

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, 20 OCTOBER 2015 AT 10:00 HOURS
IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE,
BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING**

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 - 10

3 **MINUTES**

To confirm and sign the Minutes of the meeting held on 29 September 2015.

4 **DECLARATIONS OF INTERESTS**

11 - 18

5 **BIRMINGHAM SUBSTANCE MISUSE RECOVERY SYSTEM, CRI - 6 MONTHS INTO NEW CONTRACT**

Dr Adrian Phillips, Director of Public Health and Max Vaughan, Commissioning Manager to provide information briefing.

19 - 26

6 **PROGRESS REPORT ON THE IMPLEMENTATION: HOMELESS HEALTH**

John Hardy, Policy and Development Officer to discuss progress.

27 - 38

7 **PROGRESS REPORT: ON IMPLEMENTATION: MENTAL HEALTH -
WORKING IN PARTNERSHIP WITH CRIMINAL JUSTICE AGENCIES**

Michael Kay, Senior Strategic Commissioning Manager to present progress report.

39 - 44

8 **WORK PROGRAMME**

To discuss the Committee's work programme.

9 **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).

10 **OTHER URGENT BUSINESS**

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

11 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

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

**MINUTES OF A MEETING OF THE HEALTH AND SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE HELD ON TUESDAY
29 SEPTEMBER 2015 AT 1000 HOURS IN COMMITTEE ROOMS 3 AND 4
COUNCIL HOUSE, BIRMINGHAM**

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

IN ATTENDANCE:-

Dr Aqil Chaudary (Mental Health GP Lead for Birmingham, Birmingham CrossCity Clinical Commissioning Group), Joanne Carney (Senior Strategic Commissioning Manager) and Dr Rod MacRorie (Chair of the Birmingham Mental Health Clinical Forum)

Dr Andrew Coward (Chair of the Birmingham South Central Clinical Commissioning Group and Lead on Childhood Obesity); Dr Adrian Phillips (Director of Public Health) and Charlene Mulhern (Childhood Obesity Co-ordinator), BCC

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

NOTICE OF RECORDING

248 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.

APOLOGY

249 An apology was submitted on behalf of Councillor Mick Brown for his inability to attend the meeting.

MINUTES

250 The Minutes of the meeting held on 21 July, 2015 were confirmed and signed by the Chair.

DECLARATIONS OF INTERESTS

251 Councillor Andrew Hardie declared that he had retired as a GP but carried out work in a locum capacity.

PRIMARY CARE AND COMMUNITY MENTAL HEALTH TRANSFORMATION

252 The following information briefing was received:-

(See document No. 1)

Dr Aqil Chaudary (Mental Health GP Lead for Birmingham, Birmingham CrossCity Clinical Commissioning Group (CCG), Joanne Carney (Senior Strategic Commissioning Manager) and Dr Rod MacRorie (Chair of the Birmingham Mental Health Clinical Forum) were in attendance.

The report and following PowerPoint slides were presented to the Committee:-

(See document No. 2)

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

- a) The Committee was informed that providing support to people with dementia, which was covered by the Better Care Fund, though not specifically referred to in the presentation was a crucial part of the work.
- b) Members voiced very deep concern that there had been no recognition of the need for therapies to be customised around the needs of the diverse communities in Birmingham and that only reference to different languages acting as a barrier to accessing services had been mentioned. Furthermore, a Member expressed disappointment that cultural sensitivity had not been included as one of the shared objectives and he was keen to see the issue being developed as a major feature going forward.
- c) Further to b) above, the Senior Strategic Commissioning Manager apologised that it had not been made clear from the information provided but assured the Committee that the need for cultural sensitivity in providing services was an integral part of the work being undertaken.
- d) A Member enquired how it was proposed to involve other projects that might help identify and alleviate problems before medical intervention was required. The Senior Strategic Commissioning Manager indicated that they were looking to Wellbeing Hubs to provide the framework in this regard.
- e) The representatives were asked how individual GP Surgery projects were assessed and whether they had the freedom and financial support to continue if they were successful. The Senior Strategic Commissioning Manager highlighted that this would fall within the remit of the Local Commissioning Networks / CCG Operational Plans and that over time projects would be evaluated to see whether they should continue to receive support.
- f) A Member enquired how far forward Joint Commissioning arrangements had progressed in terms of seeking to provide some stability to the Third Sector. The Senior Strategic Manager indicated that more could be done and that discussions were taking place in terms of identifying the areas

where stakeholders should come together and pool resources to undertake integrated procurements.

- g) The Chair advised the meeting that the former Partnership, Contract Performance and Third Sector Overview and Scrutiny Committee had recommended a mapping exercise of Third Sector and “below the radar” groups which he understood remained work in progress. He cited overcoming language barriers in new and emerging communities within Birmingham as an issue that particularly needed to be addressed.
- h) In response to a question from a Member, the Senior Strategic Manager undertook to arrange for information to be provided via the Group Overview and Scrutiny Manager regarding how long a person had to wait for a referral to Talking Therapies, compared to this time last year.
- i) Members were advised that the major way for an individual to access Improving Access to Psychological Therapies (IAPT) was through their GP but efforts had been made to expand the entry points and people could also self-refer. Similarly, reference was made to efforts being made to ensure that Talking Therapies were not services that individuals in need of support found it difficult to access.
- j) The Mental Health GP Lead for Birmingham confirmed that as a result of feedback received during the consultation period more training around mental health issues would be provided for GPs.
- k) A Member referred to the considerable population increases in inner city wards and highlighted that many GPs who had begun their careers in the 1960’s and 1970’s had or were on the verge of retirement. He enquired what was being done to replace them.
- l) Further to k) above, the Mental Health GP Lead advised the meeting that the CCG was aware of the capacity challenge in the City with regard to GP services and referred to the need to make sure that transformation programmes made it more appealing to work in the locations mentioned.
- m) The Mental Health GP Lead informed the Committee that the Local Authority worked very closely with the CCG and that nothing happened in isolation. In representing the Joint Commissioning Team, the Senior Strategic Manager reinforced the comments made and felt that there was a really good platform for moving forward.
- n) Members were advised that access to information about mental health services that were available could be found online although it was acknowledged that this missed out huge pockets of the population.
- o) A Member considered that it was now a fascinating time to begin a career as a GP. He also advised the meeting that the Mental Health Partnership Board had an extensive list of Third Sector organisations .
- p) The Mental Health GP Lead informed the Committee that IAPT services were nationally mandated and that there were parameters limiting the scope of the work. However, there was the capacity to explore and develop other approaches in respect of Counselling Services which were designed to help people experiencing low level anxiety or depression.
- q) It was highlighted by the Senior Strategic Manager that Information Technology programmes such as Your Care Connected provided a means to share information about patients. Furthermore, the Mental Health GP Lead underlined that the whole Primary Care and Community Mental Health Transformation programme was very much dependent on there being good relationships between organisations at a grass roots level and services being focused around patients’ needs.

- r) A Member referred to there being a correlation between poverty and poor mental health and the importance of helping people who were recovering from depression, anxiety etc. to secure employment and gain financial security.
- s) Further to r) above, the Senior Strategic Manager reported that Third Sector organisations provided training and vocational packages to help people with ongoing mental health issues find employment or work in the voluntary sector.

The Chair thanked the representatives for reporting to the meeting and highlighted that they would be invited back to provide a further update in due course.

At this juncture, further to k) and l) above, the Chair also referred to considering including the issue of access by citizens to GP services especially in inner city areas in the Committee's Work Programme.

FALLS PREVENTION UPDATE

253 The following update was received:-

(See document No. 3)

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

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

- a) It was queried whether any progress had been made in terms of making arrangements to clear snow and ice from around elderly people's homes during wintry conditions.
- b) Further to a) above, Members were informed that most incidents involved elderly people falling, not within the public realm, but immediately outside their home "on the doorstep".
- c) The Chair enquired whether any of the £390,000 allocation referred to in the paper could be used to make grit bins available in areas where many elderly people lived. However he acknowledged that it would be dependent on neighbours using the facilities to make the walking routes in the locations safer.
- d) In referring to ways in which the Council was making efforts to stop litter being dropped, the Director of Public Health considered that the same type of approaches could be explored with a view to looking to neighbours and other people to clear snow and ice. In this regard reference was also made by the Chair to giving consideration to perhaps having a "Stand-Up for Neighbours" programme that also covered other aspects where residents required help and support.
- e) A Member felt that an issue that really needed to be addressed was that too many older citizens (e.g. over 50 years of age) were reluctant to report or tell anyone that they had had a fall and therefore did not receive help or advice.

