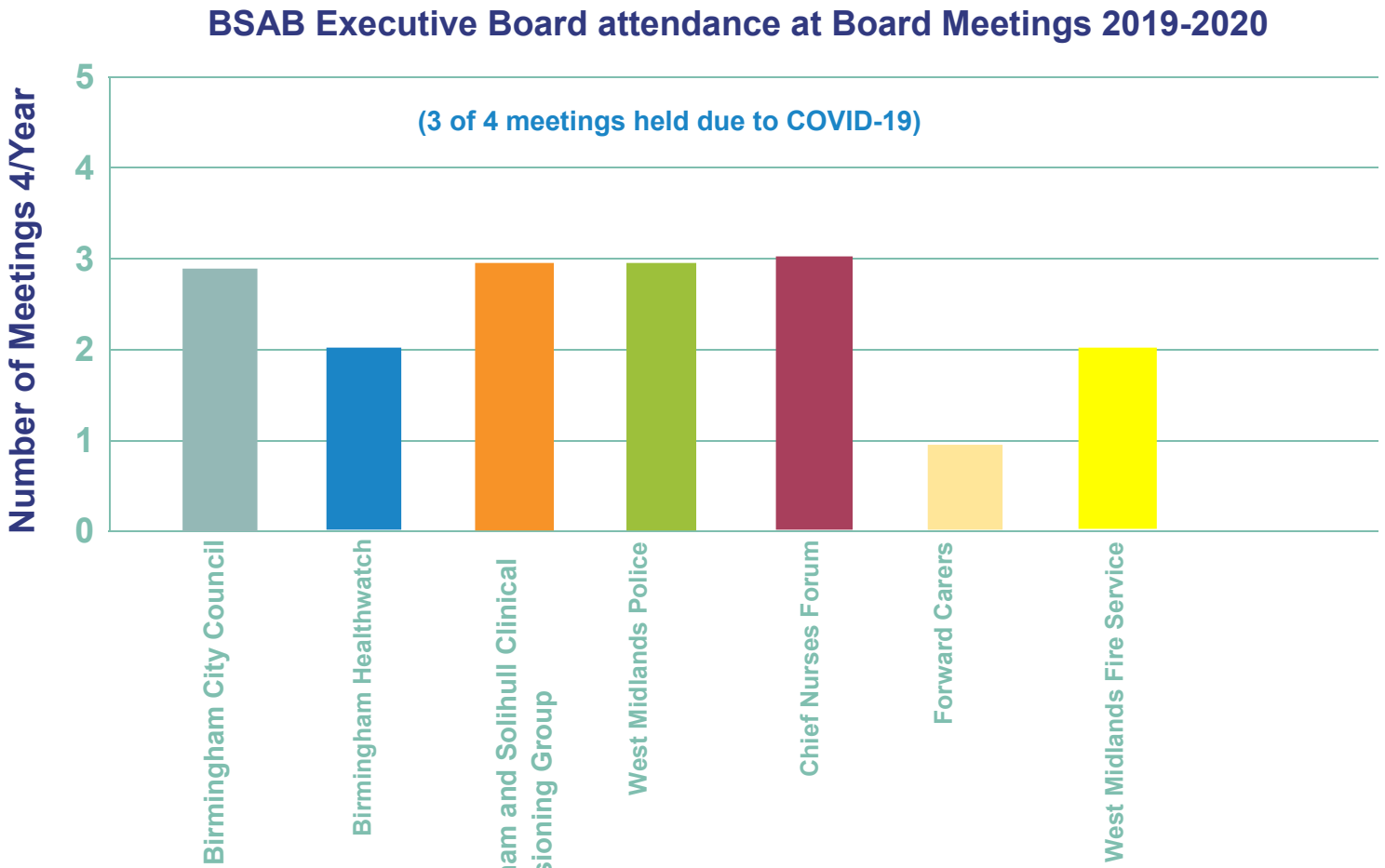
STRATEGIC PRIORITY 3
Empowerment & Enablement



STRATEGIC PRIORITY 2
Prevention & Early Intervention

STRATEGIC PRIORITY 4
Learning Through Development & Assurance

Appendix 1 Executive Board Attendance Record 2019-2020



Appendix 2 Partners' Feedback - What is it like working with the BSAB?

"The Birmingham Safeguarding Adult Board continues to drive forward improvements to ensure vulnerable adults are safeguarded and protected. The work they do in conjunction with several partner agencies including the police, NHS, care providers, social housing, prisons and our community and voluntary sectors to support adults at risk of abuse or neglect. The work they do focuses on prevention, as well as reviewing, developing and co-ordinating improvements for the safety of vulnerable adults across Birmingham. Cherry Dale and her team work tirelessly with compassion and vigour across agencies to challenge, review and drive forward improvements as well as championing adult safeguarding across Birmingham."

Councillor Paulette Hamilton
Cabinet, Cabinet Member for Health and Social Care,
Chair of Health & Wellbeing Board

"Healthwatch Birmingham is proud to be a member of BSAB who has the protection and safeguarding Interests of Birmingham citizens at the heart of their work. We are committed to supporting BSAB to hear the voice of the community, to ensure the work they do meets the needs of the communities they serve. BSAB is leading the way, demonstrating how inclusive partnership work can make a real difference in Birmingham for its citizens."

Andy Cave
Chief Executive
Healthwatch Birmingham

"The Birmingham Safeguarding Adults Board and the Citizen Involvement Team work very closely in co-production with Citizens of Birmingham. BSAB have really championed co-production over the last few years. Cherry Dale has presented twice at the People for Public Services forum organised by citizens. This saw citizens get involved in helping to reshape some of the boards current work and how it engages with the wider organisations in Birmingham."

Citizens from the People for Public Services

Appendix 2 Partners' Feedback - What is it like working with the BSAB?

Thea Raisbeck Honorary
Honorary Research Fellow
University of Birmingham

As a researcher who specialises in practice-based and policy work with vulnerable and marginalised communities, I greatly value the strong working partnership I have with Birmingham Safeguarding Adults Board. I have previously collaborated with BSAB on an important piece of work around the risks to vulnerable groups in shared exempt accommodation, and would not have been able to produce this work with the depth and clarity needed were it not for the input and leadership shown by Cherry Dale and her colleagues on the Board. Building on this foundation I have continued to work in partnership with BSAB to keep the issue of shared exempt accommodation on the local agenda and ensure we are sharing knowledge and practice through a continuous process of sectoral engagement and improvement.

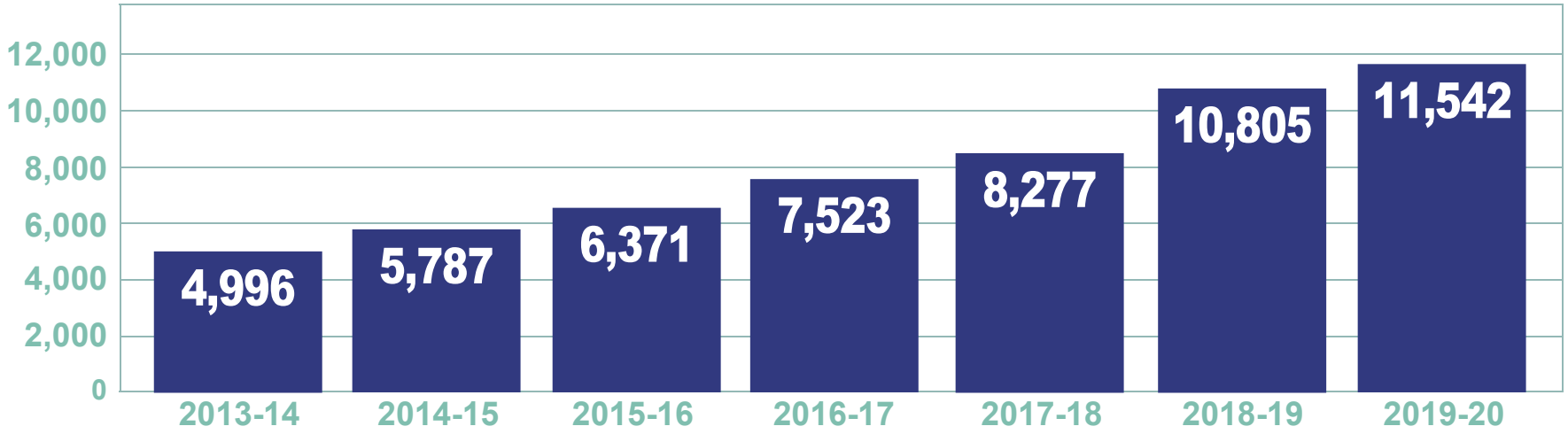
BSAB's strong ethos of multi-agency working and their willingness to address and facilitate exploration and learning around more difficult issues is admirable. I feel very fortunate to work in a City where the Safeguarding Adults Board inhabits a central position within, and fosters interaction between, such a wide range of sectors, agencies, and individuals. They are open, engaged, and clear-sighted in their aim to protect the most vulnerable in society. I do not believe, without BSAB's early foresight and conviction, and their continual expertise and support, that we would be anywhere near as far along in our 'journey' to ensure shared exempt housing in the City is a safe option for our citizens".

Dionne Williams
Programme Manager
Forward Carers CIC

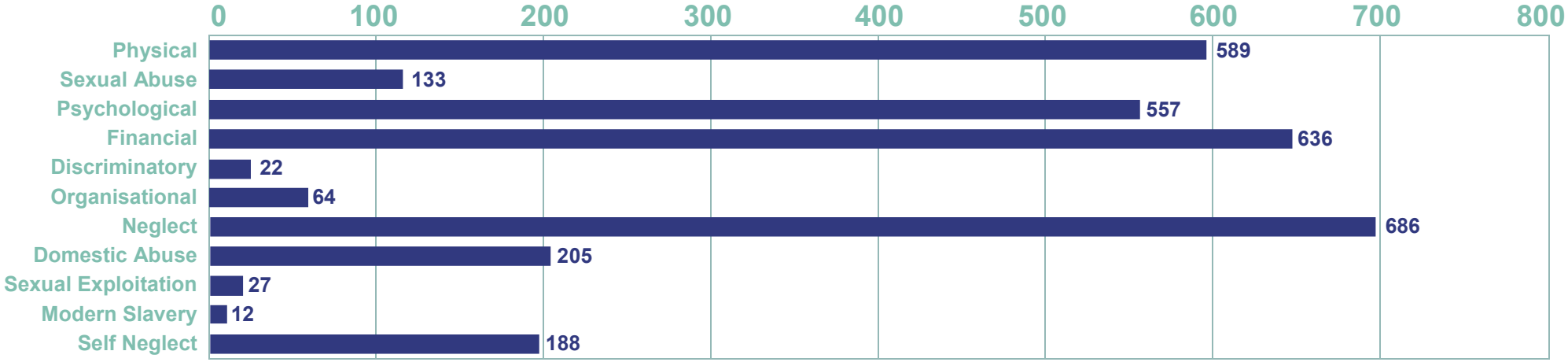
"Forward Carers has been delighted to support BSAB with its aims and objectives for another year. BSAB has been very supportive in highlighting the role and needs of family carers within Adult Safeguarding in Birmingham. Forward Carers has contributed to various BSAB workstreams and this opportunity has been integral to informing and improving our own Adult Safeguarding practices, across our organisation and services."

Appendix 3 Safeguarding Adult Concerns Data

Adult Safeguarding concerns reported to the council each year from 2013-2020

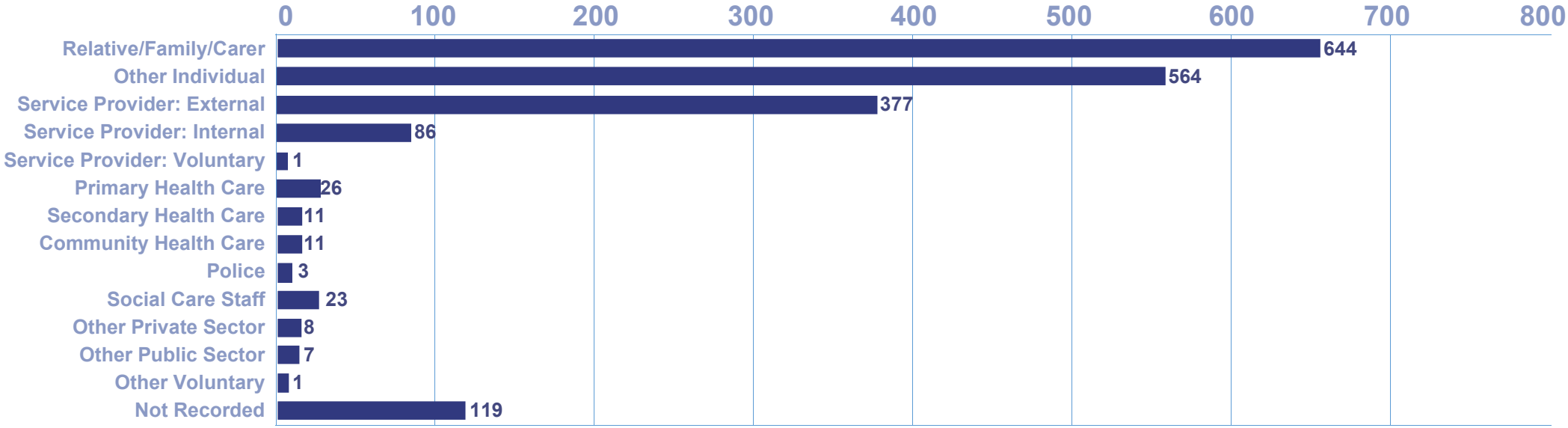


Types of abuse where enquiries were made in 2019-2020

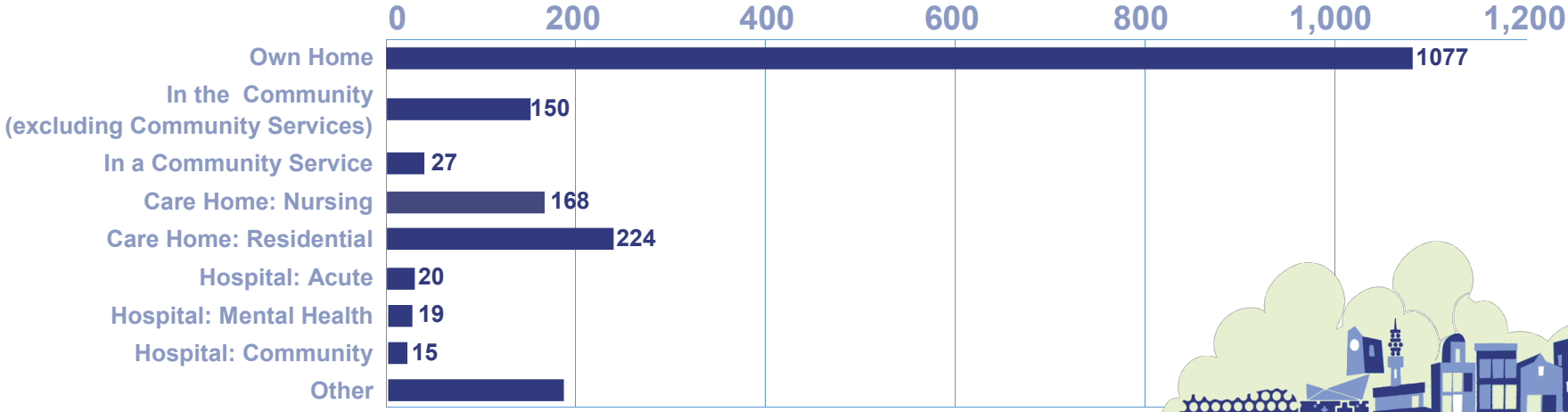


Appendix 3 Safeguarding Adult Concerns Data

Who was alleged to cause the risk to the adult in enquiries in 2019-2020



Where abuse or neglect was alleged to have happened in enquiries in 2019-2020



Proportion of people who were asked what outcome they wanted from their enquiry in 2019-2020

