

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 14 MARCH 2023 AT 10:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 APOLOGIES

To receive any apologies.

3 DECLARATIONS OF INTERESTS

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

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

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

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

- 5 - 12**
- 4 **ACTION NOTES**
- To confirm the action notes of the meeting held on 21st February 2023.
- 13 - 16**
- 5 **ACTION TRACKER**
- To note the action tracker.
- 17 - 32**
- 6 **REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE**
- Councillor Mariam Khan
(1010-1040hrs)
- 33 - 42**
- 7 **CO-PRODUCED REVIEW OF DAY OPPORTUNITIES**
- Dr Temitope Ademosu, Assistant Director, Adult Social Care and representatives from RedQuadrant and the Empowering People Team.
(1040-1130hrs)
- 43 - 54**
- 8 **Q3 ADULT SOCIAL CARE PERFORMANCE MONITORING**
- Maria Gavin, Assistant Director - Quality and Improvement, Adult Social Care.
(1130-1155hrs)
- 55 - 76**
- 9 **WORK PROGRAMME - MARCH 2023**
- For discussion.
(1155-1200hrs)
- 10 **DATE AND TIME OF NEXT MEETING**
- To note that the next meeting is scheduled for Tuesday 18th April 2023 at 10.00am
- 11 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**
- To consider any request for call in/councillor call for action/petitions (if received).
- 12 **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.

13 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

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

BIRMINGHAM CITY COUNCIL
HEALTH AND SOCIAL CARE O&S COMMITTEE
PUBLIC MEETING

Tuesday 21 February 2023. Committee Rooms 3 & 4, Council House, Victoria Square

Action Notes

Present

Councillor Mick Brown (Chair)

Councillors: Kath Hartley, Gareth Moore, Rob Pocock, Julian Pritchard and Paul Tilsley.

Also Present:

Karl Beese, Commissioning Manager – Adults Public Health

Helen Bissett, Programme Senior Officer, Health Protection & Environmental Public Health

Maureen Black, General Manager, Umbrella

Meg Boothby, Clinical Service Lead, Umbrella and Consultant Sexual Health and HIV Medicine.

Fiona Bottrill, Senior Overview and Scrutiny Manager

Juliet Grainger, Public Health Service Lead (Adults)

Leon Mallett, Head of Immunisations and Vaccinations, NHS Birmingham and Solihull

Mary Orhewere, Assistant Director, Public Health

Becky Pollard, Interim Assistant Director Public Health (Adults and Older People)

Gail Sadler, Scrutiny Officer

Paul Sherriff, Chief Officer for Partnerships and Integration, Integrated Care Board (joined the meeting online)

1. NOTICE OF RECORDING/WEBCAST

The Chair advised that the meeting would be recorded and subsequently broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public could record and take photographs except where there were confidential or exempt items.

2. APOLOGIES

Councillor Jane Jones

3. DECLARATIONS OF INTEREST

Councillor Gareth Moore declared he is a Trustee of Birmingham LGBT and Birmingham Citizens Advice.

4. ACTION NOTES/MATTERS ARISING

Substance Use: Birmingham's Adult Treatment Services

- To provide information on the association between people living in Houses of Multiple Occupation (HMOs) and exempt accommodation and in treatment for drug and alcohol abuse by Wards.
- CGL to provide information regarding the training that has been given to housing providers.

This information was circulated by email on 31st January 2023.

Actions from 24th January meeting:

Approved Mental Health Professional

- To provide information on how many occasions people have been refused admission to hospital from a private provider.
The Chair read out the following statement:

I am unable to provide an accurate figure just anecdotal as this data is not retained as there could be many reasons why someone is declined admission once the application has been made, I am aware of 2 occasions within the last 12 months and these were for children so under 17s based on presentation with the admitting hospital stating they were unable to accommodate them due to complexity of need/presentation on arrival.
- A copy of the latest AMHP annual report was circulated by email on 31st January 2023.

5. BIRMINGHAM SEXUAL HEALTH SERVICES – UMBRELLA (UHB)

The committee received a presentation from Karl Beese (Commissioning Manager, Adult Public Health Services); Juliet Grainger (Public Health Service Lead (Adults)); Maureen Black (General Manager, Umbrella) and Meg Boothby (Clinical Service Lead, Umbrella) which provided an overview on the performance of Birmingham Sexual Health Treatment and Prevention Services commissioned by Public Health and delivered by Umbrella (University Hospitals Birmingham). The following key points were highlighted:-

- An overview of the service including the length and value of the current contract.
- Spend per head of population benchmarked against the core cities.
- Mandated services that have been commissioned.

- Key Public Health Outcomes Framework and locally agreed outcomes.
- Comparison of performance against core cities.
- Updates and Future Plans:-
 - An update on the Fast Track Cities+ initiative.
 - Contract Procurement (post March 2024).
 - Safeguarding Pathways for Under 13s.
 - Pathway Improvement Programme on three workstreams:
 - Prescribing Long-Acting Reversible Contraception (LARC).
 - Pre-Exposure Prophylaxis (PrEP).
 - Business Continuity.
 - MPox Global Outbreak.
- The Umbrella Pledge in 2015 and the new focus for Umbrella in 2021/22.
- 1 August 2021 – 31 July 2022 there was an increase in:
 - Clinic attendances
 - Self-testing kits
 - Under 18 years contraceptives
 - LARC fittings
 - Chlamydia screens age 15-24 years
 - HIV tests
 - New PrEP patients
 - Umbrella campaigns
 - Patients accessing ChatHealth since the launch in November 2022
 - Hits on the Umbrella website.
- July 2022 – December 2022 – Umbrella provided support for Monkeypox (Mpox).
- The number of interventions/attendees/contacts delivered by partners.
- The vision for 2023.

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

- The funding for the service is from a public health ringfenced grant. There was also some funding for the Fast Track Cities+ initiative.
- Clarification was sought about why the contract spend per head of population was above the mean average compared to other core cities, but Birmingham was ranked in the lower part of the performance table.
- Birmingham was particularly hard hit by the Covid pandemic and University Hospitals Birmingham NHS Foundation Trust was the hardest hit in the country. Umbrella, being part of UHB, were brought in to support the Covid activity which was not the case in other Sexual Health Services around the country because they sit outside of the acute Trusts.
- Pre-Covid Umbrella had been highly successful with their online offer of online testing services. The rest of the country caught up during Covid, when they had to deliver their services online, whereas Umbrella were already at capacity with what they were offering.

- It was acknowledged that there had been a technical issue with text messaging and mitigations were put in place immediately which are being robustly managed. Also, reported it to the Trust as a Clinical Incident and reported to the Executive Team and a Serious Incident Review is being undertaken.
- Umbrella were early adopters of the online testing kits, and the IT is not as advanced as other providers. Therefore, looking to improve the digital platform which would allow service users to set up an account and track their tests.
- When ordering an online testing kit, the reason why people are directed to a clinic is because the people who answer those questions should be advised that other services can be accessed which are not available online. The Clinical Lead was not aware that the online offer to go to a clinic only applied to men who had sex with men (MSM) not heterosexual men but made assurances that this would be looked at.
- Waiting time from requesting to getting an appointment for Long-Acting Reversible Contraception (LARC) is approximately 4 weeks. The service user would be told when the next appointment at Umbrella is available but also information regarding GPs who provide the service, some to unregistered patients, to see if they have an earlier appointment.
- Out of area uptake of the service is monitored. 80% of the service users are from Birmingham, 10% Solihull and 10% out of area. It is an open access service, regardless of where you live, and BCC will recharge back to local authorities for that service and vice versa if a Birmingham resident is accessing sexual health services in another part of the country.
- Within the sexual health service screen for anyone who may have experienced sexual violence/abuse to let them know about support services within the clinic and links to other services. People can also use the online service to directly book into the Abuse and Violence Clinic.
- The police are aware of the services available. Umbrella has a Safe Project that works with sex workers and have worked jointly with the police around sex trafficking. There is also the Sexual Assault Referral Centre that has a direct link to the Umbrella Clinic.
- Also link in with the Children's Trust and Adult Social Care who are aware of the referral pathways.
- There are clear guidelines around communication with patients who have suffered sexual or domestic violence. They are asked how they want to be safely contacted and supported.

RESOLVED:

- Provide further clarification about why the contract spend per head of population was above the mean average compared to other core cities, but Birmingham was ranked in the lower part of the performance table.

- Review online testing kit process for heterosexual men in relation to not being offered a clinical appointment at Umbrella based on their responses.

6. STRATEGIC OVERVIEW OF IMMUNISATIONS IN BIRMINGHAM

Mary Orhewere (Assistant Director, Public Health); Paul Sherriff (Chief Officer for Partnerships and Integration, Integrated Care Board) and Leon Mallett (Head of Immunisations, NHS Birmingham and Solihull) introduced the report which provided information about what immunisation uptake looks like in Birmingham, local immunisation system roles and an indication of local challenges faced when working to improve immunisation uptake across the city.

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

- Use social media to send out positive messages about immunisation programmes to reassure the public. Also, the use of parents' evenings in schools or school assemblies to encourage parents, who would not have done otherwise, to have their children immunised.
- Part of the strategic challenge is how to re-educate those parents who do not see immunisation as a priority or are not willing to engage. Work needs to be done in early years settings in readiness for school.
- A third of the population of Birmingham have not completed or had no vaccination for Covid. The full course is two vaccinations. There is also a seasonal booster. Children aged 5+ are eligible for Covid vaccinations.
- In terms of promoting immunisation, a Vaccine Confidence Programme was run last summer which was led by the Public Health Team. The Integrated Care Board have Integration Leads within the Vaccination Programme Team. There are lots of ongoing strands of campaigning but moving forward delivery is a partnership approach. The NHS staff are currently employed by University Hospitals Birmingham NHS Foundation Trust but are accountable to the Integrated Care Board.
- There are some challenges around roles and responsibilities. There a number of organisations committed to working together. City Council and NHS partners are working well together. There are forthcoming changes to the way the NHS is structured. Will have to be focussed and ensure that does not impact on the recovery of uptake of vaccinations.
- The Evergreen Offer is if you were eligible for a primary dose and 12 weeks later a second dose the course is complete. This is then 'topped up' with a seasonal booster. A third primary dose is required for some people with underlying conditions. Unvaccinated are people who have not received a second dose.
- Regarding uptake of the MMR vaccination, the recovery rates in Birmingham were not where they need to be pre-Covid. The vaccines continued to be on offer during the pandemic and some children did receive vaccinations during

that time. The supply of the vaccine is available but need to find a way to create demand in communities.

- Concern was expressed about the immunisation figures. To detect an outbreak of measles the optimum protection level is 95% compared to 78.7% for Birmingham.
- There is a degree of complacency in society that outbreaks e.g., measles happens elsewhere but not in Birmingham. If it did happen in Birmingham, it would affect certain parts of the city rather than others because the uptake of vaccinations is varied across the city which is evidenced in GP data e.g., some areas are at 95% others below 78.7%.
- There is a National Strategy due to be published imminently and will have to look at the local implementation of that Strategy.
- There is a need to make the public aware of what the offer is and the options that are currently available.

RESOLVED:

- More data regarding evidence of decline in uptake of various immunisation programmes because of Covid vaccination hesitancy and can this be clearly linked to the type of vaccine i.e., is there less hesitancy with established vaccinations.
- Geographical data across the city by Ward and demographics to assist Members with identifying where and which communities need enhanced communication to be provided in advance of the 18th April meeting. To include:-
 - Roles and responsibilities.
 - How to make every contact count across all agencies.
 - How to use Councillors support and city networks to communicate key messages.
 - Resources Plan and risk mitigations
- A Chairs pre-meeting is arranged before the 18th April meeting Paul Sherriff, Mary Orhewere and Leon Mallett.
- Mary Orhewere to request that a representative from NHS England is also present at the 18th April meeting.

7. WORK PROGRAMME – FEBRUARY 2023

The Senior Overview and Scrutiny Officer set out the agenda items for the next two meetings:-

14th March

- The Cabinet Member for Health and Social Care will present a report on progress against portfolio priorities.

- Adult Social Care Officers and representatives from the Empowering Peoples Team will present the findings from the Day Opportunities Co-Production Review.
- Maria Gavin will present the Q3 Adult Social Care Performance Monitoring report.

