Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 23 FEBRUARY 2016 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING**

The Chair to advise/meeting to note that this meeting will be webcast for live and subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs.

The whole of the meeting will be filmed except where there are confidential or exempt items.

2 **APOLOGIES**

3 - 12

3 **MINUTES**

To confirm and sign the Minutes of the meeting held on 19 January 2016.

4 **DECLARATIONS OF INTERESTS**

13 - 16

5 **PROSTATE CANCER - IMPLICATIONS FOR THE BIRMINGHAM POPULATION: 1000-1040AM**

Dr Richard Viney, Consultant Urological Surgeon and Senior Lecturer in Urology, UHB.

Desmond Jaddoo founder of the Birmingham Empowerment Forum will also be in attendance.

17 - 32

6 **CROSSCITY CCG DRAFT OPERATIONAL PLAN 2016/17: 1040-1120AM**

Les Williams, Director of Performance and Delivery, CrossCity CCG.

33 - 40

7 **TRANSFORMING CARE IN BIRMINGHAM FOR PEOPLE WITH LEARNING DISABILITIES (ADULTS AND CHILDREN): 1120AM-1200**

Maria Gavin, Assistant Director of Commissioning Centre of Excellence.

41 - 60

8 **BIRMINGHAM SEXUAL HEALTH SERVICES, UMBRELLA (UHB) - 6 MONTHS INTO NEW CONTRACT: 1200-1230PM**

Max Vaughan, Commissioning Manager and John Denley, Assistant Director - Commissioning.

61 - 70

9 **WORK PROGRAMME 2015/16**

For discussion.

10 **REQUEST(S) FOR "CALL IN"/COUNCILLOR CALLS FOR ACTION/PETITIONS RECEIVED (IF ANY)**

To consider any request for "call in"/Councillor calls 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 Chair are matters of urgency.

12 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 19 JANUARY 2016

MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY 19 JANUARY 2016 AT 1000 HOURS IN COMMITTEE ROOMS 3 AND 4 COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Majid Mahmood in the Chair; Councillors Mohammed Aikhlaq, Sue Anderson, Andrew Hardie, Mohammed Idrees, Karen McCarthy, Robert Pocock, Sharon Thompson and Margaret Waddington.

IN ATTENDANCE:-

Brian Carr (Acting Chair) and Candy Perry (Chief Executive Officer), Healthwatch Birmingham

Kalvinder Kohli, Head of Service, Prevention and Complex, Commissioning Centre of Excellence, Directorate for People, BCC

Dr Adrian Phillips, Director of Public Health, BCC

Rose Kiely (Group Overview and Scrutiny Manager), Gail Sadler (Research and Policy Officer) and Paul Holden (Committee Manager), BCC

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NOTICE OF RECORDING

289 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/public may record and take photographs. The meeting would be filmed except where there were confidential or exempt items.

APOLOGIES / CHANGES TO MEMBERSHIP OF THE COMMITTEE

290 Apologies were submitted on behalf of Councillors Sir Albert Bore, Maureen Cornish and Eva Phillips for their inability to attend the meeting. Members were also advised that Councillor Mohammed Aikhlaq would be late attending the meeting.

At this juncture, the Chair reported that there had been two changes to the membership of the Committee with Councillor Eva Phillips having been appointed in place of Councillor Brett O'Reilly and Councillor Sir Albert Bore replacing Councillor Mick Brown. He placed on record his thanks to the former Members of the Committee for their valuable contributions during the Municipal Year and welcomed the new Members.

APPOINTMENT OF MEMBER TO SERVE ON THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SOLIHULL)

291 **RESOLVED**:-

That Councillor Sir Albert Bore be appointed to serve on the Joint Health Overview and Scrutiny Committee (Birmingham and Solihull) in place of Councillor Mick Brown.

MINUTES

292 The Minutes of the meeting held on 15 December, 2015 were confirmed and signed by the Chairperson.

In referring to Minute No.285, paragraph j) the Chair highlighted that the written reply received by Members in response to the request for public toilets to be provided in the City's parks was not what had been hoped for and indicated that the issue would be picked-up as part of the Committee's forthcoming diabetes inquiry. In relation to paragraph n) on the same page of the Minutes he also highlighted that it was intended that an update on tuberculosis be submitted to a future meeting.

DECLARATIONS OF INTERESTS

293 Councillor Andrew Hardie declared that he worked as a GP at surgeries within Birmingham and Councillor Karen McCarthy that she served as a governor on the Birmingham Women's Hospital.

HEALTHWATCH BIRMINGHAM UPDATE

The following report was received:-

(See document No. 1)

Brian Carr, Acting Chair, Healthwatch Birmingham introduced the item and Candy Perry, the Chief Executive Officer of the organisation presented the information contained in the report.

During the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) Members were informed that it was intended that by March 2016 Healthwatch Birmingham's team of specialist volunteers would be handling the calls to the Enquiry Line.
b) Data accumulated from callers was shared with partners / organisations to which the callers were referred. Healthwatch Birmingham viewed itself as being part of and not outside the system.
c) The Chair welcomed that Healthwatch Birmingham's Twitter account was now more active.
d) Members were informed that Healthwatch Birmingham's survey of young people had shown that it was better to go to places where people were

queuing when carrying out surveys which might, as was piloted in that instance, involve general guided listening as well as targeting a specific sector of the population. In relation to seeking to raise the organisation's profile in all the Districts it was reported that work would be taking place with local Councillors to see at what times and where might be the best places to visit to listen for evidence of avoidable health inequity.

e) The Chief Executive Officer advised the meeting that the report on the survey of young people was hoped to be available by the end of the month and undertook to arrange for Members of the Committee to receive a copy.

f) A Member highlighted that there were a lot of other organisations that dealt with feedback, comments and complaints. She indicated that she was not clear from the information received in July 2015 and at this meeting what added-value Healthwatch Birmingham's work had been making since 2014 and what difference it was making now.

g) Further to f) above, Members were advised of an example of an Enquiry Line case where as a result of an intervention by Healthwatch Birmingham a CQC visit to a regulated care setting scheduled for 8 months' time had been brought forward to the end of the same week. She highlighted the difference this had made to the lives of the family members who'd raised the concerns and to other service users. Another example cited involving the Enquiry Line was where, following the identification of gaps in service provision, work was taking place with the Directorate for People. Mention was also made of actions that would be coming out of the survey of young people and an instance where information received via the Feedback Centre had resulted in all the staff in a regulated care setting undergoing safeguarding training.

h) In response to concerns expressed by a Member regarding potential conflicts of interest of the current Acting Chair of Healthwatch Birmingham the meeting was advised that their Board would fairly soon be at full complement and that discussions would then take place on the issue of appointing a new Chair of the organisation.

i) The representatives of Healthwatch Birmingham were advised by the Chair that they would be invited to attend all the Health and Social Care Overview and Scrutiny Committee and Joint Health Overview and Scrutiny Committee meetings in the current Municipal Year. In addition, they would be sent the Committee's Work Programme.

j) A Member referred to a whole series of decisions set against timelines that various health agencies across the City would be taking during the year. He indicated that he would have expected these to be present in Healthwatch Birmingham's Work Programme with issues that were particularly contentious or potentially affecting health inequalities to be highlighted and Healthwatch Birmingham having an awareness of how it could help make a contribution to the commissioning process and subsequent implementation arrangements. He indicated that he would welcome Healthwatch Birmingham when the organisation next reported to the Committee providing a list of all the big decisions that might affect health inequalities in the City over the next 12-18 months and details of what the organisation intended to do to ensure the health interests of the City were protected and the health inequality issues addressed. The Chief Executive Officer confirmed that this could be done.

k) Members were advised that it was intended that Healthwatch Birmingham's quality standard would be in place by March 2016 and that the organisation's approach (involving logic modelling / theory of constraints work) to defining the role of a local Healthwatch was receiving interest from

NHS England, Healthwatch England and other local Healthwatch organisations.

l) The Committee was informed that Healthwatch Birmingham had volunteers sitting on the Heart of England NHS Foundation Trust Surgery Reconfiguration Boards and that the issue of the disbandment of the patient involvement group was being looked into. In relation to Non-Emergency Patient Transport it was reported that Healthwatch Birmingham had challenged aspects of the patient and public involvement that was taking place and, though she'd need to check, believed that reassurance had been received that their concerns would be addressed.

m) A Member referred to the considerable amount of money the Local Authority had invested in Healthwatch Birmingham and questioned whether if the organisation did not exist it would really be noticed by the Council and members of the public; did not feel that the level of investment in Healthwatch Birmingham could be shown to have been justified; was not convinced that the right outcomes for that investment had been achieved; and was still not clear from the information provided regarding what work the organisation was doing. Furthermore, in drawing attention to paragraph 2.1.3 in the report the Member asked what work would be taking place in the Districts.

n) The Chief Executive Officer commented that she did not know whether the absence of Healthwatch Birmingham would be missed or not as the organisation was still in the very early days of implementing its strategy. It was commented that Local Healthwatch organisations were new bodies and only in their third year of existence. Furthermore, it was reported that 6 months ago Healthwatch Birmingham comprised only 4 people where as now there were 9. In referring to the internal changes that had had to be made she advised Members that efforts were being made to build a very robust organisation and highlighted that it was through the recruitment of more volunteers that it would become more visible.

o) Further to comments made, the Acting Chair of Healthwatch Birmingham indicated that he considered that the broader underlying question was whether there was a role for an independent organisation where patient and public voices could be heard. In taking their strategy forward he referred to the need to examine how the organisation could be useful; work with Members and the Districts; and make the best use of its available funding.

p) In stressing that a 3 year old organisation could not be classified as young and in acknowledging Healthwatch Birmingham had experienced internal problems a Member nevertheless pointed out that the Council was now looking for results from the organisation. She enquired whether there was another model Healthwatch Birmingham could adapt or whether the whole of the Healthwatch system across the country was in the same state.

q) A Member considered that a report should be submitted to the Committee that set out a strategic plan for the next 3-5 years that homed-in on the big health inequality issues where it was felt Healthwatch Birmingham could make a difference and how it would do so.

r) The Acting Chair in sharing views expressed regarding the lack of effectiveness of Healthwatch Birmingham over the last 3 years nevertheless highlighted that owing to the internal changes the organisation in its present form was a little under a year old. Furthermore, he informed Members that Healthwatch Birmingham had been set up very quickly at the outset and, he considered, unwisely in terms of the way that it was commissioned by the Local Authority some aspects of which were done against Birmingham Voluntary Service Council's original advice. He requested that the

organisation be judged on the basis of its track record from January last year onwards. The Acting Chair felt that considerable progress had been made and suggested that an away-day be arranged involving representatives from the health economy, Council and others to help formulate a practical strategy to take the organisation forward.

The Chair considered that there did not seem to be any tangible evidence in respect of what Healthwatch Birmingham had achieved and that Local Authority funding had been wasted at a time when the Council was having to make budget cuts. However, he was of the view that the organisation did seem to have a more focused approach than it had 6 months ago. The Chair proposed and it was agreed that the organisation report again to the Committee in July 2016 with detailed information on its strategic approach and how it would reduce avoidable health inequity across the City. He also reiterated that the representatives would be sent the Committee's Work Programme and dates of future meetings.

In response to other comments made, the Acting Chair of Healthwatch Birmingham highlighted that they had been looking at what other Healthwatch organisations were doing to learn from them and would welcome meeting with Members and officers to identify the best way to move forward.

The Chair thanked the representatives for reporting to the meeting.

294 **RESOLVED**:-

That a further report be submitted to the Committee in July 2016.

ADULTS WITH LEARNING DISABILITIES – HOUSING AND EMPLOYMENT SUPPORT

295 The following report was received:-

(See document No. 2)

Kalvinder Kohli, Head of Service, Prevention and Complex, Commissioning Centre of Excellence, Directorate for People, BCC introduced the information contained in the report.

In the course of the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) The Head of Service reported that she had been advised that where individuals had vulnerabilities / disabilities which disadvantaged them in respect of the social housing application process they would be provided case management support and also referred to the assistance that would be provided by housing support workers as part of transitioning people through the Supporting People Programme.
b) In drawing attention to the employment case studies outlined in the report a Member indicated that she hoped that the learning was being taken on board on a wider basis and also that standard templates covering such matters as health and safety related issues were being produced to assist employers.

c) A Member queried how it would be ensured that The Bromford Supported Living accommodation did not become institutional given that it was proposed to provide accommodation for about 60 people.

d) Further to c) above, the Chair, in indicating that he was comfortable with what was planned, considered that when the Bromford was built it would be useful to extend an invitation to all Members of the Council to visit the Supported Living accommodation with a view to alleviating any concerns. The Head of Service reported that the intention was that The Bromford would be an outward facing facility and engage local communities as well as provide employment and retail opportunities. She also highlighted the need for work to take place in terms of the implementation and mobilisation of the contract to ensure that this happened.

e) The Head of Service made the suggestion that if the Youth Employment Initiative submission to the European Social Fund was successful a report be submitted to the Committee covering the roll-out of the project. She advised Members that preparatory work had already begun to take place with partner organisations involved in the bid and that they were very skilled in carrying out specialist risk assessments for the most vulnerable. Furthermore, in highlighting that risk assessments could be exclusionary, the Head of Service referred to the inclusive, outcome focused nature of risk assessments that were used by the commissioning services. A report was programmed to go to Cabinet on 16 February 2016 to seek permission as part of the proposed delivery model to commission the dedicated intervention workers (to support young people with learning disabilities / mental health conditions) with a view to them being in post by June or July 2016.

f) A Member welcomed that the report was now putting principles that had been around for a long time into practice. However, she enquired how it would be ensured that the partner organisations (e.g. housing, police, employers) all understood their roles so that the barriers faced in the past could start to be removed.

g) Further to f) above, the Head of Service at this juncture referred to feedback that had been received from Cabinet Members. In highlighting that the Comprehensive Housing Offer with partners in the City would be launched on 22 January 2016 she advised the Members that it had been suggested that the report now before the Committee form one of the workstreams. In addition, the Head of Service reported that it had also been suggested that the report be discussed at the Learning Disabilities Partnership Board. However, Members were advised that there was work that still needed to be done in terms of understanding what support partner organisations required in order to respond to issues more effectively.

h) In referring to the Birmingham Business Charter for Social Responsibility, a Member enquired what options there were to build into the expectations of the Council's big partner agencies (e.g. Carillion, Amey, Capita / Service Birmingham) that part of their job was to proactively provide work for people who had disabilities or faced challenges so that this became part of mainstream activity over a period of time.

i) Further to h) above, the Head of Service considered that organisations were quite willing to offer initiatives and resources to the Local Authority but felt that the Council had not maximised its opportunities as well as it could have done.

j) The Head of Service indicated that ensuring that Shared Lives placements were working as expected and that the service users were being supported appropriately formed part of the contract management and was all about

working closely with the service provider and engaging with the service users.

k) In considering that there would always be unmet need, the Head of Service considered that part of the solution was about promoting what services were available so that they could be as inclusive as possible. However, she highlighted that in view of the reducing budget they were looking at developing peer support arrangements especially for people with learning disabilities and individuals with mental health issues.

The Chair considered that the general consensus was that the way in which matters were being taken forward was positive and thanked the Head of Service for reporting to the meeting.

CHANGES IN TOBACCO SMOKING AND IMPLICATIONS FOR BIRMINGHAM

The following report was received:-

(See document No. 3)

Dr Adrian Phillips, Director of Public Health, BCC introduced the information contained in the report.