- f) The Chair considered that a popular activity that had been overlooked in the paper was walking in local parks. However, he highlighted people needed to drink plenty of water when taking exercise and consequently asked that the Director of Public Health give consideration to arranging for temporary toilet facilities to be provided in parks during the summer months. In addition, he highlighted that when people became more fit and healthier it helped guard against the development of serious illnesses.
- g) The Director of Public Health in referring to the health benefits of walking considered it to be an extremely beneficial activity and advised the meeting that he was a big advocate of citizens moving away from “bricks and mortar” and using green spaces more.
- h) A Member highlighted that many of the vulnerable people at risk were tenants of social housing providers and he suggested that the landlords be engaged to convey messages aimed at preventing people from experiencing a fall.
- i) In responding to comments made, the Director of Public Health considered that in relation to falls prevention work there was a need to assess not only how public money could best be spent but also look to see where members of the public could provide added-value.
- j) The Director of Public Health informed the meeting of research undertaken at Aston University which showed a marked decrease in the number of hospital admissions (including falls) amongst those elderly people who had taken-up residence in ExtraCare Villages. He considered that with the right approach and ethos the number of falls in Birmingham could be reduced.
- k) In response to a question from a Member, the Director of Public Health indicated that he did not consider that the Council was up to full capacity in terms of publicising activities that were available for people over 50 years of age at Wellbeing Centres.
- l) Further to f) above, the Chair considered that the Council should bring on board voluntary organisations (e.g. Friends of Parks groups) around encouraging more activities, managing amenities and ensuring that there was no vandalism to new facilities provided.
- m) The Director of Public Health considered that people who used or wished to use green spaces should be asked what they would like to be provided at the locations and what the barriers were preventing their greater use.
- n) In response to a question from a Member, the Director of Public Health undertook to check and respond on whether the availability of swimming for people over 50 years of age was specific to Council facilities.
- o) A Member stressed the importance of continuing to press on with the message that physical activity and even basic exercise was really important in reducing the likelihood of a person having a fall.
- p) The Director of Public Health referred to low cost footwear that could be purchased which prevented people from falling over while running when there was snow or ice on the ground and also made reference to the need to promote the fun side of exercise more.
- q) It was highlighted by the Chair that as the proposed Postural Stability programme areas were not specifically ward based it was difficult for local Members to engage with their residents on the initiative.
- r) Further to comments made by the Chair relating to recommendation R05, the Director of Public Health indicated that he could provide more information on CLARCH research. In addition, the Chair also confirmed that he would like more information to be provided on the new risk stratification pilot.

- s) In referring to previous initiatives, a Member considered that efforts should be made to encourage new walking groups to start-up in parks. The Chair highlighted that there were often free facilities that could be used and indicated that it might be appropriate to write to the Cabinet Member for Health and Social Care encouraging her to ask all the elected Members to provide information on what was available in their wards that could then be publicised and made available online.
- t) The Director of Public Health undertook to investigate whether there was GP data available on how many GP Practices offered a self-referral route for people who'd had a fall.
- u) In mentioning warden assisted accommodation a Member advised the meeting that there was a problem with very frail elderly people when they did fall rather than tripping over something simply falling backwards at times when there was nothing to hold onto.
- v) The Director of Public Health highlighted that hip protectors could be used with a view to negating the effects of a fall though these were usually provided to individuals with very limited movement. He also referred to de-cluttering areas so that there were no trip hazards. However, he indicated that retaining and improving muscle strength was the best way to reduce the likelihood of having a fall and also referred to the importance of vitamin D for good bone density.

The Chair thanked the Director of Public Health for reporting to the meeting.

PROGRESS REPORT ON IMPLEMENTATION: TACKLING CHILDHOOD OBESITY IN BIRMINGHAM INQUIRY

The following report was submitted:-

(See document No. 4)

Dr Andrew Coward (Chair of the Birmingham South Central Clinical Commissioning Group and Lead on Childhood Obesity), Dr Adrian Phillips (Director of Public Health, BCC) and Charlene Mulhern (Childhood Obesity Co-ordinator, BCC) were in attendance.

In the course of the representatives reporting on progress made against the recommendations the following were amongst the comments made and responses further to questions:-

- a) The Director of Public Health in responding to a question relating to R02 advised the meeting that although it was optional regarding whether a school / academy became a part of the Birmingham Education Partnership (BEP) there were nonetheless other mechanisms that could be used to engage with schools in the City.
- b) A Member indicated that he hoped that progress could be made quickly through the BEP and suggested perhaps having a Birmingham Gold Standard for Healthy Eating that schools could aspire to and publish alongside their Ofsted grades. In addition, he enquired what big idea could be pursued to ensure that Birmingham and not another City became the healthy eating capital of the country.

- c) Further to b) above, the Chair of the Birmingham South Central Clinical CCG in referencing Buckminster Fuller, an American architect and systems theorist, highlighted that change could not be achieved through fighting the existing reality and that there was therefore a need to create a new model that made the existing one obsolete. In referring to discussions that had taken place at the Smart City Alliance, he also commented that children tended to follow the example of their parents many of whom were obese themselves. He highlighted that many parents worked in health and social care and that there was an initiative actively being explored with large employers regarding how health and wellbeing might be promoted in the workplace in a way that it would also cascade down to children.
- d) The Director of Public Health considered that greater focus should be given to promoting the fun side of exercise as against conveying the adverse health consequences of being obese. Furthermore, a Member stressed the need for a multi-method approach in tackling the issue.
- e) In referring to work that had been carried out along a section of canal to facilitate walking and cycling, a Member nevertheless highlighted that there was a need to find ways to reach out to those specific individuals who were obese so that they engaged in activities.
- f) Further to comments made, the Chair of the Birmingham South Central Clinical CCG indicated that Karen Creavin, Head of Community Sport and Physical Activity and Dr Ewan Hamnett in his championing role were looking at the best way of collecting data in respect of physical activities that were available in the City.
- g) The Director of Public Health highlighted how difficult it could be to arrange for the closure of a road for an event to take place and referred to how many “no ball games” signs there were in Birmingham. He questioned whether the City was making it as easy to engage in physical activity as it could be.
- h) Members agreed that an anticipated completion date of June, 2016 should be set for R02, R04 and R05.
- i) Further to R04, the Chair of the Birmingham South Central Clinical CCG made reference to work in the United States where it had been discovered that a significant number of women who had dropped out of a weight loss clinic had been sexually abused. The Committee was informed that there were currently discussions in the City around how a more sophisticated approach to tackling Adverse Childhood Experiences (ACEs) might be developed.
- j) Members considered that the evidence provided in respect of R06 did not demonstrate that the best way to develop stronger strategic links between GPs and the Third Sector had been fully explored and agreed that the assessment should be 3 - Not Achieved (Progress Made) with an anticipated completion date of June, 2016. The Director of Public Health asked that this be viewed as a provisional date.
- k) In relation to R08, Members indicated that the extent of the progress made so far was not sufficient to reassure them that the recommendation should be closed and it was also highlighted that the Chair of the Planning Committee had not been able to attend this meeting to report on the issues because he was unwell. It was agreed that the assessment should be 3 - Not Achieved (Progress Made) with an anticipated completion date of June, 2016.
- l) The Director of Public Health advised the meeting that he considered that it would be a tragedy if free schools meals ceased to be provided in infant schools. The Chair indicated that he shared his view and felt sure that other Members did so too.

254 **RESOLVED:-**

That, subject to the amendment of R06 and R08 to “3 - Not Achieved (Progress Made)” and the addition of a June 2016 anticipated completion date for the uncompleted recommendations, the Cabinet Member’s Assessments be accepted.

The Chair thanked the representatives for all their work.

**PROGRESS REPORT ON IMPLEMENTATION: MENTAL HEALTH –
WORKING IN PARTNERSHIP WITH CRIMINAL JUSTICE AGENCIES**

The following report was submitted:-

(See document No. 5)

The Chair advised the meeting that concern over there being no one in attendance to present the report would be conveyed to relevant officers.

255 **RESOLVED:-**

That consideration of the report be deferred.

2015/16 WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 6)

256 **RESOLVED:-**

That the Work Programme be noted.

AUTHORITY TO CHAIR AND OFFICERS

257 **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 1217 hours.