18th April

- An update on the Integrated Care Board.
- Further reports from Public Health and Birmingham and Solihull ICB on Immunisation in Birmingham.

A Task and Finish Group meeting for the Children and Young People's Mental Health Inquiry are scheduled for 21st and 28th March. The report to City Council has been extended from June to July to ensure that there is sufficient time to engage young people in the process.

On 13th March there is a Birmingham/Solihull JHOSC. Agenda items will include:-

- An update on the findings of the first review being undertaken at University Hospitals Birmingham NHS Foundation Trust.
- An update from the West Midlands Ambulance Service.
- BSol ICS update on performance against finance and recovery plans.

RESOLVED:

That the work programme be noted.

8. DATE AND TIME OF NEXT MEETING

The date of the next meeting is scheduled to take place on Tuesday 14th March 2023 at 10.00am.

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

None

10. OTHER URGENT BUSINESS

None.

11. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

The meeting ended at 1211 hours.

HEALTH & SOCIAL CARE O&S COMMITTEE ACTION TRACKER

| <u>DATE OF MEETING</u> | <u>ACTION</u> | <u>UPDATE</u> |
|-------------------------------|--|--|
| 19/7/22 | <u>Q4 ADULT SOCIAL CARE PERFORMANCE MONITORING 2021-22</u> <ul style="list-style-type: none"> • Councillor Pocock's suggestion of a new indicator which measures the length of time from when someone is discharged and the wait before a care package is in place. Andrew Marsh agreed to look at trying to capture that information and would let me know how this was being progressed. • Maria to confirm which HOSC meeting would be best for you to report detailed constituency level data on an annual basis? • Cllr Brown would like to take up your offer of bringing a Safeguarding Lead to the 20th September meeting. | Constituency data will be reported 14 March meeting. |
| 19/7/22 | <u>HEALTHWATCH BIRMINGHAM ANNUAL REPORT 2021-22</u> <ul style="list-style-type: none"> • The Day Opportunities report which is due to be published by end of July be forwarded to members before the informal briefing on 16th August. • Circulate the Healthwatch England report dentistry. | Circulated 16/8/22 |
| 20/9/22 | <u>REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE</u> <ul style="list-style-type: none"> • Professor Graeme Betts to provide a copy of the 'Winter Pressures' report that was presented to the ICB. | Briefing note circulated on 12/10/22. |
| 20/9/22 | <u>TACKLING PERIOD POVERTY AND RAISING PERIOD AWARENESS TRACKING REPORT</u> <ul style="list-style-type: none"> • A meeting is set up between Councillor Brown and the Chair of the Education and Children's Social Care OSC, Councillor Kerry Jenkins, to discuss a joint piece of work to ensure that the tool kit that the public health team is developing is rolled out across schools, including non-local authority schools and faith schools, and that female and male staff in schools are provided with the information and resources. • Monika Rozanski to provide a breakdown of male and female staff who attended the event at George Dixon Academy. | <p>Meeting took place on 4/10/22.</p> <p>Email sent 9/11/22.</p> |

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| 18/10/22 | <u>ACTION NOTES/MATTERS ARISING</u> <u>Outstanding Action 19/7/22</u> Andrew Marsh to provide a briefing on the process and causes of a failed discharge i.e. is it due to the hospital or social care and how significant the problem might be. Andrew to advise whether written or informal briefing. Email sent 24/10/22. | Briefing on 15/11/22. |
| 18/10/22 | <u>FORWARD THINKING BIRMINGHAM</u> Further detail required on:- <ul style="list-style-type: none"> • age/distance of young people being placed out of area and the trajectory for reducing that. • the number of weeks a patient has to wait before treatment starts. • Further information requested. See FTB Further Information Requested document in committee file. | Email sent on 25/10/22 |
| 18/10/22 | <u>INFANT MORTALITY TRACKING REPORT</u> A copy of the 22 nd March 2022 report to the Health and Wellbeing Board is circulated. | Email sent on 25/10/22 |
| 18/10/22 | <u>AN UPDATE ON FUTURE ARRANGEMENTS FOR ADULT SOCIAL CARE PERFORMANCE MONITORING</u> Merryn Tate to provide a table that depicts the alleged type of abuse/neglect to the location where it has taken place. | Circulated on 21/11/22. |
| 22/11/22 | <u>BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM TEN-YEAR STRATEGY</u> <ul style="list-style-type: none"> • That a note is provided on what long-Covid services are available in Birmingham. • Provide a note on the membership of the ICS Partnership, ICS Board and Place Board. • A further update to be scheduled on the work programme early in the new year. | Circulated 12/1/23 |

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| 22/11/22 | SUBSTANCE USE: BIRMINGHAM'S ADULT TREATMENT SERVICES <ul style="list-style-type: none"> To provide information on the association between people living in HMOs and exempt accommodation and in treatment for drug and alcohol abuse by Wards. CGL to provide information regarding the training that has been given to housing providers. | Circulated 31/1/23 |
| 20/12/22 | ADULT SOCIAL CARE QUARTERLY PERFORMANCE REPORT <ul style="list-style-type: none"> That the information requested in relation to the adult social care precept would be obtained and circulated to Members. That the new measures on discharges would be followed up with Andrew Marsh. | Circulated 5/1/23 Informal briefing 27/1/23 |
| 24/1/23 | ADULT SOCIAL CARE REFORMS <ul style="list-style-type: none"> Take stock of the 'Financial Position' early in the next municipal year. | |
| 24/1/23 | APPROVED MENTAL HEALTH PROFESSIONAL <ul style="list-style-type: none"> To provide information on how many occasions people have been refused admission to hospital from a private provider. Joanne to forward a copy of the latest AMHP report for circulation. | Verbal update from the Chair at 21/2/23 meeting. Circulated 31/1/23 |
| 14/2/23 | BIRMINGHAM SEXUAL HEALTH SERVICES – UMBRELLA <ul style="list-style-type: none"> Provide further clarification about why the contract spend per head of population was above the mean average compared to other core cities, but Birmingham was ranked in the lower part of the performance table. Review online testing kit process for heterosexual men in relation to not being offered a clinical appointment at Umbrella based on their responses. | |

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| 14/2/23 | <p>STRATEGIC OVERVIEW OF IMMUNISATIONS IN BIRMINGHAM</p> <ul style="list-style-type: none"> • More data regarding evidence of decline in uptake of various immunisation programmes because of Covid vaccination hesitancy and can this be clearly linked to the type of vaccine i.e., is there less hesitancy with established vaccinations. • Geographical data across the city by Ward and demographics to assist Members with identifying where and which communities need enhanced communication to be provided in advance of the 18th April meeting. To include:- <ul style="list-style-type: none"> ▪ Roles and responsibilities. ▪ How to make every contact count across all agencies. ▪ How to use Councillors support and city networks to communicate key messages. ▪ Resources Plan and risk mitigations • A Chairs pre-meeting is arranged before the 18th April meeting Paul Sherriff, Mary Orhewere and Leon Mallett. • Mary Orhewere to request that a representative from NHS England is also present at the 18th April meeting. | |
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Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date 14th March 2023



Subject: Cabinet Member Priorities Update report
Report of: Cabinet Member for Health & Social Care
Report author: Cllr Mariam Khan

1 Purpose

- 1.1 To provide members with an update on priorities for the Health and Social Care portfolio as set out at the meeting of HOSC in September 2022.

2 Recommendations

- 2.1 That this be noted

3 Any Finance Implications

- 3.1 None

4 Any Legal Implications

- 4.1 None

5 Any Equalities Implications

- 5.1 None

6 Appendices

- 6.1 Report of the Cabinet Member

Health and Social Care Overview and Scrutiny Committee – 14 March 2023

Cabinet Member for Health and Social Care, Councillor Mariam Khan – Update on priorities

When I attended Health & Social Care O&S in September 2022, I was newly in post and set out my key priorities for the forthcoming year. Almost exactly six months later I am reporting back to you to update on what has progressed since then around those priority areas and highlight some other key areas and initiatives which I think you will find of interest.

In September I set out my key priorities for the year as follows:

- **Tackling Health Inequalities**
- **Post Pandemic Situation**
- **Cost of Living Crisis**
- **Maternal health**
- **Mental health**
- **Integrated Care Partnership**

These priorities remain at the forefront of my work, and cut across various policies, initiatives and service areas and this report elaborates on them throughout. Since September the cost of living crisis has been at the heart of a concerted cross-partner effort to help those most in need in the city, which almost certainly touches upon health inequalities, maternal and mental health. As Chair of the Health and Wellbeing Board I have put a strong focus on cost of living as a standing item and have dedicated the sub fora I chair to this topic.

And the reality of the post pandemic situation is felt most keenly by those still working in or users of the health care system which is suffering from a compounded lack of investment, resource and staffing, exacerbated further by the winter pressures of a country deep in this cost of living crisis and the reality of what that means for people scared to put the heating on or not feeding themselves properly.

I also meet regularly with the Chief Nurse and will be working with Local Maternity and Neonatal Services using my lived experience of the services for women.

I have set out the detail in the directorate service areas for ease.

Adult Social Care

1. Context

The context within which Adult Social Care is operating remains both challenging and highly pressured. Whilst the Directorate continues to actively support citizens, staff, providers and

partners with the cost-of-living crisis and winter pressures, the focus is very much again on accelerating delivery of the revised vision for Adult Social Care. The vision continues to drive changes which improve citizens' resilience and enhance their ability to live independent, healthy lives. It recognises too the key role played by our voluntary sector and our partners in enabling people to live good quality lives and enjoy good health and wellbeing. Implementing the vision for Adult Social Care is the key mechanism to addressing the Social Care challenges facing the city.

To highlight progress over the last six months, this update highlights the progress made in delivering against 5 of the key principles of the vision, namely that:

- People need to be able to access prevention and early intervention services quickly and at any time in their lives.
- People need to be able to access a wide range of community assets which are local, flexible and responsive.
- People's needs are often complex and require support and interventions from a range of organisations. Therefore, services need to be integrated and built on partnership working utilising multi-disciplinary teams and where feasible single points of access.
- People should expect to be treated equally and fairly and services should not discriminate on any grounds against citizens. Services should seek to improve social justice by tackling the reasons for discrimination and creating opportunities for all citizens.
- Underpinning all of this is the imperative to use resources effectively

2. Access to prevention and early intervention services

2.1 Early Interventions and Hospital Hubs

As highlighted in the informal update to HOSC at the end of January 2023, Adult Social Care has played a significant role in supporting the NHS and maintaining system flow over one of the most challenging winter periods ever seen. This work is a key part of the post pandemic priority I have identified in my previous report to HOSC.

The Hospital Discharge Service Requirements was introduced nationally in March 2020 as a result of the Covid-19 Pandemic and made a number of key changes to the way Health and Social Care supports Hospital Discharges. The policy document has been updated over the course of the pandemic and the current version titled Hospital Discharge and Community Support Guidance was published in March 2022 and updated in July 2022. The key changes introduced can be summarised at a high level as:

- A discharge to Assess Model
- Focus on the Home First Principle
- Health and Social Care pooling funding to commission discharge to assess pathways

In response to this, partners worked together to design and implement new integrated ways of working which built upon these key changes. The impact of the Birmingham Early Intervention Services and the Discharge to Assess Model has been significant. For example, between March 2020 and March 2022 the services:

- Achieved 120,000 bed days saved annually
- Avoided over 20,000 unnecessary admissions to hospital
- Reduced care needs by 6.5 hrs a week.

BSOL partners have publicly acknowledged the important role Adult Social Care has played in maintaining hospital flow. This is particularly impressive given the national picture where lack of Social Care in many parts of the country has been a major barrier to discharges.

The ongoing NHS pressures have been felt across Commissioning too and the Directorate have developed joint approaches and responses to support reducing NHS pressures wherever possible. This has included taking a leadership role in new areas, innovating and leading the Integrated Care System to making evidence based informed decisions about how funding could best be used. However, it is notable that our approach to supporting hospital discharge through our commissioned services, including the new Homelessness Pathways and our existing Pathway 1 and 2 commissioned services, has ensured we have supported good out of hospital flow.

2.2 Technology Enabled Care

Other preventive services are also being developed and invested in, including developing the role of assistive technology to improve citizens' experience of support. The aims of the Technology Enabled Care programme is to enable all people to live independently in their own homes for as long as possible with the right support; as well as utilising technology to reduce isolation and develop the support offer for Carers. This is an important tool in tackling health inequalities, as one of my key priorities.