In the course of the discussion that ensued the following were amongst the issues raised and responses further to questions:-

a) The Director of Public Health surmised that nicotine replacement patches obtained on prescription rather than direct over the counter were more successful in helping people to quit smoking because it was more like a contract and the individuals had someone checking-up on them.
b) In terms of aligning the 'quit service' much more closely with GPs the Director of Public Health considered that this could probably best be done through the health check system.
c) The Committee was informed that where tobacco was used as a product in shisha lounges the Council had a regulatory role but that increasingly there was more and more e-shisha being used. He highlighted that owing to shared-use of the equipment there were issues around infection but the level of risk in this regard was unclear at present.
d) Further to c) above, the Chair considered that it would appropriate for a report to be submitted to this Committee on the issue and what the health affects were on users of shisha and people in their company.
e) Following comments made by the Chair and Director of Public Health it was agreed that an appropriately worded recommendation be sent to the Cabinet Member for Health and Social Care requesting that smoking in public view outside the Council's buildings be stopped.
f) In referring to the first paragraph on the fifth page of the report, a Member asked if the Director of Public Health would instead be prepared to make the statement that it was unacceptable that the public sees smoking outside many of its high profile buildings. The Director indicated that he would be happy to do so if this was also the position of the Committee on the issue and the Chair confirmed that this was the case.
g) The Director of Public Health underlined that it was tobacco smoke that killed where as e-cigarettes were at least 20 times safer although their

absolute effects were not known. He considered that individual tobacco smokers who moved to using e-cigarettes minimised their risk dramatically; commented that it helped them to stop smoking; and highlighted that it saved them money as e-cigarettes were probably about half the cost.

h) Further to comments made by a Member, the Chair highlighted that if the Council showed leadership and set an example by stopping smoking outside its public buildings then the hospitals and everyone else would hopefully do the same.

i) The Director of Public Health advised the Committee that aligning the 'quit service' much more closely with GPs was the right thing to do and not about saving the Council money in the light of forthcoming cuts to the Public Health budget. However, in highlighting that unfortunately just under one in five people smoked he considered that the 'quit service' alone would not bring the numbers down enough and that this would only be achieved when everyone regarded smoking as not being acceptable.

j) It was agreed that an appropriately worded recommendation be sent to the Cabinet Member for Commissioning, Contracting and Improvement on including a clause in the Birmingham Business Charter for Social Responsibility that any signatories to the charter have to ensure that there are no smoking shelters in full gaze of the public.

k) The Director of Public Health highlighted that the Birmingham Children's Hospital and a number of primary schools had asked how no smoking zones could be put in place. He advised Members that there was scope under the Localism Act but it had to follow attempts to use voluntary codes and organisations had to ask the Council to do this.

l) A Member advised the meeting that smokers who used e-cigarettes could adjust and therefore reduce their nicotine intake over time or eliminate the intake completely.

At this juncture, the Chair advised the meeting that further to e) and j) above, recommendations would be drawn-up and sent to the Cabinet Members. He also highlighted to the Director of Public Health the need for a report to be presented to the Committee on the potential health affects of using shisha.

296 **RESOLVED**:-

That a report be submitted to the Committee on the potential health affects of using shisha.

INFANT MORTALITY

The following report was received:-

(See document No. 4)

Dr Adrian Phillips, Director of Public Health, BCC introduced the information contained in the report.

In the course of the introduction and discussion the following were amongst the comments made and responses further to questions:-

a) The Director of Public Health pointed out that infant mortality accounted for about 40 per cent of Birmingham's life expectancy gap with England.

However, at least 20 per cent of the City's infant mortality related to babies of less than 22 weeks gestation where there was no international evidence that they would survive. As a consequence, work was taking place with the hospitals aimed at ensuring that the right steps were taken, which included certifying these as deaths.

b) Members were advised that the local infant mortality rates and figures contained in the report related to infant deaths in respect of mothers who lived in Birmingham, not those who used the health service facilities in the City.

c) The Director of Public Health confirmed that the infant mortality rates in Birmingham had not fallen since the years to which the information outlined in the report related; advised Members that the Council was working with the Clinical Commissioning Groups, which purchased the services, to improve the coding for both gestation and ethnicity although this had not been happening especially in respect of Heart of England NHS Foundation Trust; and indicated that once the coding was right it would then be possible to meaningfully analyse the data with the objective of bringing down the infant mortality rate in Birmingham.

d) The Committee was informed that consanguinity was more an issue in respect of those babies who were born and survived but in terms of infant mortality in Birmingham, though consanguinity was an issue, it was not the biggest one. He indicated that the link between women smoking when pregnant and poor outcomes for babies was probably as important an issue.

e) At this juncture, the Chair, in referring to the previous report on tobacco smoking, declared that through his ISA he had unit trusts in CF Woodford Equity Fund.

f) A Member voiced deep concern that ethnicity was not recorded in respect of many infant deaths despite there being a duty under the Equality Act to do so. He stressed the need for this to be addressed as a matter of urgency. In this regard attention was also drawn by another Member to the high proportion of births in Table 1 on page 7 of the report where infant mortality by maternal ethnicity was not known.

g) Further to f) above, the Director of Public Health reported that more up to date outturn data would soon be received. He suggested that he then provide the Committee with an update and if the position had not improved it might then be appropriate for the Committee to be more active in this area.

h) In also referring to Table 1 in the report, the Chair considered that there was a need for Asian ethnicity to be broken down into the various countries of origin in order to provide more meaningful data for analysis.

The Chair proposed that the Director of Public Health provide the Committee with a further update in March 2016 and Members concurred with this approach.

297 **RESOLVED**:-

That the Committee be provided with a further update in March 2016.

2015/16 WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 5)

298 **RESOLVED**:-

That the Work Programme be noted.

AUTHORITY TO CHAIR AND OFFICERS

299 **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 1222 hours.

……..…….
CHAIRPERSON

Richard Viney

Short paper for Birmingham City Council

11 February 2016

Prostate Cancer

Implications for the Birmingham population

The prostate is a walnut sized gland found at the base of the bladder that envelops the urethra. It is part of the male genital tract and contributes about 40% of the seminal fluid. Unlike all other tissues, it continues to grow as the male ages beyond puberty, driven by testosterone.

Like all glands, it is at risk of developing cancer. The lifetime risk for this event is expected to be 1:7 in todays generation. In 2013 there were 43,436 new diagnoses of prostate cancer with 10,837 deaths in the UK (51,103 in breast with 11,716 deaths). Prostate cancer is the uncontrolled growth of cells within the gland that cause local problems to the flow of urine from the bladder and kidneys. If these cells spread to other organs (secondaries or metastases) they will grow there resulting in the failure of those organs and subsequent death of the patient. If caught early, the disease is curable with surgery or radiotherapy which would suggest a lot of the deaths we see could have been avoided. Those with secondaries are incurable but their disease can be controlled for many years. The average life expectancy of these patients have gone from 3 to over 7 years. Combined with the increasing prevalence we are seeing (fig 1), this is posing real resourcing challenges that need to be recognised and planned for by Government.

The prostate produces PSA, a protein in the ejaculate. A little amount of this leaks into the blood and we can test for this with a simple blood test. This test goes up in patients with large prostates, infection

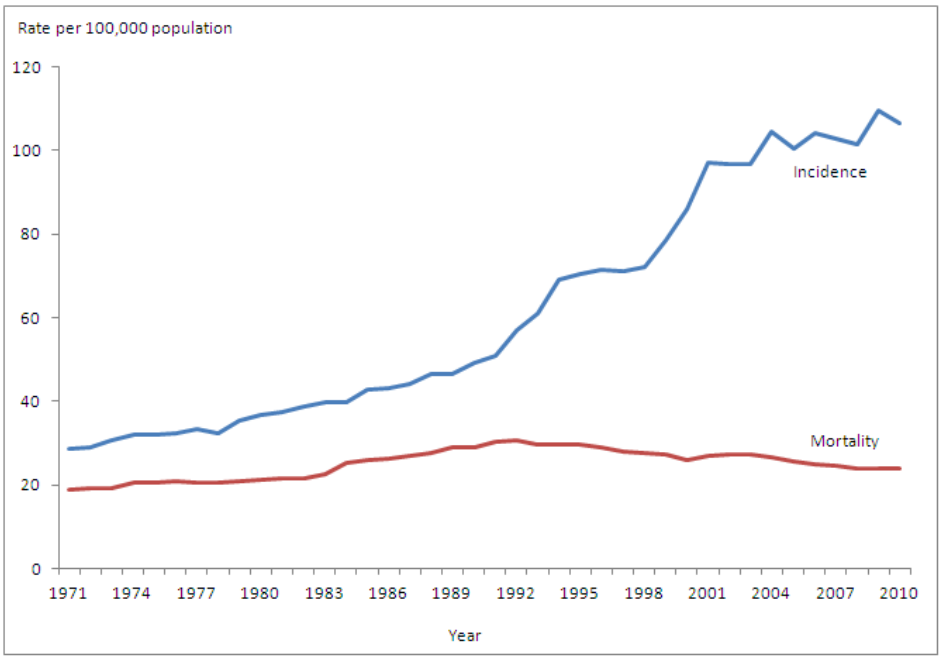


Fig 1 - Incidence and mortality rates for prostate cancer in the UK

or inflammation in the prostate and prostate cancer making the test a potential screening tool. Unfortunately it is not specific for cancer.

Considerable work is being undertaken to establish whether PSA screening would benefit a population with two huge studies, one in Europe and one in USA. As it stands, their recommendations are not for screening as the costs and complications of over treatment out weigh the benefits of earlier diagnosis and the possibility of a life saving intervention.

Prostate cancer is a very slow disease process in many cases and this makes studying the condition a challenge as the time gap between intervention and outcome can be significant. As the study cohorts are followed forward, this balance in risks and benefits of screening is likely to shift and there is a real possibility that the guidance on screening may change. As it stands, there is no formal prostate screening programme in place.

Most population based studies focus on Western, predominately caucasian groups. When other ethnic groups are looked at we see interesting differences in prevalence and outcomes. Of particular note is the Afro-caribbean population. This group have a lifetime risk of 1:4 and their outcomes are far worse. There is a temptation to suspect that this may be down to inequalities in healthcare access and provision but in a free at point of care system such as the NHS, the problems are clearly more fundamental than that. Likely contributing factors include poor awareness within the communities (due to a lack of relevant health education), often inner city populations which can have poorer primary health care provision as well as a very real cultural issue with rectal examination (part of the assessment of the prostate). When these issues are corrected for, the difference in outcomes still exists and this is down to fundamental differences in the biology of the disease in this population being far more aggressive.

Given the fact that Birmingham has the largest Jamaican community outside of Kingston, prostate cancer awareness in the City is very important. There are local initiatives (such as, ‘hear me now’) to try and address this and these are largely driven by cancer survivors and their families rather than Government funded and supported initiatives which is disappointing.

Prostate cancer is the most common cancer in men and affects a large number of individuals and their families. Earlier diagnosis benefits outcome and reduces the complications of the disease. There is a real need and opportunity for better collaboration between primary and secondary care with local communities and government.

Excellence in Commissioning
Through Excellent Primary Care

Birmingham Health Overview Scrutiny Committee

Development of the Operational Plan 2016/17

Tuesday 23rd February 2016

Les Williams
Director of Performance and Delivery

Purpose

- To update the Committee on the development of the CCG Operational Plan for 2016/17
- To set out the context within which it is being developed
- To provide the opportunity to influence its content and steer its direction

Context

- NHS Planning Guidance published December 2015
- Sets out requirements for Operational Plan for 2016/17 and Sustainability and Transformation Plan (STP) to 2020/21
- In context of financial settlement in CSR, three years fixed, 2 years indicative
- NHS required to close three gaps - the ‘Triple Aim’
  - Health and wellbeing
  - Care and quality
  - Productivity and efficiency

Context

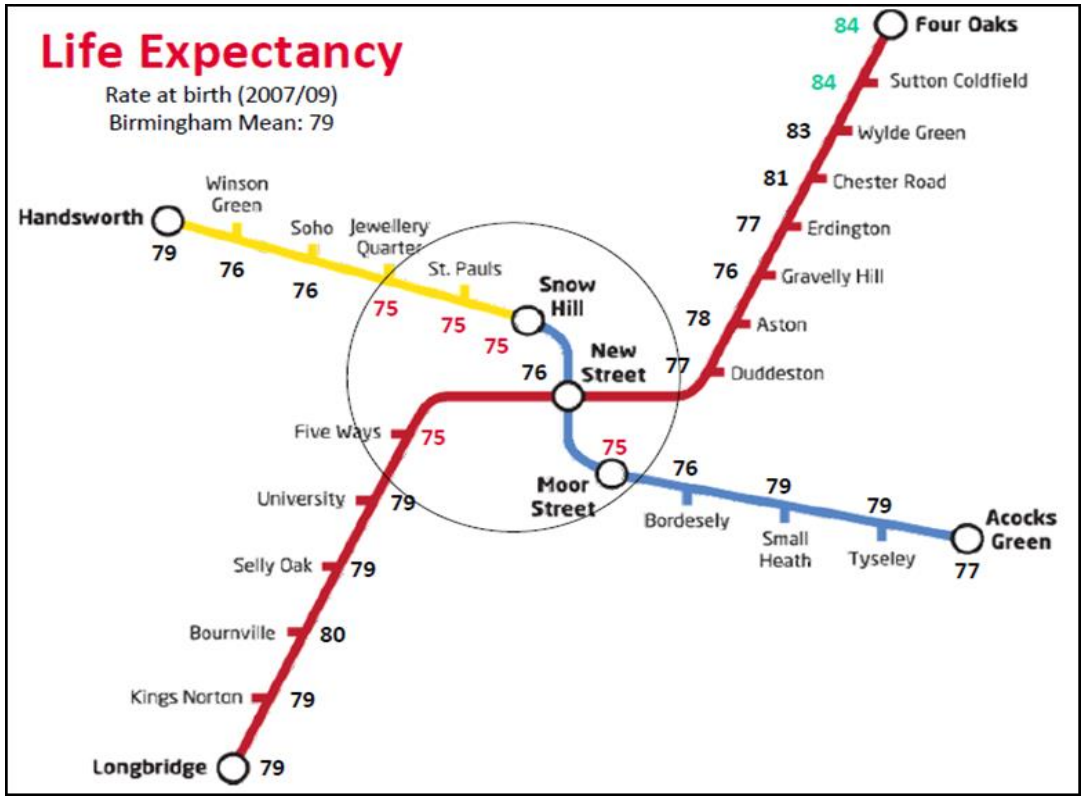
- Sustainability and Transformation Plan to 2020/21 to be place-based
  - STP footprint - Birmingham and Solihull
  - Submit in June 2016
- Operational Plan 2016/17 to be organisation-based, but first year of STP
  - Each CCG and Trust
- Three submissions of Operational Plan
  - 8th February
  - 2nd March
  - 11th April
- Operational plan therefore needs to predict content of strategic STP