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CHAIRPERSON

Information briefing

Report From: Adrian Phillips - Director of Public Health
Max Vaughan - Commissioning Manager

Report to: Health and Social Care Overview Scrutiny Committee

Date: 20 October 2015

Title BIRMINGHAM SUBSTANCE MISUSE RECOVERY SYSTEM, CRI
(CRIME REDUCTION INITIATIVE) – 6 MONTHS INTO NEW
CONTRACT

1. Background

1.1 Birmingham City Council has re shaped and re procured the adult drug and alcohol treatment system into a new whole systems 'recovery' service. Cabinet approved the award of the contract to the third sector organisation Crime Reduction Initiatives (CRI) following a procurement process. The new contract commenced on the 1st March 2015. This report serves as a 6 month review.

2. Three Key Commissioning Intentions

2.1 Think Family Focus

The new recovery system is targeting individuals posing the highest levels of risk due to their drug and alcohol misuse. This includes risk to themselves, to their families and to the wider community. The new service actively seeks to support families during the recovery process. Child safeguarding is of primary importance.

2.2 Recovery Outcomes

The new recovery outcomes will be achieved by the following:

- Reductions in re offending
- Improved Housing
- Improved Parenting/Effective child safeguarding/Reduction in related domestic violence
- Increased levels of Employment
- Improvements in physical and mental health
- Reduction in sexual health problems and blood borne virus's

2.3 A Single System

The new recovery service has been 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 women only services.

3. Safety / Quality / Outcomes

CRI service delivery commenced on the 1st March with a well-resourced team to mobilise the contract. CRI followed a three stage implementation process, focussing on:

- 3.1 **Safety** – CRI needed to undertake the transfer of over 3000 scripts from the previous providers. These scripts were predominantly for the drug Methadone which is a Heroin substitute. This was completed successfully with a low error rate. This stage also included the systematic reassessment of all service users to ensure that recorded information was both accurate and standardised in line with CRI policies and procedures. Ensuring that child safeguarding assessment information was both complete and accurate was of paramount importance. All service users with children are receiving a home assessment.
- 3.2 **Quality** - This stage primarily focusses on assessing the competences of the workforce and then forming the appropriate individualised development plan to rectify any deficiencies. A focus on the team's adherence to CRI's operational policies and procedures is central to this process, also with a particular focus on child safeguarding.
- 3.3 **Outcomes** – This stage is concerned with the achievement of the recovery outcomes as listed in this briefing. The contract management data return processes are to track the achievement of the outcomes.

CRI are currently at the quality stage moving into the achievement of the outcomes.

4. Outcomes

4.1 Child Safeguarding

Considerable work has been carried out to provide a gold standard approach to Child Safeguarding. This includes the following:

- CRI have developed an active partnership with MASH and have their team leaders sat within MASH to advise and assess cases.
- Child Protection Master classes delivered to CRI staff by BCC Social Care.
- Child Protection social worker consultancy surgery onsite at CRI premises.
- The Safeguarding toolkit (protocols, proformas & forms, contact details and top tips) has been disseminated to staff.

- Revision of Child Safeguarding activity and quality performance indicators to ensure that reporting is more robust and reflective of the service.
- All service users were re-assessed and reviewed to ensure that information was up to date and accurate.
- Home assessments are being undertaken for all service users with children.
- A heat map of prevalence of child safeguarding concerns based on service user assessment has been produced which has been utilised to inform service delivery.
- A Joint Working Protocol between CRI and BCC Children's Services has been developed to facilitate referrals and information sharing.
- CRI in Birmingham has put itself forward as a pilot site for ADFAMs research into Opioid Substitute Medications in Drug Treatment: Tackling the Risks to Children. A multi stakeholder meeting took place on the 28th September to start this process.

4.2 Family Involvement

- 4.2.1 As part of the contract it is a requirement that wherever possible and appropriate there is family or social network involvement in every individuals structured intervention. Data shows a steady increase in the number of service users involving family members in their recovery interventions. This is likely to increase further and performance against this activity is linked to Payment By Results (PBR).
- 4.2.2 Data reveals that of the present cohort of current service users 17% have been identified as having some form of safeguarding issue. CRI recently completed an internal audit to ensure that safeguarding processes and protocols were being followed; e.g. discussed as routine items at team meetings, etc. They have also completed a Section 11 Audit for the Birmingham Children's Safeguarding Board submitted in September.

4.3 Reductions in Re-offending

Clear strategic and operational links have been made with all key partners in this field including the Police, Probation and the newly formed Community Rehabilitation Company. Clear strategic and operational links are ensuring that those arrested for a drug or alcohol related offence receive the appropriate intervention from CRI.

4.4 Improved Housing

CRI's housing partner, Stonham, have mapped provision across the city and have been forging links with the housing sector linking in with CRI's staff teams, to ensure housing need is being addressed within recovery plans. Data indicates that more work is required to fully capture housing related interventions. This work is in progress and it is expected that Quarter 2 data will provide a greater understanding of the level of housing related need and benefits of engagement.

4.5 Increased Levels of Employment

- 4.5.1 CRI has started several initiatives to ensure that access to employment is maximised. This includes ongoing work with their partner YMCA around employment, training education and volunteering opportunities. CRI have also established links

with Job Centre Plus and have a presence in a selection of job centres where they are able to offer specialist advice and deliver brief interventions.

- 4.5.2 CRI have also established a partnership with the organisation Changes UK who run the employment centre 'Recovery Central' in Digbeth. Changes UK provide training and employment opportunities to people who have had substance misuse issues. Recovery Central has attended CRI team meetings to ensure staff are aware of the offer and that clear referral pathways are established.
- 4.5.3 CRI are in the process of developing an Employment strategy to take in to account the key partnerships that have been identified and to set out how they will achieve the outcome of sustained employment for service users.
- 4.5.4 A new Employment forum has been established with other interested partners across the city, e.g. CRC/National Probation Service and other employment/training related third sector bodies which CRI chairs.

4.6 Improvements in Physical and Mental Health

4.6.1 Dual Diagnosis

CRI have developed a dual diagnosis protocol with Birmingham & Solihull Mental Health Foundation Trust (BSMHFT). The purpose of the protocol is to provide a treatment pathway for people who have both a mental health diagnosis and substance misuse problems.

4.6.2 Acute Sector

CRI have developed links with the four main hospitals in Birmingham to ensure that there is adequate support for people admitted with substance misuse issues and that there are the necessary pathways into community provision. CRI consulted with the hospitals on the proposal that the focus of their work is mainly on the alcohol agenda. This has been positively received, and work is underway to rebrand the service, including development of targeted promotional materials.

4.6.3 Primary Care

- CRI have established effective relationships with GP's and Pharmacists. GP's continue to receive support from the substance misuse GP's that provide both leadership and a clinical governance function to the 70 practises involved in the scheme. A Lead Pharmacist performs a similar function for contracted pharmacists.
- The inherited contracts with GP and Pharmacists are currently under review. The first consultation meeting took place at the beginning of September. Changes that have been proposed focus on quality assurance measures which support the new recovery agenda.
- Annual training for GPs is due in October and will include discussions on a clearer focus on the recovery agenda, Hepatitis C, Alcohol, Naloxone and initiating prescriptions. Pharmacist training took place in September and focussed on the introduction of a competency framework in line the CRI contract.

4.6.4 Reduction in Sexual Health Problems and Blood Borne Virus's

- CRI have established links with the recently procured Sexual Health provider for Birmingham, Umbrella. Individuals with substance misuse problems are a high risk group regards their sexual health so screening, testing and treatment pathways and protocols are being developed.

5. Single System

A Single System

5.1 Contract Management

- Regular contract meetings take place between commissioners and CRI. Contract Review meetings occur once a month. In addition to this there are fortnightly operational meetings to ensure that the new system is bedding in. These started off as weekly meetings but were recently revised to fortnightly now that commissioners are more assured that the new system is settling down.
- Reporting on performance occurs on a monthly, quarterly and annual basis.