A partner has been appointed to support the Directorate to achieve these outcomes and to create, co-produce and commission a transformed TEC service in 2024. The programme is working with citizen experts by experience at every stage, developing a service to go out to market ensuring a strong connection with:

- Early Intervention and Prevention
- Other council services - Children's, Housing and Public Health and their ambitions around TEC

A key element of this service will require the embedding of a TEC culture change programme for both citizens and practitioners enabling a think "TEC first". The aspiration over time is to work towards an integrated TEC service with the NHS.

2.3 Support for Carers

Following conclusion of the Carers Service procurement process, the new Birmingham Carers Hub will go live on 1 April 2023. Additional funding was secured for this procurement to develop carers services to include a wellbeing break/sitting service for carers to provide much needed breaks to support their mental and physical wellbeing; and to expand the health liaison project to support the carer when the person cared for returns home following discharge from hospital.

The new Carers Hub will build on the positive work over the past two years to further enhance support for carers in the city. Support to carers forms part of the Preventative Place-based Support, which creates the right conditions to enable those with care and support needs (including children) to be cared for at home and within their own communities. Supporting unpaid carers aims to raise the profile of carers, improve employment opportunities, and better identify, assess and support carers of all ages across the city.

The Directorate has been encouraged by the progress made in developing new projects such as the Health Liaison Project, a Transition Service For Young Carers Becoming An Adult Carer and the work with Dementia Carers. It is also important to note that Birmingham City Council is now a Carer Friendly Employer with a regular Carers Forum that meets each week. Importantly there is now a robust pathway for carers across the life course and strong links with the Integrated Care Board.

3. Development of Community Assets

3.1 Neighbourhood Networks for Younger Adults

People need to be able to access a wide range of community assets which are local, flexible and responsive. Through being able to access these resources people can continue to enjoy good quality lives while maximising their independence. Community assets are the wide network of services which range from very small, very local services provided by volunteers through to faith groups and community groups, national charities and private companies and businesses. They are all part of the wide network of community assets which provide choice and enable people to engage with others in activities they enjoy and which add meaning to their lives.

Neighbourhood Network support for older adults has been in place for some years and is now an established part of the Directorate's Community Offer. In order to deliver this element of the revised strategy, we have continued to further invest in local services for younger adults.

Resources have been made available for local groups to provide the wide range of support that enables people to remain in the community. This will include support for volunteers to run activities and for micro-enterprises to run services such as personal assistants and day opportunities.

A key element of ensuring this support works is the relationship between community assets and the link workers. They play a key role in ensuring that people with lower-level needs aren't left until they develop acute needs.

The success of these services was recognised when the Prevention and Communities Commissioning Team won the 'Keep it Local' Award. The statement issued by Locality (the national membership network supporting local community organisations), stated:

"Keep it local is Locality's campaign calling for councils to move away from bureaucratic commissioning and big outsourcing contracts. This award celebrates an outstanding local authority that has instead created strong local partnerships with local community organisations and worked in an innovative way to unlock the power of its community."

4. Supporting People through Partnership Working

4.1 Transitions and Preparation for Adulthood

The Transitions and Preparation for Adulthood Service launched on 30th January 2023. A pre-launch briefing was held on 27th January and was attended by more than 100 colleagues from across Adult Social Care, Children's and Families Directorates, Birmingham Children's Trust, voluntary community sector agencies and a number of special schools/colleges.

Within the first week, the service received 37 referrals which demonstrates the impact of the marketing to date across both Adult Social Care and wider partners. The team are continuing to work through a backlog of statutory work which had accrued over a two-year period when the recruitment and retention rates in the team were poor. As a consequence, there were numerous agency staff within the service which resulted in a lack of consistent support for young people. The new structure has taken account of these pressures by creating additional posts, some of which are new posts on higher grades to support succession planning. The team has worked to reduce the waiting allocations list from 500 to 392 in the space of three months. They have also written a number of processes to support colleagues in the team and undertaken a rigorous review of expenditure. Recruitment has been successful, and the new service has recruited to 40 of the 47 posts within the new structure.

4.2 Learning Disabilities and Autism Framework for Change 2023-2033

The Directorate is working with system partners and people with lived experience to develop a life course approach to the commissioning of services for children, young people and adults

with a learning disability and/or autistic people. The aim is to work within Birmingham to inform an integrated, collaborative approach to the delivery of joint commissioning priorities to ensure every individual with a learning disability and/or autistic people access the support they need to enable them to live healthy and happy lives.

The approach is enriched by a collective purpose, shared values, rights-based outcomes and a powerful connection between natural system leaders and people with lived experience. To support this to happen the Learning Disabilities and Autism Framework for Change: Our Plan for a Better Life Re-Imagined, will be supported by the growth of an Experts by experience Network which will be all-age and all-system and will reflect the communities by experience that are facing inequality and social justice across the city. This approach is based on a proof of concept in respect of the growth of a system network of people with lived experience which will foster intergenerational sharing of knowledge, the principles of life course and will enable system commissioners to think and test the art of the possible.

5. Improving Social Justice

The Corporate Director for ASC and the senior management team have played a proactive role in demonstrating inclusive leadership and have put in place an extensive programme of staff development to embed equalities and diversity with the Directorate. The Management Team are clearly visible in leading implementation of Everybody's Battle, Everybody's Business; and engaging with staff to secure their support. The Directorate has also led and supported the development of the equalities, diversity and inclusion (EDI) regional approach co-ordinated through the West Midlands ADASS network.

The ASC Vision is underpinned by the principle of social justice. People should expect to be treated equally and fairly and services should not discriminate on any grounds against citizens. Services should seek to improve social justice by tackling the reasons for discrimination and creating opportunities for all citizens. We promote this principle through our strengths-based practice and outcome-based commissioning practices. This is also self-evident through our commitment to tackling health inequalities.

The golden thread throughout our ASC People Plan 23-25, is our focus on social justice. Our plan sets out how we will celebrate diversity and how our workforce will represent the community it serves. We are committed to ensuring everyone has what they need in a just, safe and respectful place to work. Two new roles have been established to help drive forward our priorities: Assistant Director Community Services and Equality, Diversity and Inclusion and Equality, Inclusion and Diversity Manager.

The Social Care Workforce Race Equality Standard (SC-WRES) is a tool to measure improvements in the workforce with respect to the experiences of black and minority ethnic staff. The SC-WRES Standard comprises of 9 measurable metrics to examine disparities in race equalities. The ASC Directorate and Birmingham Children's Trust have piloted the SC-WRES,

working closely with the Department of Health and Social Care and 17 other pilot sites. Each organisation has developed a bespoke action plan based on an assessment of the metrics.

The Directorate works closely with partners to develop the health and care offer to citizens of Birmingham. This includes ensuring that gaps in service delivery are identified and addressed jointly where possible, for example through the Prevention and Early Intervention programme and development and support for the care home market. ASC is a core partner in the Integrated Care System and the Council has been established as the leader around 'Place' level activity due to the recognition of the knowledge and skill of the organisation in working at a local community level and responding to the diversity of need.

Welcoming new arrivals and communities to the city is a key component of the Council's response as a City of Sanctuary. ASC leads on the Commissioning of resettlement support and lessons around English as a Second Language for any refugees arriving in the city.

In November 2022, the Directorate launched our first intersectional Staff Equality Leaders' Forum. This exciting new forum offers diverse and invaluable insight, by representing the voices of employees – and perhaps most importantly, by critiquing policies and procedures through the lens of intersectionality. The concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination 'intersect' to create unique dynamics and effects. The new forum has representation from numerous services and departments within the Directorate. Staff equality leaders are key advocates for EDI and will provide guidance to support the Directorate in implementing initiatives that will promote an inclusive work culture and a positive staff experience.

6. Using Resources Effectively

6.1 Update on Recruitment & Retention of Registered Social Workers & Occupational Therapists, Approved Mental Health Professionals

To support the recruitment and retention of Social Care professionals the Council gave approval to pay the following allowances with effect from 1st June 2022:

- Golden Hello payment - £1k (upon appointment)
- Recruitment & Retention Payment - £5k (paid monthly over a 12month period, pro rata for part time staff)

Due to the number of vacancies which the Directorate was carrying; HR and Adult Social Care engaged a recruitment specialist to support the process of recruiting staff to Adult Social Care, including social media, video chats with staff and targeted advertisement of roles. This was accompanied with a simplified application process that commenced in June 2022.

As of 17 February 2023, 167 people have been recruited. 162 of those recruited are currently at an offer stage, with 38 new starters this month. 5 people are currently awaiting outstanding pre-employment check information and 3 people are at final offer stage that will proceed to being new starters once the payroll reopens for March.

6.2 CQC Assessment of Adult Social Care

From 1 April 2023 CQC will have new powers that allow them to undertake independent assessment of care at a local authority and integrated care system level.

They will start this process by reviewing data and published documentary evidence across all local authorities and they will publish their findings at an overall national level as a collection of evidence. CQC also intend to start a limited number of pilot assessments from April. These will cover up to 5 local authorities between April and September 2023. They plan to start formal assessments in September and aim to carry out up to 20 assessments between September and December. At this stage Birmingham Adult Social Care has not been advised as to when it may be assessed.

The Directorate's preparation for the introduction of CQC assessment process continues to progress. The service is finalising its internal self-assessment and is using this to identify any issues and gaps which will inform our improvement plans. A small team of staff is being appointed to assist in responding to any gaps including appointment of an Engagement Manager and a dedicated Head of Service.

Senior officers are also engaging with the WM ADASS region to prepare for CQC reviews including undertaking a Peer Review of Shropshire in March 2023; and preparing for the ADASS Readiness Review of Birmingham which will be undertaken by Warwickshire on 11 and 12 May 2023.

7. Integrated Care Systems and Place Committee

7.1 Birmingham and Solihull Integrated Care System (BSOL ICS)

Birmingham and Solihull Integrated Care System is one of 42 Integrated Care Systems (ICS) across the country that launched on 1 July 2022. The vision of the ICS is to make Birmingham and Solihull the healthiest place to live and work, driving equity in life chances and health outcomes for everyone. It is recognised as the biggest opportunity in a generation for the most radical overhaul in the way health and social care services in Birmingham and Solihull are designed and delivered.

The Council is a key stakeholder in the ICS and is working alongside local partners from the NHS, voluntary, community and faith sectors to achieve better outcomes for citizens across the area. All ICS partner organisations will work in collaboration, building on what has been achieved through integrated working so far. Integrated working has long been an ambition for the health and care system, with the Covid-19 pandemic accelerating how partners work together to meet the needs of the local population.

The objectives of the ICS are to:

- Improve health of our population
- tackle unequal outcomes and access
- enhance productivity and value
- support the broader social and economic development of Birmingham and Solihull.

7.2 Integrated Care Partnership

On 7th February I chaired our Birmingham and Solihull Integrated Care Partnership meeting which focused on the important issue of prevention in public health and violence reduction. As set out in our integrated care strategy, prevention is key to improving population health and curbing the ever-increasing demand for healthcare services. It was clear from the meeting that as prevention is key to addressing so many of our challenges, both within the health and care system and as a route for addressing wider issues in society, it was agreed that prevention will continue to be a theme for the next meeting in May.

The Integrated Care Partnership has been formed to provide inclusive, strategic leadership for the ICS. As such it is a multi-agency partnership charged with developing the long-term strategic plan for the ICS. Over the last 6 months the focus of the ICP has been to develop a draft Ten Year Strategy which:

- Sets the future vision for our integrated care system
- Establishes the principles and priorities for Birmingham and Solihull
- Agrees the important metrics of success to improve outcomes at 3, 5 and 10-year timescales

7.3 Integrated Care Board

The Integrated Care Board (NHS Birmingham and Solihull) is the statutory NHS body that leads the health element of the ICS. As such it is accountable for the use and allocation of NHS resources.

The last six months have been a period of intense pressure on health and social care services as a result of factors including:

- Increased demand on services already under pressure, as the system looks to recover the backlogs of care that resulted from the pandemic
- Increases in flu, covid cases and strep A have all had an impact from primary care through to the Intensive Care units
- Industrial action taken by nursing and ambulance staff to reverse declines in real-terms pay
- Increased staff absences due to flu, covid and strep A.

Operational pressures are also being experienced in mental health services, community services and primary care and social care.