% of people who told us what they wanted to achieve from their enquiry	87.5%
% of people who were asked but did not say what they wanted to achieve from their enquiry	7.1%
% of people not asked	4.4%
Not recorded	0.9%

What people felt about whether their enquiry had achieved what they wanted

Fully achieved	69.3%
Partially achieved	24.5%
Not achieved	7.2%
Not recorded	0%

How people felt after their enquiry

Did the person feel involved?	91.2%
Did the person feel listened to?	90.1%
Did we act on their wishes?	89.3%
Do we feel as safe as they want to be?	85%
Do they feel happier as a result?	83.1%

BIRMINGHAM SAFEGUARDING ADULTS BOARD

Twitter: @BrumSAB
YouTube: http://bit.ly/3ao1pfB
Website: www.bsab.org

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Long term admissions into residential and nursing care (see also pages 7-8)

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

Target: 560.00 **M6 performance:** 602.90 **RED**

What happened:

The number of people we placed in care homes increased during this quarter
-This quarter (April to June) was the first to be severely impacted by the Covid-19 pandemic. The increase came from hospital discharges and was probably unavoidable due to the circumstances of the pandemic response.
- There was a big increase in April (146 placements vs. the normal 80-100).
-Numbers dropped in May and June but were still higher than normal.
-As part of the pandemic response, care home placements were being used to free up hospital capacity
-High numbers of older people were being admitted to hospital with a severe illness

What were the challenges:

What we are doing:

-We follow a home-first policy and support people to remain at home whenever possible
-We have moved to a "discharge to assess" model for hospital discharges, where our assessment takes place in the community with the aim of supporting people to remain independent
-We have adopted a "three conversations" model of assessment in the community, where social workers focus on connecting people with their communities as a source of support.

Clients reviewed in the last 12 months (see also page 6)

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

Target: 85.0% **M6 performance:** 73.6% **RED**

What happened:

-Our performance has remained stable since last month, and risen over the quarter.
-We have had to redirect our social workers to support our response to the Covid-19 outbreak, which reduced the number of staff available to complete reviews.

What we are doing:

-Management team have implemented a monthly performance board to monitor review activity.
-The operational teams are working with colleagues to ensure Carefirst capures the review activity
-Activity is to be monitored and considered at a team level.

Direct Payments (see also pages 11 and 12)

The proportion of eligible clients in receipt of a Direct Payment

Target: 35.0% **M6 performance:** 37.5% **Green**

What happened:

-Uptake has been stable this month, but climbed over the quarter.
-Citizen's take-up of direct payments has slowed due to the pandemic, as anticipated.

What we are doing:

-Our workers will still encourage people to consider Direct Payments.
-We will continue to train new workers in Direct Payments using online training tools.
-The Direct Payment Challenge Group is looking at innovative ways to increase the uptake of direct payments.

Shared Lives (see also page 14)

The number of people who have shared lives

Target: 140 **M6 performance:** 101 **RED**

What happened:

Take-up droppped slightly this month, but has increased since last quarter

What we are doing:

-We are sharing success stories with the wider directorate to encourage referals
-We are developing a pathway into Shared Lives for hospital discharges
-Due to the Covid-19 pandemic, we are not able to offer the same level of service, and will focus maintaining our existing placements, by supporting with carers' moral and PPE needs, and dealing with any placement breakdowns.
-We are using the available technology to avoid "in person" contact where possible
-We are offering daily check-in calls to our carers, and supporting them with PPE requirements and moral
-Directorate management has approved further one-off payments to support carers through additional pressures.

Early Intervention (placeholder - measure under development)

Target: - **M6 performance:** -

What happened:

What we are doing:

Cabinet Scorecard - September 2020

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

1. Use of Resources

	Measure	Status	Target	Last Month	This Month	D o T	Constit-uencies	Bench-markable
1	Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)	**N/A**	7.95					✓
2	The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)	**GREEN**	75%	74.8% (Q4)	75.9% (Q1)	Up (Green)		
3	Proportion of clients reviewed, reassessed or assessed within 12 months	**RED**	85%	73.6%	73.6%	Static (Amber)	✓	
4	The number of long-term admissions to residential or nursing care per 100,000 over 65s	**RED**	560	565.6 (Q4)	602.9 (Q1)	Up (Red)		

2. Personalised Support

	Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
5	Social work client satisfaction - postcard questionnaire.	**N/A**	70%	(Q1)	(Q2)			
6	Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	**GREEN**	85%	95%	92%	Down (Red)		
7	Uptake of Direct Payments	**GREEN**	35% (EoY 35%)	37.5%	37.5%	Static (Amber)	✓	✓
8	The percentage of people who receive Adult Social Care in their own home	**GREEN**	DoT Only	70%	70.1%	Up (Green)		✓
9	The number of people who have Shared Lives	**RED**	140	97	101	Up (Green)		

Cabinet Scorecard - September 2020

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

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	14	19	Up (Red)		
11	Percentage of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	14.9%	17.3%	Up (Red)		✓

4. Community Assets

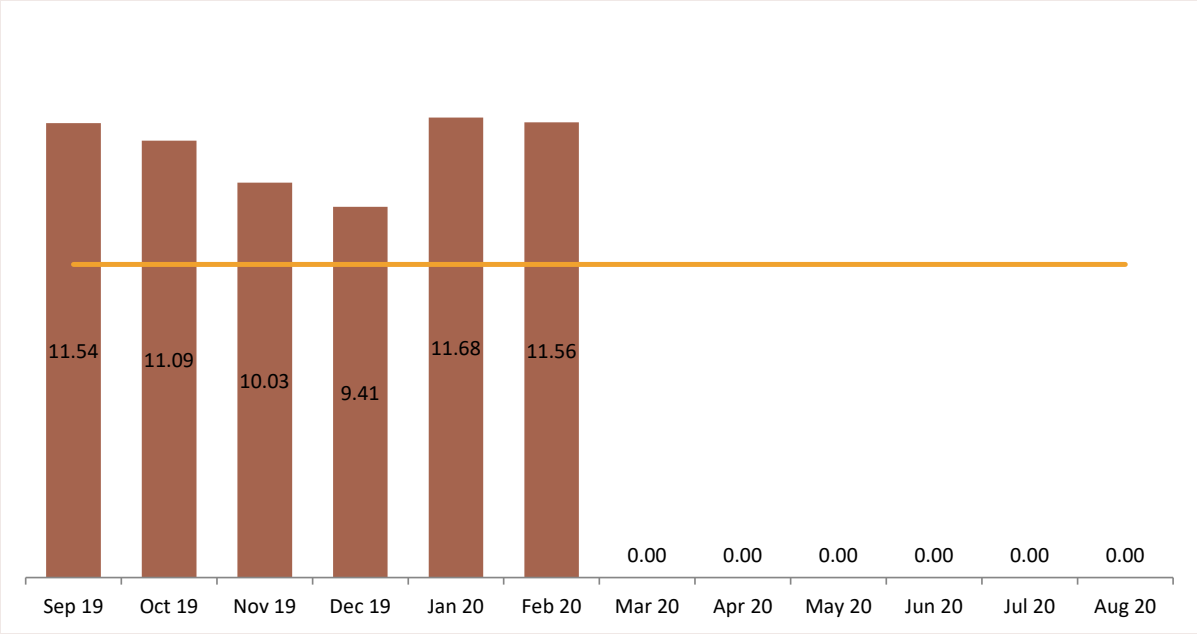
	Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
12	The number of people with Learning Disabilities who have been supported into employment by the PURE Project	GREEN	DoT Only	9 (Q1)	10 (Q2)	Up (Green)		
13	The percentage of adults in contact with secondary mental health services in employment	GREEN	DoT Only	4% (2017/18)	4% (2018/19)	Static (Amber)		✓
14	The proportion of people who use services who reported that they had as much social contact as they like	RED	DoT Only	46.5% (2017/18)	44% (2018/19)	Down (Red)		✓
15	The proportion of carers who reported that they had as much social contact as they like	RED	DoT Only	28.3% (2016/17)	25.1% (2018/19)	Down (Red)		✓

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)

Change:	Last Month	This Month	Target
N/A			7.95

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



Commentary:

NHS Digital have suspended the Unify DTOC collection until at least November due to the Covid-19 pandemic.

Measure Owner: Balwinder Kaur

Responsible Officer: Amanda Jones

Frequently asked questions:

< Previous: Client social contact

Return to Scorecard

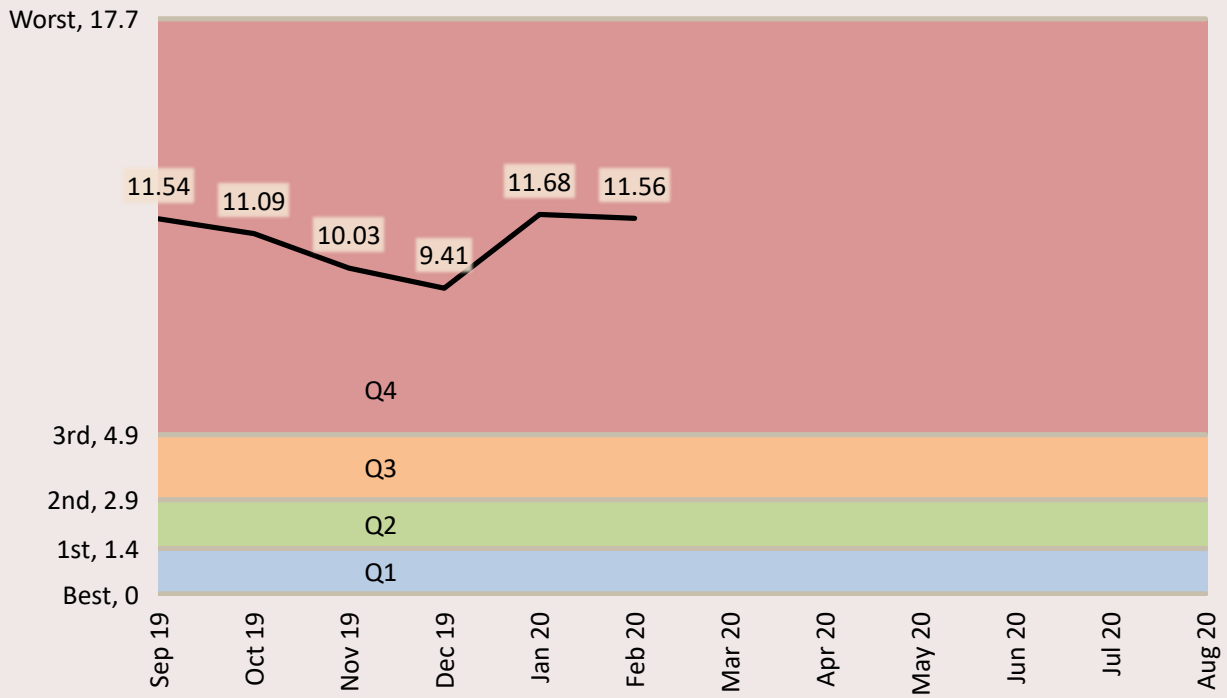
Next: DTOC Total quartiles >

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)

Benchmarking data is taken from 2018/19 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Performance against national quartiles



Quartile	Score	Difference Figure	Difference %	Beds/day Difference
Worst	17.70			
3rd	4.90			
2nd	2.90			
1st	1.40			
Best	0.00			

Current Quartile	
Distance to next quartile	
Distance to top quartile	

[< Previous: DTOC Total](#) [Return to Scorecard](#) [Next: Good provider all >](#)

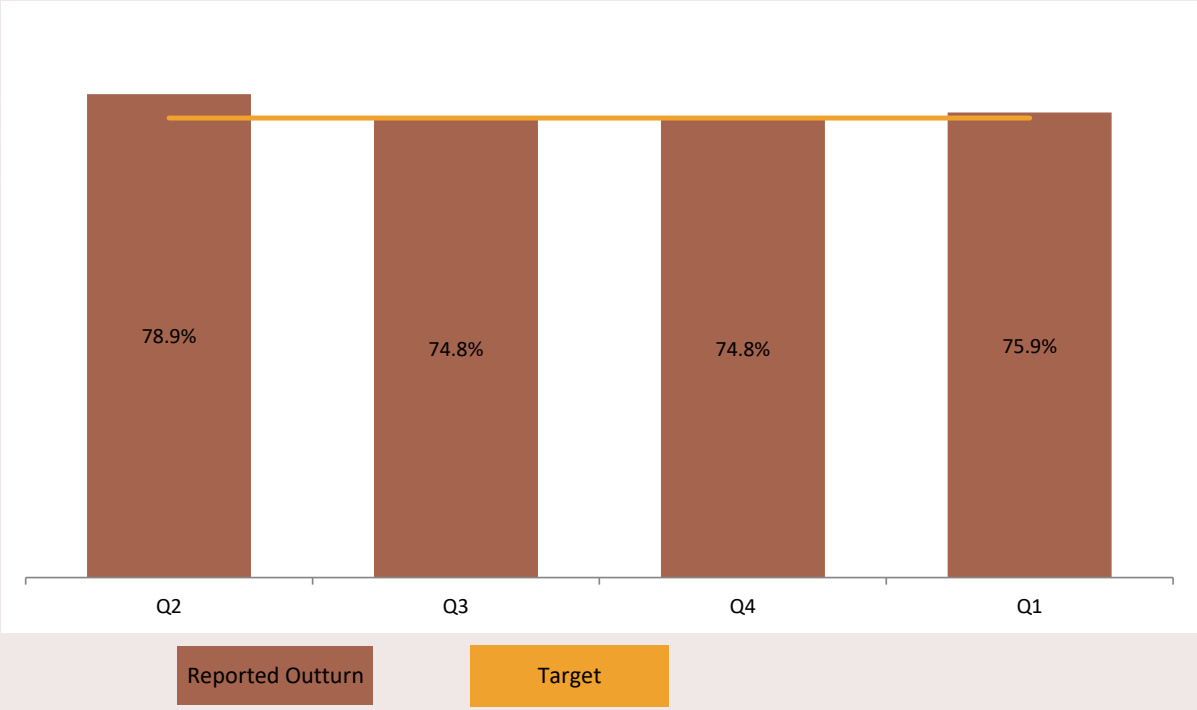
Theme: Use of Resources

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)

GREEN

Change:	Prev. Quarter	Latest Quarter	Target
Up (Green) 1.1 pp	74.8%	75.9%	75%

Source:
Carefirst service agreements and commissioning provider assessment data



Commentary:

Our performance on this measure has improved since last quarter and is now exceeding the target of 75% of citizens placed with either a Gold or Silver rated provider. Our provider ratings are based on a rigorous, evidence-based process that includes periodic visits from our commissioning officers and inspections by the Care Quality Commission (CQC). As a result, we expect there to be fluctuations in this measure when providers who support a large number of people are inspected, particularly as the CQC are taking a harder line against poor providers. This is part of our drive to improve overall quality, and we work with providers who are rated as inadequate to help them improve.
Overall, 83% of our citizens who receive home support from us are with a provider rated as silver or gold, as are 69% of citizens receiving residential/nursing care and 82% receiving supported living services.
We are working hard with inadequate providers in order to improve the overall quality of support available.