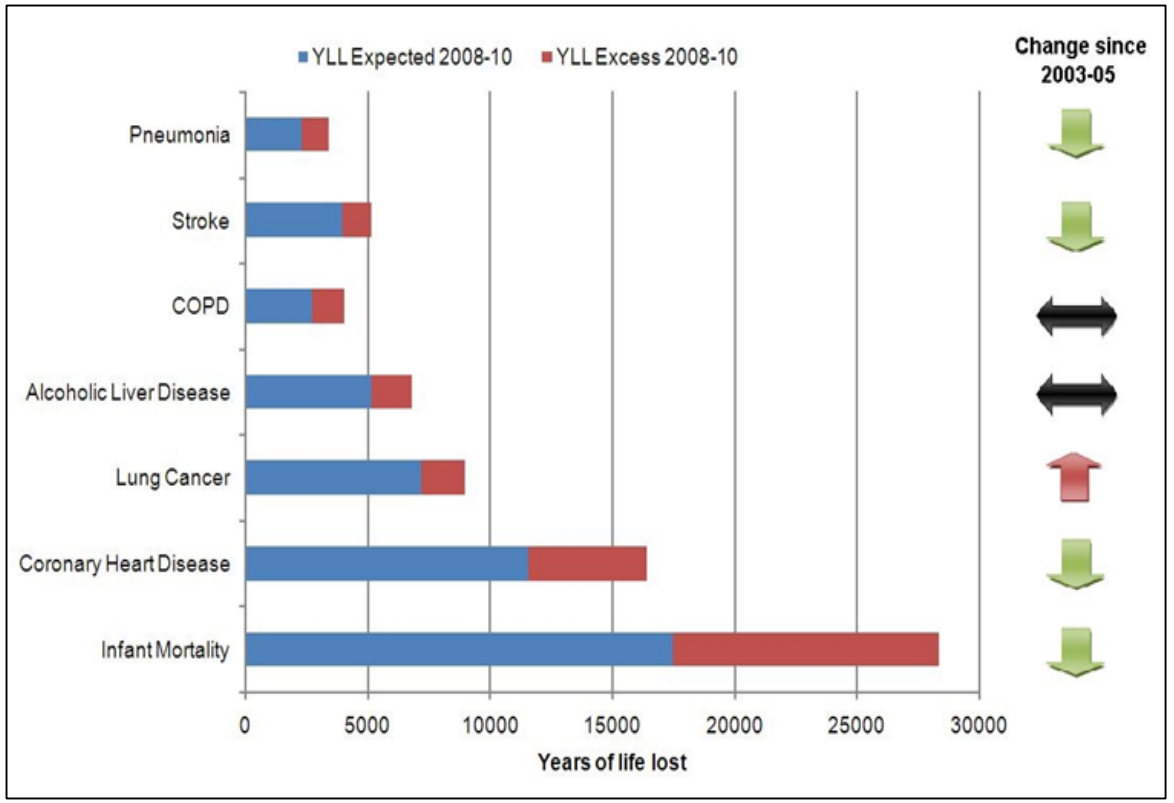
8th February submissions

- Minimum required:
  - Activity and financial projections for 2016/17 (subject to tariff publication, contracts agreement, BCF guidance)
  - Commitment to achieve NHS Constitution standards
  - Transforming Care plan
  - BCF plan (but requirement delayed as national view awaited)
  - Plan on a Page
  - Operational Resilience Capacity Plan
- Very much an initial submission – two further months to refine and confirm

Health inequalities and patterns of disease

Birmingham CrossCity Clinical Commissioning Group





Compared to national averages, Birmingham has:

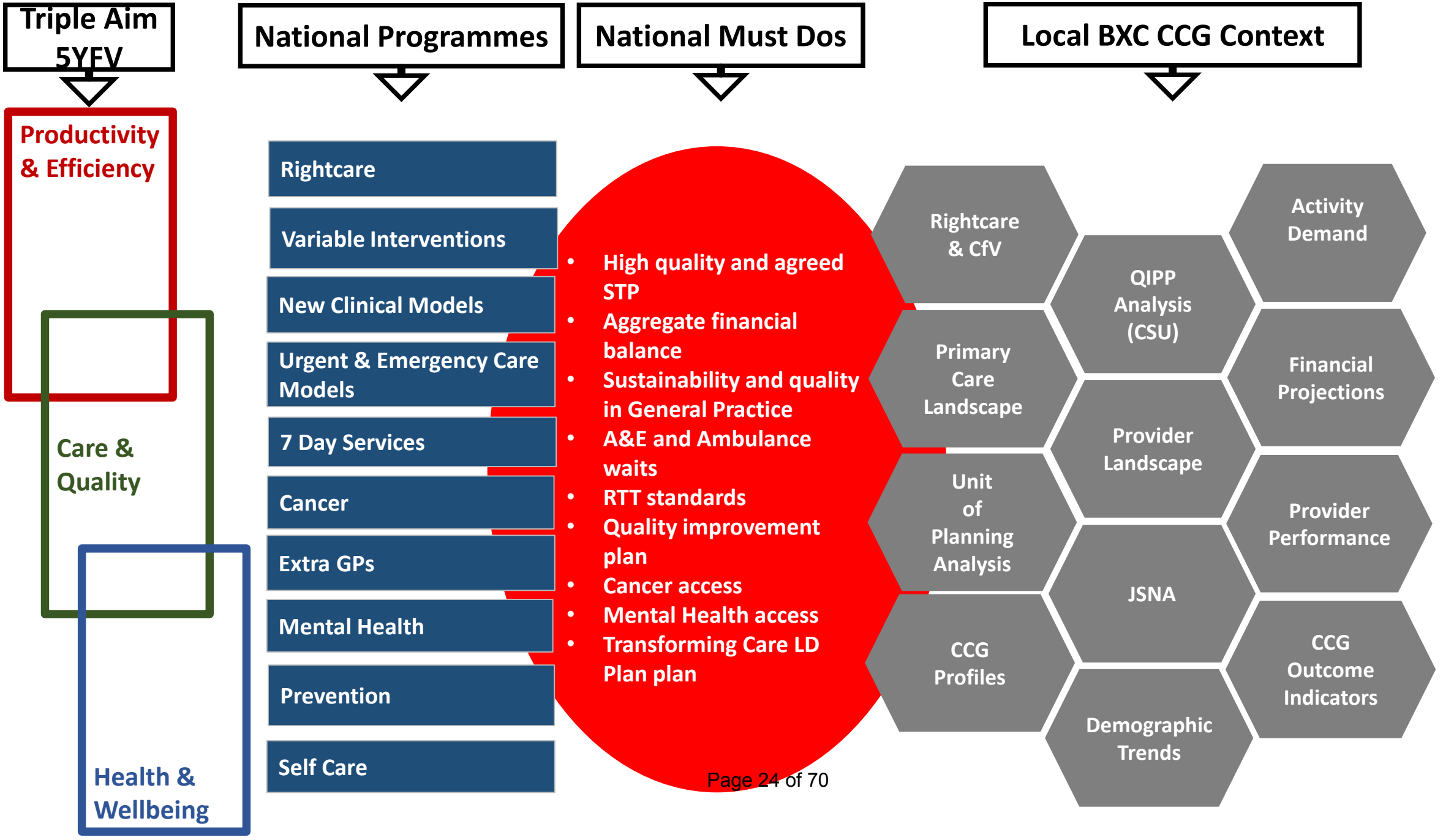
- Lower rates of healthy eating/physical activity
- Higher levels of obesity
- Higher rates of smoking in most deprived wards

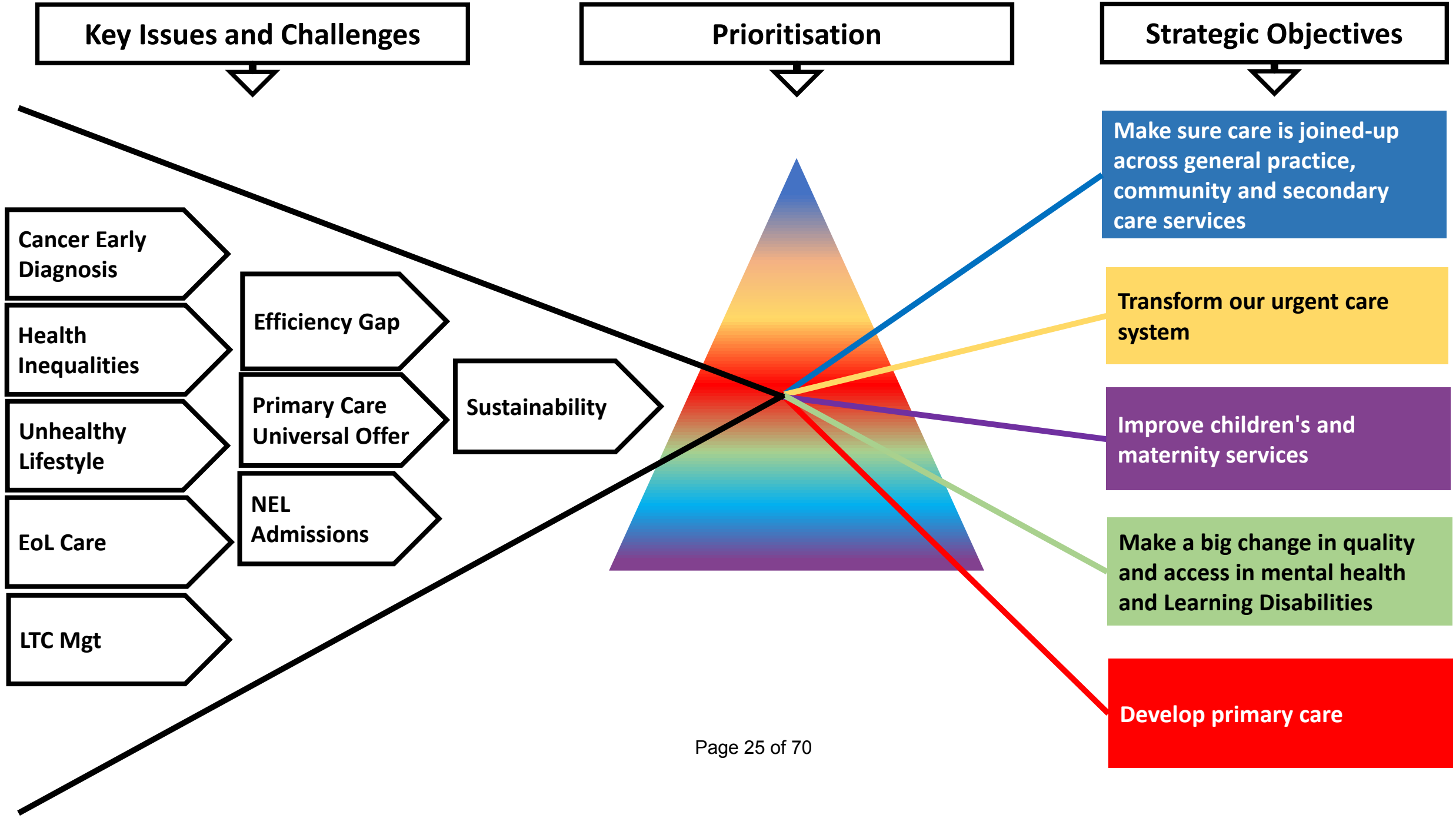
These 7 conditions make up 70% of life expectancy gap

Variation in disease patterns according to affluence, age of populations and ethnicity

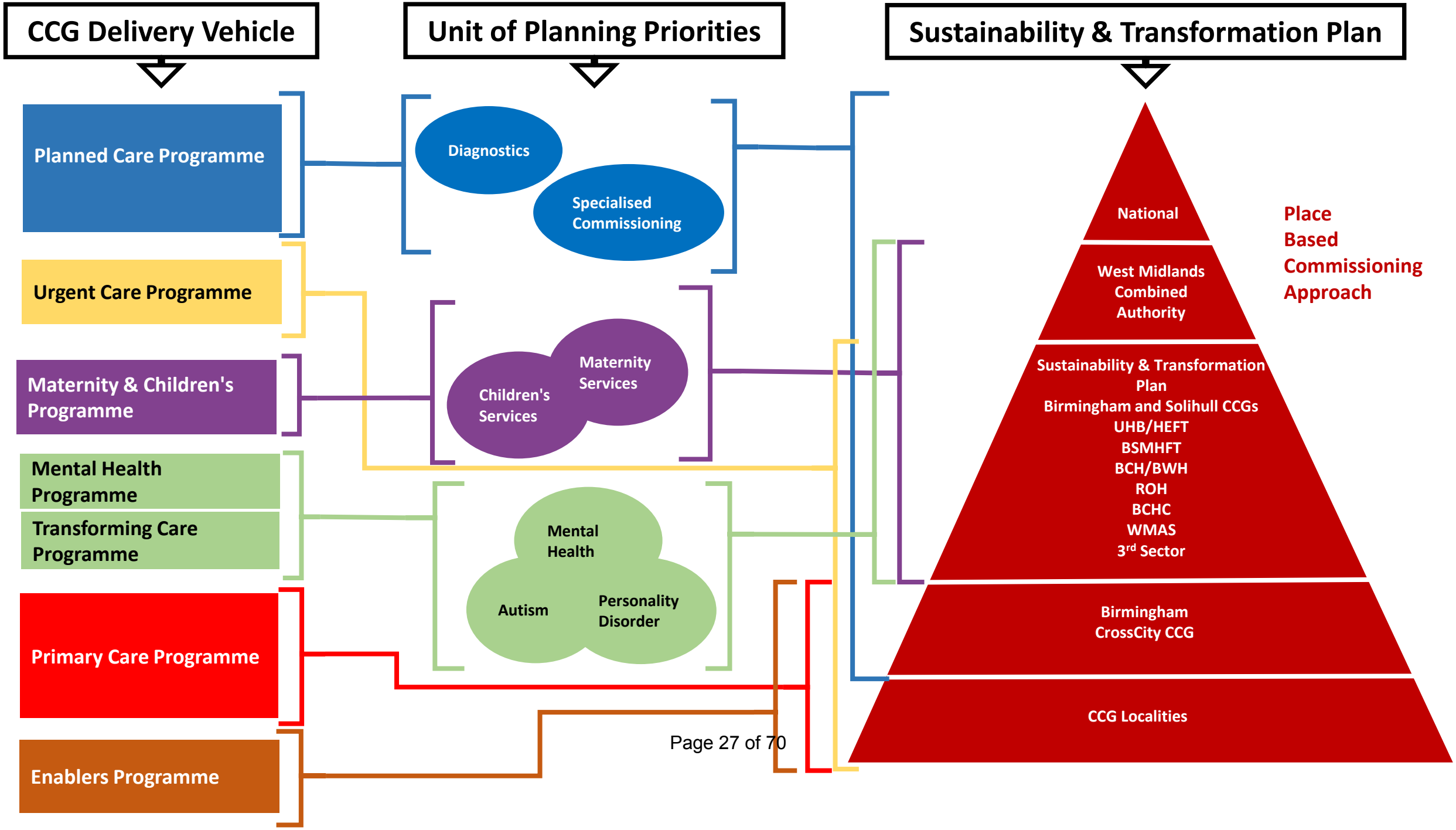
Plan on a page

- Attempt to identify how our plan is developed from national policy, in context of local issues and concerns, through prioritisation and discussion, to arrive at 5 Strategic Objectives and large number of priorities
- Identifies current delivery vehicles in the CCG
- Relates to Unit of Planning priority workstreams (Birmingham, Solihull and Sandwell)
- Shows linkage to place-based commissioning (through STP)
- Final agreement by April subject to outcome of planning round and affordability
- Set out on next four pages


Triple Aim 5YFV
National Programmes
National Must Dos
Local BXC CCG Context
Productivity & Efficiency
Care & Quality
Health & Wellbeing
Rightcare
Variable Interventions
New Clinical Models
Urgent & Emergency Care Models
7 Day Services
Cancer
Extra GPs
Mental Health
Prevention
Self Care
High quality and agreed STP
Aggregate financial balance
Sustainability and quality in General Practice
A&E and Ambulance waits
RTT standards
Quality improvement plan
Cancer access
Mental Health access
Transforming Care LD Plan plan
Rightcare & CfV
Activity Demand
QIPP Analysis (CSU)
Primary Care Landscape
Financial Projections
Provider Landscape
Unit of Planning Analysis
Provider Performance
JSNA
CCG Profiles
CCG Outcome Indicators
Demographic Trends


Key Issues and Challenges
Prioritisation
Strategic Objectives
Cancer Early Diagnosis
Health Inequalities
Unhealthy Lifestyle
EoL Care
LTC Mgt
Efficiency Gap
Primary Care Universal Offer
NEL Admissions
Sustainability
Make sure care is joined-up across general practice, community and secondary care services
Transform our urgent care system
Improve children's and maternity services
Make a big change in quality and access in mental health and Learning Disabilities
Develop primary care