The system [at the point of reporting] has not had to call a critical incident as a result of the pressures which other local systems have had to do to cope. Staff groups have worked tirelessly to ensure continued access for patients during periods of significant pressure.

On the 23 December 2022 the NHS issued Planning guidance and priorities for NHS organisations developed around three core principles:

- Recovery of core services and improving productivity.
- Making progress in delivering the key NHS Long Term Plan ambitions.
- Continue to transform the NHS for the future.

A report will be brought back to the Board over the next two months as more work is undertaken on the Birmingham and Solihull response. There is a duty to prepare a Joint Forward Plan before 1st April 2023 for consultation before the final plan is published by 30th June 2023.

7.4 Birmingham Place Committee - background

Place-based working and the principle of subsidiarity; taking decisions as locally as possible; is one of the principles for the ICS. The Place Committee is a sub-committee of the ICB with responsibility for driving collaboration and integrated delivery at the Birmingham Place level. The Place Committee was established to drive forward shared ambitions for neighbourhood working, earlier intervention and prevention, and for joined-up commissioning strategies to help us achieve better outcomes for citizens. Since the inception of the ICS in July 2022, the Place Committee has become established as a key part of ICS governance, establishing essential foundations to unlock exciting collaboration opportunities between the local authority, NHS providers and commissioners, and the voluntary and community sector.

7.4.1 The Fairer Futures Fund

This fund has been created by the ICS as a means to support individual, patient, community and clinical and professionally-led innovation that will support the system to move to new ways of working which bring teams together to think, plan and deliver services in a different way.

It is designed to seed-corn activities that will contribute to delivering the 4 core aims of ICBs:

- Improving population health and healthcare;
- Tackling unequal outcomes and access;
- Enhancing productivity and value; and,
- Supporting the broader social and economic development of Birmingham (and Solihull)

The Fund was allocated an initial £18m, of which £3m will form a system-level Challenge Fund, with the remaining fund being proportionately split between Birmingham and Solihull.

A proposed structure for the Fund is currently being developed, with an initial limited programme of small grants occurring soon.

Public Health

8. Cost of Living and the Food System

8.1 Cost of Living crisis

In response to the cost of living crisis, I have worked with the Food System Team and integrated their response into the work being done corporately to address the challenges.

The Food System team has led on the Food Provision workstream of BCC's Cost of Living response. This has included thus far (with more initiatives in the pipeline):

- Setting up and administering the Emergency Food Aid fund, a grant scheme for 100 foodbanks and other food projects in the city, for food and other consumables (as a response to increasing demand and decreasing support)
- Match funding the Holidays, Activities and Food Fund with the DFE to provide over 30,000 meals to 2,000 families during the Christmas holidays.
- Supporting 14 youth centres in Birmingham with kitchen facilities to provide nutritious, not young people.
- Setting up the Affordable Food Infrastructure Fund which will provide equipment such as fridges and cookers to 75 foodbanks and food pantries (open until 17th March).

9. The Food System Team

- The Birmingham Food System strategy has been rewritten following our successful consultation over the summer and is going through the approval process with a view to launch the strategy in May.
- We have launched the Birmingham Food Legends Fund to support food system initiatives in the city, to celebrate the launch of the Birmingham Food Revolution (grant scheme open until 10th March 2023) and I recorded a video to promote this for social media.
- The team will present at the national Sustainable Food Places conference in late March on the work in the city on food and our work to tackle food poverty (postponed from September due to train strikes).
- The second of our Creative Dinner events is taking place on Tuesday 14th March 2023 (the day of the HOSC meeting itself) to bring together diverse and innovative trailblazers to discuss food behaviour change, food innovation and food transformation. This inspiring platform will include insights from key speakers and a delicious three-course menu prepared by students from the College of Food. This comes on the back of the inaugural meeting on 28th November which I opened. We hope this conversation continues and I would be glad to welcome members of HOSC to a future creative dinner.
- We are seeking providers for two projects in the development of the diverse eating guides. The first project is exploring the development of the guides with professional groups/networks such as GPs, Nurses, Allied Health Professionals and Education Provider. The second project is exploring the development of the guides with

community groups such as children and young people, faith-based networks and ethnicity-based networks.

- Birmingham is influencing international food policy, including the European Farm to Fork policy and the legislative framework for sustainable food systems. I will be representing Birmingham at the Eurocities and Milan Urban Food Policy Pact high level event titled “bringing urban food policies to the table” in Brussels on 9th March 2023. This includes a closed-door meeting with cities, political representatives and representatives from the European Commission.

10. Tackling Inequalities

10.1 BLACHIR – Birmingham and Lewisham African Caribbean Health Inequalities Review

Since I launched the BLACHIR report as one of my very first official engagements as Cabinet Member in June 2022, we have made great progress and set up the BLACHIR implementation board. As we are seeking an independent chair for the board I have been chairing the sessions in an interim capacity until we appoint. This work has been a key component of our work on tackling health inequalities.

The BLACHIR implementation Board has been operational since October 2022 **and** is now focussed on implementation with a robust forward plan of activity until the end of March 2024.

This includes:

- Working with community engagement partners who are co-producing solutions to improving cultural competency, anti – racist practice and the collection of ethnicity data.
- Working with the ICS to take forward an improvement programme
- Delivering specific projects like targeted weight management programmes tailored for African and Caribbean Communities, developing community health profiles, piloting of free text-based ethnic self-identification in population surveys, delivering targeted mental health and suicide prevention interventions, developing culturally relevant healthy eating guidance.

The BLACHIR (Birmingham and Lewisham African Caribbean Health Inequalities Review) report was published in June 2022 and the implementation of the outcomes from the review are now underway.

Community engagement partners, who have been commissioned to facilitate community involvement in the implementation project, are actively promoting the findings from the review and supporting co-production activity.

The project team have developed a programme organisation that puts co-production with communities at the centre. The co-production involves developing consistent standards and costed proposals and packages for system partners to implement within their organisations

whether they are for raising levels of cultural competency in practice, improving ethnicity data collection and reporting or promoting anti-racist practices.

The NHS ICS has established a specific working group to focus on the opportunities for action relating to NHS provision and there is a GP lead, working to the Director of Public Health on moving this forward. ICS partners have presented their implementation plans already and will be progressing those within their organisations, using the co-produced standards.

The co-production process has already begun, with the initial focus on developing culturally competent organisations and services.

As a key strand of our tackling health inequalities priority, alongside the implementation board and co-production activities, there are a number of specific initiatives that have been progressed:

- Development of targeted weight management programmes tailored for African and Caribbean Communities in Birmingham supported through the DHSC Adult Weight Management Funding;
- Development of community health profiles to look deeper into differences between communities of African heritage, starting with profiles for Somalia, Kenya and Nigeria;
- Piloting the removal of 'black' from African and Caribbean ethnicity terms in population surveys and piloting of free text-based ethnic self-identification for greater granularity and understanding of different characteristics and experiences of the diverse communities;
- Implementation of targeted mental health awareness and suicide prevention interventions tailored for Black African and Black Caribbean communities supported through the DHSC Mental Health Prevention Fund; which of course addresses my key priority on mental health.
- Development of culturally intelligent healthy eating resources and through the opportunity of the Commonwealth Games - promotion of healthy eating with Caribbean and African communities co-delivered with CET, the Diverse Nutrition Association and WHISK platform.

10.2 Poverty Truth Commission

The Birmingham Poverty Truth Commission (BPTC) was launched on 19 May 2022 with 10 Community Commissioners (people with lived experience of poverty) and 8 Civic Commissioners (those in positions of power and influence) meeting monthly to discuss how to tackle poverty and destitution.

Commissioners have been involved in a variety of work since the launch of the BPTC. The main themes that have been explored by the BPTC are 'Housing', 'Poverty and Health', 'Children and

Families' and 'Poverty and Health – Food'. The assistance provided by Community Commissioners in the development of a new housing strategy for the city. Community Commissioners have also contributed to the development of the Birmingham Food System Strategy 2022 to 2030. The impact of the BPTC has extended beyond the Commission. Several Community Commissioners have undertaken the role of 'voluntary community champions' by attending events taking place across the city relating to the cost of living crisis and the impact of poverty.

Their contribution has been particularly valuable in defining the Warm Spaces programme. Several Community Commissioners are also contributing to national conversations about poverty through the National Poverty Truth Network. One Community Commissioner and one Civic Commissioner have been invited to join the Poverty Truth Network for a Parliamentary session with MPs around tackling poverty to take place in Spring 2023.

11. The People Team

11.1 Mental Health

When I first reported to HOSC in September 2022, I set out my commitment to mental health as one of my key priorities, and I am delighted that the Public Mental Health Team has successfully become a signatory to the Prevention Concordat for Better Mental Consensus Statement which is a system wide commitment to working towards the improvement of mental health.

The People Team applied to OHID on behalf of BCC to become a signatory to the Prevention Concordat for Better Mental Health Commitment consensus statement. The application has been successful and received extremely positive feedback, indicating that Birmingham's application was considered exemplar for future applications. The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society. The next step for the People Team is to determine how the Prevention Concordat's guiding principles and commitments will now be effectively incorporated into ongoing and upcoming projects and workstreams.

Fourteen Better Mental Health Fund projects have now been completed including a combination of universal programmes for example the Birmingham Mind Being Well Programme and Mental Health helpline, targeted interventions for specific population including ethnicity, for example The Delicate Mind: The Mindful Muslims Programme. Support for children and young people for example Birmingham Education Partnerships' teacher and pastoral staff training to achieve a whole school approach to mental health support, and support for the LGBTQ+ community, for example, funding increased counselling hours and provision of mental health awareness training to increase cultural competency. The interventions have led to increased mental health awareness, increased skills to provide support and increased understanding of and ability to use coping strategies improving resilience. The BCC evaluation has been commissioned and is in progress.

Three projects have been highlighted in the national OHID video on impact of funding and two projects were given presentation space at the national conference on the Fund impacts. The People Team have provided further funding to seven of the projects including those run by the Delicate Mind, Anawin, Cruse, Common Unity and Birmingham LGBT. The funding is to explore further potential of the projects and to enable time to work with the providers to identify ways to sustain activity.

The Suicide Prevention Advisory Group continues to oversee the suicide prevention plan. We are currently exploring a pilot of the Orange Button Scheme. The scheme gives those trained in the appropriate suicide prevention awareness training a signifier of an orange button to show they are trained and are comfortable having conversations around suicide. It has been successfully implemented in several other local authorities.

The People Team is in the process of appointing a joint Community Engagement Officer with a community partner to support Central and Eastern European Communities around mental health and wellbeing. This group has poorer mental health than their peers and access fewer services overall and later in the progress of their illness than others despite increased availability of interpreters. This post will facilitate engagement to assist in the design of acceptable and effective approaches to aid access to services when they are needed.

Those working in the construction industry have elevated risks and are overrepresented in poor mental health and suicide statistics. The Kier Group has expressed an interest in prototyping a series of workshops to see if this approach assists their workers with managing mental health and wellbeing. A structured evaluation and case study will capture the project outcomes and learning. Work is currently underway to appoint the providers of the workshops.

We continue to support development of real time surveillance for attempted and completed suicide in collaboration with Solihull. This approach has been successful in adapting and targeting suicide prevention interventions in other areas.

12 Conclusion

Finally, I just want to acknowledge the excellent work undertaken by all the Directorates associated with the Health and Social Care portfolio, and inform the Overview & Scrutiny Committee that several of BCC's submissions for the recent LGC national awards have been shortlisted, including Dr Justin Varney for outstanding personal contribution for his work during the pandemic and around the ICS and putting health inequalities at the forefront of his work, and the BLACHIR review has also been shortlisted for diversity and inclusion. I am sure members would want to join me in wishing them every success in the next stages of the competition.

Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date 14th March 2023



Subject: Co-produced review of day opportunities
Report of: Temitope Ademosu
Report author: RedQuadrant

1 Purpose

- 1.1 Presentation from RedQuadrant and the Empowering People Team about their experience of carrying out the recent co-produced review of day opportunities

2 Recommendations

- 2.1 None

3 Any Finance Implications

None

4 Any Legal Implications

- 4.1 None

5 Any Equalities Implications

- 5.1 None

6 Appendices

- 6.1 None

Co-produced Review of Day Opportunities in Birmingham

A presentation by the Empowering People Team and RedQuadrant

**Overview and Scrutiny Committee
Tuesday 14th March 2023**

What we were asked to do

BCC asked RedQuadrant to deliver a co-produced review of day opportunities in the city. They wanted to:

- engage a wide range of people involved in day services – the people who use them, families, carers, providers and other professionals
- understand the impact of the pandemic on people and services and wanted to hear what people valued about day opportunities and importantly how they can change for the future
- co-produce a report to provide the foundation for the next steps in planning for day opportunities
- develop a group of people with lived experience and carers to be “co-producers” leading the review and supporting any future activity

What we did

A team of people with lived experience were recruited and trained to lead a programme of engagement sessions where people could give their views.

- **14** people with lived experience were trained – they formed the Empowering People Team (EPT)
- **9** training sessions for two groups from the EPT
- The EPT worked with RedQuadrant to co-produce a core set of engagement questions
- The EPT and RedQuadrant led **35** in person and online engagement events
- Over **400** people attended, more than **250** were people with lived experience or carers

A report has been produced that reflects on the experience of the EPT - working together in this way and the findings from the discussions they had and the views they heard

What people said about the training and leading engagement events

'The training was so good.
It gave me confidence to
do this and lots of other
things as well'

'I realised my voice matters'

'I felt worthwhile doing this'

'I used to just say things and
sometimes that didn't turn out as I
wanted. Doing this has made me
think about what I say and how I say
it, so people listen to me more'

'We were treated as equals'

'You learned to speak up for yourself'

'Training has helped build
confidence – went miles
better than expected'

'The broad range of organisations
involved was a strength'

Questions that we asked for the review

- How did it feel during the pandemic?
- During the pandemic what did people miss most?
- During the pandemic how did services help people when buildings were closed?
- What is important to them?
- What do people enjoy doing?
- What gets in the way?
- What do they want to do that they don't do now?

The voice of future day opportunity users

Overview and Scrutiny Committee requested that the review engaged with young adults so two EPT team members held events at 6 schools and colleges. They asked what's important to you?

Having an education

Getting a job or volunteering

Being part of something

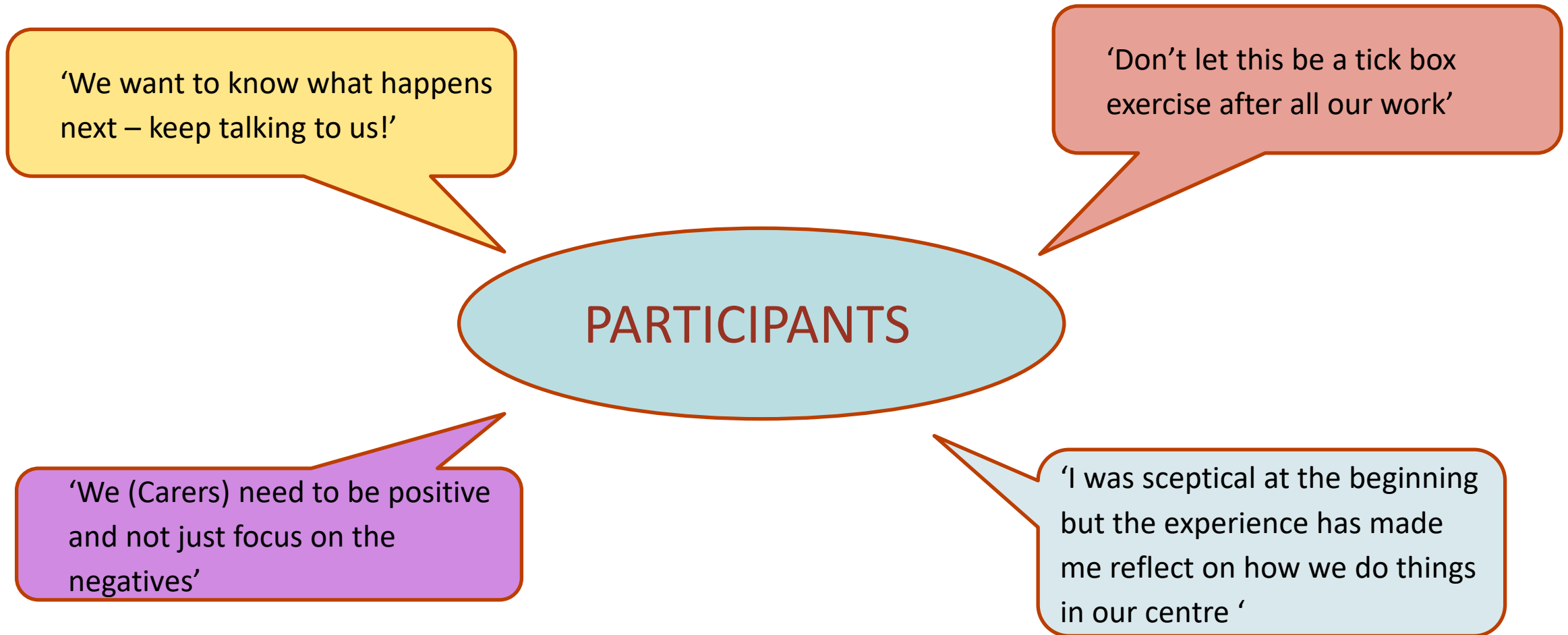
What's important
to you?

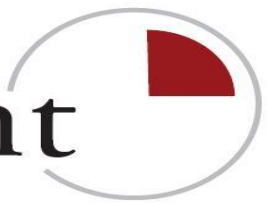
Being seen and respected

Making sure they
have a choice

Having a relationship

Empowering People Team – next steps





Thank you!

Paul Kelly and Lynda Tarpey, Red Quadrant

Empowering People Team members:

Anthony

Harras

Jackie

Sarah

Contact: paul.kelly@redquadrant.com

Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date 14/03/2023



Subject: Adult Social Care Quarterly Performance Report
Report of: Director of Adult Social Care
Report author: Maria Gavin, Assistant Director Adult Social Care

1 Purpose

To provide Health and Social Care Overview and Scrutiny Committee with the Quarter 3 performance report for Adult Social Care

2 Recommendations

2.1 To please note the contents of the report

3 Any Finance Implications

3.1 There are no new financial implications resulting from this report.

4 Any Legal Implications

4.1 There are no new legal implications resulting from this report.

5 Any Equalities Implications

5.1 There are no new equalities implications resulting from this report.

6 Appendices

6.1 Appendix 1: Quarter 3 Performance Report for Adult Social Care

6.2 Appendix 2: Breakdown by constituency of performance as at Q3

O&S Scorecard - December 2022

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

1. Corporate Plan

| Measure | Status | Target | Last Quarter | This Quarter | D o T |
|--|--------|---------------|--------------|--------------|------------|
| 1 Proportion of clients reviewed, reassessed or assessed within 12 months | RED | 85% | 63.2% | 68.8% | Up (Green) |
| 2 The percentage of people who receive Adult Social Care in their own home | AMBER | DoT Only | 71% | 70.7% | Down (Red) |
| 3 Number of adults who have a vulnerability/inactive/disability aged over 25 engaged in support to help them into education, training, apprenticeships, jobs and job search activity | RED | 208 (EoY 339) | 227 | 185 | Down (Red) |

2. Corporate Plan and Vital Signs

| Measure | Status | Target | Last Quarter | This Quarter | D o T |
|---|--------|--------|--------------|--------------|----------------|
| 4 The percentage of concluded Safeguarding enquiries where the desired outcomes were met during the enquiry | GREEN | 85% | 90% | 93% | Up (Green) |
| 5 The proportion of patients discharged from hospital into pathways 0 and 1 | GREEN | 95% | 96% | 96% | Static (Amber) |

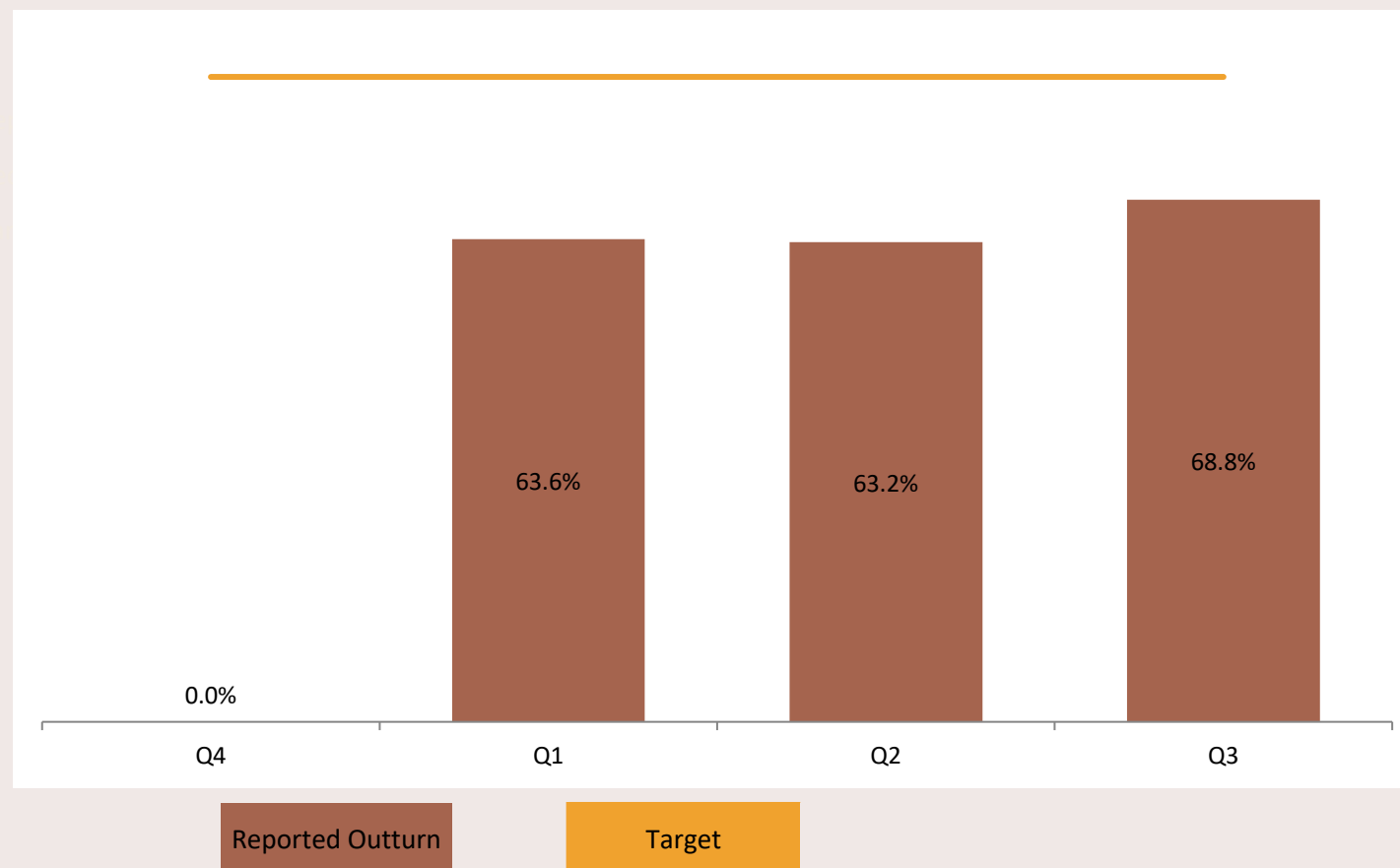
3. Vital Signs

| Measure | Status | Target | Last Quarter | This Quarter | D o T |
|-----------------------------|--------|--------|--------------|--------------|------------|
| 6 Uptake of Direct Payments | AMBER | 40% | 39.2% | 38.8% | Down (Red) |

Theme: Corporate Plan**Proportion of clients reviewed, reassessed or assessed within 12 months****RED****Change:****Up
(Green) 5.6 pp****Prev. Quarter****63.2%****Latest Quarter****68.8%****Target****85%**

Source:

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

**Commentary:**

Our performance has begun to improve substantially, as social work teams have focussed on action plans with targets, and heads of service have been meeting regularly with team managers and senior practitioners with a focus on carrying out reviews.

We have been carrying vacancies in Adult Social Care and have had issues retaining staff. We have now implemented a package of staff retention measures and we are actively recruiting to our vacancies. Because of the nature of recruitment, this process will take some time.