Measure Owner: Alison Malik

Responsible Officer:

Frequently asked questions:

[< Previous: DTOC Total quartiles](#) [Return to Scorecard](#) [Next: Reviews >](#)

Theme: Use of Resources

Proportion of clients reviewed, reassessed or assessed within 12 months

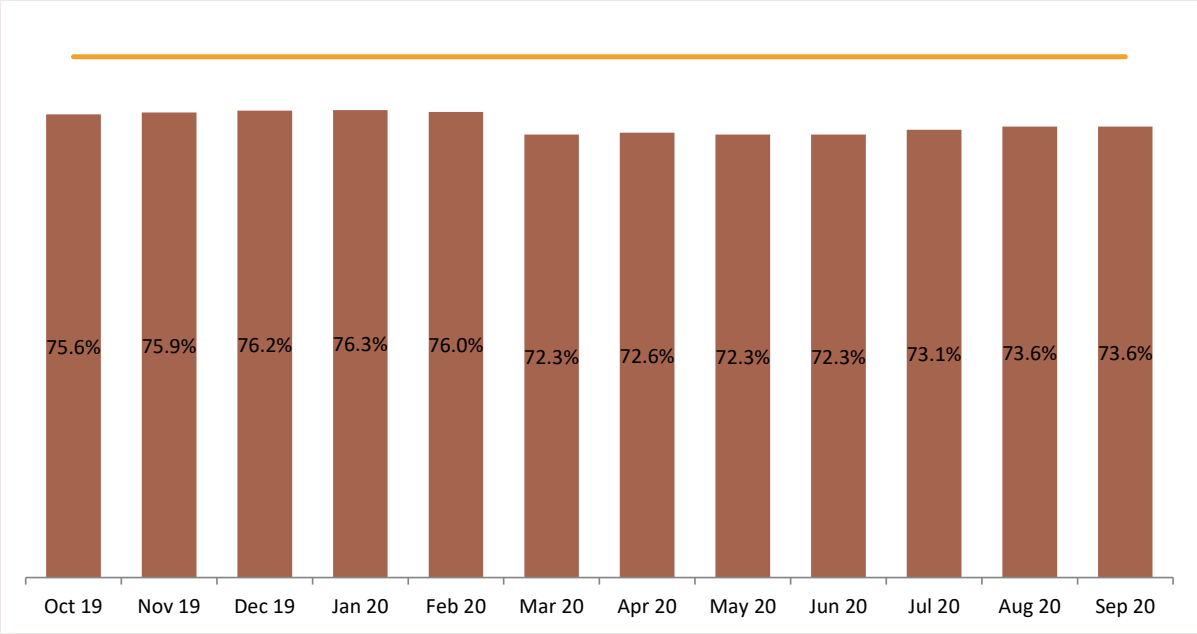
RED

Change:

Static (Amber) **0 pp**

Last Month	This Month	Target
73.6%	73.6%	85%

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



Commentary:

Our performance on this has remained stable since last month, but has generally been rising following the drop in March. There were a large number of reviews that were due in March as a result of our efforts in previous years to meet the target at the end of the year. Added to this, we had to redirect our social workers to support our response to the Covid-19 outbreak, which reduced the number of staff available to complete reviews.
Adult Social Care senior management team have implemented a monthly performance board to monitor the review and assessment activity, reporting to the Director of Adult Social Care each quarter.
The operational teams are currently working with Care First, Performance and Finance colleagues to ensure the system captures the review activity, review activity and allocation of cases is to be monitored and considered at a team level to ensure the 85% target is achieved by the end of March 2021.

Measure Owner:
John Williams

Responsible Officer:
Afsaneh Sabouri

Frequently asked questions:

< 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

RED

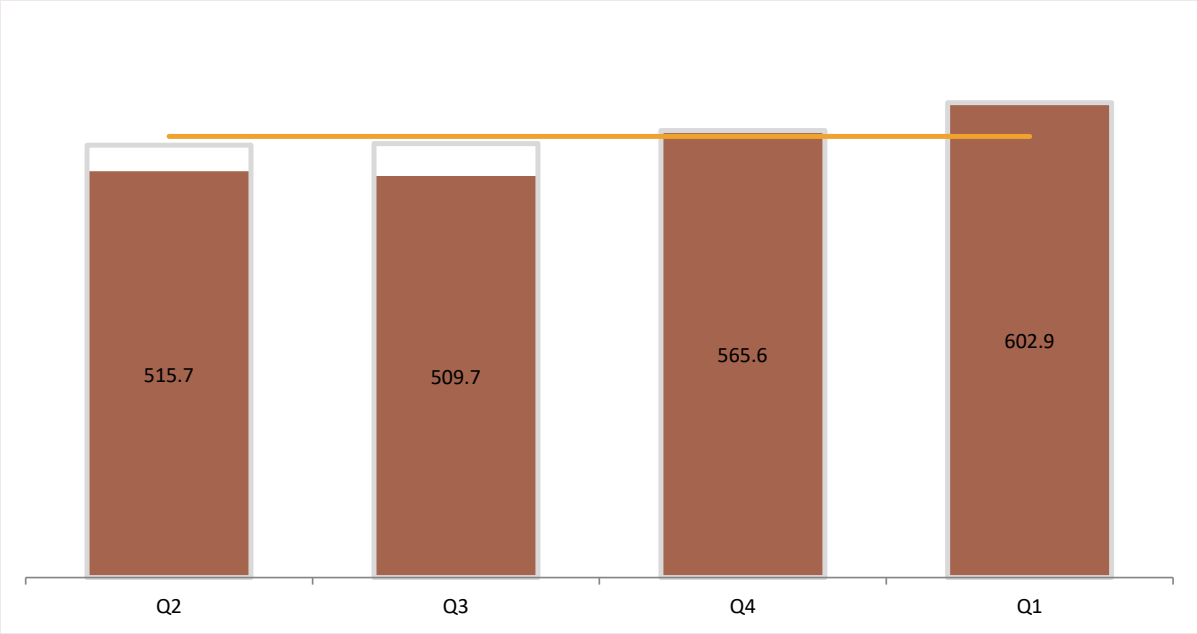
Change:

Up (Red) **6.6%**

Prev. Quarter	Latest Quarter	Target
565.6	602.9	560

Recalculated: 0

Source:
Carefirst



Commentary:

The number of people who we placed permanently in care homes has increased since the last reported quarter. This is the first quarter where the Covid-19 pandemic has had a significant impact on this figure as it now includes the months from April to June. April in particular saw a large increase in the placements we made (146 compared to between 80 and 100 in a typical month), and while it dropped again, we still saw higher than usual numbers for the following two months. The increase came from placements for people either being discharged from hospital, or coming from short-term services following a hospital admission. Due to the circumstances of the pandemic, this was most likely unavoidable, as care home admissions were being used to free hospital capacity, and there were also high numbers of older people being admitted to hospital with a severe illness.

In hospitals, we follow a Home First policy. We aim to avoid placing people permanently in care homes when they are discharged from hospital, and support them to remain in their own home whenever this is possible.

During this quarter, we also moved to a "Discharge to Assess" model for hospital admissions, which means that we are not undertaking any long term planning for people while they are in hospital. Instead, the assessment takes place in the community with the aim of supporting people to remain as independent as possible for as long as possible. Alongside this model, our Early Intervention Community Team is helping to keep people at home following discharge from hospital. With it, we aim to prevent people being admitted to care homes by providing them with an intensive period of support that helps them be as independent as possible.

In the community, our social work teams have adopted a "Three Conversations" model of working. Under this model, social workers focus on connecting people with their communities as a source of support, and actively seek out opportunities and assets in the community that can help to meet people's needs.

Measure Owner: Balwinder Kaur

Responsible Officer:

Frequently asked questions:

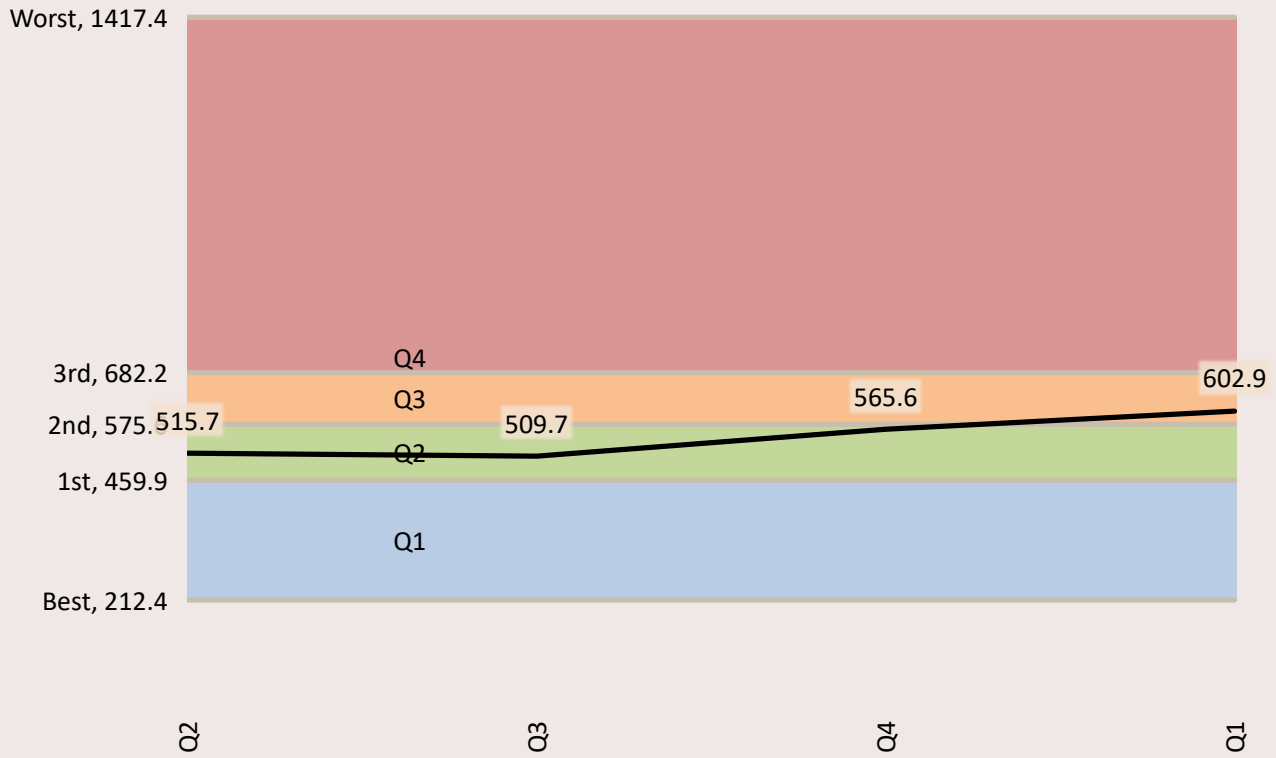
[< Previous: Reviews](#) [Return to Scorecard](#) [Next: Long term admissions quartiles >](#)

Theme: Use of Resources

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

Benchmarking data is taken from 2018/19 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Performance against national quartiles



Quartile	Score	Difference Figure	Difference %	Admissions Difference
Worst	1417.4	814.5	135%	1205
3rd	682.2	79.3	13%	117
Birmingham	602.9			
2nd	575.6	-27.3	-5%	-40
1st	459.9	-143.0	-24%	-212
Best	212.4	-390.5	-65%	-578

Current Quartile	3rd
Distance to next quartile	40 Admissions
Distance to top quartile	212 Admissions

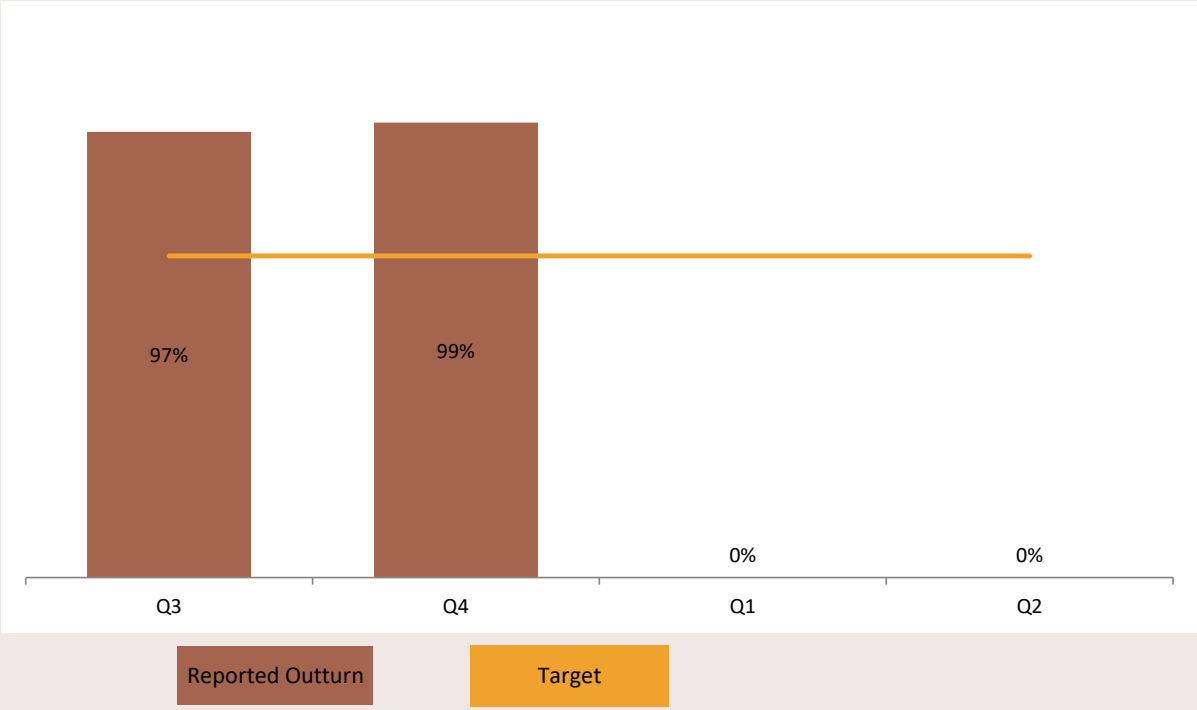
[< Previous: Long term admissions](#) [Return to Scorecard](#) [Next: General satisfaction >](#)

Theme: Personalised Support

Social work client satisfaction - postcard questionnaire.