5.2 Supply Chain & Grants

CRI have implemented a broad and diverse supply chain, consisting of both formal sub-contract arrangements and grant agreements. The supply chain covers key areas of the contract including;

- Housing pathways
- BME engagement
- Family support
- Employment support
- Mutual Aid and peer support groups
- Criminal Justice employment programme

5.3 Partnership Working

- CRI have been developing a broad range of links across the city, with particular emphasis on mental health, employment, safeguarding, criminal justice, housing, acute and primary care sectors.
- A variety of forums have been established to work jointly with other agencies and organisations these include;
 - Employment
 - Legal Highs
 - Safeguarding
 - BME

6. Service User Engagement

- 6.1 CRIs partner, Emerging Futures, has taken on responsibility for developing and supporting service user involvement, including the development of a new Birmingham Service User forum which is inclusive of and representative of the service user population. The forum will be a key stakeholder, providing both challenge and support to CRI.
- 6.2 In addition to this CRI have developed a Peer Mentoring scheme enabling service users to support the delivery of CRI services and support service users in accessing services. The first graduation ceremony took place in August 2015 and there are currently over 20 peer mentors with more to follow.
- 6.3 Other key areas in CRIs service user engagement strategy are;
- Treatment menu for service users
 - Ensuring all service users are involved in their treatment/care plans
 - Strong network of mutual aid and peer support groups
 - Service user representation at operational team meetings
 - Service user involvement in audit cycles/incident investigations with appropriate support

7. Cost Efficiencies

- 7.1 The new system realises cost efficiencies from a previous current budget of £24.7million per annum which supported a total of 28 contracts.

Substance misuse – projected efficiency savings			
	Annual contract value (£)	% saving against £20.3m cabinet report contract value	% saving against the 2014/15 spend on substance misuse contracts (£27.5million)
Year 1	18,940,786	6.7%	31.1%
Year 2	17,973,369	11.4%	34.7%
Year 3	17,973,369	11.4%	34.7%
Year 4	15,368,666	24.3%	44.1%
Year 5	14,855,339	26.8%	46.0%

- 7.2 A Payment By Results (PBR) mechanism is to be applied to a selection of key performance indicators. This is due to be implemented from the next contract year

(2016-17) onwards. The process of negotiating and agreeing the details of the PBR has already started and is due to be finalised by January 2016. The PBR elements are worth 10% of the annual contract value and apply to the area of employment, criminal justice, think family and successful completion of treatment.

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:

- a. **Marketing Plan:** A Marketing Manager has been employed to develop communication links, to raise the profile of CRI in Birmingham and disseminate 'good news stories'
- b. **Continued workforce development:** to ensure staff continue to be supported around key areas such as safeguarding, recovery outcomes and service user involvement
- c. **Service User Quality Assurance:** Supporting People Directorate is leading on a programme of service user led quality assessment of CRI's services in Birmingham. This work will be continuous and will last the lifetime of the contract.
- d. **Series of Audits:** Commissioners are planning a series of audits focusing on key areas of the contract. These include; safeguarding, workforce development, Acute sector partnership, employment agenda, prescribing and call centre effectiveness.
- e. **Implementation of the PBR:** the PBR will be implemented in the second year of the contract and this will focus the achievement on key outcomes including: successful completion of treatment, reduction in the number of re-presentations, sustained employment of service users, increase in family member engagement and reduction in crime and offending.
- f. **Consolidation of partnership groups/multi-agency forums:** Developing further the links that have been established in order to achieve strategic outcomes in relation to legal highs, BME groups, employment and safeguarding.

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Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview and Scrutiny Committee
Date:	20 October 2015

Progress Report on Implementation: Homeless Health

Review Information

Date approved at City Council:	7 July 2015
Member who led the original review:	Councillor Susan Barnett
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Social Care, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

For more information about this report, please contact

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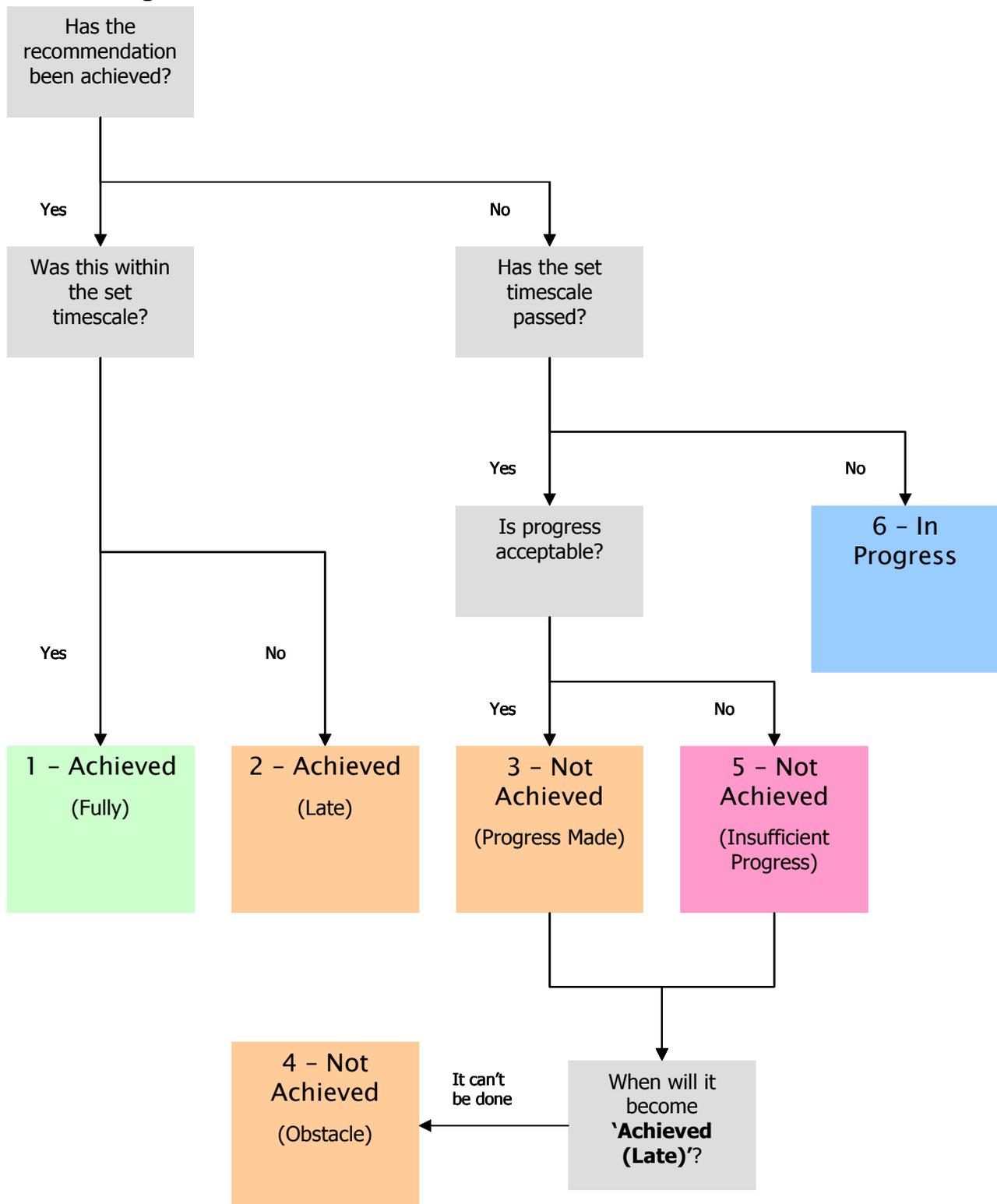
Appendix 1: The Tracking Process

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
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5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

The Tracking Process



Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R01	That potential locations in the city centre be explored to find the most suitable venue which can be made available to be used as a central point where homeless people can go to access information, advice and support on accommodation, benefits (including accessing a computer to start the process of registering to make a claim) and be referred to available health services without needing to make an appointment or travel to one of the customer service centres.	Cabinet Member for Neighbourhood Management and Homes Cabinet Member for Health and Social Care as Chair of the Health and Wellbeing Board	30 September 2015 for final version of Welfare Specification and new service to start 1 April 2016. 31 July 2015 for remodelled Housing Advice Centre Options	6
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>The commissioning of a Welfare Service, to be located close to the city centre, to provide housing advice and basic welfare provision for single vulnerable people is on track. Stakeholder events have taken place with providers, citizens and partners and comments are being incorporated into the final specification for the service. The proposed timeline for the service will be that the tendering for the service will commence at the end of November and the contract will commence on 1 April 2016.</p> <p>In respect of wider advice and support services consultation is currently being undertaken for a report on advice services to be considered by Cabinet on 17 November 2015.</p>				
R02	That the three Birmingham Clinical Commissioning Groups should explore: <ol style="list-style-type: none"> 1. How they can make it easier for homeless people to register with a GP even if they are only temporarily residing in an area and have a permanent address elsewhere or have no permanent address. 2. How homeless people can be facilitated to maintain registration on a GP list once they have registered even if, due to the transient nature of their lifestyle, they subsequently move out of that area. 	Birmingham Cross City, Birmingham South Central and Sandwell and West Birmingham Clinical Commissioning Groups	31 March 2016 Health and Wellbeing Board Agenda 13 October 2015	6
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>A report was taken to the Health and Wellbeing Board on 30 September and the Board agreed the recommendations and committed their support to implementing the recommendations. CCGs to provide progress update.</p>				