We expect our improvement to continue next quarter. However, it will still be challenging to meet the 85% target, and it will be at risk from any demand resulting from the predicted 'flu and covid waves this winter, plus the effects of the cost-of-living crisis.

Measure Owner:

John Williams

Responsible Officer:

Shazia Hanif

Frequently asked questions:

Typically, review due dates tend to skew towards March, due to last-minute attempts to meet the target. This in turn results in an uphill struggle in subsequent years.

It should be noted that the Care Act guidance compels us to review or assess each person at least once every 12 months.

[Return to Scorecard](#)[Next: Care in own home >](#)

Theme: Corporate Plan

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

AMBER

Change:

Down
(Red) 0.2 pp

Prev. Quarter

71%

Latest Quarter

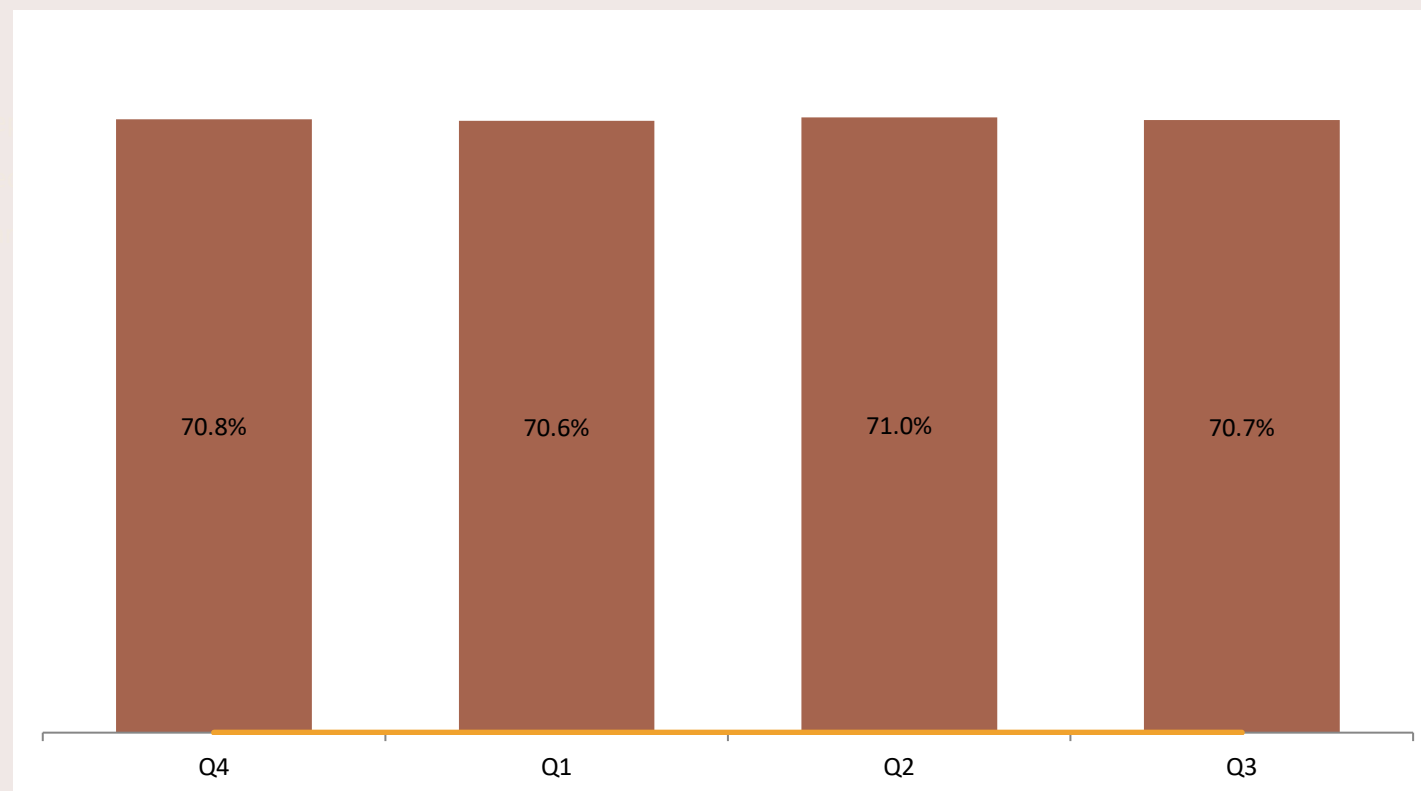
70.7%

Preferred

Travel:
Upwards

Source:

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



Reported Outturn

Commentary:

While our long-term goal is to increase the proportion of the people we support who receive care at home, it is only possible to improve this very gradually, and any quarter-on-quarter progress may be hidden by other factors that aren't under our control.

Our social work teams in both the community and the hospital discharge-to-assess service follow a "home first" principle, which means that they support citizens to stay in their own home as long as possible. However we only do this where it is safe, and if someone's support needs are too great then we have to arrange a care home placement for them.

Measure Owner:

Responsible Officer:

Andrew Marsh

Frequently asked questions:

This measure is based upon service agreements which can take some time to be recorded or closed down, due to the lengthy nature of the process. The resultant late recording can mean that the performance for a given month may change significantly when it is recalculated at a later date.

[< Previous: Reviews](#)
[Return to Scorecard](#)
[Next: Pure project >](#)

Theme: Corporate Plan

Number of adults who have a vulnerability/inactive/disability aged over 25 engaged in support to help them into education, training, apprenticeships, jobs and job search activity

RED

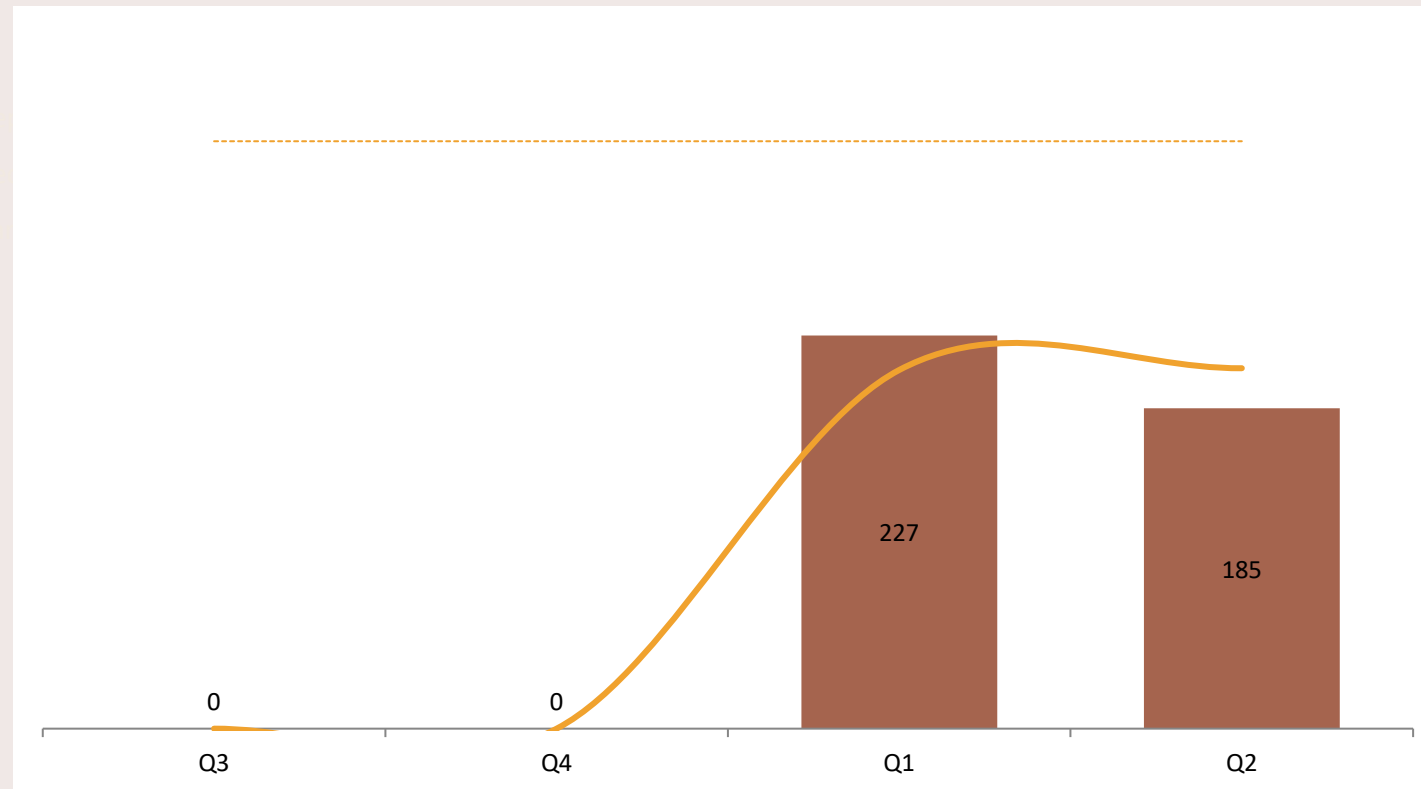
Change:

Down
(Red) 18.5%

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|-----------|
| 227 | 185 | 208 |
| | | (EoY 339) |

Source:

Pure Project



Reported Outcome

Target

(EoY as dotted line)

Frequently asked questions:**Commentary:**

This quarter the number of people who we engaged with support was below target. Factors include further education institutions being closed over the summer and contract variations being arranged for contracts which came to an end in June 22.

We delivered the PURE Expo with more than 100 people attending on the day. There was bespoke employment support available, jobs clubs, skills and confidence training, one-to-ones with employers, intros to the PURE digital inclusion programme and the employer toolkit, and the chance to learn some British Sign language.

The Digital Inclusion Lending Library continues to be delivered across the project and approximately 100 laptops and over 300 accessories have been delivered to Pure provider locations. We are now at the early stages of creating several Digital Hubs at various community locations and Homeless Centres across Birmingham to help the project deliver its outputs and results.

Measure Owner:
John Williams

Responsible Officer:
Tabriz Hussain

[< Previous: Care in own home](#)
[Return to Scorecard](#)
[Next: Safeguarding outcomes met >](#)

Theme: Corporate Plan and Vital Signs

The percentage of concluded Safeguarding enquiries where the desired outcomes were met during the enquiry

GREEN

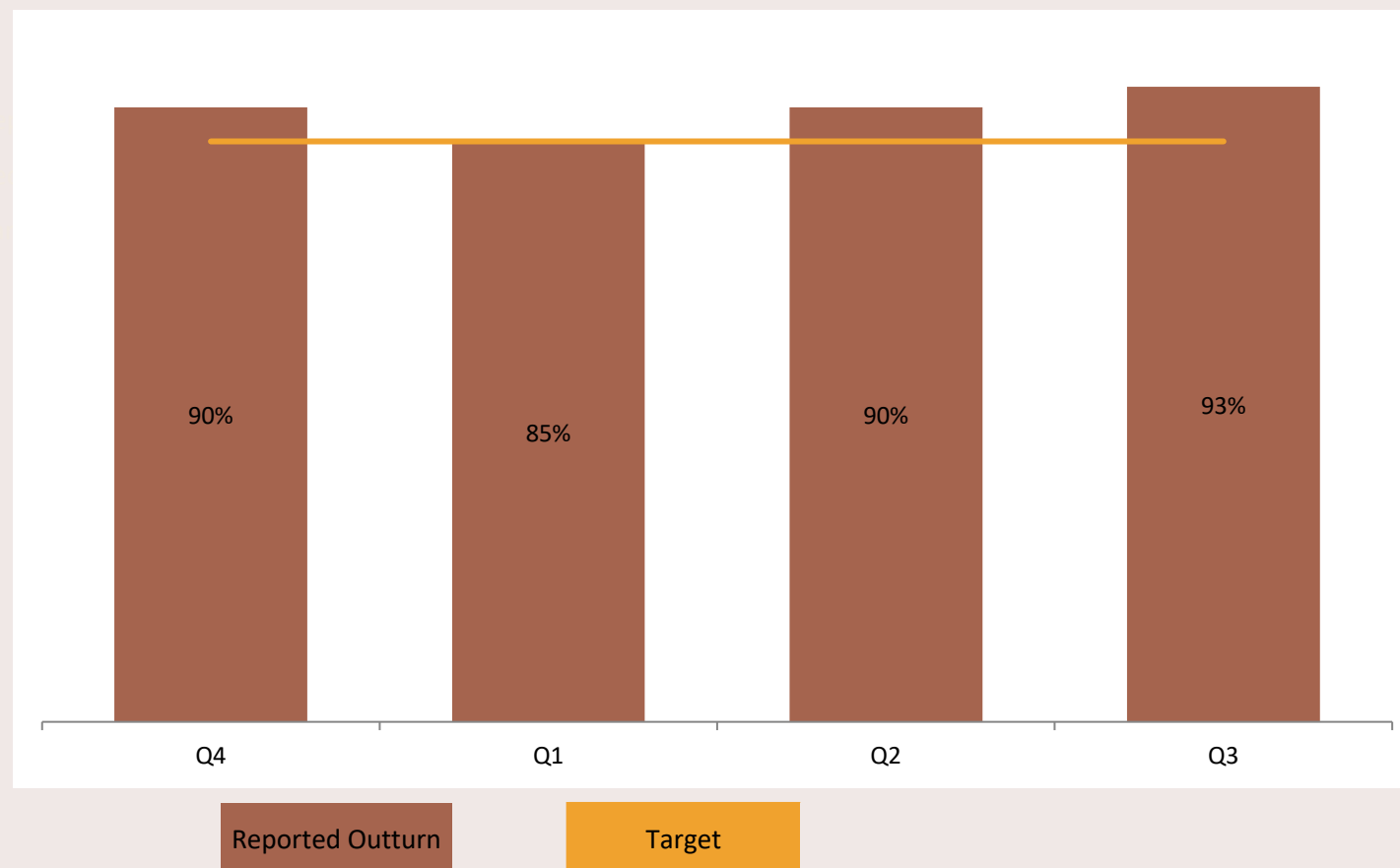
Change:

Up
(Green) 3 pp

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 90% | 93% | 85% |

Source:

Carefirst- safeguarding enquiry forms. Proportion of enquiries where the person expressed desired outcomes where at least one was partially met.

**Commentary:**

We have achieved our target this quarter. This measure is based on a small number of safeguarding enquiries, which can cause large fluctuations in our reported performance.

We are continuing to work through a relatively large volume of cases as a result of an existing backlog and unusually high referral rates in summer 2022, but we have made significant progress in terms of addressing these issues. This means that there are less incidents of our opportunity to meet someone's outcomes having passed even though we have addressed any risks to them, so we are seeing a higher number of met outcomes.

We are monitoring the situation closely in case we need to take additional action, but the situation is improving, and we don't expect previous issues to reoccur.

Measure Owner:
John Williams

Responsible Officer:
Merryn Tate

Frequently asked questions:

This measure looks at safeguarding enquiries where the person or their representative stated that they had outcomes (see measure 14). In order to count as "met", a minimum of one outcome must be partially met by the end of the enquiry. It is recognised that some outcomes either cannot be met within the period of the enquiry, or are simply unrealistic, for instance, the person may tell us that they want their alleged abuser prosecuted, however it is not something that we can guarantee.

[< Previous: Pure project](#)
[Return to Scorecard](#)
[Next: Hospital pathway >](#)

Theme: Corporate Plan and Vital Signs

The proportion of patients discharged from hospital into pathways 0 and 1

GREEN

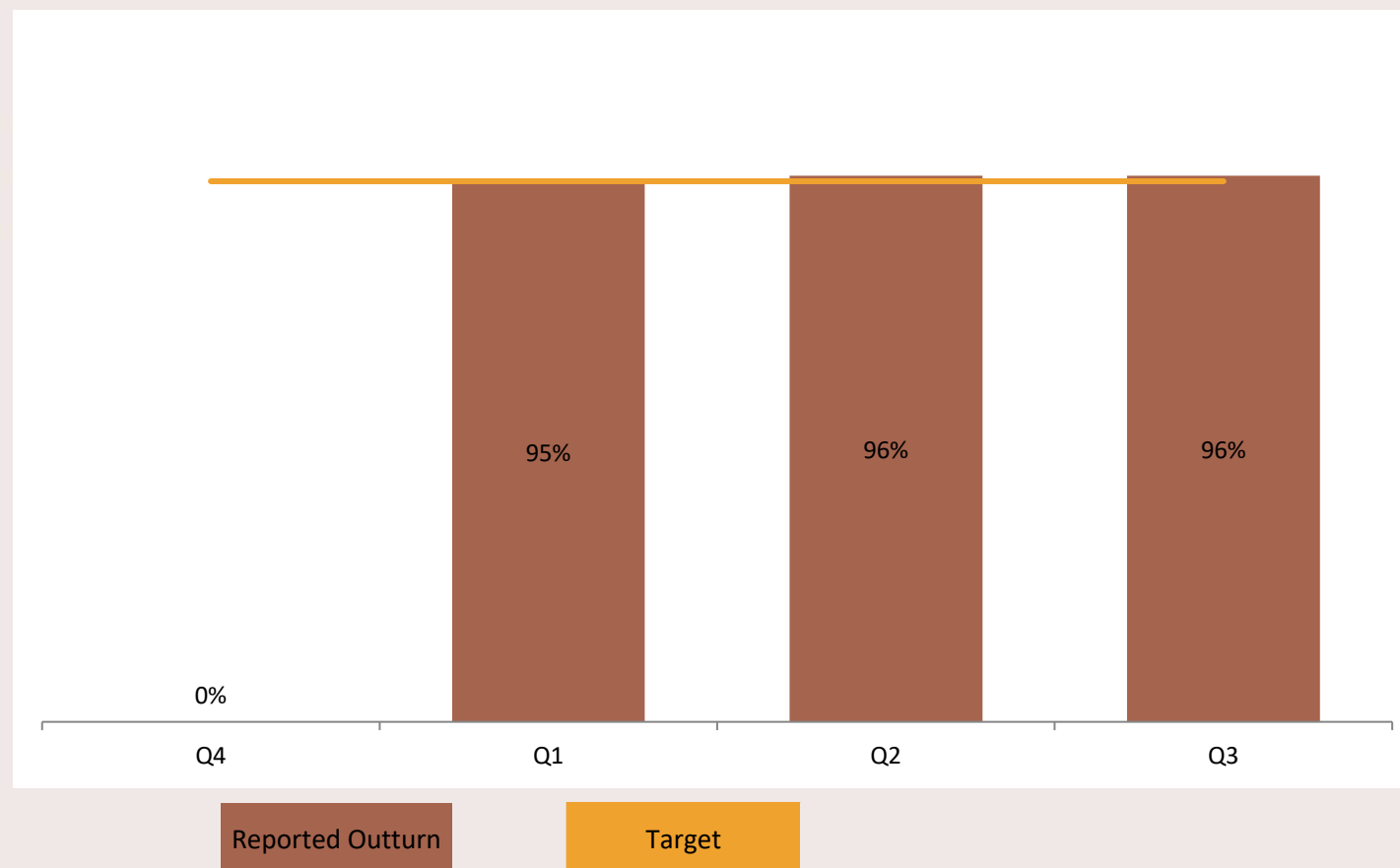
Change:

Static
(Amber) 0 pp

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 96% | 96% | 95% |

Source:

NHS Data

**Commentary:**

We have met our target this quarter despite the extremely high pressures on the hospital and discharge systems at the moment. Our hospital social work teams and our partners in the NHS focus on our “home first” principle when people are discharged from hospital. Our Early Intervention Community Team assists people who need extra support to stay at home after discharge.

Our performance on this measure may be affected by how severely ill people are when they are admitted to hospital, and there is a suggestion that this is getting worse. This is beyond our control, however we are monitoring it in case it impacts our performance.

Measure Owner:

Responsible Officer:
Andrew Marsh

Frequently asked questions:

Note that this is estimated and has the following limitations:

- Data relates to all patients discharged from UHB hospitals- this could include residents of other local authorities
- Data is currently received as a weekly percentage. We have tried to weight each week appropriately, and split weeks correctly between months where appropriate, but this means the figure is approximate.

[< Previous: Safeguarding outcomes met](#)
[Return to Scorecard](#)
[Next: Direct payments uptake >](#)

Theme: Vital Signs

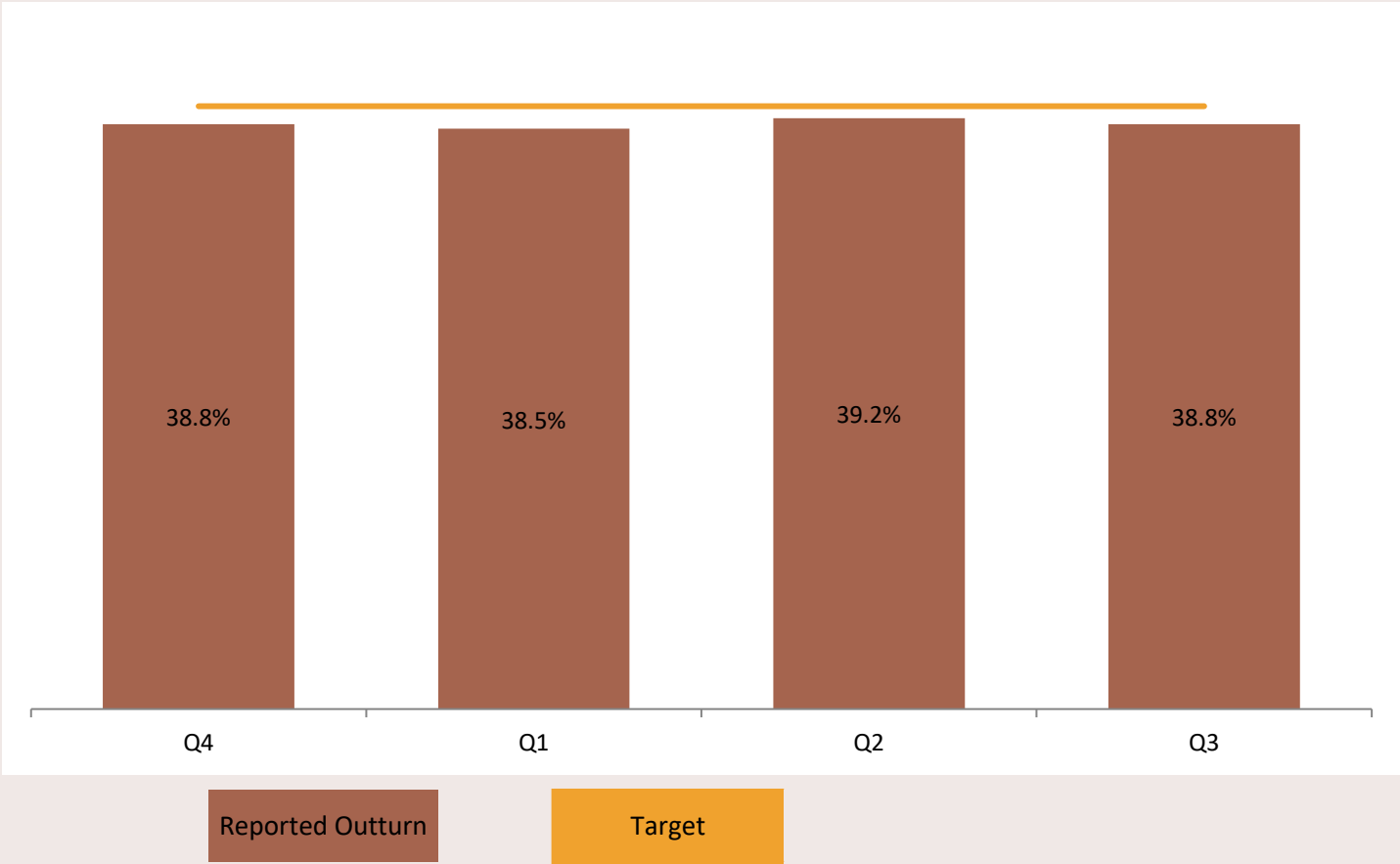
Uptake of Direct Payments

AMBER

Change:
Down
(Red) 0.4 pp

| Prev. Quarter | Latest Quarter | Target |
|---------------|----------------|--------|
| 39.2% | 38.8% | 40% |

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



Commentary:

Vital signs measure only

Measure Owner:
John Williams

Responsible Officer:
Shazia Hanif

Frequently asked questions:

This is Ascof measure 1C part 2a and as such is defined externally. Eligible people are those clients who receive long-term services in the community, and excludes any services delivered to carers, who are covered in a separate measure.