Strategic Objectives
2016/17 Priorities
CCG Delivery Vehicle
Makes sure care is joined-up across general practice, community and secondary care
MSK redesign
LTC Mgt - Diabetes & Respiratory transformation
Prevention
End of Life and Paediatric Palliative Care
Procedures of low clinical value
Non-emergency patient transport prodrurement
New Models of Care
Self Care
Stroke Services reconfiguration
Specialised services commissioning
Planned Care Programme
Specialised Commissioning
Transform our urgent care system
Urgent and Emergency Care Strategy & Implementation
System Resilience Plan
System Resilience Group
Prevention
Self Care
Urgent Care Programme
Improve children's and maternity services
0-25 Children & Young Adult Mnetal Health Service
Implement Natioanl Maternity Review
Prevention
Self Care
Maternity & Children's Programme
Make a big change in quality and access in mental health and Learning Disabilities
Achieving the 2 key access standards
25+ New dawn
LD Transforming Care CCG Plan
Mental Health Programme
Transforming Care Programme
Develop primary care
Achieving Clinical Excellence
Primary Care Co-commissioning
Primary Care Strategy Implementation
New Clinical Models
Prevention
Self Care
Cancer
Diabetes
Referral Support
Primary Care Programme
Enabling Strategies and Plans
Supporting and enabling plans and developments
Paperless NHS
IM&T Strategy
Your Care Connected
Estates Strategy
Personal Health Budgets
Enablers Programme


CCG Delivery Vehicle
Unit of Planning Priorities
Sustainability & Transformation Plan
Planned Care Programme
Urgent Care Programme
Maternity & Children's Programme
Mental Health Programme
Transforming Care Programme
Primary Care Programme
Enablers Programme
Diagnostics
Specialised Commissioning
Children's Services
Maternity Services
Mental Health
Autism
Personality Disorder
National
West Midlands Combined Authority
Sustainability & Transformation Plan
Birmingham and Solihull CCGs
UHB/HEFT
BSMHFT
BCH/BWH
ROH
BCHC
WMAS
3rd Sector
Birmingham CrossCity CCG
CCG Localities
Place Based Commissioning Approach

Key Issues and Challenges

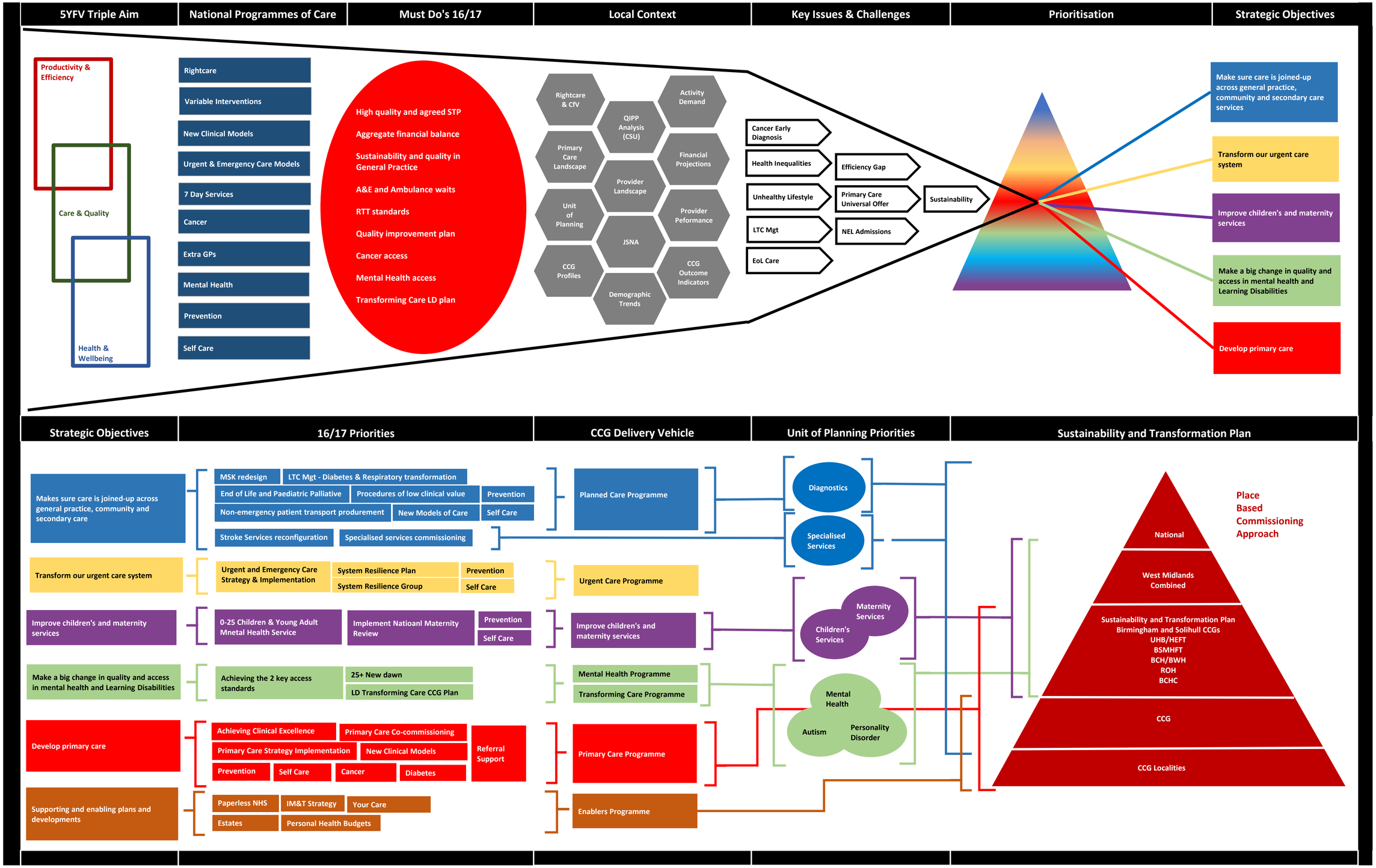
- Early diagnosis of cancer
- Addressing health inequalities, improving access to employment
- Unhealthy lifestyle – obesity, alcohol, smoking
- Improved and joined up management of long term conditions, especially CVD, respiratory disease, diabetes
- Implementing the end of life strategy, increasing choice and community based services
- Improved access to mental health services, including dementia diagnosis and care
- Responding to national review of maternity services
- Improved primary care, through delivery of ACE and expanded access
- Transformed urgent care system, leading to better local access, reduced attendances and admissions to hospitals

Views and comments

- Views welcomed on any aspect, and particularly:
  - Are these the right areas on which to focus?
  - Are there other areas that should be excluded or included?

Questions

Appendix 1
Birmingham CrossCity Clinical Commissioning Group 2016/17 Operational Plan on a Page



Birmingham City Council

Information briefing

Report From: **Birmingham Transforming Care Partnership Board**

Report To: **Health and Social Care Overview and Scrutiny Committee**

Date: **23rd February 2016**

Title: **Transforming Care in Birmingham for people with Learning Disabilities with or without Autism who display behavior that challenges.**

Summary:

The Birmingham Transforming Care Partnership Programme has been created to develop and deliver a City wide 3 year Transformation Plan for clients with Learning Disabilities and/or autism or mental health issues who display behaviour that challenges. The initial draft of the plan was submitted to NHS England on 8th February 2016 further to co-design with stakeholders that took place in January 2016. The next iteration of the plan is due to be submitted on 8th March 2016 and the final plan on 11th April 2016.

The Transforming Care Plan builds on the work already undertaken by enhancing community teams and developing the provider and housing market further. However in line with stakeholder engagement there will be some specific services that need to be further developed and evaluated to understand their effectiveness in enabling clients to be discharged safely from inpatient facilities and live meaningful lives in the community as follows:

1. Developing intensive & crisis support services by a multi-disciplinary health and social care team, 7 days per week for children including behaviour support planning;
2. Further enhancing intensive & crisis support services by a multi-disciplinary health and social care team including social workers, 7 days per week for adults;
3. Develop effective care, crisis & relapse planning with clients, carers and families including exploring the need for the introduction of an intensive wrap around service short term 'place of safety' linking to the Mental Health Crisis Concordat and better access to understandable information (a capital bid will be submitted to support the 'place of safety');
4. Explore and scope the development and testing of a Learning Disabilities HUB linking with local third sector developments to provide an advocacy, training and information HUB.

The plan on a page can be found in Appendix 1.

Recommendation:

The Health and Social Care Overview and Scrutiny Committee are asked for their views on the draft Transformation Plan to ensure their views can be incorporated at an early stage.

Introduction and background:

In 2011, a Panorama programme exposed evidence of abuse of some clients with learning disabilities, who were living in an Assessment & Treatment Unit, called Winterbourne View. Following the subsequent enquiry into this case, many changes have been made to services for people who have learning disabilities. One of these changes has been the development of the Transforming Care Agenda which is a national workstream that focuses on ensuring that care is safe, appropriate and delivered in the least restrictive environment possible.

To implement this change, on Friday 30th October 2015 NHS England, the Local Government Association (LGA), and the Association of Directors of Adult Social Services (ADASS) published 'Building the right support' a national plan for people with learning disabilities and/or autism with behaviour that challenges including those with a mental health condition and a 'new service model' for commissioners. Taken together these documents required Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England specialised commissioners to come together to form Transforming Care Partnerships (TCPs) to build up community services, close unnecessary inpatient provisions and redesign pathways to better support people with learning disabilities (including children and young people). The local TCP encompasses Birmingham City Council, Birmingham Cross City CCG, Birmingham South Central CCG and the West Birmingham residents who are commissioned by NHS Sandwell & West Birmingham CCG.

The new national model of care requires a significant reduction in the need for hospital care and describes how in three years, local areas should need hospital capacity to care for no more than:

- 10 – 15 inpatients in CCG-commissioned beds per million adult population at any one time;
- 20 – 25 inpatients in NHS England commissioned beds per million adult population at any one time.

In late December 2015, NHS England provided further information on the requirements of CCGs and Local Authorities which required organisations to deliver the first draft of a Transformation Plan by 8th February 2016 with the final plan due on 11th April 2016. Commissioners are required to:

- Build up community capacity and close some inpatient services in order to shift the investment into high quality, personalised support;
- Transform and redesign pathways (investing in preventative services/early intervention in the community) – not just 'resettlement' of current inpatients into the community.

In Birmingham much progress has been made over the last two years in meeting these aims with the closure of local NHS provider inpatient beds and the development of intensive community services. This provides a good platform for the further development of supportive community services that will prevent hospital admission where appropriate, facilitate timely discharge and improve outcomes for people with learning disabilities.

However further work is required to develop a cohesive response to the complex needs of clients who are stepping down from inpatient provision. In order to achieve this locally and to build on the positive work that has already taken place, partners in NHS Birmingham Cross City CCG, NHS Birmingham South Central CCG, NHS Sandwell & West Birmingham CCG and Birmingham City Council are working together with NHS England's Specialised Commissioners, clients, carers and families and wider stakeholders to co-design services.

The Transformation Plan

NHS Birmingham CrossCity CCG and NHS Birmingham South Central CCG are situated within the Birmingham City Council local authority boundary and together the CCG's commission healthcare services for a combined total population of over 1m, comprising 170 member GP practices. In addition to these CCG areas, residents living within West Birmingham have their healthcare needs commissioned separately by NHS Sandwell and West Birmingham CCG but are also within the Birmingham local authority boundary and are therefore included within the Birmingham Transformation Plan.

The Joint Transformation Plan for Birmingham has been developed to continue to build on the work undertaken locally to reduce the number of people in inpatient facilities and sets out how we will jointly ensure that there is the right workforce, capacity and appropriate support in place to improve people's experience and quality of care, improve their quality of life and improve their health outcomes. The plan aims to:

1. Improve the quality of care;
2. Improve quality of life;
3. Reduce the reliance on inpatient care;
4. Improve people's experience;
5. Improve health outcomes.

In order to deliver this, services will be focused around the diverse and individual needs of clients, and there will be a full understanding of their individual needs through integrated Care & Treatment Reviews (CTRs), development of the provider market based on feedback from CTRs, and the development of personalised care packages that make the best use of personal health budgets and personal budgets.

Packages of care will be spot purchased to ensure that the individual needs of people are understood and provided but to do this effectively, significant work will be undertaken to develop the provider market to ensure care is cost effective. The model focuses on:

1. Prevention;
2. Developing suitable post discharge support and community provision to keep people out of hospital;
3. Reducing the reliance on inpatient facilities.

Building the Right Support started with a simple vision that people with learning disabilities and/or autism have the right to the same opportunities as anyone else to live satisfying valued lives and to be treated with dignity and respect. In order to design and deliver this, a whole-system approach has and will continue, working together and in partnership with clients, carers and their families at the heart of service design and delivery.

Fully understanding the needs of individuals with complex needs, both historic and current, facilitating discharge and keeping people out of inpatient facilities will be a primary focus of this plan however it is clear that to avoid hospital admission, people should be supported to have active lives and develop positive social interactions.

Some of these individuals may have been in inpatient units for long periods of time and will need extensive support to transition through from inpatient care to community care. Integrated teams will

work to develop a policy around joint personal budgets that wrap around the needs of the individuals to improve the quality of care provided and also the individual's quality of life.

Often a hospital admission is the only option due to risks around keeping the person safe with staff that are skilled to respond. In order to reduce the reliance on inpatient services, the model will ensure that there are clear processes around crisis, crisis planning, respite services and places of safety. A joint policy/protocol will be developed to describe exactly what is needed prior to an admission and where further clarity and support can be found.

The Transformation Plan embeds a culture of engagement throughout both the Transformational Plan delivery and but also throughout a person's care. Listening and engaging continually throughout the process will help to refine and embed a continuing culture of improvement but also to ensure that we keep people safe linking to safeguarding processes.

The local model of care will be comprehensive and will focus on building on the work already undertaken by enhanced community teams and developing the provider market and housing market further. However there will be some specific services that we would like to develop, test and evaluate to understand their effectiveness in enabling clients to be discharged safely from inpatient facilities and are able to live in the community as follows:

1. Develop intensive & crisis support services by a multi-disciplinary health and social care team 7 days per week for children including behaviour support planning;
2. Further enhance intensive & crisis support services by a multi-disciplinary health and social care team including social workers, 7 days per week for adults;
3. Develop effective care, crisis & relapse planning with clients, carers and families including exploring the need for the introduction of an intensive wrap around service short term 'place of safety' linking to the Crisis Concordat and better access to understandable information (a capital bid will be submitted to support the 'place of safety');
4. Explore and scope the development and testing of a Learning Disabilities HUB linking with local third sector developments to provide an advocacy, training and information HUB.

In order to deliver the plan, the following key developments and actions will be undertaken:

1. Ensuring clients and carers/families are at the heart of the Transformation plan – this includes enabling them to be part of the Transformation journey;
2. Ensuring that all pathways are clinically appropriate, safe and high quality through a Clinical Reference Group;
3. Standardising and integrating CTR processes across Birmingham including design of integrated paperwork and a memorandum of understanding to make best use of resources;
4. Further development and embedding of risk stratification processes and person centred care planning for adults and children;
5. Further work to understand, develop and redesign Children's pathways and services;
6. Developing the provider market to reflect the complex needs of clients, their carers and families;
7. Integrated partnership working across organisational boundaries including work to develop the personalisation agenda;
8. Understanding the required housing and accommodation provision to reflect clients complex needs;
9. Developing personalised care including processes for joint health and social care funded Personal Budgets, Education Health and Care Plans;

10. Developing and integrating the workforce to reflect the changing landscape. This includes helping to up-skill clients and carers linking to outreach teams;
11. Focusing on transition from inpatient care to community care – swiftly understanding clients complex needs;
12. Developing the 5 year Joint Strategy to deliver the model of care from childhood to older adults.

In order to deliver the Birmingham Transformation Plan, a number of enablers are required including:

- Effective Communications & Engagement Plan including 'Making the Plan Happen' Events;
- Programme Management & Delivery Support.

The inclusive model will test a number of new ways of working that build on the work already undertaken locally and create a seamless journey for people with Learning Disabilities and/or autism who display behaviour that challenges from childhood through to older adult services.