Change:	Prev. Quarter	Latest Quarter	Target
N/A			70%

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



Commentary:

The postcard questionnaire is currently suspended due to the Covid-19 pandemic.

Measure Owner:
Julia Parfitt

Responsible Officer:
Julia Parfitt

Frequently asked questions:

< Previous: Long term admissions quartiles

Return to Scorecard

Next: Safeguarding MSP >

Theme: Personalised Support

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

GREEN

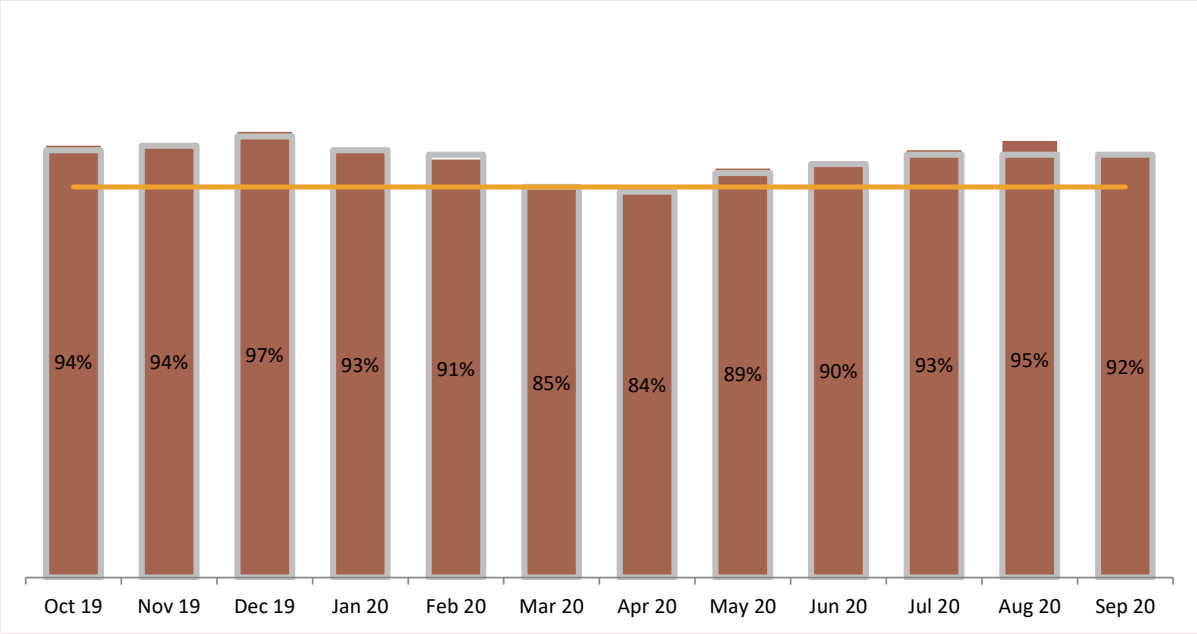
Change:

Down (Red) **3 pp**

Last Month	This Month	Target
95%	92%	85%

Recalculated: 92%

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:

Following a dip in performance related to the Covid-19 pandemic, we are again exceeding the target. Our overall performance over the last 12 months is 91.0%.
As we have noted previously, this measure is based on relatively small numbers, so we expect variations in the result from month to month. However, the consistently high performance indicates that social work staff are making efforts to include vulnerable people in their safeguarding enquiries.

Measure Owner:

Responsible Officer:
Paul Hallam

Frequently asked questions:

< Previous: General satisfaction

Return to Scorecard

Next: Direct payments uptake >

Theme: Personalised Support

Uptake of Direct Payments

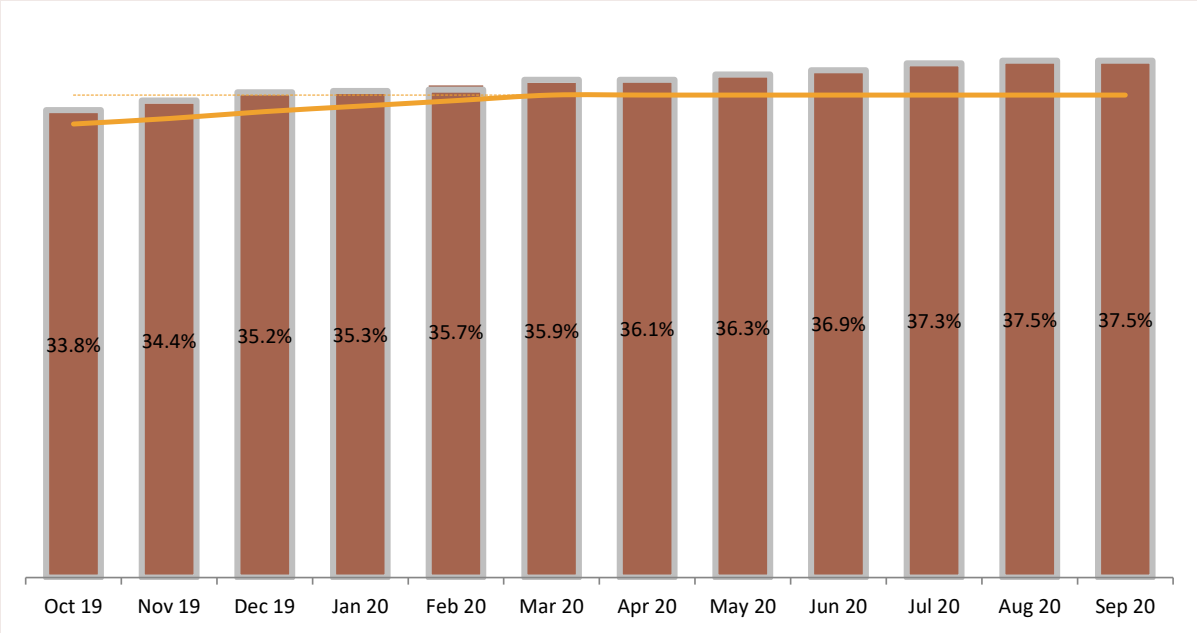
GREEN

Change:

Static (Amber) **0 pp**

Last Month	This Month	Target
37.5%	**37.5%**	**35%**
Recalculated: 37.5%		(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:

The proportion of people we provide direct payments to has remained stable this month. Based on the positions in the 2018-19 ASCOF measures, we are still in the top quartile of all councils for this measure.
As anticipated, citizens' take-up of direct payments appears to have slowed down due to the Covid-19 outbreak and the emergency measures that are in place, as citizens appear to be more assured by commissioned services such as homecare. Added to this the opportunity for community support is also on hold, which usually is an area of high take up rates. Our workers will continue to encourage people to consider Direct Payments, and we will continue to train new workers on Direct Payments using online training tools.
We also introduced our new customer journey in September, which meant that social workers will have had fewer allocations during the switch to the new structure and processes.
The Direct Payment challenge group has recommenced following changes to lockdown measures. The group is looking at innovative measures to further increase the uptake of Direct Payments and creative ways of engaging with community activities

Measure Owner:
John Williams

Responsible Officer:
Julia Parfitt

Frequently asked questions:

< Previous: Safeguarding MSP

Return to Scorecard

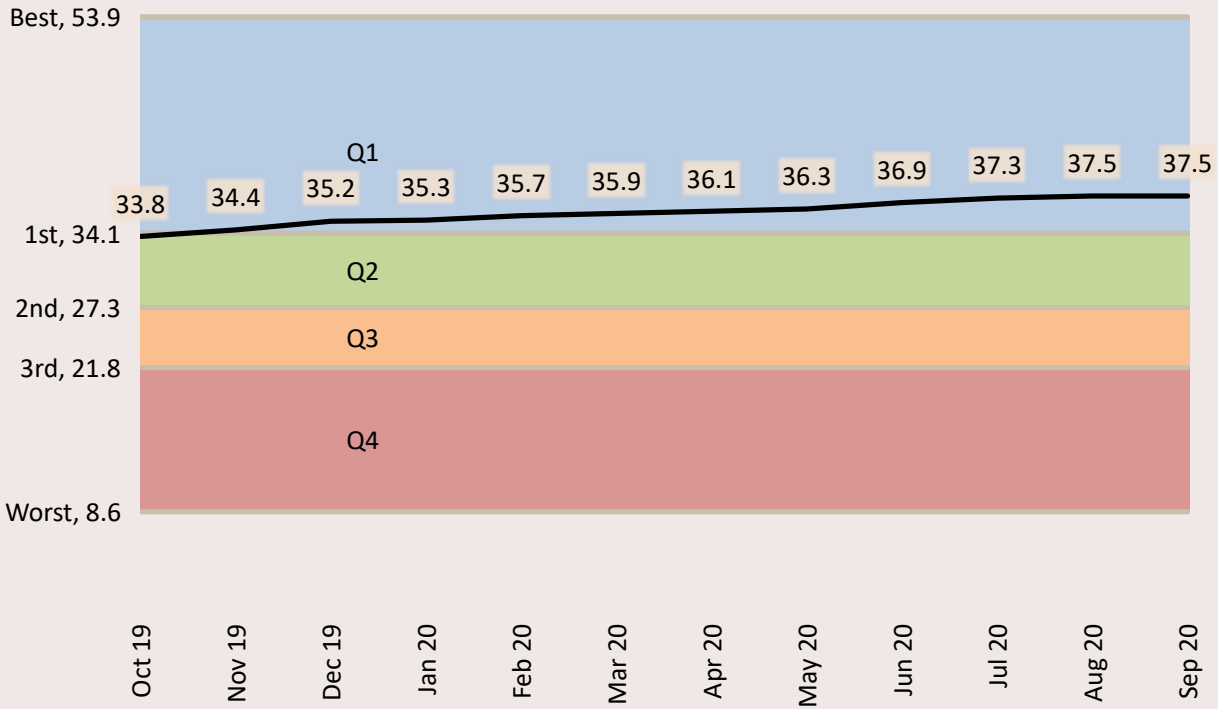
Next: Direct payments quartiles >

Theme: Personalised Support

Uptake of Direct Payments

Benchmarking data is taken from 2018/19 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Performance against national quartiles



Quartile	Score	Difference Figure	Difference %	Packages Difference
Worst	8.6%	-28.9	-77%	-2336
3rd	21.8%	-15.7	-42%	-1269
2nd	27.3%	-10.2	-27%	-825
1st	34.1%	-3.4	-9%	-275
Birmingham	37.5%			
Best	53.9%	16.4	44%	1326

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

[< Previous: Direct payments uptake](#) [Return to Scorecard](#) [Next: Care in own home >](#)

Theme: Personalised Support

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

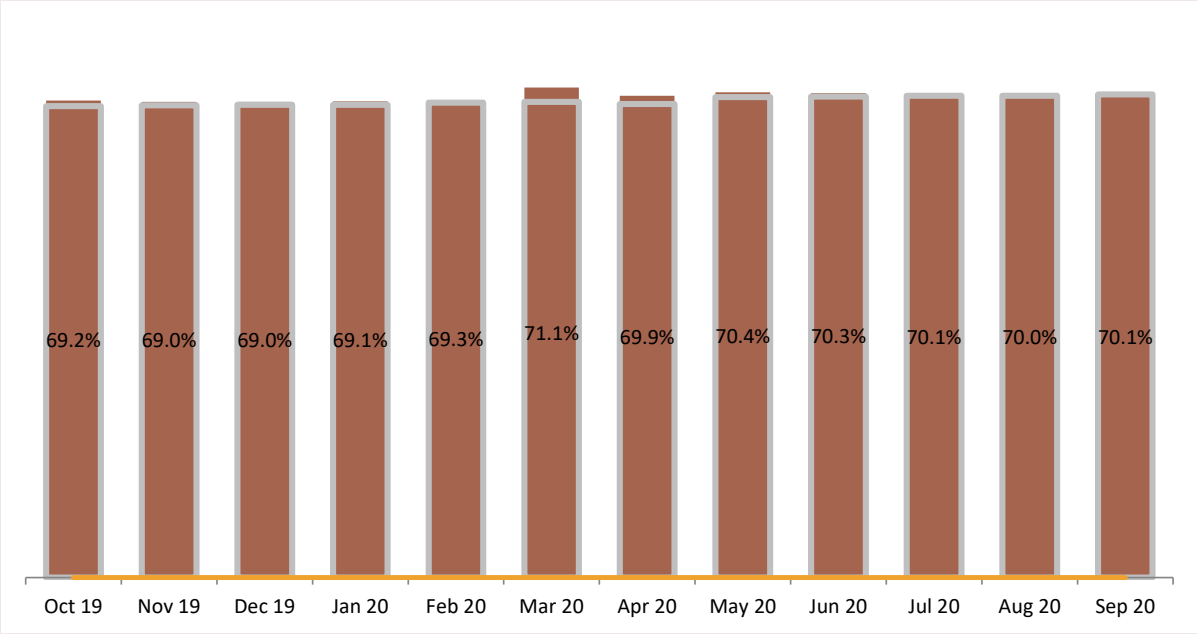
GREEN

Change:

Up (Green) **0 pp**

Last Month	This Month	Preferred Travel:
70%	70.1%	Upwards
Recalculated: 69.9%		

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 support from us in their own homes has risen again this month. Over the longer term, we have seen an incremental improvement in this measure, though we expect to see some slight fluctuation.