R03	That the multi-agency working that is already starting to happen to tackle the housing and health problems of people sleeping rough in the city centre by connecting rough sleepers to local support and services is strengthened. Groups already in existence need to be reviewed to establish whether they are working together effectively with a view to building on the existing protocol and the work already being done by the StreetLink multi-agency working group, to ensure that relevant agencies are alerted before major regeneration work starts, to provide an opportunity to support homeless people squatting or sleeping rough in the area.	Cabinet Member for Neighbourhood Management and Homes Cabinet Member for Health and Social Care	31 October 2015	6
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Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

The introduction of the newly established Homeless Outreach Street Triage service has afforded the opportunity to strengthen the multi-agency working across the partnership. The HOST service initially provides targeted outreach service delivered by Birmingham City Council, Midland Heart and the Police but is designed to enable all partners to use the service to target their resources to deliver effective outreach at appropriate times to meet the needs of homeless people. A subsequent Tasking Meeting has also been established to consider the actions required to support the most entrenched and vulnerable homeless people. This meeting will enable the relevant sharing of key information including planning and development proposals to ensure that agencies are tasked to undertake key actions to meet need and resolves issues.

In order to co-ordinate and make the best use of voluntary and charity organisations who deliver outreach and food distribution, the council has established an accreditation scheme. The scheme will enable organisations to become accredited and receive advice and support on how to deliver effective and safe outreach services and to become a member of the Multi-Agency Partnership. This will support making the best use of all resources in meeting the needs of homeless people. The scheme is to be launched at an event on 8 October.

R04	That services should be commissioned in a joined up way wherever possible, specifically when commissioning services for people with a dual diagnosis of either: <ol style="list-style-type: none"> 1. mental health and substance misuse or 2. people with alcohol problems who also suffer from dementia, where there is currently a gap in service provision.	Cabinet Member for Health and Social Care	31 January 2016	6
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Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

A report was taken to the Health and Wellbeing Board on 30 September and the Board agreed the recommendations and committed their support to implementing the recommendations. CCGs to provide progress update

R05	That wherever possible services for homeless people should be designed to reach out to homeless groups who need them by moving away from a silo culture and exploring options for placing statutory services where homeless people already attend, such as the Homeless Health Exchange or SIFA Fireside, along the lines of the Inclusion Healthcare Social Enterprise Model	Cabinet Member for Health and Social Care Cabinet Member for Neighbourhood Management and Homes	31 October 2015	6 Recommendation linked to the new welfare service recommend new date for completion of 31 March 2016
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Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Commissioning of the Welfare Service will establish a single point of access for homeless people. Discussions are taking place with partners about co-location of statutory services or delivering surgeries/advice sessions within the centre to ensure services are available at the right time. Further discussions have also commenced with service providers regarding the development of outreach services to ensure that maximum opportunity is made of delivering the services at the point of engagement. The newly developed Homeless Outreach Street Triage service enables partners to undertake outreach in partnership.

R06	That a forum or other appropriate mechanism be established between HM Prison Birmingham and Birmingham City Council to facilitate more joined up working with prisons and the probation services to provide improved pathways between prison and the general community with a view to: <ol style="list-style-type: none"> 1. Linking prison healthcare provision better to wider community healthcare services on release from prison in particular for prisoners with serious mental health, drug and/or alcohol problems; 2. Supporting prisoners into appropriate accommodation before and after discharge from prison; 3. Prioritising appropriate accommodation for homeless women in contact with the criminal justice system. 4. Supporting prisoners to link into the benefit system before and after release from prison. 5. Providing/sharing information about services available in the community to facilitate improved pathways between prison and the general community. 	Cabinet Member for Health and Social Care Cabinet Member for Neighbourhood Management and Homes	31 March 2016	6
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Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Initial discussions have taken place with the Prison resettlement Team at Birmingham Prison. A further meeting has been set up with the Prison and partners from accommodations service, Public Health England and the Community Rehabilitation Company and National Probation to explore the offender pathway through prison and back into the community. This pathway will then be developed to ensure that offenders are released into the community with access to the appropriate services.

R07	That the Joint Commissioning Team should examine the feasibility of commissioning an emergency and/or out of hours specialist homeless primary care service for the city.	Cabinet Member for Health and Social Care Birmingham and Solihull Mental Health NHS Foundation Trust Cabinet Member for Neighbourhood Management and Homes	31 December 2015	6
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Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

A report was taken to the Health and Wellbeing Board on 30 September and the Board agreed the recommendations and committed their support to implementing the recommendations. CCGs to provide progress update

R08	That the best way to provide a direct line of communication between the City Council and people sleeping rough in the city centre who have a problem or a complaint, for example through advice surgeries in the city centre, be explored.	Cabinet Member for Neighbourhood Management and Homes	Already commenced Progress Update 31 October 2015	1
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Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Surgeries are currently taking place at Sifa on a monthly basis. BCC have made considerable effort to liaise with volunteer groups who come into direct contact with rough sleepers and to improve information sharing so that agencies can recommend that rough sleepers make contact with BCC. A review of the surgeries is currently taking place to consider other venues and times for the surgeries to be held, increasing the Members involved and to look at the areas of support that Members are best placed to support and challenge upon. This review will be completed by the end of December 2015.

R09	That an assessment of progress against the recommendations made in this report be presented to the Health and Social Care O&S Committee.	Cabinet Member for Neighbourhood Management and Homes	31 October 2015	
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Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Appendix ③: Concluded Recommendations

These recommendations have been tracked previously and concluded.

They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment

Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview and Scrutiny Committee
Date:	20th October 2015

Progress Report on Implementation: Mental Health – Working in Partnership with Criminal Justice Agencies

Review Information

Date approved at City Council:	7 th January 2014
Member who led the original review:	Councillor Waseem Zaffar MBE JP
Lead Officer for the review:	Rose Kiely/Baseema Begum
Date progress last tracked:	11 th November 2014

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Social Care, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

For more information about this report, please contact

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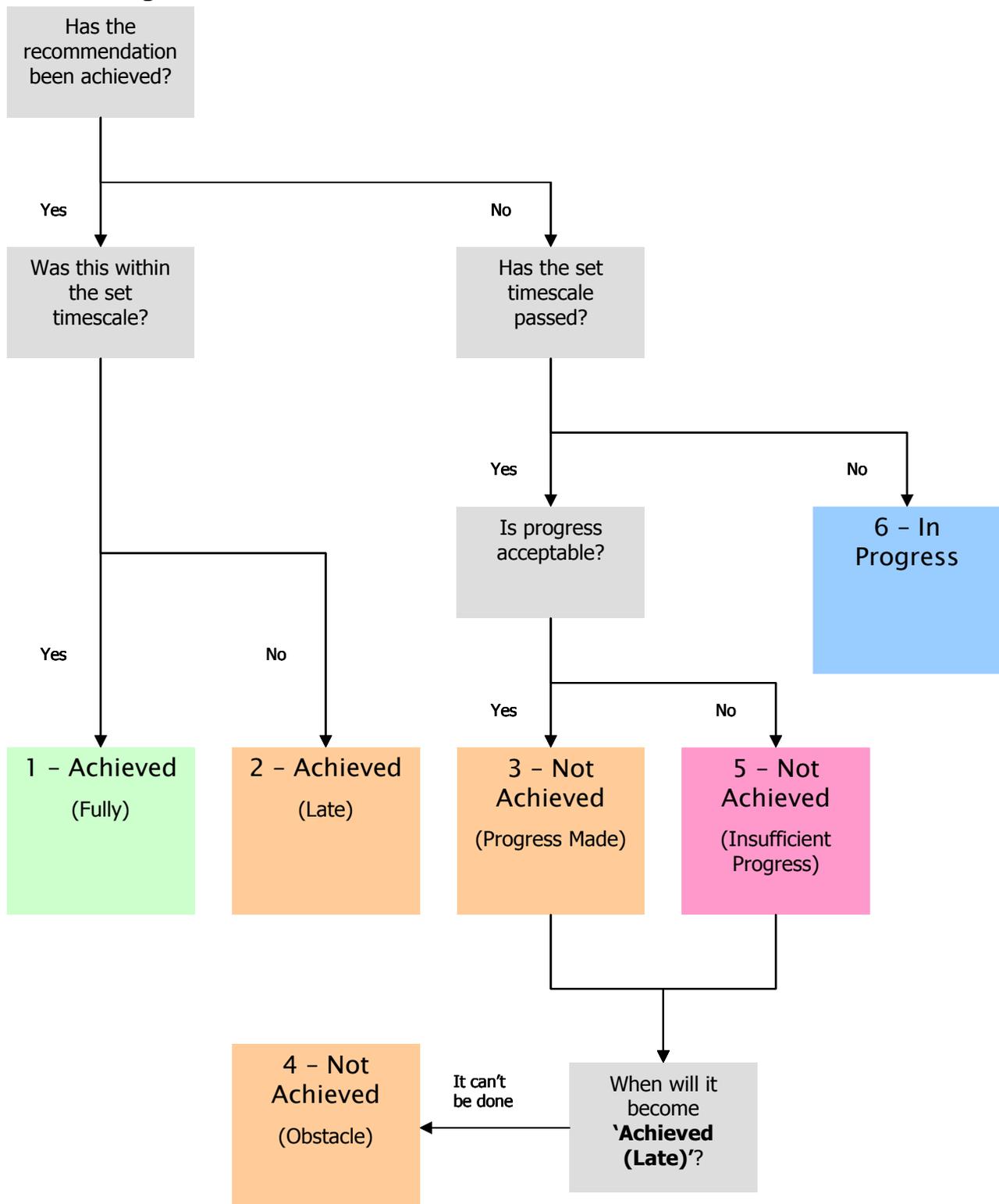
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The Tracking Process



Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R01	That the Birmingham Joint Commissioning Team for Mental Health and NHS England (who commission Tier 4 CAMHS services) should be responsible for and take urgent action to commission age appropriate mental health inpatient and community services for young people aged 16 and 17.	Cabinet Member for Health and Social Care working with Cabinet Member for Children Services, Birmingham Integrated Commissioning Board (ICB) and Childrens Strategic Partnership Board (CSPB)	July 2014	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CAM: 1 –

"Services for young people aged 16-17 have been part of a wider review of services to young people up to the age of 25. There is currently procurement in process for a mental health service to cover all young people in Birmingham under the age of 25. This is an NHS procurement led by Birmingham South Central CCG. The outcome will be announced in January 2015

The Joint Commissioning Team has been part of the planning, consultation and procurement. The new service will provide a more age appropriate service, and will mean that there is no need to transition from children's to adult services at 18, which will mean continuity of service during this vulnerable time."

Update: Services for young people under 25 have been re-procured, the tender has been won by Forward Thinking Birmingham (a consortium led by Birmingham Children's Hospital). Services will transfer from the existing provider in a stepped fashion between October 2015 and March 2016.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R03	That, if proven to be successful, the coordinated trial multi-agency response as exemplified by the Street Triage Pilot currently being piloted by West Midlands Police, be mainstreamed across Birmingham and made permanent.	West Midlands Police West Midlands Ambulance Service BSMHFT Joint Commissioning Board	January 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CMA 3 –

"The street triage scheme has been in operation since January 2014 and is Department of Health funded to 31st December 2014. It provides a crisis response service for 999 calls which involve mental health. It can help prevent admission to psychiatric hospital and divert people from A&E departments, as well as putting people in touch with mental health teams and other sources of support. It has been reviewed by the three agencies which provide it (West Midlands Police, West Midlands Ambulance Service and Birmingham & Solihull Mental Health NHS Foundation Trust) and the Mental Health Joint Commissioning Team. The outcome was positive support by all for the scheme. A bid will therefore be put to WMP, WMAS, and the Clinical Commissioning Groups for Birmingham to request that the scheme can be continued into 2015. There is agreement among commissioners and providers that street triage has been an important development in the management of urgent care. People who have received the

service have said how it is a more personal , individual response which they have welcomed. West Midlands Police - A business case is currently being formulated to provide a roll out of the Triage in to a commissioned service. The evidence has proved positive with improved outcomes and reduced demands on acute health and police / ambulance resources. The wider health benefits are still under review however from a patient experience perspective and improved quality of care it links directly to the Crisis Care Concordat principles.”)

Update: The scheme is funded to 31st March 2016. Meetings are taking place in September to finalise the business case for 2016-17.

The figures for January-July 2015 are: total referrals to street triage 1659. Of these, 969 were seen face to face, 679 dealt with by phone. 562 were seen in a public place, 1088 on private premises, which shows a development of the scheme in this direction. Without the scheme, police would have taken 259 to the Place of Safety under the Mental Health Act, the actual figure was 80. Ambulance staff diverted 484 away from Accident & Emergency departments. Ambulances would have been called out on 963 occasions, police on 629 occasions. The scheme uses a car rather than an ambulance. 108 people were taken to the new Psychiatric Decision Unit.

There is also now a dedicated Homeless Street Triage (HOST) car, introduced on a trial basis on 17th August. It will respond to calls re homelessness, begging and anti-social drinking in the city centre. The car is provided by Midland Heart, and will carry a plain clothes police officer and two outreach workers, including a substance abuse specialist, and will operate from 9 am to 9 pm Monday-Friday. In its first two weeks it dealt with 69 calls.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That, in order to support the work of the West Midlands Strategy Group, the Mental Health Champion reviews arrangements to provide patient, carer and third sector oversight of the implementation of the Mental Health and Learning Disabilities Summit Action Plan. This oversight should be extended to recommendations contained within this report.	Cabinet Member for Health and Social Care BCC Mental Health Champion	To report back on progress July 2014	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CAM: 2 –

“The Mental Health Partnership Forum has representatives from patient and third sector organisations and would be a natural focus for the work. The Forum is chaired by Councillor Paulette Hamilton. Stonham is the voluntary organisation providing support to carers for mental health, and Mencap has the council contract for support to all carers. These organisations can be used to identify carers to participate.

Work is now under way to agree the people/groups who will participate, and this is expected to be achieved by the end of November 2014.”)

Update: Attendance at the Mental Health Partnership Forum has been agreed. Governance of mental health is now headed by the Systems Strategy Board, with senior representation from CCGs, local authority, third sector, police and probation. Service User representatives are currently being selected.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R05	That BSMHFT work with the Police, the City Council, the Clinical Commissioning Groups, the Joint Commissioning Team and the Third sector to: (1) Map what mental health support services are currently available for ethnic minority groups in Birmingham; and (2) investigate best practice provision	Birmingham and Solihull Mental Health Foundation Trust	Report back on progress July 2014	6

of community outreach to ethnic minority groups and commission a culturally sensitive early mental health support service in Birmingham.

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CMA: 2 –

"Mapping is currently taking place as part of the work to review mental health support to primary care, and this will involve helping third sector organisations, including those for BME communities, to align more accurately across the city. This work is being done by commissioners in partnership with Birmingham & Solihull Mental Health Foundation Trust and other partners. Birmingham & Solihull MH Trust provides an Early Intervention Service aimed at those who are having a first episode of serious mental illness, primarily working with young adults. The council's review of its third sector funding will also take into account the support to the city's diverse communities.")

Update: The work undertaken by Birmingham City Council and the CCGs in relation to support for third sector funding will lead to changes and possible re-procurement of services. The emphasis will be on prevention and recovery, resilience/maintenance for people with long-term conditions, and ensuring better access to service for people from all ethnic groups. BSMHFT's plans in the "New Dawn" proposals include strengthening the access to services and links with primary care, and greater involvement of service users in planning their care. BSMHFT's Healthy Minds service has created specific talking therapies aimed at people from ethnic minorities.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R06	That consideration be given as to how existing provision in the community can best be utilised to provide more community focused intervention across the city to support the hospital based places of safety.	Chair of Birmingham Community Safety Partnership in their capacity as relevant member of the Health and Wellbeing Board Birmingham Integrated Commissioning Board (ICB) Childrens Strategic Partnership Board (CSPB)	January 2015	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CMA: 6 –

"The urgent care pathways for mental health are currently under review. This includes the use of the Place of Safety, which has diverted those with mental health problems from police custody. The review will also cover the liaison service in acute hospitals, street triage, and the use of psychiatric acute beds. The development of Street Triage has been done in conjunction with the Place of Safety, and has resulted in people being diverted into community alternatives. The PoS remains for those who come to police attention and are needing a route to acute psychiatric hospital admission.")