The local model will be underpinned by an effective system of:

- Ensuring clients receive care of the highest quality;
- On-going assessment and review of clients;
- On-going and inclusive engagement with clients, carers, families and wider stakeholders;
- Effective market management to secure learning disability service capacity and the skills of the learning disability workforce across the City;
- Strengthening links with primary care to ensure people's ongoing healthcare needs are addressed;
- On-going engagement to ensure that the needs of people are fully understood and continue to refine and develop the requirements;
- Significant work to introduce crisis management, a place of safety and S117 aftercare agreements and relapse prevention plans;
- Ensuring the effective use of inpatient beds.

The three year Transformation Plan has been co-designed with partners across Birmingham in order to simplify and improve support and services with the service user at the core. The journey for individuals will aim to be as inclusive as possible, providing easy read information where possible, all with the aim of ensuring that people have meaningful lives and keeping them well and out of inpatient facilities.

Funding the Plan

During the transition phase, commissioners will need to support investment in community services. To support them to do this NHS England have made available up to £30m of transformation funding nationally, which will need to be matched by CCGs. Capital funding is also available. Detailed financial analysis is being undertaken currently and will be refined as we go forward however the Transforming Care Partnership has bid for funding from both the Transformation funding and the Capital funding to support the plan delivery.

High Level Programme Timeline

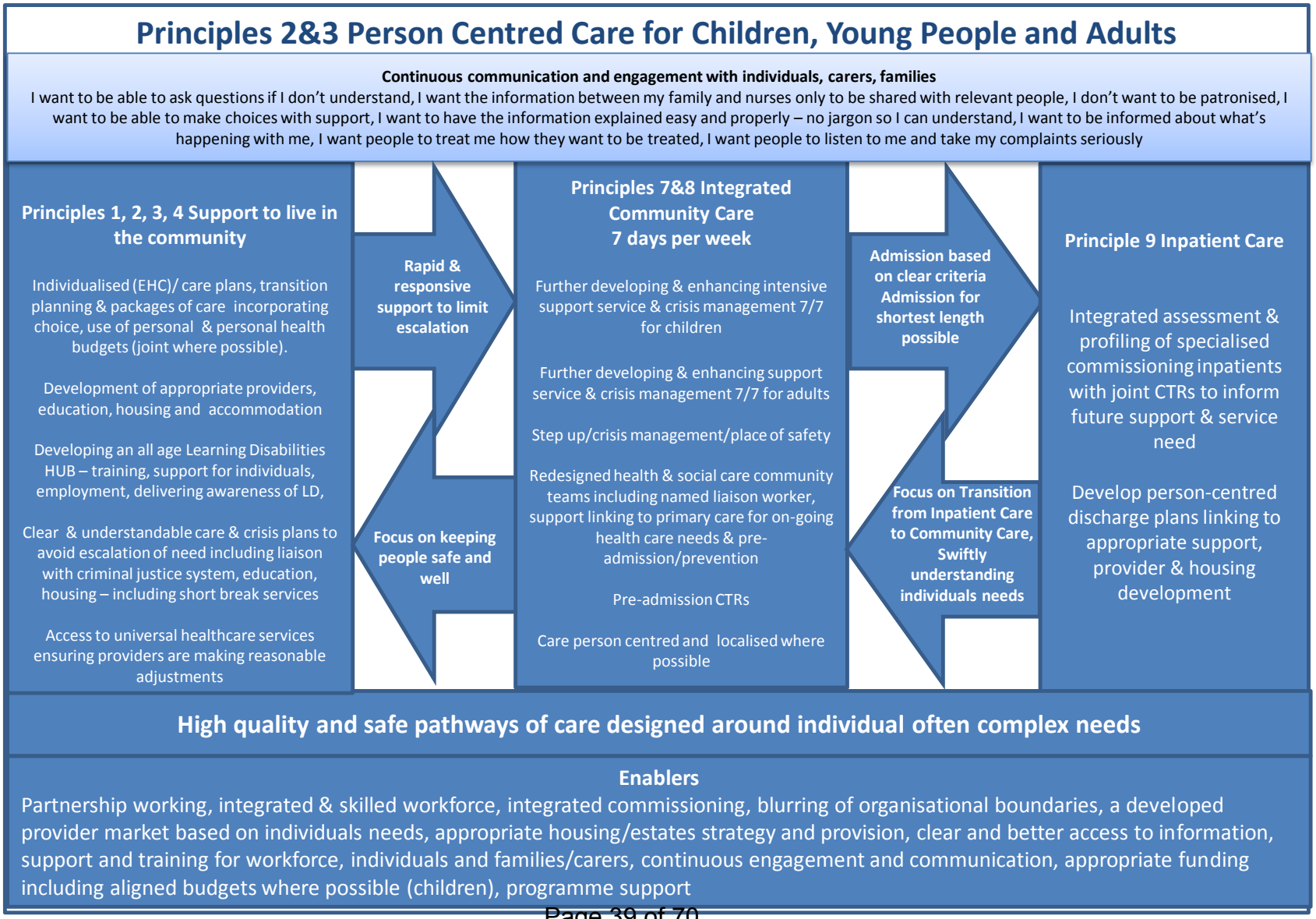
In order to deliver the final Transformational Plan on the 11th April 2016, the short term timeline is noted below:

- Stakeholder mapping event – 14th January 2016
- First Transforming Care Partnership Board – 21st January 2016
- Wider Stakeholder Event (including stakeholders, clients and carers) – 22nd January 2016
- Transforming Care Partnership Board (extra meeting to review draft plan) – 2nd February 2016
- Partner sign off in principle – 3rd -5th February 2016
- NHS England Submission – 8th February 2016 (midday)
- Fully understanding the complex needs of NHS England Specialised Commissioned data/clients – February 2016
- Gain wider stakeholder views – February 2016
- Incorporate NHS England feedback further to first submission – February 2016
- Submit revised plan to NHS England – 8th March 2016
- Governance processes (partner organizational sign off) – March 2016
- Submit Final Plan - 11th April 2016.

Partner Organisations and Contacts

- NHS Birmingham CrossCity CCG, Jenny Belza, Chief Nurse and Senior Responsible Officer Transforming Care Programme
- Birmingham City Council, Maria Gavin, Assistant Director Commissioning Centre of Excellence and Deputy Senior Responsible Officer Transforming Care Programme
- NHS Birmingham South Central CCG , Sam Davies, Lead for Governance, Quality and Safety
- NHS Sandwell & West Birmingham CCG Jon Dicken, Chief Officer (Operations).

Transforming Care in Birmingham (draft) Transformation Plan



Birmingham City Council

Information briefing

Report From:	**Max Vaughan, Commissioning Manager**
	John Denley, Assistant Director – Commissioning
Report to:	**Health & Social Care Overview & Scrutiny Committee**
Date:	**23 February 2016**
Title:	**Birmingham Sexual Health Services, Umbrella (UHB)–6 Months into New Contract**

1. Background

Birmingham City Council has re shaped and re procured Sexual Health Services into a new 'system' for the whole city. This encompasses all services across secondary and primary care and the Third Sector all with a consistent approach as Umbrella, and led by University Hospitals Birmingham (UHB).

Cabinet approved the award of this contract following a procurement process and the new contract commenced on the 10th August 2015. This report serves as review of this process and the first six months of the contract.

2. Key Commissioning Intentions

Local Authorities became responsible for the provision of comprehensive, open access sexual health services for their area from April 2013 as a result of the Health and Social Care Act (2012). These services are mandated, and must provide access to testing and treatment for sexually transmitted infections (STIs), testing for HIV, and all forms of contraception. The services must be available to all over the age of 13, regardless of residence or status (eg NRPF).

The Sexual Health Commissioning Strategy for Birmingham intended to ensure that future spending on Sexual Health achieved the following:

- Secures services that meet defined needs
- Secures services that meet current and future demand
- Secures services that are best value (cost and quality)
- Prioritises the types of services that are required to make a difference for Birmingham citizens, especially the most vulnerable.

Sexual Health Outcomes

The Umbrella Sexual Health services in Birmingham are designed to improve local performance against nationally set targets, set out in the Public Health Outcomes Framework (PHOF):

1. Reducing under 18 conceptions
2. Increasing chlamydia diagnoses in the 15 – 24 age group
3. Reducing the late diagnosis of HIV

And in addition to these national requirements, the following priority outcomes for Birmingham:

4. Improving support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
5. Providing better access to services for high risk communities
6. Ensuring prompt access for earlier diagnosis and treatment
7. Increasing the use of effective good quality contraception
8. Reducing the number of people repeatedly treated for STIs
9. Reducing the number of abortions, in particular repeat abortions under the age of 25
10. Reducing the transmission of HIV, STIs and blood borne viruses (BBV)

A Single System

The new Sexual Health service was procured through a single contract which includes a supply chain with third sector organisations able to engage with the diverse communities of the city including BME, LGBT, as well as a new range of services in Primary Care through sub-contracting Pharmacies and General Practice. These share a common branding and approach as Umbrella services - see Appendix 1 – and are all part of the overall Umbrella governance system, which covers clinical issues, safeguarding and quality aspects such as training, procedures and policies.

3. Mobilisation and Transition phases

Umbrella service delivery commenced on the 10th August 2015 with a well-resourced team to mobilise the contract and ensure that clinical services were in place for patients, focussing on safety quality and outcomes. During the Mobilisation phase, leading up to this date, and the subsequent Transformation phase which runs until the end of March 2016, the crucial aspects include:

Staff and Workforce

Umbrella transferred over 130 staff from two previous providers – Brook and HEFT and also managed the transfer of 115 UHB staff into the new Umbrella system. These staff were initially assigned to interim workplaces to allow for the formal consultation process to establish the workforce required to deliver the new model of care. Some staff, such as health promotion and outreach teams, have been TUPEd into third sector partner organisations, such as BLGBT, which have been sub-contracted to deliver these functions in the Umbrella model.

A workforce review and training needs assessment has been undertaken with clinical staff and across Partner organisations and led to the development of Work Force and Training plans, designed to ensure that all staff meet the requirements of the service specification and are competent and qualified to be to deliver the Sexual Health services to Umbrella standards. This led to some limitation on the availability of some aspects of service provision during this initial phase of the new service. The workforce is now fully deployed, with the new workforce structure taking place from the 1st February 2016, and the next phase is to implement the training and development plan for current staff and to identify and fill gaps in capacity.

Premises

Umbrella services are delivered from integrated sexual health clinics at the following venues and times:

Satellite Clinic	Location	Mon	Tue	Wed	Thu	Fri	Sat	Sun
WSC	Whitall Street Clinic Birmingham B4 6DH	09.00 - 18.30	10.30 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 15.30	Closed	Closed
Boots Birmingham (Basement)	67 - 69 High St, Birmingham, West Midlands B4 7TA, UK	09.00 - 18.30	10.30 - 18.30	09.00 - 18.30	09.00 - 18.30	09.00 - 18.30	10.00 - 16.00	11.00 - 15.30
Boots (First Floor) *	68 - 69 High St, Birmingham, West Midlands B4 7TA, UK	12.00 - 18.30	12.00 - 18.30	12.00 - 18.30	12.00 - 18.30	12.00 - 18.30	10.00 - 16.00	Closed
Hawthorn House	93 Bordesley Green East, Bordesley Green, Birmingham, West Midlands B9 5SS, UK	09.00 - 16.30	10.30 - 16.30	09.00 - 16.30	09.00 - 16.30	09.00 - 16.30	Closed	Closed
Erdington	196 High Street, Erdington, Birmingham, B23 6SJ	09.00 - 16.30	10.30 - 16.30	11.00 - 18.30	09.00 - 16.30	09.00 - 16.30	10.00 - 16.00	Closed
Northfield Community Partnership (NCP)*	693 Bristol Road South, Northfield, Birmingham, B31 2JT	13:00 - 16:30	13:00 - 16:30	13:00 - 16:30	13:00 - 16:30	13:00 - 15:30	Closed	Closed
Boots Solihull*	7 Mell Square, Solihull, B91 3AZ	09.00 - 17.30	10.30 - 17.30	09.00 - 17.30	10.00 - 18.30	09.00 - 17.30	10.00 - 13.00	Closed
Chelmsley Wood*	34 Crabtree Drive, Birmingham, West Midlands B37 5BU, UK	17.30 - 18.30	17.30 - 18.30	17.30 - 18.30	09.00 - 16.30	Closed	Closed	Closed
Soho	247-251 Soho Road, Handsworth, Birmingham, B21 9RY	09.00 - 16.30	10.30 - 16.30	09.00 - 16.30	09.00 - 16.30	09.00 - 16.30	Closed	Closed

Some clinics are completely new and have been set up since August 2016 – marked*. Some pre-existing clinics taken over from HEFT required extensive remodelling and the introduction of new patient management and other IT solutions and systems during mobilisation. All clinics now have consistent Umbrella branding (see Appendix 1), emblematic of their common policies, procedures, clinical governance, and approach to service provision.

Although there are fewer clinic sites than under the old sexual health contracts, the Umbrella clinics are open longer hours and offer modern integrated sexual health services, where people can get the full range contraception and testing and treatment for STIs in a 'one stop shop'. Historically 'family planning' clinics were open only on specific days of the week, had short opening hours, did not offer STI testing and treatment, and often not even the full range of contraception such as the long acting reversible contraception (LARC) methods of coils and implants. GUM clinics focussed on testing and treatment for STIs and clients had to go elsewhere for contraception. Now a young woman presenting for EHC will be able to be tested for STIs and provided with long term contraception at the same time. Umbrella also delivers clinical services through inreach work with Partners such as BLGBT, Youth Centres as indicated in the list above.

This shift in service availability has led to increased access for at risk groups, for example men who have sex with men (MSM) attending the clinic at Soho Health Centre, which was previously predominantly a family planning clinic.

Pharmacy

A major new innovation is the expansion of sexual health services available in Pharmacy. Following a successful procurement exercise during the mobilisation phase, UHB contracted with 97 pharmacies to deliver a range of sexual health services, new in this setting. A comprehensive training programme was implemented to ensure that Pharmacists and other staff were competent and qualified to deliver these new services. Umbrella Pharmacies are organised in two tiers of service provision, offering:

84 Tier One Pharmacies

- Condoms
- Emergency Hormonal Contraception (EHC)
- STI self sampling kit collection

13 Tier Two Pharmacies– in addition to those Tier One services

- Chlamydia treatment
- STI testing kit direct provision
- Oral contraceptive pill
- Contraceptive injections

With the exception of EHC these services are all new to Pharmacy settings and represnt a channel shift in service provision to a more local and accessible level. Consultation with Birmingham and Solihull citizens suggested that Pharmacy, as a non specialist sexual health environment, is considered as less threatening and more approachable and helps normalise sexual health care as being part of health care in general.

NHS Primary Care

Umbrella partnered with a GP organisation called Badger to sub-contract and organise the delivery of sexual health services in General Practice. To date they have not been able to agree a contract, although Badger has been working on a Memorandum of Understanding and has a similar

arrangement in place with 87 General Practices. Although this situation is undesirable, service delivery and patient care has not been affected. Patients are still able to access LARC methods of contraception in all of the practices, and STI testing and treatment at 11 of these. BCC is working with UHB to rectify this.

Partners

The Umbrella approach is to deliver services through strong partnerships with other organisations which already have trusted relationship and engagement with communities and priority groups at greater risk of sexual ill health or poor access to services historically. Umbrella has worked hard to engage with a large and diverse range of partners to address diversity, cultural difference and reach into communities with greatest need such as men who have sex with men (MSM), LGBT, sex workers, care leavers. This approach means that they can be responsive to local needs and the population. They are also committed to Partners providing their specialist expertise and support across the whole of the Umbrella system through training, information and events.

Partnership days take place regularly, initially focussing on the tender bid prior to contract award, on mobilisation and contracting subsequently, and since August on operational aspects of the Umbrella system. The December Partnership Meeting covered:

- using STI kits with clients,
- the website
- disclosure of sexual abuse

The Spring Partnership meeting will focus on Sexual Violence and Safeguarding. There are Networking 'speed dating' events planned to help partners understand each other better, and the potential benefits of working together and under the whole Umbrella system.

Umbrella has established a two tier approach of Delivery Partners and Community Partners.