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

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

We have adopted a new 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 move into a care home. In some cases, it can even prevent people needing support at all.

Measure Owner:
Balwinder Kaur

Responsible Officer:
Andrew Marsh / Amanda Jones

Frequently asked questions:

[< Previous: Direct payments quartiles](#) [Return to Scorecard](#) [Next: Shared lives uptake >](#)

Theme: Personalised Support

The number of people who have Shared Lives

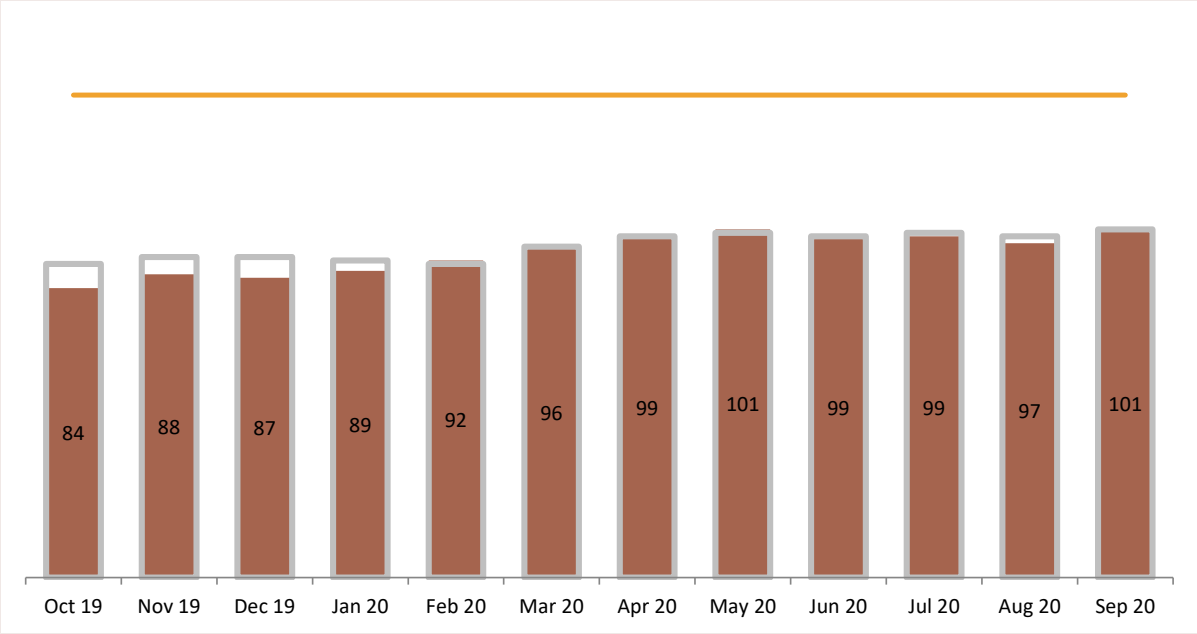
RED

Change:

Up (Green) 4.1%

Last Month	This Month	Target
97	101	140
Recalculated: 99		

Source:
Carefirst service agreements



Commentary:

The number of people receiving a Shared Lives service has increased this month and we are again supporting more than 100 people in long term placements. In addition to making new placements, we have also had to replace placements that have ended. Over the last four months, we have had several placements end because the person moved back to live independently in the community or in a supported living placement, and one where the person had to move into a nursing home.

We are currently developing a pathway into Shared Lives placements for people being discharged from hospital.

Our Shared Lives workstream is also focussing on:

- our communication strategy, so that we can get the word out to encourage more referrals
- writing a business case for expanding the scheme to build on the current number of placements
- carer recruitment, including an improved website and use of the media, and addressing areas where we have recruited few carers.

We are also continuing to share success stories with the wider directorate to encourage referrals.

Due to the Covid-19 outbreak, we are not able to offer the same service as we were. We are hoping to maintain the 101 placements we currently have by offering daily check-in calls to our carers, and supporting them with their personal protective equipment (PPE) needs and morale.

Previously, our Directorate Management Team agreed a one-off set of payments, recognising the additional pressures from the Covid-19 outbreak, that we will be giving to our carers who have long-term placements. This took the form of 3 payments of £500, in April, July and October. This month they agreed further payments.

Measure Owner:
John Williams

Responsible Officer:
Zakia Loughead

Frequently asked questions:

< Previous: Care in own home

Return to Scorecard

Next: DV safeguarding count >

Theme: Prevention and Early Help

Number of completed safeguarding enquiries which involved concerns about domestic abuse

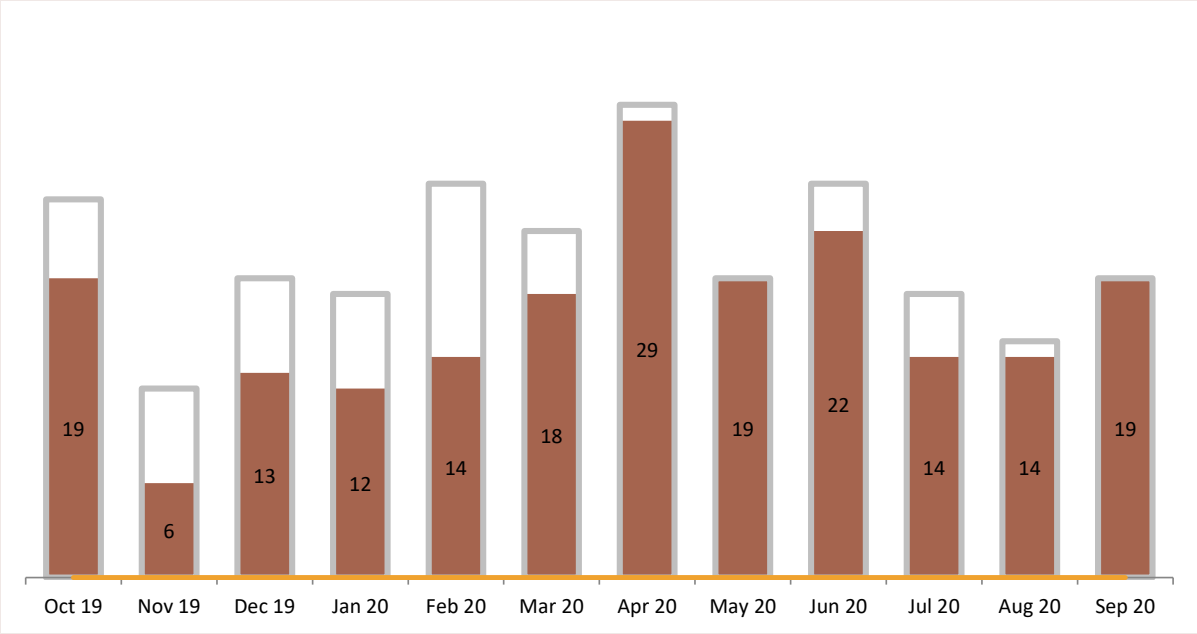
GREEN

Change:

Up (Red) **35.7%**

Last Month	This Month	Target
14	19	N/A
Recalculated: 15		

Source:
Carefirst



Commentary:

110 Safeguarding Enquiries were completed in September, of which 19 involved allegations of domestic abuse - 17.3%
In the last 12 months there have been 246 completed enquiries relating to this. Of these 90% achieved their expressed outcomes, 86% felt that they were involved, 85% felt that they had been listened to, 83% felt we had acted on their wishes, 78% felt safer and 75% felt happier as a result of our intervention.

Measure Owner:

Responsible Officer:
Paul Hallam

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

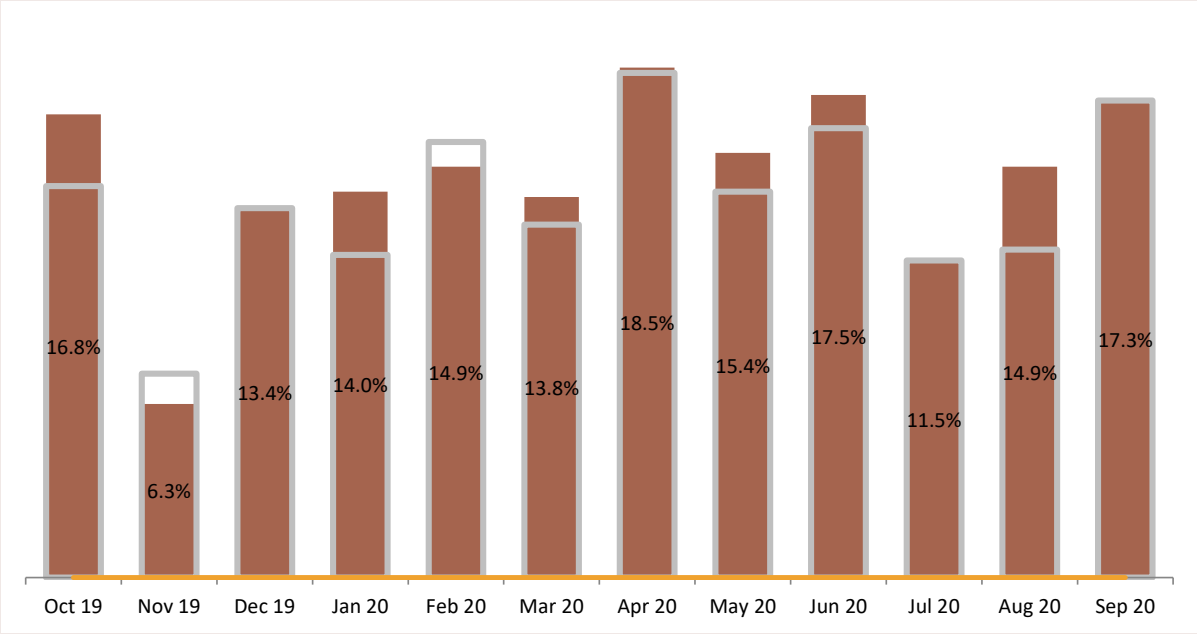
GREEN

Change:

Up (Red) **2.4 pp**

Last Month	This Month	Target
14.9%	17.3%	N/A
Recalculated: 11.9%		

Source:
Carefirst



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Measure Owner:

Responsible Officer:
Paul Hallam

Frequently asked questions:

[< Previous: DV safeguarding count](#) [Return to Scorecard](#) [Next: LD Employment >](#)

Theme: Community Assets

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

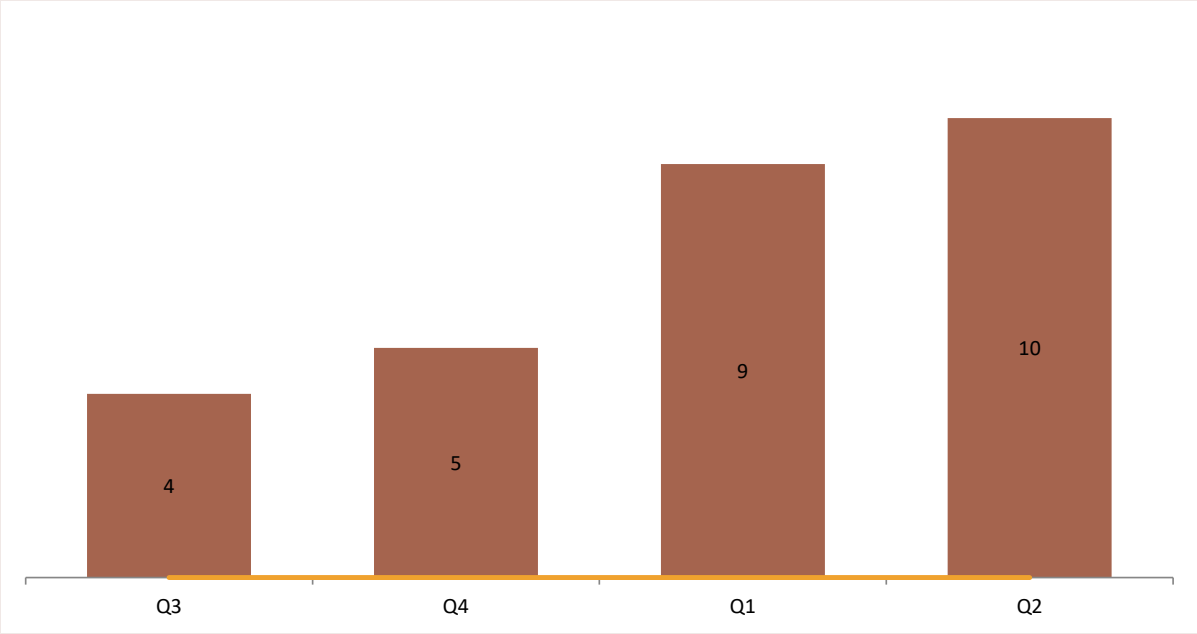
GREEN

Change:

Up (Green) **11.1%**

Prev. Quarter	Latest Quarter	Preferred Travel:
9	10	Upwards

Source:
Data supplied by PURE



Commentary:

The PURE Project (Placing vulnerable Urban Residents into Employment and training) succeeded in supporting 1 adult with Learning Disabilities into employment during this quarter July to September, bringing our total to 10. We have engaged with a further 48 people with Learning Disabilities this quarter, bringing the total to 260, and this has allowed us to support another 20 people into education and training opportunities

The project aims to support various groups of people aged 29 and over into employment, including people with Learning and other disabilities, but also people who are homeless, leaving prison or care, recovering from substance misuse, women fleeing domestic abuse and individuals with mental health barriers. Our work is carried out by a range of specialist contractor organisations- Midland Mencap and Rathbone in particular support people with Learning Disabilities, although we encourage cross-referrals between these organisations.

We were in the early days of the project at the beginning of the Covid-19 outbreak, and it has had a severe impact on our progress. It has resulted in a lack of suitable employment opportunities due to businesses being closed, and many of the people we engage with are very vulnerable and have been having to shield. In addition, many of our staff were moved onto other work in order to support the pandemic effort. However, we have taken this opportunity to put in place new data collection practices and reconcile the data we have.

The Covid-19 outbreak has also affected our ability to promote the project to the people who may benefit. We were able to fit in one roadshow event before lockdown, but we have had to cancel several others, including our planned drop-in sessions at the John Lewis Community Café.

As part of a joint initiative with the wider commissioning team, we have secured 3 work placements for people with Learning Disabilities with Medequip. Medequip is an equipment provider that works with the Council, and this commitment is part of their social value action plan. The 3 people in the placements will be working in Customer Services, Equipment Repairs and Warehousing. They will be offered training and support throughout their placement and will be ready to apply for permanent positions once they leave. We plan to keep this initiative moving on a rolling basis so we can continue to support LD participants with real life changing opportunities.