Update: A business case will be submitted to continue the street triage scheme in 2016-17. The Psychiatric Decision Unit is being reviewed and a decision will be made whether to continue it. Birmingham & Solihull Mental Health Trust has published plans to re-design its services (the "New Dawn" proposals) which included strengthening the links between the Trust and primary care, social care and third sector.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R08	That frontline local authority staff who have face to face dealings with people who may be experiencing mental health difficulties receive additional basic training to enable them to recognise where mental health issues exist and to make an appropriate referral.	Cabinet Member for Inclusion and Community Safety	January 2015	6

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CMA: 6 –

"There is a training programme through Birmingham Care Development Agency, which offers training, action learning sets, e-learning and other ways to enhance the skills of those working in the care field, and who will be working with vulnerable people. Details of the training programme are circulated on the council's global email. Managers can include training requirements in the Personal Development Reviews.")

Update: A 2-day course is planned for February 2016 covering adult and children's social care, Housing, Youth Justice, Probation, police and NHS staff. Additional training is provided on gangs and substance misuse.

The Birmingham Community Safety Partnership's Vulnerable People Delivery Group has commissioned Birmingham MIND (Birmingham Association for Mental Health) to deliver First Aid Mental Health Training to frontline professionals within public and third sector organisations .

The training has been re-commissioned following a huge demand by frontline workers to rerun the series of sessions that took place in 2014 - 15.

MIND will provide accredited mental health first aid trainers to deliver a series of 2 day training courses and half day training courses from October 2015 to March 2016 at the Bond, Digbeth. These sessions will be available to frontline officers from across the City.

Objectives of the course:

- **Train practitioners who work with people experiencing mental health, raising their awareness on how to identify problems to provide best possible responses and services.**
- **Recognise the crucial warning signs of mental ill health and make referrals to appropriate agencies.**
- **Practitioners to recognise that mental health can be the primary factor leading to anti-social behaviour.**

The two day training course will include:

- **Mental Health First Aid**
- **Suicide and depressions**
- **Anxiety Disorders**
- **Psychosis**

Mental Health First Aid LITE: Half Day course

Mental health awareness introductory session includes:

- **Identifying discrimination around mental health**
- **Defining of mental health and some Common mental health issues**
- **Relating to peoples experiences**
- **Looking after your own mental health**

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R09	That the Birmingham Integrated Commissioning Board should explore the best way of establishing a single telephone service for the whole of Birmingham. It should provide a single point of access which people experiencing mental health issues, family members, Councillors and other individuals who come into contact with mental health patients, can use to access advice, referral or signposting to specialised services and assessment by a mental health professional.	Birmingham Integrated Commissioning Board (ICB) working with Chairs of Clinical Commissioning Groups	January 2015	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CMA: 6 –

"Birmingham & Solihull Mental Health Foundation Trust - We have had some local discussions within the Trust about the development of a 'crisis line' we have developed a Single Point Of Access for the GPs to refer to. The 'crisis line' will be available to all people known to services who need to access support out of hours. Patients known to the Trust are given contact details for Home Treatment Teams out of hours.

The work on primary care mental health is considering how the single point can be widened to those using primary care. This work will then be discussed with Birmingham & Solihull Mental Health Foundation Trust, with a view to having arrangements which provide an agreed care pathway, and which provides access to those in crisis.")

Update: The 111 NHS service now covers mental health, and is available to all citizens.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R10	That BSMHFT promote and further develop the Community Forensic Mental Health Team and replicate this service on a wider basis, to divert people with mental health issues from the criminal justice system towards appropriate support and interventions in the community.	Birmingham and Solihull Mental Health Foundation Trust	January 2015	6

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CMA: 6 –

"Birmingham & Solihull Mental Health Foundation Trust - The completion date for this recommendation is January 2015

BSMHFT is committed to the provision of a Forensic Community Mental Health Service consistent across the whole of our catchment area. However the national specification produced by NHS England only covers Forensic Outreach services and local CCGs have not as yet commissioned any specific community services for these patients over and above the outreach service commissioned by NHS England. NHS England have only partially funded the forensic outreach service in 14/15, limiting the investment for the additional part of the service required by the opening of the new Tamarind Medium

Secure Unit, although for 13/14 the service has run as a cost pressure to the Trust. NHS England & BSMHFT have agreed funding for a reduced caseload for Forensic Outreach Services, recognising the need to continue to provide a service that assists in diverting people away from the CJS and into appropriate care pathways and recovery. There has been a recent communiqué describing the requirement to reduce caseloads to a manageable level given the current financial envelope. This is being worked through and where appropriate, transfers to local services are occurring. BSMHFT has begun dialogue internally and with local CCGs to work out the logistics of potential transfer of Forensic Outpatients into Assertive Outreach Teams and CMHTs across the City. The Trust has prepared and considered a Clinical Quality, Equality Impact assessment relating to the changes to the service.”)

Update: Forensic mental health services are commissioned by NHS England. We are awaiting the latest position from BSMHFT.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R11	<p>That statutory agencies should support third sector organisations by:</p> <ul style="list-style-type: none"> (1) examining opportunities to commission primary care services which can be delivered by small third sector organisations where appropriate capacity and expertise already exists within the third sector; and by (2) providing support in areas where statutory agencies have expertise such as bid writing and signposting to potential sources of funding. 	<p>Birmingham Integrated Commissioning Board (ICB)</p> <p>Birmingham and Solihull Mental Health Foundation Trust</p>	July 2014	6

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CMA: 3 –

“(1) Birmingham City Council is reviewing its work with third sector organisations as part of its service reviews.

The Joint Commissioning Team is reviewing the use of third sector organisations, with a view to improving how they relate to primary care services. This includes organisations which provide counselling, day services, help with employment and benefits. A public consultation has told us that people want services which are more accessible and which are able to serve across very diverse communities.

The Joint Commissioning Team holds regular meetings and reviews of third sector contracts, and advises third sector organisations about (i) council and NHS strategies/plans which affect third sector activity, including how the third sector works with both primary and secondary care (ii) review and discuss contracted activity (iii) advice on sources of funding and bids.

West Midlands Police – 1) West Midlands Police as part of their response to Disability Hate Crime (DHC) have a Disability Hate Crime reference group. The group consists of key members of organisations who represent people with a wide range of disabilities such as visual, hearing & physical disability.

The group has been running for two years & meet quarterly, their aim is to raise awareness & reporting of crime and non crime incidents. The group have been recognised by a Tri Service HMIC inspection for their ground breaking work partnering with an NHS Trust to raise awareness of DHC.

The group are planning a major new awareness campaign of DHC to link in with the new Anti Social Behaviour Powers. The group also review any concerns/issues raised by service users in relation to poor service/issues with case progression.

(2) Birmingham Voluntary Service Council provides advice and assistance to third sector organisations, including ways of accessing funding and writing bid applications.

Birmingham & Solihull Mental Health Foundation Trust has worked with voluntary organisations on joint funding bids.”)

Birmingham City Council has conducted a public consultation on its third sector funding, and further work is under way as a result. Third sector mental health services funded by the NHS have continued to receive funding during 2015-16. The CCGs continue to review how the services can be more firmly linked to primary care. The Joint Commissioning team will continue to ensure that health and social care funding works in a joined up fashion, and meets regularly with third sector providers.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R12	<p>That</p> <p>(1) The West Midlands Police explore how to increase the reporting of disability hate crime and ensure a structured approach to identifying and progressing cases; and</p> <p>(2) BSMHFT consider how best to educate the public and raise awareness about mental health issues with a view to changing cultural perceptions and reducing the stigma associated with mental ill health.</p>	West Midlands Police BSMHFT	July 2014	2

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

(November 2014 report: CMA: 3 –

“West Midlands Police - work is on going with 300 voices to increase awareness. Triage have been busy attending community events across the city to improve awareness. CI Russell has taken the project to the BBC One Show to reduce the stigma associated with Mental health and is currently in dialogue with Channel 4 to commission a two part series relating to the police response to mental health crisis. Internally WMP has seen a significant shift in the reduction of stigma associated with MH since the deployment of the triage team.

Birmingham & Solihull Mental Health Foundation Trust works with local groups and with families of people with mental health problems to promote better understanding of mental health, and the ways in which people can get help for mental distress.”)

Update: The work outlined in November 20124 is continuing. The 300 Voices project has put on a number of public events to increase awareness about mental health, including services to black and ethnic minorities.