<u>Delivery Partners;</u> are sub-contracted to provide specific elements of service and work across the Umbrella Partnership providing specialist expertise in their topic are. Partners include:

- Loudmouth – provide health promotion to schools and colleges through theatre in education performances and Chlamydia screening where appropriate.
- RSVP – 6 ISVAs to work with people who have experienced sexual violence
- BLGBT – 6 outreach workers to work with MSM and other LGBT communities in eg clubs, outdoor sex environments
- Birmingham City Council Careers Services – 3 additional workers to support young people who are NEET or young parents
- Birmingham City Council Youth Services –2 additional Youth Worker posts to work with the most vulnerable young people

- Trident Reach – 1 project worker post to work with existing young people receiving services, plus other young people including: homeless, domestic abuse, young offenders, people exiting gangs and learning disabilities client groups, along with those accessing the Reach Community Academy (RCA) site and general needs tenants residing in Trident Housing properties.

- Black Health Association – working with local community organisations in high risk communities to identify partnership opportunities and deliver outreach health promotion drawing on Umbrella staff with local understanding and experience as part of the previous system

- Birmingham Community Health Trust – Young People's Health Advisors as part of the School Nursing service

Community Partners; have an agreement with Umbrella and work with them to promote sexual health within their day to day operations and work or engagement with communities. Partners attend Umbrella training and partnership events. This might involve encouraging testing for STIs through giving out testing kits, screening for sexual exploitation, or helping access to EHC.

Partners include:

- Aquarius – substance misuse in YP and adults
- Birmingham Voluntary Service Centre
- Birmingham YMCA – working with homeless people
- British Red Cross - Working with gypsies, travellers, trafficked people and new arrivals from abroad
- Disability Resource Centre – working with adults with physical and mental disabilities
- Reach out Recovery – working with substance misuse in children and YP
- Midland Mencap – working with people with mental health problems
- SIFA Fireside – working with homeless adults
- St Basils – working with homeless children and YP
- Solihull 16+ Care Leavers & Asylum Seekers – working with Care Leavers and New arrivals from abroad in Solihull
- SIAS - substance misuse in young people and adults: Solihull
- CRI - substance misuse in young people and adults: Birmingham
- The Children's Society – working with children and YP across Birmingham, with links into a number of priority groups
- BCC 18+ Care Leavers – working with care leavers in Solihull
- BCC Young Offenders – working with young offenders in Solihull

STI self sampling kits

Umbrella is the first Sexual Health service in the country to offer self-sampling kits for STIs as an alternative to attending in clinic. This is a major innovation and a significant channel shift

opportunity, increasing access, and improving access at lower cost. These kits have been available since the start of the contract in August.

Clients are taken through a step by step triage process to ensure that they are suitable for this option, which is available only to people aged 16 and over who do not have symptoms. They are then issued with a testing kit which is returned by post for analysis and results sent back to the patient by text (if negative) or phone call (if reactive). Testing Kits can be posted to the client's home or a designated address, or collected from an Umbrella Pharmacy or other venue.

STI testing kits can be issued direct by Tier Two Pharmacies and by some Partner Organisations which have staff that have gone through the training necessary to triage a client. The majority have been ordered online through the Umbrella website.

Up to the end of December 9,537 kits had been issued. Some are stock for Partners to distribute but 7,668 have gone out to clients, and 3,392 returned – a return rate of 44%, which is high. Initial analysis shows that the positivity is good at 6.9% for Chlamydia, 1.46% for Gonorrhoea, 2.13% for syphilis and 1.96% for Hep B. There have been 9 individuals identified with HIV.

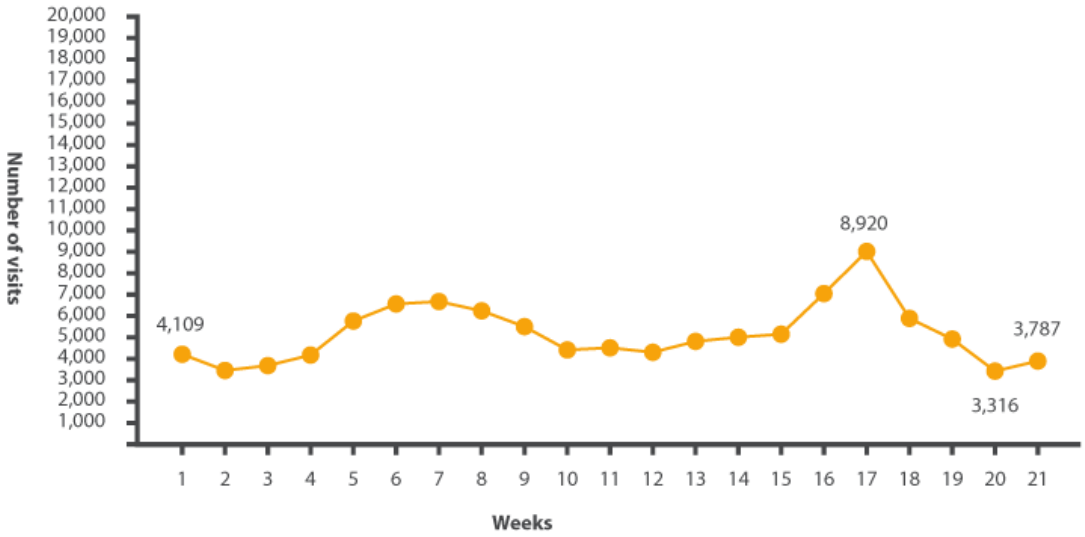
Website & Campaigns

The Umbrella website is an important feature of the new model of care, providing an easy modern entry point for clients where they can not only order self testing STI kits, but gets lots of information about all aspects of sexual health as well as details of all Umbrella services and booking appointments online. From 10 August to end of December 2015 the website has had 106,549 'hits' from 64,745 users with 403,205 page views. The website is popular with young people, well used for appointment bookings and to date 4,434 STI kits have been ordered for delivery via the website.

Umbrella has run the following campaigns:

- Young Persons Campaign (week 5) September 2015
- HIV Testing Week and World Aids Day Campaign (week 16) November 2015

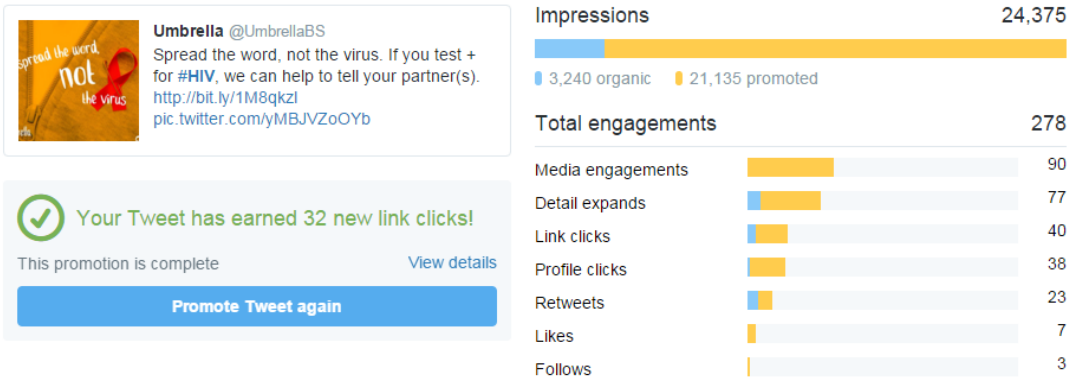
Both have been associated with increased traffic on the website (see graph below). Future campaigns include Chlamydia Testing in February 2016, and the Umbrella formal Launch Campaign planned for May 2016, when the new sites, systems and staff are more fully established. The Umbrella Launch campaign will focus on increasing Umbrella brand awareness across Birmingham and Solihull and the integrated approach Umbrella has to sexual health, ensuring that people are aware of what services are available, where, and including the links with both Delivery and Community Partners.



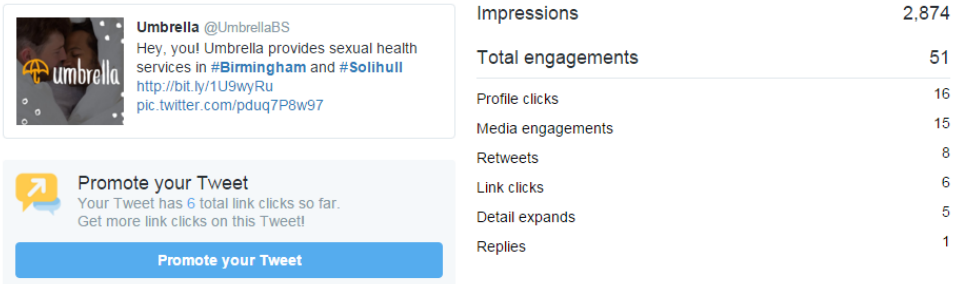
Graph showing number of Website visits per week from 10 August to December 2015

The HIV testing week and World Aids Day activities included an art project with schools, leading to an exhibition in Grand Central Birmingham, a Parade through the city and service at the Cathedral etc. pictures of Umbrella campaign advertising and events can be seen in Appendix 1.

Umbrella also has a lively social media presence, with over 800 tweets and 423 followers on Twitter. To date the best performing "promoted" (paid for) tweet has been promoting HIV testing:



And the top 'organic' (no paid promotion) tweet was about the service itself:



Outreach & Specialist support

Umbrella provides full clinical outreach services with some key partners, working with them to increase and support access to sexual health services by priority groups identified as underserved, including:

Community	Address	Mon	Tue	Wed	Thu	Fri	Sat	Sun
SAFE in Ladywood Community Centre	St Vincent Street West, Ladywood, Birmingham, UK, B16 8RP	12.00 - 16.00						
BLGBT Centre	38/40 Holloway Circus, Birmingham, B1 1EQ				12:30 - 19:00 (last appointment is at 19:00)			
SIFA Homeless Centre	48-52 Allcock St, Birmingham B9 4DY			9.30 - 12.30				
Lighthouse	100 Alma Way, Aston, Birmingham, B19 2LN				16:30 - 19:00 (second and fourth Thursday of the month)			
The Factory	5 Devon Way, Longbridge, Birmingham, B31 2TS				16:30 - 19:00 (second and fourth Thursday of the month)			

New specialist services include a dedicated Young Peoples clinic in Boots Birmingham city Centre, open six days per week, and the specialist Umbrella's Abuse Survivors Clinic (ASC) at Whittall Street fortnightly, which offers support, advice, and non-urgent medical care for people over the age of 13 who have experienced sexual abuse. An ISVA runs this clinic, along with an experienced doctor. Further outreach is provided by partners, including Loudmouth and BCHT into schools and colleges, BLGBT into the Gay Village clubs and bars as well as outdoor and indoor sex environments.

5. Outcomes, Priority Groups & Activity in Umbrella

The new Sexual Health approach will be realised through the implementation of a performance management framework which includes the following outcome measures. The first three are National Public Health Outcome indicators, nationally reported by PHE:

- Reducing under 18 conceptions
- Increasing chlamydia diagnosis in the 15-24 age groups
- Reducing the late diagnosis of HIV
- Improved support for people vulnerable to, and victims of, sexual coercion, sexual violence and exploitation
- Providing better access to services for high risk communities
- Ensuring prompt access for earlier diagnosis and treatment
- Increasing the use of effective good quality contraception
- Reducing the number of people repeatedly treated for Sexually Transmitted Infections (STIs)
- Reducing the number of abortions and repeat abortions
- Reducing the transmission of HIV, STIs and blood borne viruses

Umbrella was also commissioned to deliver services with a greater focus on specific priority groups, recognised as at higher risk of sexual ill health and/or with poorer access to sexual health services:

- Children in need and care leavers
- Substance misusers
- Lesbian, gay, bisexual, and transgender (LGBT) people
- Homeless people
- Offenders
- People with mental health problems
- People with learning disabilities
- Sex workers
- Gypsies and travellers
- Trafficked people
- New arrivals from abroad
- Men who have sex with men (MSM)

Umbrella services are designed to deliver these outcomes for Birmingham and Solihull, and increase access by priority groups. This is performance managed by BCC through the quarterly reports from Umbrella against the suite of over 130 indicators in the Sexual Health Outcomes Framework (SHOF). The SHOF is a mixture of Key Performance Indicators, Quality indicators, national outcomes, local outcomes, activity data and other measures. The first full Quarter of data was received mid-January 2016 and shows, for example, that the proportion of young people attending clinics is high:

Clinic	Under 25 years (%)	Over 25 (%)
Whittle Street Clinic	35%	65%
Boots City Centre	59%	41%
Boots Solihull	52%	48%
Erdington	47%	53%
Hawthorn	28%	72%
Chelmsley Wood	56%	44%
Soho	21%	79%

Data from Partners has not yet been fully reported or incorporated into the Quarterly report for BCC as contracts with Umbrella have only recently been formalised. However, many Partners were delivering under MoUs and have provided partial activity reports. Loudmouth, for example, which focusses on work with young people and from October to December 2015 presented 20 Theatre in Education sessions to Young People, reaching 1,668 aged 13-17 years, of whom 234 identified as children in need and 62 identified as having learning disabilities.

6. Single System and Governance

Contract Management

Regular contract meetings take place between commissioners and Umbrella. Contract Review meetings occur once per quarter after data submission and have yet to commence at the time of writing In addition to this there are regular operational meetings to ensure that the new system progressing. These were weekly during the initial Mobilisation phase, moved to fortnightly as commissioners were assured that safe open access services were available.

This is the current 'Transition Phase' scheduled until the end of March at which point Umbrella will have introduced and established the majority of the developments indicated in the Tender bid offer, when we move to monthly meetings. Other elements in the bid are captured as variations in the contract, with long stop dates as required.

A Partnership Board has oversight of the delivery of the contract. This meets quarterly and is made up of the Directors of Public Health from both Local Authorities, and their senior officers and the senior team from Umbrella including the Director of Operations and Clinical Leads.

Umbrella also has internal governance arrangement to oversee delivery and manage the broad and diverse supply chain of subcontracted partners and the achievement of outcomes. Appendix 2 shows the Umbrella Governance structure.

Partnership Working

As well as their Delivery and Community Partnerships, Umbrella has been developing a broad range of links across Birmingham and Solihull services, with particular emphasis on mental health, HIV support, employment, safeguarding, criminal justice, housing, substance misuse and primary care.

7. Service User Engagement

Sexual Health is not an area of service provision with strong user engagement; service users seek and are assured of confidentiality, sexual health is often considered as sensitive, taboo or even carries stigma, episodes of care usually short, or even one-off, and usage intermittent or unrepeated.

Umbrella is using innovative approaches to engage with service users and potential service users through the website, social media, advertising and campaigns. Umbrella extensively engaged with young people to help develop the Umbrella branding, for example and have recently included a questionnaire for feedback on the self testing kits. Results from this were broadly positive and responses are being used by the STI Kit Task Team which is reviewing the usage of kits. Umbrella also intends to carry out regular service user surveys of all aspects of service provision across the system. This will be done by an independent organisation and used for continuous service development and improvement, and results shared with commissioners.

Partners such as BLGBT, Loudmouth and RSVP are better placed for citizen engagement, particularly with diverse communities and those less represented in mainstream clinical setting, whose voices are less heard. A Service User forum which is inclusive of and representative of the service user population across the whole system is being established and will also feed into the governance and development of Umbrella and its services. This will be a key stakeholder, providing both challenge and support to Umbrella.

8. Next steps

Going forward there will be a continued emphasis on maintaining and consolidating the safety and quality of the service while moving focus towards the achievement of outcomes.