Finally, the PURE project has submitted a Project Change Request in September 2020 to the Department for Work and Pensions to request an extension for 3 years delivery, we will keep members informed of the outcome of this proposal and its impact on individuals with learning disabilities.

Measure Owner:
John Williams

Responsible Officer:
Tabriz Hussain

Frequently asked questions:

[< Previous: DV safeguarding proportion](#) [Return to Scorecard](#) [Next: MH Employment >](#)

Theme: Community Assets

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

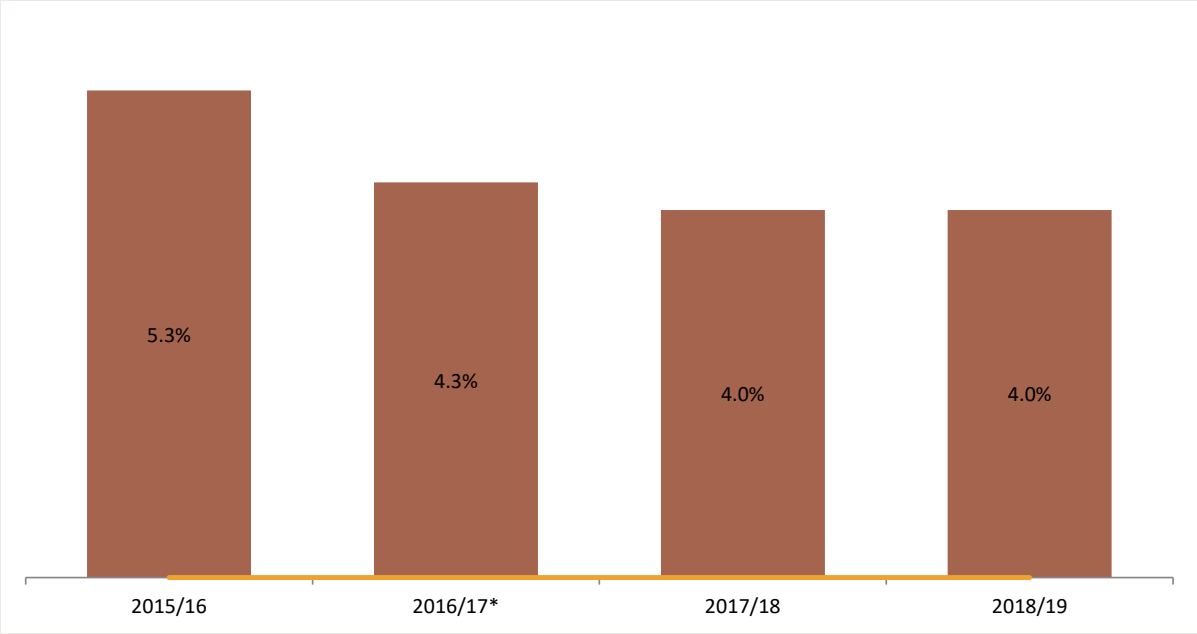
GREEN

Change:

Static (Amber) **0 pp**

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

Source:
NHS Digital



Commentary:

2019/20 data available in January 2021 (delayed due to Covid-19)

Measure Owner:
John Williams

Responsible Officer:
John Williams

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.

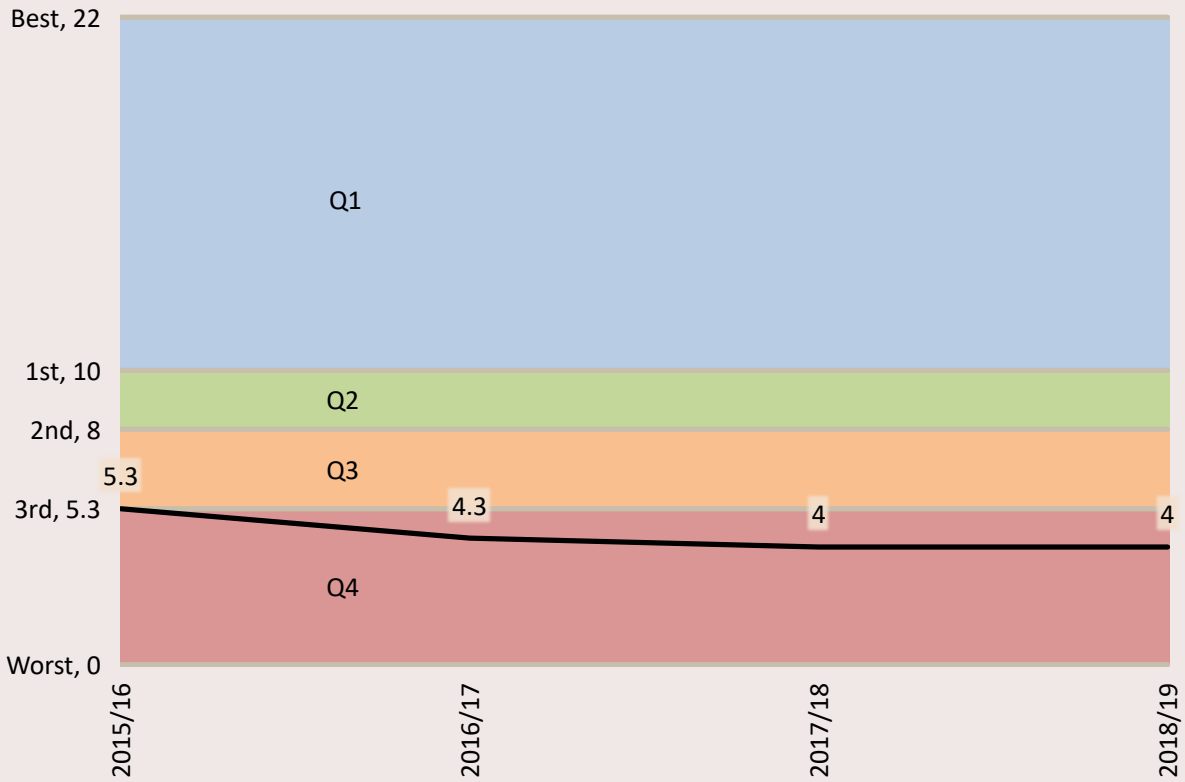
[< Previous: LD Employment] [Return to Scorecard] [Next: MH Employment quartiles >]

Theme: Community Assets

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

Benchmarking data is taken from 2018/19 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Performance against national quartiles



Quartile	Score	Difference Figure	Difference %	People* Difference
Worst	0.0%	-4.0	-100%	
Birmingham	4.0%			
3rd	5.3%	1.3	33%	
2nd	8.0%	4.0	100%	
1st	10.0%	6.0	150%	
Best	22.0%	18.0	450%	

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

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.

[< Previous: MH Employment](#) [Return to Scorecard](#) [Next: Client social contact >](#)

Theme: Community Assets

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

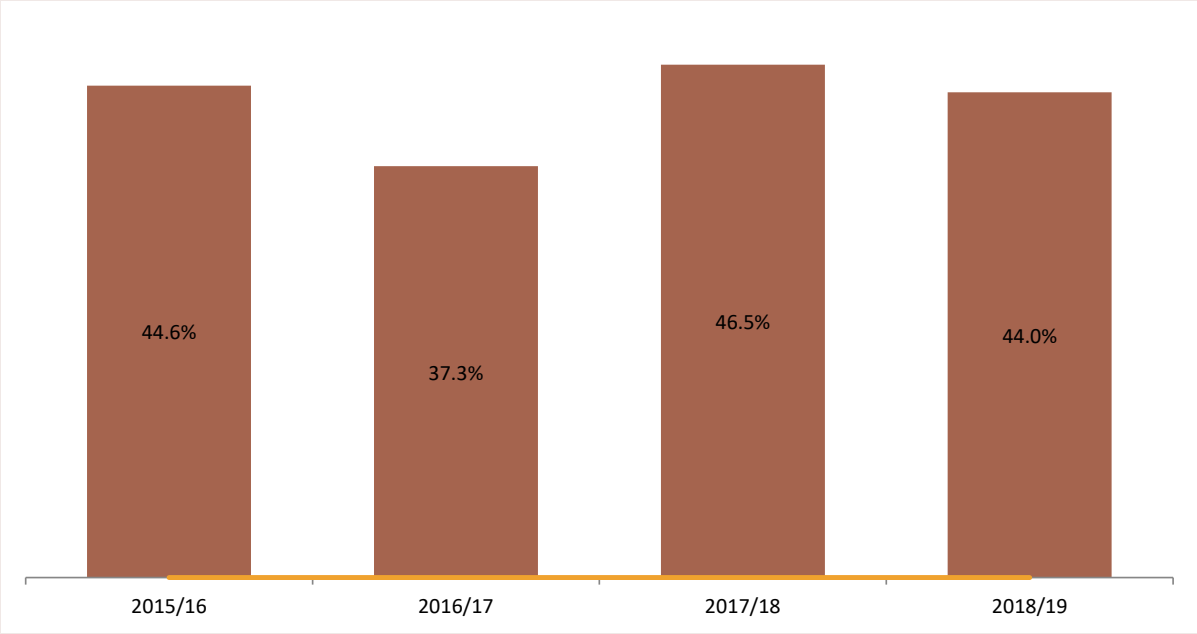
RED

Change:

Down (Red) **2.5 pp**

Prev. Quarter	Latest Quarter	Preferred Travel:
46.5%	44%	Upwards

Source:
NHS Digital



Commentary:

2019/20 data available in January 2021 (delayed due to Covid-19)

Measure Owner:

Responsible Officer:

Frequently asked questions:

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

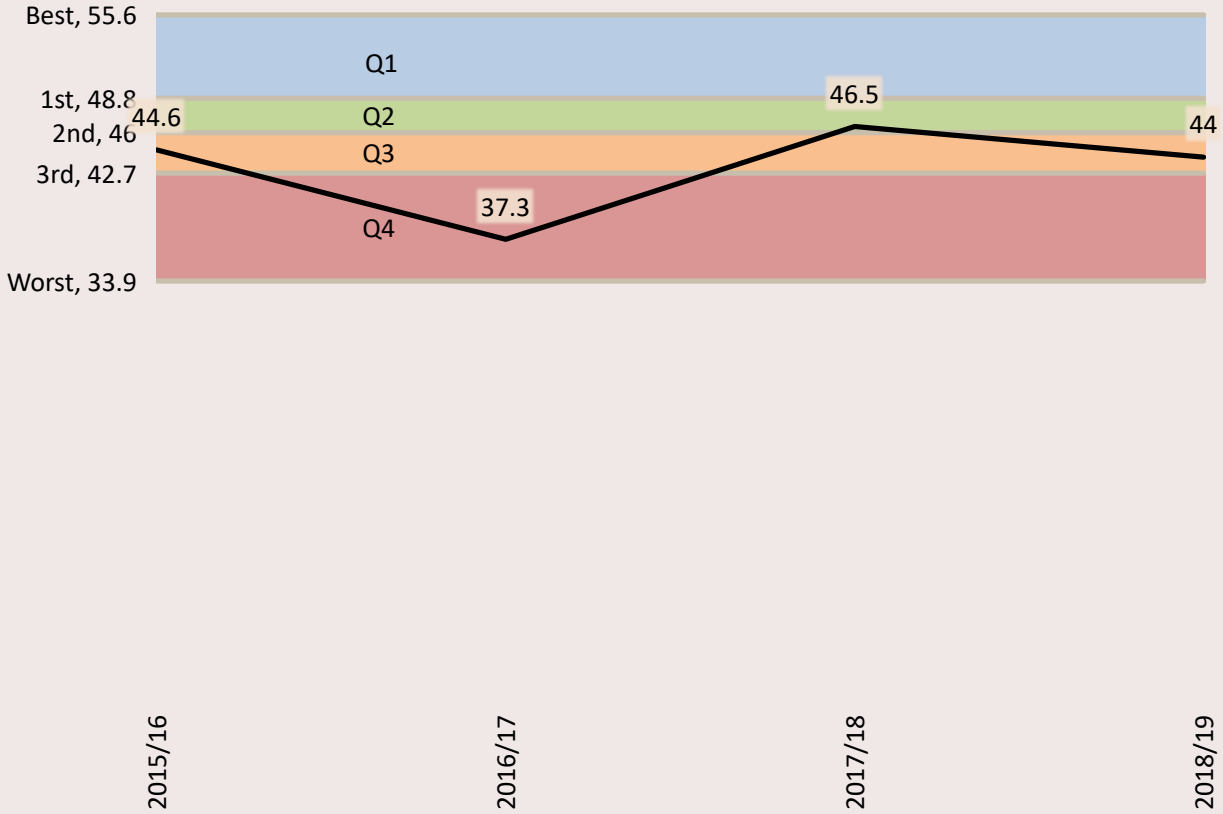
[< Previous: MH Employment quartiles](#) [Return to Scorecard](#) [Next: Client social contact quartiles >](#)

Theme: Community Assets

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

Benchmarking data is taken from 2018/19 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

Quartile	Score	Difference Figure	Difference %	Est. people Difference
Worst	33.9%	-10.1	-23%	-1125
3rd	42.7%	-1.3	-3%	-145
Birmingham	44.0%			
2nd	46.0%	2.0	5%	223
1st	48.8%	4.8	11%	534
Best	55.6%	11.6	26%	1292

Current Quartile	3rd
Distance to next quartile	223 Est. people
Distance to top quartile	534 Est. people

[< Previous: Client social contact](#) [Return to Scorecard](#) [Next: Carer social contact >](#)

Theme: Community Assets

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

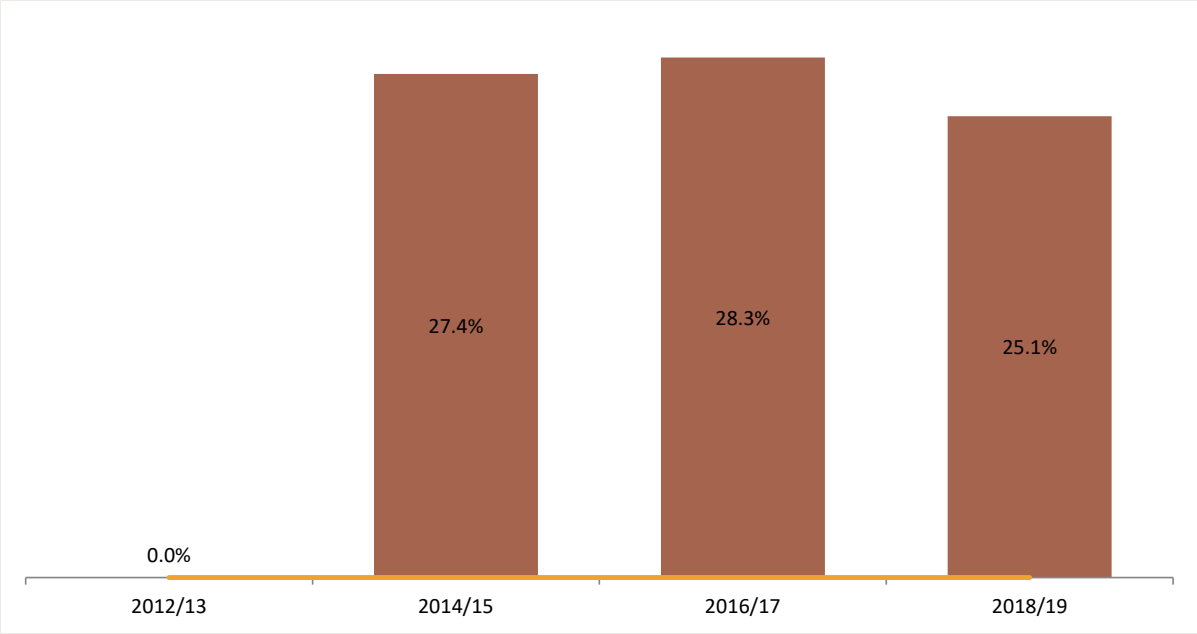
RED

Change:

Down (Red) **3.2 pp**

Prev. Quarter	Latest Quarter	Preferred Travel:
28.3%	25.1%	Upwards

Source:
NHS Digital



Commentary:

This is biennial, however NHS Digital has decided to postpone the 2020/21 survey due to Covid-19. This will now take place in 2021/22, and this measure will next be updated in late 2022.