Appendix ③: Concluded Recommendations

These recommendations have been tracked previously and concluded. They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R02	That Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust provide local named contacts for Local Policing Units and the Birmingham Community Safety Partnership Safer Communities Groups that undertake case work on serious and persistent Anti-Social Behaviour cases.	Birmingham Community Safety Partnership to pursue directly with Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust	November 2014	1
R07	That the lessons learnt from Serious Case Reviews, Domestic Homicide Reviews and other parallel processes in relation to the offences committed by mental health patients are reviewed.	Birmingham Community Safety Partnership support officers to co-summarise these by approaching relevant Safeguarding Board/Domestic Homicide Reviews leads.	November 2014	1
R13	That an assessment of progress against the recommendations and suggestions made in this report should be presented to the Social Cohesion and Community Safety Overview and Scrutiny Committee.	Cabinet Member for Health and Wellbeing	November 2014	2



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

Committee Members: Chair: Cllr Majid Mahmood
 Cllr Mohammed Aikhlaq Cllr Andrew Hardie Cllr Robert Pocock
 Cllr Sue Anderson Cllr Mohammed Idrees Cllr Sharon Thompson
 Cllr Mick Brown Cllr Karen McCarthy Cllr Margaret Waddington
 Cllr Maureen Cornish Cllr Brett O'Reilly

Committee Support:

Scrutiny Team: Rose Kiely (303 1730) / Gail Sadler (303 1901) / Jayne Power (303 4810)
 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	<i>Lead Petitioner, Lucy Beare, Student</i> 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



<p>20 October 2015 10.00am</p>	<p>Birmingham Substance Misuse Recovery System, CRI (Crime Reduction Initiative) – 6 months into new contract</p> <p>Tracking of the 'Homeless Health' Inquiry</p> <p>Tracking of the 'Mental Health: Working in Partnership with Criminal Justice Agencies' Inquiry</p>	<p>John Denley, AD People Directorate, Nic Adamson, Director CRI</p> <p>John Hardy, Policy & Development Officer / Jim Crawshaw, Integrated Service Head Homeless & Pre-Tenancy Services</p> <p>Michael Kay/Louise Collett/ Suman McCartney</p>
<p>24 November 2015 10.00am</p>	<p>Better Care Fund Update to include:</p> <ul style="list-style-type: none"> • Links to independent living • Direct Payments <p>2014/15 Safeguarding Adults Annual Report</p> <p>Tracking of 'Living Life to the Full with Dementia' Inquiry</p> <p>Progress Report on the 'Adults with Autism and the Criminal Justice System' Inquiry</p> <p>Customer Care & Citizen Involvement Team Comments, Compliments and Complaints Annual Report 2014-15</p>	<p>Alan Lotinga, Service Director, Health and Wellbeing</p> <p>Cllr Paulette Hamilton/Suman McCartney, Cabinet Support Officer</p> <p>Louise Collett, Service Director – Policy & Commissioning Martin Keating, West Midlands Police</p> <p>Charles Ashton-Gray, Strategic Performance & Engagement Manager/Debbie Donohoe, Assistant Complaints Manager</p>
<p>15 December 2015 10.00am</p>	<p>Local Performance Account 2014-15 (Adult Social Care Services) including an update on the West Midlands Peer Review Action Plan.</p> <p>Adult Social Care: Performance, Budget and Progress on Savings Plans</p> <p>People with Learning Disabilities: Support with Employment and Housing</p> <p>Cabinet Member – Health and Social Care</p>	<p>Alan Lotinga, Service Director, Health and Wellbeing David Waller, AD</p> <p>Charles Ashton-Gray, Strategic Performance and Engagement Manager</p> <p>Louise Collett, Service Director – Policy & Commissioning</p> <p>Cllr Paulette Hamilton/Suman McCartney, Cabinet Support Officer-</p>



19 January 2016 10.00am	Healthwatch Update (Including implementation of new strategic approach and HWE Quality Standards) Smoking Cessation including e-cigarettes (TBC) Infant Mortality in Birmingham - Intelligence Update (TBC)	Candy Perry, Interim CEO/ Brian Carr, Acting Chair Dr Adrian Phillips, Director of Public Health Dr Adrian Phillips, Director of Public Health
23 February 2016 10.00am	Update on the Sexual Health Services in Birmingham and Solihull – Umbrella - 6 months into the new contract (TBC) CrossCity CCG Operational Plan 2016/17 (TBC) Prostrate Cancer and Health Inequalities – Information Briefing (TBC)	John Denley, Consultant, Public Health Les Williams, Director of Performance & Delivery, CrossCity CCG Mr Richard Viney, Mr. Richard Viney Consultant Urological Surgeon and Senior Lecturer in Urology, UHB
22 March 2016 10.00am	Primary Care Strategy (TBC)	Karen Halliwell/ Lesley Evans, Interim Director of Primary Care & Integration, CrossCity CCG Carol Herity, Associate Director of Partnerships, B'Ham CrossCity CCG
26 April 2016 10.00am	West Midlands Ambulance Service NHS Foundation Trust	Diane Scott, Deputy CEO
June 2016	Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry	Dr Adrian Phillips, Director of Public Health/Charlene Mulhern/Dr Andrew Coward, Chair, B'ham South Central CCG

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

Suggested items

- Home Adaptations
- Independent Living
- Younger Adult Consultation

Link to Council Priority



	<ul style="list-style-type: none"> • Diabetes • Personal Health Budgets • Move of health visitors to local authority (Autumn 2015) 	
Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs Majid Mahmood, Karen McCarthy, Sharon Thompson, Andrew Hardie, Sue Anderson	
Meeting Date	Key Topics	Contacts
1 July 2015 2.00pm in Birmingham	<ul style="list-style-type: none"> • Urgent Care • Cardiology and Acute Services • End of Life Care 	Jayne Salter-Scott, Andy Williams
22 nd September 2015 2.00pm in Sandwell	<ul style="list-style-type: none"> • Urgent Care • End of Life Care • Primary Care Listening Exercise 	Jayne Salter-Scott, Senior Commissioning Manager, Sandwell & West Birmingham CCG
15th December 2015 2.00pm in Birmingham	<ul style="list-style-type: none"> • Urgent and Emergency Care Programme Update • End of Life Care 	Jayne Salter-Scott, Senior Commissioning Manager, Sandwell & West Birmingham CCG
Joint Birmingham and Solihull Health Scrutiny Committee Work		
Members	Cllrs Majid Mahmood, Mohammed Idrees, Mick Brown, Robert Pocock, Andrew Hardie, Margaret Waddington, Sue Anderson	
Meeting Date	Key Topics	Contacts
21 July 2015 5.30pm in Birmingham	<ul style="list-style-type: none"> • Non-Emergency Patient Transport • HoEFT CQC Inspection Report 	Carol Herity, CrossCity CCG Sam Foster, Chief Nurse, HoEFT
6 th October 2015 4.30pm tea 5.00pm start in Solihull	<ul style="list-style-type: none"> • 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
Jan/Feb 2016 TBA	<ul style="list-style-type: none"> • TBA • BSMHFT – Provision of Young People Emotional Wellbeing Services one year on from implementation. 	John Short, Sue Hartley, Peter Hughes
West Midlands Regional Health Scrutiny Chairs Network		
1 July 2015	<ul style="list-style-type: none"> • NHS England – West Midlands Neonatal Service Review • Integrating Health and Social Care • CQC – Update on Primary Medical Services • 	
7 October 2015 9.30am	<ul style="list-style-type: none"> • 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



CHAIR & COMMITTEE VISITS

Date	Organisation	Contact

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
000355/2015	Public Report - Purchase of a Home Support Visit Monitoring System Full Business Case and Contract Award	Health & Social Care	08 December 2015
00541/2015	Public Report – Direct Payments in Birmingham – Consultation Findings	Health & Social Care	17 November 2015
000542/2015	Policy for the Use of Private Rented Sector to Meet Housing Needs	Health & Social Care	17 November 2015
000579/2015	Public Report – Deprivation of Liberty Safeguard (DOLS) Assessment	Health & Social Care	19 October 2015
000582/2015	Independent Living Fund	Health & Social Care	19 October 2015
00581/2015	Strategy and Procurement Process for the Commissioning of Integrated Prevention Services – Public Report	Health & Social Care	20 October 2015
000298/2015	Public Health Grant Reduction	Health & Social Care	26 January 2016
000545/2015	Lifestyles Re-design Commissioning and Procurement Programme	Health & Social Care	08 December 2015
000546/2016	Public Report – Contract Award for School Health Advisory Service	Health & Social Care	25 January 2016