There are a number of initiatives already in progress to achieve this. These include:

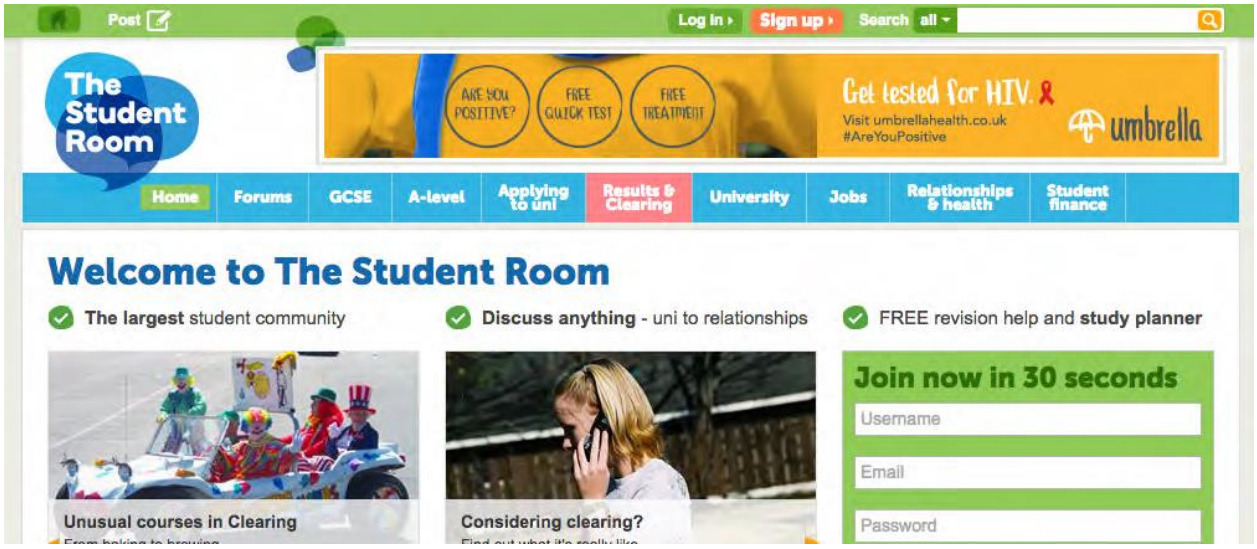
- Marketing and communication links, to raise the profile of Umbrella in Birmingham and disseminate 'good news stories' and achievements
- Workforce development to ensure staff continue to be supported around key areas such as safeguarding, specialist skills and service user involvement
- Series of Audits: BCC is planning a series of audits focusing on key areas of the contract. These include Identification of CSE in March, and Effectiveness of Commissioning sub-contracting arrangements, being undertaken currently
- Implementation of the PBR will be reviewed in the second year of the contract and this will focus the achievement on key outcomes

Appendix 1 Umbrella Branding, Advertising & Campaigns

Street adverts on billboards, telephone boxes and poster sites for HIV testing Week

umbrella **logo used in all clinics and Partners sites and activities**

On line pop up advertising



Young People's WAD art project

- An art installation in John Lewis, Grand Central. Created by young people to raise awareness and understanding of HIV and AIDS. A display of umbrellas designed by young people.
- Artist, Garry Jones, visited 10 schools for art workshops

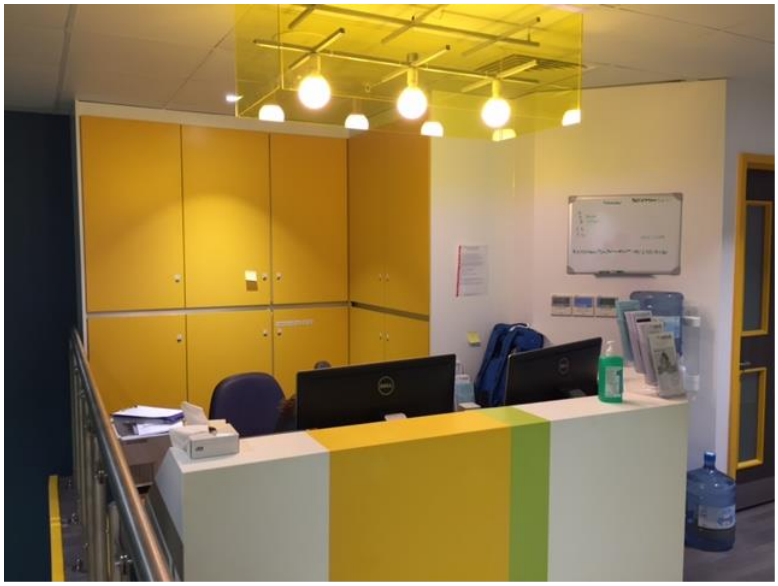
Beer mats and drink covers

Professional resources for clinicians to promote HIV testing

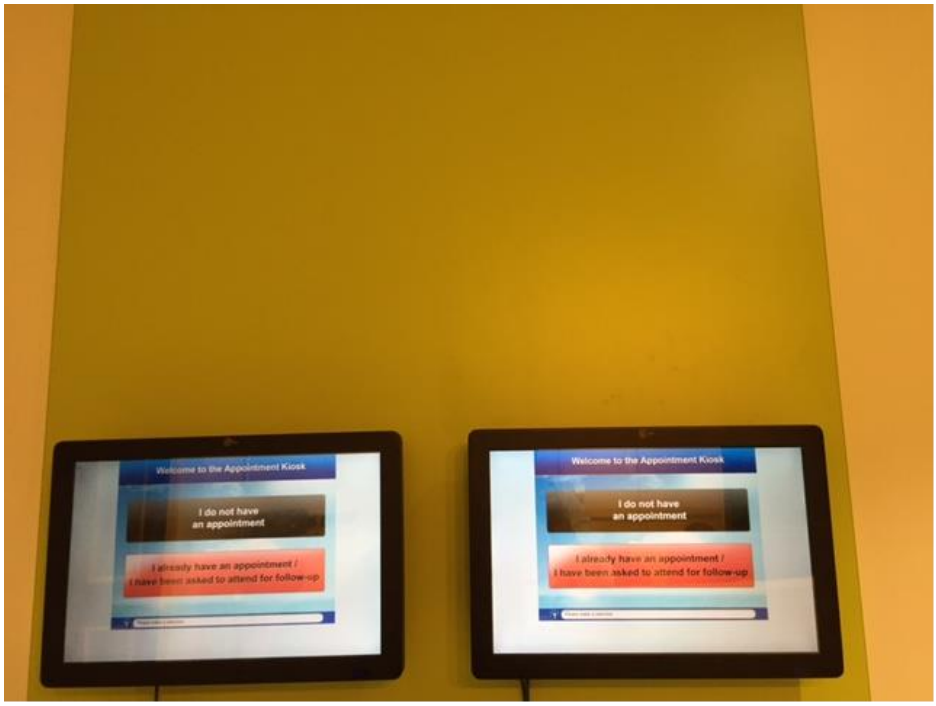
'Are you positive?' campaign message works well across leaflets for GPs and hospital based nurses, it will make them question whether they should test their patients for HIV.

The symptoms tick-list is designed to make healthcare professionals think about testing these patients as they see them.