Measure Owner:
Balwinder Kaur

Responsible Officer:

Frequently asked questions:

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

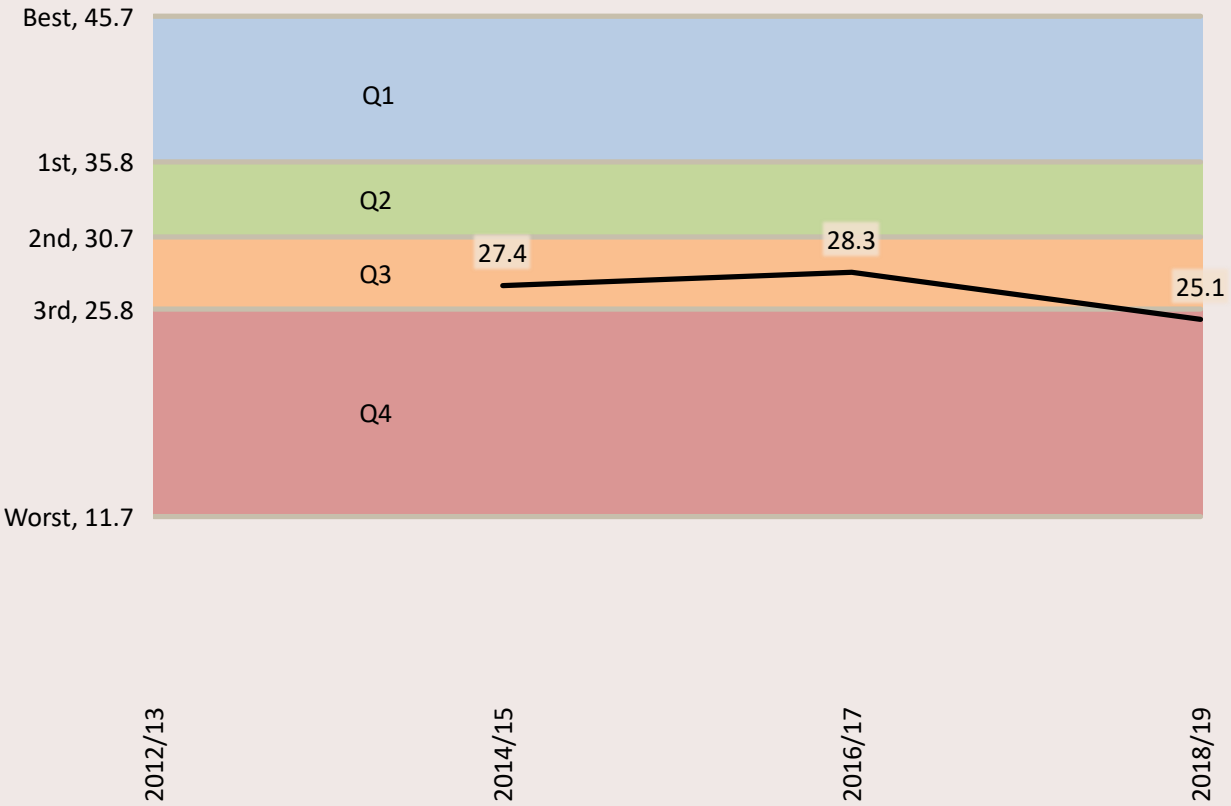
[< Previous: Client social contact quartiles](#) [Return to Scorecard](#) [Next: Carer social contact quartiles >](#)

Theme: Community Assets

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

Benchmarking data is taken from 2018/19 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Performance against national quartiles



Quartile	Score	Difference Figure	Difference %	Est. people Difference
Worst	11.7%	-13.4	-53%	-397
Birmingham	25.1%			
3rd	25.8%	0.7	3%	21
2nd	30.7%	5.6	22%	166
1st	35.8%	10.7	43%	317
Best	45.7%	20.6	82%	610

Current Quartile	4th
Distance to next quartile	21 Est. people
Distance to top quartile	317 Est. people

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

[< Previous: Carer social contact]

[Return to Scorecard]

Hi Gail, thank you for forwarding the evidence gathering seminar, it was incredibly insightful; however, I was not surprised on the detailed projections presented by the speakers on infant mortality as the factors and causes of death correlate with other pre-determinants of poor health affecting BAME groups living in areas of high deprivation.

To begin with, it might be useful to provide you a very brief outline of our work in supporting BAME Women in their health and wellbeing within Sparkbrook.

Women Wellbeing Hub

We run a women wellbeing programme for BAME women and children from low income households, experiencing greatest barriers to health services due to poverty, isolation, language /cultural barriers and low levels of education. This programme tackles important root causes of health inequalities experienced by BAME women and their young children: poor quality nutrition, lack of knowledge and support on following a healthier and more active lifestyle. The service provides holistic care to help improve physical, mental, social and emotional wellbeing

Supplementary to this, in partnership with Birmingham University we have carried out a pilot project to which investigates on how to improve health outcomes for those with Type 2 Diabetes from communities with the greatest health inequalities in Birmingham through, improved healthy lifestyle support. This lead to producing 3 reports on the effectiveness of streamlining services through social prescribing via local GP's and community centres providing wellbeing support. The study involved interviews with 6 GP surgeries and clinical trials with two GPs, and 20 patients diagnosed with Type 2 diabetes and the results were effective, where patients experienced an improvement in at least one clinical measure and one patient with a congenital kidney problem showed marked improvement in kidney function.
The GP commented:
'As a practising GP working with many BAME patients it has been an ongoing challenge to get many patients to take up existing support provision. Not only has this programme largely solved that problem but it has also delivered clinical results over a 5 month period that way exceeded my initial expectations'

Further-more there is greater impact using a community based model of engagement where by services are centred around patient care, using a culturally sensitive approach. This is done in co-production with service users, local GP's and Public Health and other health practitioners. Our experience of this work is built on our existing evidence base of women's lived experience of socio – economic disadvantage and their experience of accessing health support. Presently, we are looking to expand possible interventions, combining our wellbeing and diabetes programme with a focus on pre-conception advice and support, in order to improve the infant mortality rate in Birmingham.

I felt it was important to highlight some of the work we are currently doing, as the learning outcomes and project methodology can be shared across your wider network around reducing rates of infant mortality through improved access to

healthcare but also taking into consideration of culture, beliefs and behaviours that may concomitantly contribute to infant mortality such as close relative marriages amongst Pakistani communities.

This moves on to the questions that you have requested, and my answers are based on my experiences of working with women of Pakistani heritage, of which a high percentage are married to a person of close relative. However, it appears there is limited evidence available in this subject area and can be of an sensitive nature; as the custom has been traditionally practiced over generations along family lines.

I do feel there is a need at a community level to raise genetic literacy and encourage uptake of services to create awareness on the risk of marrying close relatives. It would be useful (as we have done with the Diabete's project) to Work with University of Birmingham to undertake a piece of research into infant mortality and consanguinity with a culturally sensitive approach and train local people as community researchers. We will be happy to lead on this and carry-out some local data analysis as we are currently working in this field, and have links with women that fit into this category and will provide a more accurate perception.

Q.1 With the people you come into contact with in the community are they generally aware of the risks of infant mortality?

From our wellbeing project, infant mortality has not been highlighted nor identified as a discussion point / concern from the community. They have shown health concerns in obesity, depression, diabetes, and hypertension with a willingness to improve their health outcomes through participation of wellbeing activities for weight loss through diet and exercise. Majority of our service users do live with a chronic illness or experience poor mental health. However, there is a need for more information / educational programmes to build awareness around infant mortality.

Then, more specifically, what are their perceptions of risks associated with marrying close relatives?

A proportion of our users are Pakistani and 35+ and married to a relative; there are no clear perceptions of associated risks of marrying a close relative, and if there is, it is often over-ridden on the perception that this choice of marriage is 'safer' than going 'outside of the family', further reinforced by parental / family expectations, caste system and widely practiced within their community circle. It is common whose either spouse have migrated from Pakistan and married a UK resident and one or both of the parents to be in favour of their child marrying a close cousin either in the UK or abroad, for the same reasons and recommend a suitor on that basis. Another complication are family pressures to marry within family ties as a 'senior member' of the family have 'promised' an engagement of marriage and can cause family drifts and shame if they are not fulfilled.

For example, we do have a high number of Domestic Violence cases of victims married to first cousin's, some are on spouse visa's. It is very difficult for them to move away from an abusive situation as they have deep connections with Pakistan,

and many are inter-related (in laws are related to both families). To ensure their safety they have isolate not only from their spouse but the whole family.

Non- traditional families / parents are aware of the risks associated with first cousin marriages and were not always in favour marrying first cousins (along with other cultural complications) but may consider distant relatives. These families used wider social networks to identify suitors that were not related but having similar backgrounds.

However many would see the probability / risks as quite low as many of parents / grandparents and generations before have been married to a first cousin / relative, and 'go outside the family' based on the choice of their child's preference.

Overall close related marriages could not be seen as a single factor, but is deeply associated within complex cultural and religious connotations. This practice goes back a hundreds of years and will require a culturally sensitive and grass-root approach to inform affected communities on the risk. The message will have to be consistent, accessible via a grass-root community friendly approach, using community languages to share scientific facts on infant mortality.

We're trying to gain an insight into how those risks are perceived amongst communities across the city

This would require collation of wider research as the views of people will vary across different geographical areas across Birmingham depending on ages, cultural diversities, education and socio-economic backgrounds etc.

What health messages would help these people make a balanced decision and who is best to convey those messages to the communities you work with?

As mentioned messages will have to be delivered through a community educational framework, that is accessible and delivered in co-production with service users, local GP's and Public Health, midwifery services and other GP/ health practitioners. Further more address and reduce existing barriers that increase health inequalities that widen the gap of infant mortality across specific communities.

For example, health inequalities experienced by BAME women and their young children in certain areas of Birmingham are due to poor quality nutrition, lack of knowledge and support on following a healthier and more active lifestyle.

Through our work we have put in place the following recommendations:

- **Delivering a lifestyle support programme that is twice as effective at engaging and retaining BAME women on programme as standard GP provision/referral provision**

Service users felt engagement between healthcare professionals / GPs was not an equal process of engagement, and apart from medication, many did not rely on their GP provision could provide alternative intervention (health and nutritional lifestyle changes) that could potentially improve their condition. Language was also a huge barrier.

Service users felt dis-empowered and other than medication from their GP, they had no information, knowledge or access to wellbeing services surrounding obesity and pregnant care for mothers; also DR's negative stereotypes often disempowered patients to make positive changes to improve their health. They felt they needed a Wellbeing programme for good health to provide the best possible start for their child.

On this feedback, we worked with service users via feedback forms, consultations, focus groups, wellbeing activity classes to develop a service giving them a stronger voice, choice and greater control through an educational and culturally appropriate wellbeing service attached to their GP. Service users felt that referrals from the GP gave credibility and trust to engage with the wellbeing service. They were not aware of any existing Wellbeing Provision in their area, where they could get advice, knowledge on existing services available in the area. Through the programme service user wanted to be trained as Health Coaches to lead with professionals to provide a high quality health care, that can be tracked to ensure service user experiences are captured. They wanted:

- High quality nutrition for mothers
- Importance of a healthy lifestyle for mental wellbeing
- Advice and practical, support on providing high quality nutrition to young children in support of their physical, emotional and intellectual development
- Disease prevention through managing weight and obesity

Health Coached proposed a longer-term sustained engagement where the well-being Programme will be lead by local citizens and act as a conduit to advocate their needs and voice.

Furthermore there is a need to;

- Delivers better clinical results around weight reduction, blood sugar and cholesterol control than standard GP provision. These are risk factors for pre-eclampsia and help reduce the risk of Type 2 Diabetes and obesity in mothers and their children; particularly in areas of high deprivation such as Sparkbrook, Ladywood and Bordsley Green areas of Birmingham.
- Providing an integrated approach to improving nutrition and wellbeing that is empowering and effective in encouraging participants to change their mind-set actively explore their wider circle of life and achieve better mental health.
- Provide mothers with a comprehensive and tailored education on the importance of wholefoods for hormone health, gut health and immunity breastfeeding and mental wellbeing and the practical skills and support to make the relevant lifestyle changes. Information has to be accessible; available in community languages and obtainable within their lifestyles. Self-care is not a priority for many of the women that use our services and do programmes to help change mind sets.
- Working in close co-operation with GPs, Local Maternity Units to provide the maximum synergy between clinical and health coaching expertise, all within a local context.