Boots Birmingham Young Peoples Clinic reception

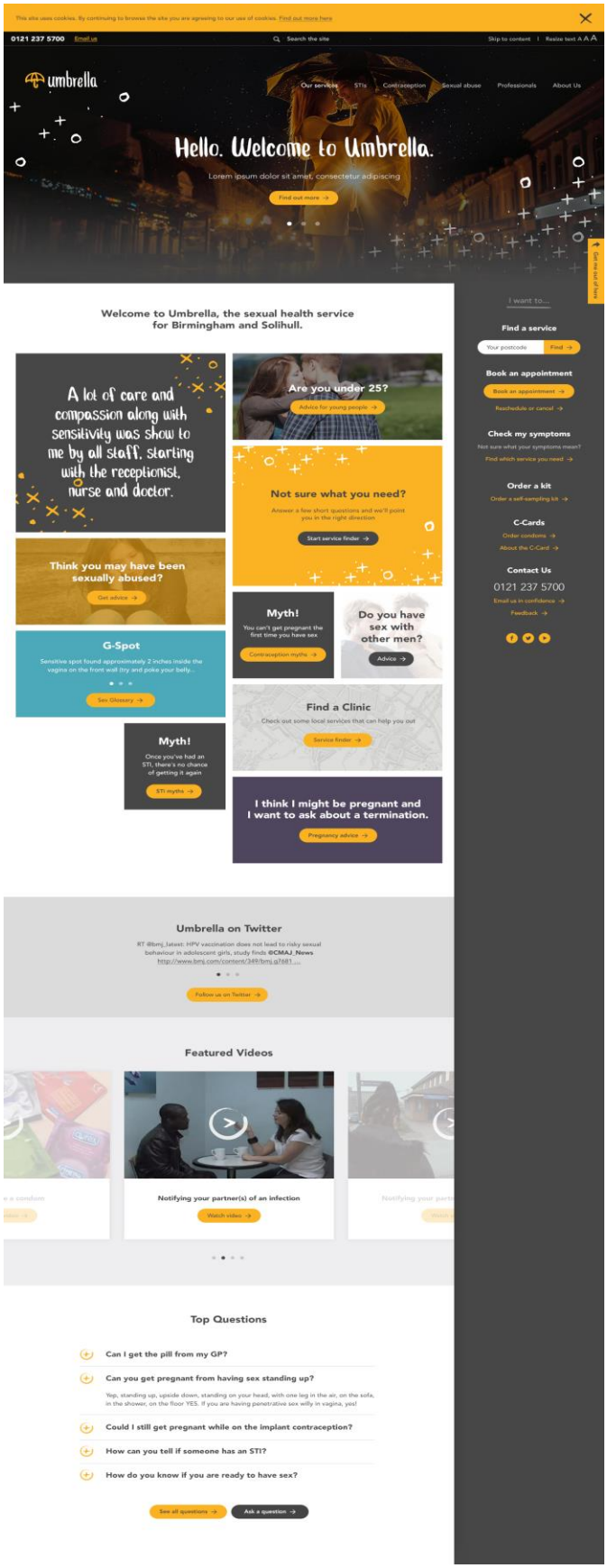


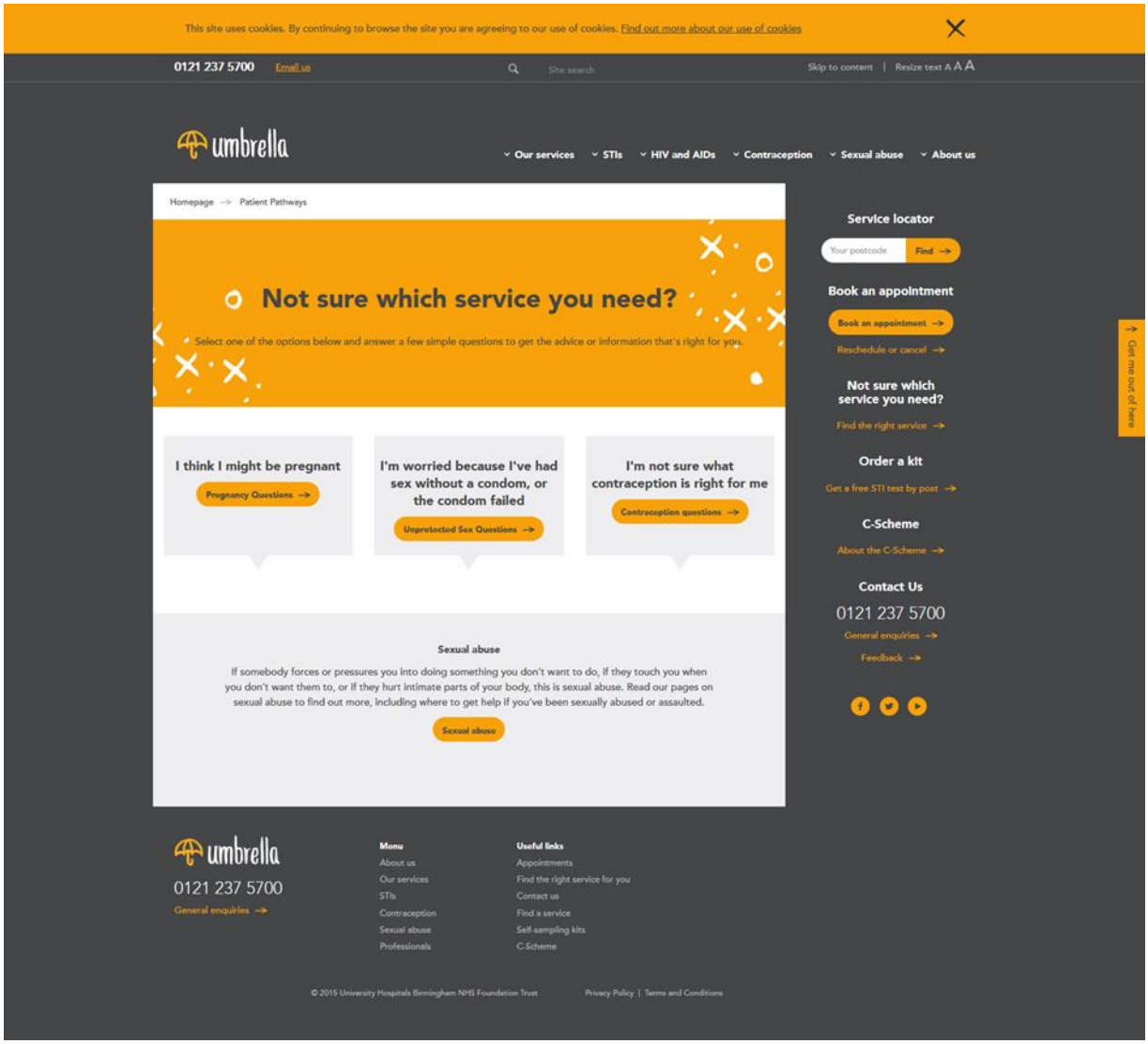
kiosks for information and registration



waiting area

Website


umbrella
Hello. Welcome to Umbrella.
Lorem ipsum dolor sit amet, consectetur adipiscing
Welcome to Umbrella, the sexual health service for Birmingham and Solihull.
A lot of care and compassion along with sensitivity was show to me by all staff, starting with the receptionist, nurse and doctor.
Are you under 25?
Not sure what you need?
Think you may have been sexually abused?
Myth!
Do you have sex with other men?
G-Spot
Find a Clinic
Myth!
I think I might be pregnant and I want to ask about a termination.
I want to...
Find a service
Book an appointment
Check my symptoms
Order a kit
C-Cards
Contact Us
0121 237 5700
Umbrella on Twitter
Featured Videos
Notifying your partner(s) of an infection
Top Questions
Can I get the pill from my GP?
Can you get pregnant from having sex standing up?
Could I still get pregnant while on the implant contraception?
How can you tell if someone has an STI?
How do you know if you are ready to have sex?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Site search
Skip to content | Resize text A A A
umbrella
Our services
STIs
HIV and AIDs
Contraception
Sexual abuse
About us
Homepage -> Patient Pathways
Not sure which service you need?
Select one of the options below and answer a few simple questions to get the advice or information that's right for you.
I think I might be pregnant
Pregnancy Questions ->
I'm worried because I've had sex without a condom, or the condom failed
Unprotected Sex Questions ->
I'm not sure what contraception is right for me
Contraception questions ->
Sexual abuse
If somebody forces or pressures you into doing something you don't want to do, if they touch you when you don't want them to, or if they hurt intimate parts of your body, this is sexual abuse. Read our pages on sexual abuse to find out more, including where to get help if you've been sexually abused or assaulted.
Sexual abuse
Service locator
Your postcode
Find ->
Book an appointment
Book an appointment ->
Reschedule or cancel ->
Not sure which service you need?
Find the right service ->
Order a kit
Get a free STI test by post ->
C-Scheme
About the C-Scheme ->
Contact Us
0121 237 5700
General enquiries ->
Feedback ->
Get me out of here
umbrella
0121 237 5700
General enquiries ->
Menu
About us
Our services
STIs
Contraception
Sexual abuse
Professionals
Useful links
Appointments
Find the right service for you
Contact us
Find a service
Self-sampling kits
C-Scheme
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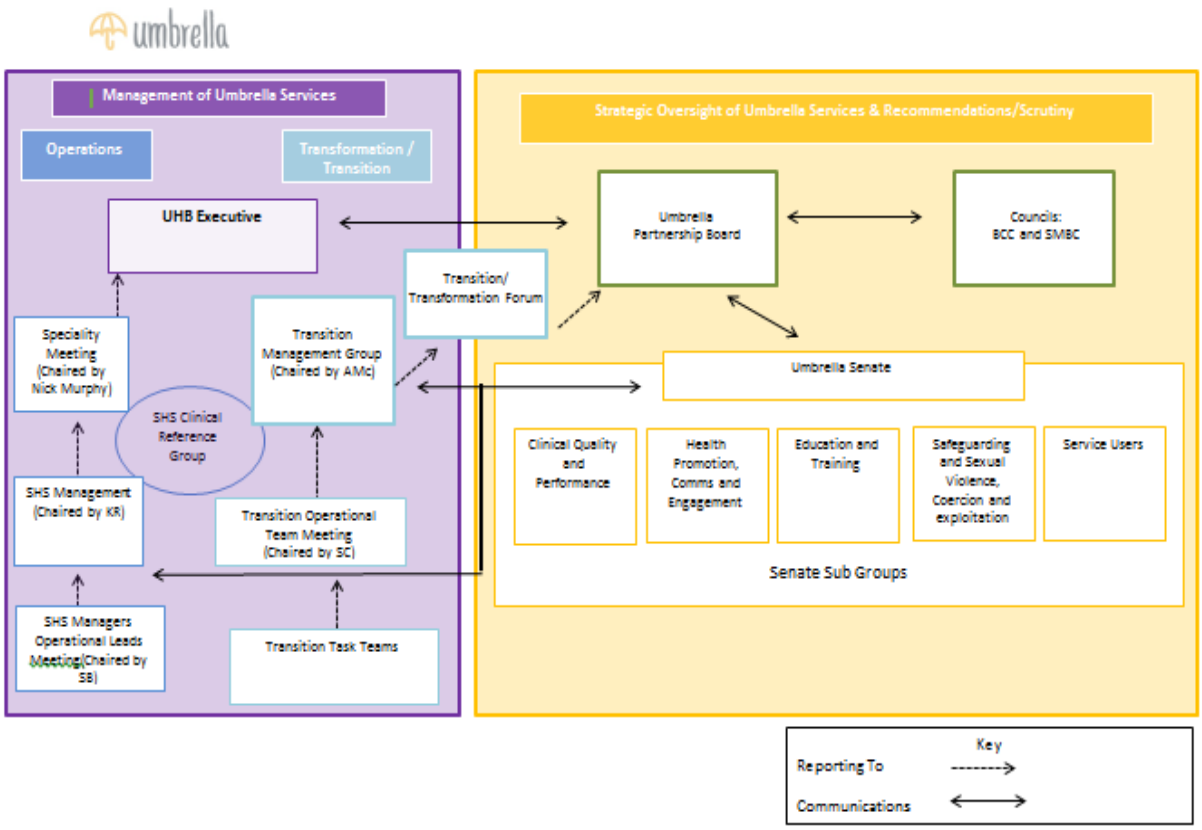
Appendix 2 Umbrella Governance Structure



Health and Social Care Overview & Scrutiny Committee
2015/16 Work Programme

Committee Members: Chair: Cllr Majid Mahmood

Cllr Mohammed Aikhlaq
Cllr Sue Anderson
Cllr Albert Bore
Cllr Maureen Cornish
Cllr Andrew Hardie
Cllr Mohammed Idrees
Cllr Karen McCarthy
Cllr Eva Phillips
Cllr Robert Pocock
Cllr Sharon Thompson
Cllr Margaret Waddington

Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Gail Sadler (303 1901)
Committee Manager: Paul Holden (464 4243)

Schedule of Work

Meeting Date	Committee Agenda Items	Officers
23 June 2015 10.00am	Part 1: Informal Meeting Part 2: Formal Meeting	Rose Kiely/Jayne Power, Scrutiny Office
21 July 2015 1.00pm	Petition – Budget cuts to Supporting People Mental Health and Disabilities Services Care Quality Commission – Quality Ratings Regime Healthwatch Annual Report	*Lead Petitioner, Lucy Beare, Student* Barbara Skinner/Donna Ahern, CQC Brian Carr, Acting Chair Candy Perry, Interim CEO
29 September 2015 10.00am	Primary Care and Community Mental Health Redesign Progress Report on the 'Falls Prevention' Inquiry Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry (DEFERRED)	Joanne Carney/ Dr Aqil Chaudary/ Ernestine Diedrick, Joint Commissioning Manager Dr Adrian Phillips, Director of Public Health Dr Adrian Phillips, Director of Public Health/Charlene Mulhern/Dr Andrew Coward, Chair, B'ham South Central CCG Michael Kay/Louise Collett/ Suman McCartney

20 October 2015 10.00am	Birmingham Substance Misuse Recovery System, CRI (Crime Reduction Initiative) – 6 months into new contract Tracking of the 'Homeless Health' Inquiry Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry	John Denley, AD People Directorate, Nic Adamson, Director CRI John Hardy, Policy & Development Officer / Jim Crawshaw, Integrated Service Head Homeless & Pre-Tenancy Services Michael Kay/Louise Collett/ Suman McCartney
24 November 2015 10.00am	Better Care Fund Update to include: • Links to independent living • Direct Payments 2014/15 Safeguarding Adults Annual Report Tracking of 'Living Life to the Full with Dementia' Inquiry Progress Report on the 'Adults with Autism and the Criminal Justice System' Inquiry Customer Care & Citizen Involvement Team Comments, Compliments and Complaints Annual Report 2014-15	Alan Lotinga, Service Director, Health and Wellbeing / Judith Davis, Project Manager Alan Lotinga, Service Director, Health and Wellbeing Mary Latter, Joint Commissioning Manager Dementia/ Cllr Paulette Hamilton/Suman McCartney, Cabinet Support Officer Maria Gavin, Assistant Director Commissioning Centre of Excellence / Louise Collett, Service Director – Policy & Commissioning / Martin Keating, West Midlands Police Charles Ashton-Gray, Strategic Performance & Engagement Manager /Melanie Gray, Performance Management Officer

15 December 2015 10.00am	Cabinet Member – Health and Social Care Local Performance Account 2014-15 (Adult Social Care Services) including an update on the West Midlands Peer Review Action Plan.	Cllr Paulette Hamilton/ Suman McCartney, Cabinet Support Officer Alan Lotinga, Service Director, Health and Wellbeing David Waller, AD
19 January 2016 10.00am	Healthwatch Birmingham Update (Including implementation of new strategic approach and HWE Quality Standards) People with Learning Disabilities: Support with Employment and Housing Smoking Cessation including e-cigarettes Infant Mortality in Birmingham - Intelligence Update	Brian Carr, Acting Chair Healthwatch Birmingham Kalvinder Kohli, Service Lead Prevention & Complex, Commissioning Centre of Excellence Dr Adrian Phillips, Director of Public Health
23 February 2016 10.00am	Prostate Cancer and Health Inequalities – Information Briefing CrossCity CCG Draft Operational Plan 2016/17 Transforming Care for People with Learning Disabilities (Adults and Children) Update on the Sexual Health Services in Birmingham and Solihull – Umbrella - 6 months into the new contract	Mr. Richard Viney Consultant Urological Surgeon and Senior Lecturer in Urology, UHB Les Williams, Director of Performance & Delivery, CrossCity CCG Maria Gavin, Assistant Director Commissioning Centre of Excellence Max Vaughan, Head of Service, Universal and Prevention
22 March 2016 10.00am	CrossCity CCG Primary Care Strategy Birmingham Community Healthcare NHS Trust - Update on new telephone triage system to access unscheduled dental care appointments at Birmingham Dental Hospital.	Karen Halliwell/ Lesley Evans, Interim Director of Primary Care & Integration, Carol Herity, Associate Director of Partnerships, B'Ham CrossCity CCG Andy Harrison, Chief Operating Officer Janet Clarke, Associate Director of the Birmingham Community Healthcare Trust Combined Community Dental Service

	Diabetes Prevention Enhanced Access to GPs	Dr Andrew Coward, Chair, NHS Birmingham South and Central CCG Dr Andrew Coward, Chair, NHS Birmingham South and Central CCG
26 April 2016 10.00am	West Midlands Ambulance Service NHS Foundation Trust • General Trust Overview • Operational/Clinical Performance Update for 2014/15 (including winter) • WMAS 5 Year Strategy and Initiatives • Demonstration of an Automated External Defibrillator Shisha smoking and the impact on health	Diane Scott, Deputy CEO Nathan Hudson, General Manager Birmingham Division Mark Docherty, Director of Nursing, Quality and Clinical Commissioning Dr Adrian Phillips, Director of Public Health, Janet Bradley, Alcohol & Tobacco Control
June 2016	Evidence gathering for the Diabetes Inquiry	
July 2016	Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry Healthwatch: Update	Dr Adrian Phillips, Director of Public Health/Charlene Mulhern/Dr Andrew Coward, Chair, B'ham South Central CCG Michael Kay/Louise Collett/ Suman McCartney Candy Perry, CEO, Healthwatch Birmingham
September 2016	Tracking of the 'Living Life to the Full with Dementia' Inquiry Tracking of the 'Homeless Health' Inquiry	Mary Latter, Joint Commissioning Manager Dementia/ Cllr Paulette Hamilton/Suman McCartney, Cabinet Support Officer John Hardy, Policy & Development Officer / Jim Crawshaw, Integrated Service Head Homeless & Pre-Tenancy Services

October 2016		
November 2016		
December 2016	15/16 Local Performance Account Report West Midlands Challenge of Birmingham Adult Care	Alan Lotinga, Service Director Health & Wellbeing Alan Lotinga, Service Director Health & Wellbeing
January 2017		
February 2017		
March 2017		
April 2017		

Items to be scheduled in Work Programme
• Urgent Care Strategy (To be confirmed)
• Mental Health Strategy (To be confirmed)
• Congenital Heart Disease Review – outcome from consultation on standards and service specification and next steps
• Tuberculosis Update
• Move of Health Visitors to Local Authority

Suggested items	**Link to Council Priority**

Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs Majid Mahmood, Mohammed Aikhlaq, Sharon Thompson, Andrew Hardie, Sue Anderson	
Meeting Date	**Key Topics**	**Contacts**
1 July 2015 2.00pm in Birmingham	• Urgent Care • Cardiology and Acute Services • End of Life Care	Jayne Salter-Scott, Andy Williams
22 September 2015 2.00pm in Sandwell	• Urgent Care • End of Life Care • Primary Care Listening Exercise	Jayne Salter-Scott, Head of Engagement, Sandwell & West Birmingham CCG
15 December 2015 2.00pm in Birmingham	• Urgent and Emergency Care Programme Update • End of Life Care	Dr Manir Aslam, Urgent Care Clinical Lead, SWBCCG, Nighat Hussain, Sandwell Programme Director Jon Dicken, Chief Operating Officer – Operations, SWBCCG, Sally Sandel, Senior Commissioning Officer
11 February 2016 2.00pm in Sandwell	• End of Life Care • Oncology Services, Sandwell & West Birmingham Hospitals NHS Trust	Jon Dicken, Chief Operating Officer – Operations, SWBCCG, Sally Sandel, Senior Commissioning Officer Dr Roger Stedman, Medical Director, Sandwell & West Birmingham Hospitals NHS Trust
June 2016 TBC in Birmingham	• End of Life Care	Jon Dicken, Chief Operating Officer – Operations, SWBCCG, Sally Sandel, Senior Commissioning Officer

Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs Majid Mahmood, Mohammed Idrees, Sir Albert Bore, Robert Pocock, Andrew Hardie, Margaret Waddington, Sue Anderson	
Meeting Date	**Key Topics**	**Contacts**
21 July 2015 5.30pm in Birmingham	• Non-Emergency Patient Transport • HoEFT CQC Inspection Report	Carol Herity, CrossCity CCG Sam Foster, Chief Nurse, NoEFT
6 October 2015 4.30pm tea 5.00pm start in Solihull	• Non-Emergency Patient Transport – results of consultation and proposed model • HoEFT Surgery Reconfiguration Update – Site Plans for all 3 Trust Hospitals and update on CQC inspection issues. • CCGs on Surgery Reconfiguration public consultation	Carol Herity, CrossCity CCG Ruth Paulin, Lisa Thompson, Richard Steyn
10 February 2016 5.00pm in Birmingham	• HoEFT – ○ Report on the outcome of the Monitor financial investigation. • Non-Emergency Patient Transport (NEPT) Consultation ○ Further information around the feasibility of a fee paying service in the new contract	Dame Julie Moore, Interim Chief Executive, HoEFT, Rt Hon Jacqui Smith, Chair, HoEFT Carol Herity, Associate Director of Partnerships, Mark Lane, Head of Planning & Delivery, Gemma Coldicott, Senior Communications & Engagement Manager, CrossCity CCG
24 March 2016 5.30pm tea 6.00pm start in Solihull	• NHS Procedures of Lower Clinical Value – Solihull and Birmingham CCGs Public Engagement Process • Mental health for young people across Birmingham and Solihull	Dave Rowson, NHS Midlands and Lancashire CSU

West Midlands Regional Health Scrutiny Chairs Network		
1 July 2015	• NHS England – West Midlands Neonatal Service Review • Integrating Health and Social Care • CQC – Update on Primary Medical Services	
7 October 2015 9.30am	• NHS 111 Contract – Dr Anthony Marsh, CEO WMAS, Mr Jon Dicken, Chief Officer SWBCCG (Lead Commissioners for NHS 111) • NHS England – Updates on Specialised Commissioning and Neonatal Review • Update on developments within the Centre for Public Scrutiny	Dr Anthony Marsh, CEO of WMAS, Jon Dicken, Chief Officer SWBCCG Christine Richardson, AD Dr Geraldine Linehan, Regional Clinical Director Brenda Cook, CfPS Regional Advocate & Expert Adviser
3 February 2016 10.00am	Session facilitated by the Centre for Public Scrutiny	Brenda Cook, Regional Advocate, CfPS
15 June 2016		

CHAIR & COMMITTEE VISITS		
Date	**Organisation**	**Contact**
18 January 2016	HEFT Reconfiguration of Surgery Services – Visit to new centres at:- • Solihull (Dermatology) • Heartlands (Minor Injuries Unit alongside A&E) • Good Hope (Medical Assessment Unit)	Professor Matthew Cooke, Deputy Medical Director, Strategy and Transformation
Feb/March	West Midlands Ambulance Service – Visit to an Ambulance Hub.	Diane Scott, Deputy CEO
Feb/March	Birmingham Substance Misuse Recovery System:- Visit to CRI premises, Scala House, Birmingham.	John Denley, AD Commissioning Centre of Excellence / Nic Adamson, Director CRI
To be advised	Visit to The Bromford – a Supported Living Scheme in East Birmingham	Kalvinder Kohli, Head of Service, Prevention and Complex, Commissioning Centre of Excellence

INQUIRY:	
Key Question:	
Lead Member:	
Lead Officer:	
Inquiry Members:	
Evidence Gathering:	
Drafting of report	
Report to Council:	

Councillor Call for Action requests

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

Item no.	Item Name	Portfolio	Proposed date
000298/2015	Public Health Grant Reduction	Health & Social Care	16 February 2016
000355/2015	Public Report - Purchase of a Home Support Visit Monitoring System Full Business Case and Contract Award	Health & Social Care	28 June 2016
000542/2015	Policy for the Use of Private Rented Sector to Meet Housing Needs	Health & Social Care	19 April 2016
000545/2015	Lifestyles Re-design Commissioning and Procurement Programme	Health & Social Care	08 December 2015
000582/2015	Independent Living Fund	Health & Social Care	19 October 2015
001045/2016	Extension of Community Equipment Service Contract (C0115) - Public	Health & Social Care	16 February 2016
001343/2016	Living Wage Update – Public	Health & Social Care	16 February 2016