- The parent's voice is core to delivery and integrated via community collective approach, whilst utilising existing & local community wrap around intervention i.e, Women Wellbeing Hub and other wellbeing initiatives.
- The Women Wellbeing is our platform to improve poor health outcomes of local women as this fits seamlessly into our over-arching aims of wellbeing, so that existing women can fully benefit from the scheme, either as participants or volunteers. We also have a strong steering group of women that have been involved in project design, and rolling out any health programme with in informal community structures. We have evidenced the effectiveness of our work, please see results of an evaluation:

Women's Wellbeing Hub outcomes
Of 50 interviewed

- 80% committed on the programme having lost weight
- 95% reported improved mental wellbeing
- 90% retention of programme and experienced wider benefits via nutrition / diet and family support

First group of 9 patients run through the GP surgery in North Edgbaston

- 7 lowered their HbA1c by an average of 4.2
- 8 lowered their cholesterol by 0.51
- 5 patients lost an average of 3.2 kg
- 6 self-reported increase in weekly fitness
- All reported an improved diet with more whole foods
- 1 reported significant improvement in asthma

Participant quote 'This holistic programme has helped me piece things together. Without you I would not get the results that I have achieved. Absolutely understand now the importance of diet to manage Diabetes . . '

Second group of 8 patients with same GP Practice - on-line programme

- The average weight loss has been 75kg
- All reported improvements in diet and exercise
- Clinical measures still being taken by the GP

Further recommendations:

- A local volunteering programme, with parents involved in the project. They should be instrumental in leading as Health Coaches to provide peer support and sharing resources in community languages with in their own existing family and community networks. They should be provided training on supporting healthy outcomes for families and community engagement as their strength in reaching out to isolated families. Training is an incentive that attracts women to get involved, particularly around parenting and families. It provides them confidence in their abilities, in area that they feel passionate about.

- Referrals from GPs, working in partnership with maternity units, particularly when supporting women that are at high risk of chronic diseases such as Obesity, Diabetes and hypertension.
- Wellbeing Activities with wider partners including community resources such as local schools, nursery provision, and wider wellbeing partners such as Cycling UK, Muath Trust, Aging Better, Forward Carers, Farm Road Health Clinic and many more
- Use services with a high footfall of affected communities for example our advice and Guidance project has over 600 women that access the service every year

Health & Social Care O&S Committee: Work Programme 2020/21

Chair:	Cllr Rob Pocock
Deputy Chair:	Cllr Mick Brown
Committee Members:	Cllrs Debbie Clancy, Diane Donaldson, Peter Fowler, Mohammed Idrees, Ziaul Islam and Paul Tilsley
Officer Support:	Scrutiny Officer: Gail Sadler (303 1901) / Emma Williamson (464 6870) Committee Manager: Errol Wilson (675 0955)

1 Meeting Schedule

Date	Agenda Item	Officer Contact / Attendees
16th June 2020 1400 hours (via Microsoft Teams) Report Deadline: 4th June	COVID-19 UPDATE • Cabinet Member for Health and Social Care • Implementation of Track and Trace in Birmingham • West Midlands Care Association • Healthwatch Birmingham	Councillor Paulette Hamilton; Dr Justin Varney/Elizabeth Griffiths; Debbie Le Quesne/Alison Malik; Andy Cave.
21st July 2020 1400 hours (via Microsoft Teams) Report Deadline: 9th July	COVID-19 UPDATE 2019/20 End of Year Adult Social Care Performance Monitoring Report	Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care.
1st September 2020 1400 hours (via Microsoft Teams) Report Deadline: 20th August	Black Country and West Birmingham CCGs Future Commissioning Intentions Public Health Update • Triple Zero Strategy – draft presentation on 'Substance Misuse Data' previously noted at July meeting. • Covid-19 Update Healthwatch Birmingham Annual Report	Pip Mayo, Managing Director for West Birmingham, SWB CCG Dr Justin Varney, Director of Public Health / Elizabeth Griffiths, Assistant Director, Public Health. Andy Cave, Chief Executive Officer, Healthwatch Birmingham

Date	Agenda Item	Officer Contact / Attendees
1st September 2020 1000 hours Committee Rooms 3 & 4 Report Deadline: 20th August	INFORMAL SESSION Work Programme 2020/21:- • Engaging with Citizens and Service Users – Discussion Paper • Public Health • Adult Social Care • Healthwatch Birmingham	Councillor Rob Pocock June Marshall, Citizen Involvement Manager Dr Justin Varney, Director of Public Health Andy Cave, Chief Executive Officer, Healthwatch Birmingham
6th October 2020 1400 hours Via Microsoft Teams Report Deadline: 24th September	Day Opportunities Proposals Consultation: Outcome of NDTi Report Investigation Public Health Update Forward Thinking Birmingham Adult Social Care Performance Monitoring	Professor Graeme Betts, Director of Adult Social Care Dr Justin Varney, Director of Public Health Elaine Kirwan, Deputy Chief Nurse, Mental Health Services/FTB Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care
17th November 2020 1400 hours Via Microsoft Teams Report Deadline: 5th November	Public Health Update Birmingham Substance Misuse Recovery System (CGL) Period Poverty and Raising Period Awareness - Tracking Report	Dr Justin Varney, Director of Public Health Saba Rai, Interim Lead, Universal and Prevention Services, Adult Social Care and Health; Karl Beese, Commissioning Manager, Adult Public Health Services. Councillor Paulette Hamilton, Cabinet Member for Health & Social Care
8th December 2020 1400 hours Via Microsoft Teams Report Deadline: 26th November	Public Health Update Infant Mortality – Evidence Gathering	Dr Justin Varney, Director of Public Health

Date	Agenda Item	Officer Contact / Attendees
26th January 2021 1000 hours Via Microsoft Teams Report Deadline: 14th January	Public Health Update	Dr Justin Varney, Director of Public Health; Helen Jenkinson, Chief Nursing Officer, BSol CCG.
	Birmingham Safeguarding Adults Board Annual Report	Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board.
	Adult Social Care Performance Monitoring	Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care
	Infant Mortality – Evidence Gathering	
16th February 2021 1000 hours Committee Rooms 3 & 4 Report Deadline: 4th February	Public Health Update	Dr Justin Varney, Director of Public Health
	Birmingham Sexual Health Services – Umbrella (UHB)	Saba Rai, Interim Lead, Universal and Prevention Services, Adult Social Care and Health; Karl Beese, Commissioning Manager, Adult Public Health Services.
	Direct Payments	John Williams, Assistant Director, Adult Social Care / June Marshall, Citizen Involvement Manager, Adult Social Care
	Preparation for Adulthood	John Williams, Assistant Director, Adult Social Care / Dionne McAndrews, Assistant Director, Birmingham Children's Trust
	Petition: Norman Laud Association	Councillor Alex Yip
23rd March 2021 1000 hours Committee Rooms 3 & 4 Report Deadline:11th March	Public Health Update	Dr Justin Varney, Director of Public Health
	Health Inequalities in Birmingham	Councillor John Cotton, Cabinet Member for Social Inclusion, Community Safety & Equalities; Andy Cave, Chief Executive Officer, Healthwatch Birmingham

Date	Agenda Item	Officer Contact / Attendees
23rd March 2021 1000 hours Committee Rooms 3 & 4 Report Deadline:11th March	Delayed Transfers of Care / Early Intervention Update Adult Social Care Performance Monitoring	Balwinder Kaur, Assistant Director, Adult Social Care / June Marshall, Citizen Involvement Manager, Adult Social Care Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care
27th April 2021 1000 hours Committee Rooms 3 & 4 Report Deadline:15th April	Cabinet Member for Health and Social Care - Public Health Update. Birmingham Dementia Strategy Refresh Black Country and West Birmingham CCGs Commissioning Arrangements - Update	Councillor Paulette Hamilton, Cabinet Member for Health & Social Care; Dr Justin Varney, Director of Public Health. Rhona Woosey, Head of Integration and Long Term Conditions, BSol CCG Pip Mayo, Managing Director for West Birmingham, SWB CCG

2 Work to be programmed/Further work areas of interest

2.1 The following items could be scheduled into the work programme if members wish to investigate further:

- Adult Social Care Commissioning Strategy (Graeme Betts)
- Ageing Well Programme (Graeme Betts)
- Shared Lives Service Re-Design (Graeme Betts)
- Immunisation and Screening
- Childhood Obesity – Stocktake Report – Dr Justin Varney
- Neighbourhood Working (Joint presentation BSol CCG/BCC)
- Adult Social Care – Self Funders
- Triple Zero Strategy – Outcome of Consultation – Elizabeth Griffiths
- Covid-19 – Update from West Midlands Care Association
- Birmingham Community Healthcare – Public Health Contracts – Elizabeth Griffiths
- Integrated Care Systems (Rachel O'Connor, Assistant Chief Executive of the STP)
- Annual Review of the Adult Social Care Vision & Delivery Plan 2020-2024
- Homeless Health Update
- Period Poverty Tracking Report (July 2021)

3 Chair & Committee Visits

Date	Organisation	Contact

4 Inquiry

Title:	Infant Mortality
Lead Member:	Councillor Rob Pocock
Inquiry Members:	Councillors Mick Brown, Debbie Clancy, Diane Donaldson, Peter Fowler, Mohammed Idrees, Ziaul Islam and Paul Tilsley
Evidence Gathering:	8th December 2020 and 26th January 2021
Drafting of Report:	February 2021
Report to Council:	13th April 2021

5 Councillor Call for Action requests

6 Forward Plan for Cabinet Decisions

The following decisions, extracted from the Cabinet Office Forward Plan of Decisions, are likely to be relevant to the Health and Social Care O&S Committee's remit. **Please note this is correct at the time of publication.**

Reference	Title	Portfolio	Proposed Date of Decision
005730/2018	Sport and Leisure Transformation - Wellbeing Service	Health & Social Care	29 June 21
008386/2021	Approval to Extend Contract for the Management of Adult Substance Misuse Treatment and Recovery Service	Health & Social Care	09 Feb 21

7 Joint Birmingham & Sandwell Scrutiny Committee Work

Members	Cllrs Rob Pocock, Mick Brown, Debbie Clancy, Ziaul Islam and Paul Tilsley	
Meeting Date	**Key Topics**	**Contacts**
19th November 2020 @ 2.00pm Sandwell	Sandwell and West Birmingham CCG Primary Care Networks Update Midland Metropolitan Hospital Update Black Country Acute Hospital NHS Trusts Hospital Group Model	Carla Evans, Head of Primary Care; Leon Mallett, Commissioning Transformation Manager David Carruthers, Acting Chief Executive, Sandwell & West Birmingham Hospitals NHS Trust Jayne Salter-Scott; Head of Engagement and Communications, SWB CCG.
18th February 2021 @ 2.00pm Birmingham Report Deadline: 10th February MEETING DEFERRED	Delivering Solid Tumour Oncology Cancer Services for Sandwell and West Birmingham Update Population Management Approach to Chronic Kidney Disease (Black Country) and Blood Borne Viruses (Birmingham etc.)	Kieran Caldwell, West Midlands Commissioning Unit, NHS England; David Carruthers, Acting Chief Executive, Sandwell & West Birmingham Hospitals NHS Trust; Andrew Clements, Managing Director, Division 5; Jonathan Brotherton, Executive Chief Operating Officer, UHB NHS Foundation Trust. Kieran Caldwell, West Midlands Commissioning Unit, NHS England

18th February 2021 @ 2.00pm Birmingham MEETING DEFERRED	Midland Metropolitan University Hospital Update Merger of Provider Trust update (Royal Wolverhampton Trust, Walsall Healthcare Trust and the Dudley Group FT)	David Carruthers, Acting Chief Executive, Sandwell & West Birmingham Hospitals NHS Trust. To be advised
15th April 2021 @ 2.00pm Birmingham	Delivering Solid Tumour Oncology Cancer Services for Sandwell and West Birmingham Update Population Management Approach to Chronic Kidney Disease (Black Country) and Blood Borne Viruses (Birmingham etc.) Midland Metropolitan University Hospital Update Merger of Provider Trust update (Royal Wolverhampton Trust, Walsall Healthcare Trust and the Dudley Group FT)	Kieran Caldwell, West Midlands Commissioning Unit, NHS England; David Carruthers, Acting Chief Executive, Sandwell & West Birmingham Hospitals NHS Trust; Andrew Clements, Managing Director, Division 5; Jonathan Brotherton, Executive Chief Operating Officer, UHB NHS Foundation Trust. Kieran Caldwell, West Midlands Commissioning Unit, NHS England David Carruthers, Acting Chief Executive, Sandwell & West Birmingham Hospitals NHS Trust. To be advised

15th April 2021 @ 2.00pm Birmingham	Primary Care Networks in Sandwell and West Birmingham Update	Carla Evans, Head of Primary Care, SWBCCG

8 Further work areas of interest/Work to be programmed

8.1 The following items could be scheduled into the work programme if members wish to investigate further:

- Local Health Workforce Issues.
- Access to GP Appointments.

9 Joint Birmingham & Solihull Scrutiny Committee Work

Members	Cllrs Rob Pocock, Mick Brown, Diane Donaldson, Peter Fowler and Paul Tilsley	
Meeting Date	**Key Topics**	**Contacts**
11th June 2020 @ 2.00pm Birmingham	• Restoration of services at University Hospitals Birmingham NHS Foundation Trust (UHB) • Birmingham and Solihull STP COVID-19 Service Changes – progress update	Jonathan Brotherton, Chief Operating Officer, UHB Phil Johns, Deputy Chief Executive, BSol CCG
13th October 2020 @ 6.00pm Solihull	• Update on the Restoration and Recovery Plan • Urgent Care update	
16th December 2020 @ 5.00pm Birmingham	• Briefing on Birmingham and Solihull STP Wave 2 Update • Birmingham and Solihull STP Finance Update 2020/21 • Urgent Care Update and NHS 111 First	Harvir Lawrence, Director of Planning & Delivery, BSol CCG; Ian Sharp, Clinical Lead, Elective Care, UHB; Paul Sherriff, Director of Organisational Development & Partnerships, BSol CCG. Paul Athey, Chief Finance Officer, BSol CCG; David Melbourne, System Finance Lead Helen Kelly, Associate Director of Integration (Urgent Care/Community), BSol CCG
9th March 2021 @ 6.00pm Solihull	• Briefing on Birmingham and Solihull STP Wave 2 Update • Birmingham and Solihull STP Finance Update 2020/21 • Urgent Care Update and NHS 111 First Update	Harvir Lawrence, Director of Planning & Delivery, BSol CCG. Paul Athey, Chief Finance Officer, BSol CCG; David Melbourne, System Finance Lead. Helen Kelly, Associate Director of Integration (Urgent Care/Community), BSol CCG

TO BE SCHEDULED	• Update on the implementation of Phase 3 treatment policies • Update on future QIPP plans • Long Term Plan / Integrated Care Systems / Sustainability Transformation Partnership • NHS Birmingham & Solihull Health App	Paul Jennings, Chief Executive, BSol CCG