Constituency Breakdowns Q2 2022/23

| Performance by constituency | Reviewed in last 12 months | Care in own home | Direct payment uptake | Safeguarding outcomes achieved |
|-----------------------------|----------------------------|------------------|-----------------------|--------------------------------|
| Edgbaston | 70.9% | 67.8% | 37.0% | 100% |
| Erdington | 76.6% | 64.5% | 36.3% | 79% |
| Hall Green | 69.1% | 76.7% | 40.8% | 85% |
| Hodge Hill | 68.3% | 76.3% | 42.3% | 97% |
| Ladywood | 62.8% | 71.0% | 42.3% | 92% |
| Northfield | 71.6% | 63.7% | 33.9% | 100% |
| Perry Barr | 66.6% | 71.2% | 42.0% | 100% |
| Selly Oak | 71.9% | 64.8% | 37.8% | 100% |
| Sutton | 76.0% | 61.9% | 36.3% | 92% |
| Yardley | 82.7% | 71.2% | 39.8% | 97% |
| Scorecard | 68.8% | 70.7% | 38.8% | 93% |



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

| | |
|---------------------------|--|
| Chair: | Cllr Mick Brown |
| Deputy Chair: | Cllr Rob Pocock |
| Committee Members: | Cllrs: Kath Hartley, Jane Jones, Kirsten Kurt-Elli, Gareth Moore, Julian Pritchard and Paul Tilsley. |
| Officer Support: | Senior Overview and Scrutiny Manager: Fiona Bottrill (07395 884487) Scrutiny Officer: Gail Sadler (303 1901) Committee Manager: Sofia Mirza (675 0216) |

1 Introduction

- 1.1 The Health and Social Care Overview and Scrutiny Committee's remit is to fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning adult safeguarding, social care and public health; and to discharge the relevant overview and scrutiny role set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012, including: The appointment of Joint Overview and Scrutiny Committees with neighbouring authorities; and the exercise of the power to make referrals of contested service reconfigurations to the Secretary of State as previously delegated to the Health and Social Care Overview and Scrutiny Committee by the Council.
- 1.2 This report provides details of the proposed scrutiny work programme for 2022/23.

2 Recommendation

- 2.1 That the Committee considers its work programme, attached at Appendix 1, and agrees any amendments required.

3 Background

- 3.1 *"Scrutiny is based on the principle that someone who makes a decision...should not be the only one to review or challenge it. Overview is founded on the belief that an open, inclusive, member-led approach to policy review...results in better policies in the long run."* (Jessica Crowe, former Executive Director, Centre for Governance and Scrutiny).
- 3.2 Developing an effective work programme is the bedrock of an effective scrutiny function. Done well, it can help lay the foundations for targeted, inclusive and timely work on issues of local



importance, where scrutiny can add value. Done poorly, scrutiny can end up wasting time and resources on issues where the impact of any scrutiny work done is likely to be minimal.

- 3.3 As a result, the careful selection and prioritisation of work is essential if the scrutiny function is to be successful, add value and retain credibility.

4 Work Programme

- 4.1 Appendix 1 sets out the future work programme for this Committee. This provides information on the aims and objectives, together with lead officers and witnesses, for each item. The attached work programme also includes items to be programmed where dates are still to be confirmed, and any outstanding items including the tracking of previous recommendations.

5 Joint Working Across Committee Work Programmes 2022/23

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

| Lead Committee | Meeting and Agenda Item | Members to be invited and reason |
|--|---|---|
| Education and Children's Social Care O&SC | 5 April 2023 Report from Birmingham Safeguarding Children's Partnership (BSCP) | Members of the CYP Mental Health Inquiry from the Health and Adult Care O&SC Information from the BSCP will inform the CYP mental health inquiry. |
| Commonwealth Games, Culture and Physical Activity O&SC | Meeting: TBC Report on employment and skills Legacy of the Commonwealth Games | Members of the Economy and Skills OSC At the meeting on the 8 th July Co-ordinating O&SC decided that this issue falls within the remit of the CWG, Culture and Physical Activity OSC, and as it has been identified during the work planning for the Economy and Skills O&SC as an issue of interest Members of this Committee would be invited to the relevant meeting. |



6 Inquiry

- 6.1 Evidence gathering meetings for the inquiry on children and young people's mental health have been arranged during March 2023.

7 Other Meetings

- 7.1 The Birmingham/Solihull Joint Health Scrutiny Committee will meet on Monday 13th March 2023 at 2.00pm, Committee Rooms 3 and 4, Council House, Victoria Square, Birmingham.

Call in Meetings:

None scheduled

Petitions

None scheduled

Councillor Call for Action requests

None scheduled

The Committee approved Tuesday at 10.00am as a suitable day and time each week for any additional meetings required to consider 'requests for call in' which may be lodged in respect of Executive decisions

8 Forward Plan for Cabinet Decisions

- 8.1 Since the implementation of the Local Government Act and the introduction of the Forward Plan, scrutiny members have found the Plan to be a useful tool in identifying potential agenda items.
- 8.2 The following decisions, extracted from the CMIS Forward Plan of Decisions, are likely to be relevant to the Health and Social Care O&S Committee's remit. The Panel may wish to consider whether any of these issues require further investigation or monitoring via scrutiny. The Forward Plan can be viewed in full via Forward Plans (cmis.uk.com).

| ID Number | Title | Proposed Date of Decision |
|-------------|---|---------------------------|
| 011043/2023 | Birmingham Triple Zero Drug and Alcohol Strategy 2022-2032 Consultation Outcome | 21 Mar 23 |
| 011115/2023 | Early Intervention and Prevention - Programme Business Case | 25 Apr 23 |
| 011116/2023 | ICB Support Funding 2022/23 via Section 256 | 21 Mar 23 |
| 011124/2023 | Variation to Heart of England Community Foundation Contract | 21 Mar 23 |



| | | |
|-------------|---|-----------|
| 011125/2023 | Section 75 Agreements, Pooled/Aligned Budget Arrangements 2022/23 | 21 Mar 23 |
| 011131/2023 | 0-19 Commissioning and Procurement Plan | 21 Mar 23 |
| 011154/2023 | Co-produced Review of Day Opportunities PostPandemic | 25 Apr 23 |
| 011156/2023 | Birmingham Food System Strategy: A Bolder, Healthier, and More Sustainable Birmingham | 25 Apr 23 |

9 Legal Implications

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

10 Financial Implications

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

11 Public Sector Equality Duty

11.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

11.2 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.



11.3 The Committee should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

12 Use of Appendices

12.1 Appendix 1 – Work Programme for 2022/2023

HEALTH & SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 2022-23 WORK PROGRAMME

Date of Meeting: 19th July 2022

| Item/ Topic | Type of Scrutiny | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information (Including joint working / links with other O&S Committees) |
|---|--------------------|---|---|------------|------------------------|---|
| <i>Q4 Adult Social Care Performance Monitoring</i> | <i>Agenda item</i> | <i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i> | <i>Maria Gavin</i> | <i>N/A</i> | <i>None identified</i> | <i>Maria to include any performance information on Delayed Transfers of Care.</i> |
| <i>Healthwatch Birmingham Annual Report 2021/22</i> | <i>Agenda item</i> | <i>Reporting on investigations completed in the previous year.</i> | <i>Andy Cave, CEO, Healthwatch Birmingham</i> | <i>N/A</i> | <i>None identified</i> | <ul style="list-style-type: none"> • <i>Access to NHS Dentistry</i> • <i>Investigation about people's experiences of Day Services</i> • <i>Access to GP Services</i> |

Final Deadline: Thursday 7th July 2022Publication: Monday 11th July 2022

Date of Meeting: Tuesday 20th September 2022

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|--|---------------------------------|---|--|------------------|------------------------|-------------------------------|
| <i>Election of Deputy Chair</i> | <i>Agenda item</i> | <i>To elect a Deputy Chair. Deferred from 19th July informal meeting.</i> | | | | |
| <i>Action Notes/ Matters Arising</i> | <i>Agenda item</i> | <i>To approve the action notes of the meeting held on 29th March 2022. To note the action notes of the informal meeting held on 19th July 2022.</i> | | | | |
| <i>Report of the Cabinet Member for Health and Social Care</i> | <i>Agenda Item</i> | <i>To set out the Cabinet Member's priorities for the coming year.</i> | <i>Ceri Saunders</i> | <i>N/A</i> | <i>None identified</i> | <i>Councillor Mariam Khan</i> |
| <i>Period Poverty and Raising Period Awareness</i> | <i>Tracking Recommendations</i> | <i>To track progress against implementation of recommendations.</i> | <i>Monika Rozanski Rokneddin Shariat</i> | <i>N/A</i> | <i>None identified</i> | |

Final Deadline: Thursday 8th September 2022

Publication: Monday 12th September 2022

Date of Meeting: Tuesday 18th October 2022

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|---|---------------------------------|---|--|------------|------------------------|---|
| <i>Forward Thinking Birmingham</i> | <i>Agenda item</i> | <i>To present the annual report.</i> | <i>Fiona Reynolds Chief Medical Officer Birmingham Women's and Children's NHS Foundation Trust (FTB)</i> | <i>N/A</i> | <i>None identified</i> | It was agreed at Co-ordinating OSC on the 8 July 2022 that the Health and Social Care O&SC undertakes scrutiny of children's mental health (under the overview and scrutiny role set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012) and members of the Education and Children's Social Care Committee will be invited to attend as mental health is included within the Committee's terms of reference. |
| <i>Infant Mortality – Tracking Report</i> | <i>Tracking Recommendations</i> | <i>To track progress against implementation of recommendations.</i> | <i>Dr Marion Gibbon</i> | <i>N/A</i> | <i>None identified</i> | |

| | | | | | | |
|--|--------------------|---|--|------------|------------------------|---|
| <i>Q1 Adult Social Care Performance Monitoring</i> | <i>Agenda item</i> | <i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.(Deferred to 20 December 2022)</i> | <i>Maria Gavin John Williams Merryn Tate</i> | <i>N/A</i> | <i>None identified</i> | <i>The Q1 Performance data had been deferred to the meeting on 20 December. An update will be provided to the October meeting on the future arrangements for Adult Social Care Performance Monitoring data.</i> |
| <i>Children and Young People's Mental Health Inquiry</i> | <i>Agenda item</i> | <i>Terms of Reference</i> | <i>Fiona Bottrill</i> | <i>N/A</i> | <i>None identified</i> | |

Final Deadline: Thursday 6th October 2022

Publication: Monday 10th October 2022

Date of Meeting: Tuesday 22nd November 2022

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|---|--------------------|---|---|------------------|------------------------|-------------------------------|
| <i>Birmingham Substance Misuse Recovery System (CGL)</i> | <i>Agenda item</i> | <i>Annual report on performance against public health contract.</i> | <i>Karl Beese</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Birmingham and Solihull Integrated Care System Ten-Year Strategy</i> | <i>Agenda item</i> | <i>Report setting out the plan for health and care services for Birmingham and Solihull</i> | <i>David Melbourne Chief Executive, Birmingham and Solihull ICS</i> | <i>N/A</i> | <i>None identified</i> | |

Final Deadline: Thursday 10th November 2022

Publication: Monday 14th November 2022

Date of Meeting: Tuesday 20th December 2022

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|---|--------------------|---|---|------------------|------------------------|---|
| <i>Birmingham Safeguarding Adults Board Annual Report</i> | <i>Agenda item</i> | <i>Reporting on outcomes against priorities in the previous year.</i> | <i>Asif Manzoor Dr Carolyn Kus, Independent Chair</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Birmingham and Lewisham African Health Inequalities Review (BLACHIR)</i> | <i>Agenda item</i> | <i>Reporting on progress against actions in the report</i> | <i>Monika Rozanski; Jo Tonkin; Modupe Omonijo; Marcia Wynter; Ceri Saunders</i> | <i>N/A</i> | <i>None identified</i> | <i>Councillor Mariam Khan, Cabinet Member for Health and Social Care.</i> |
| <i>Q2 Adult Social Care Performance Monitoring</i> | <i>Agenda item</i> | <i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i> | <i>Maria Gavin</i> | <i>N/A</i> | <i>None identified</i> | <i>Reporting Q1 and Q2.</i> |

Final Deadline: Thursday 8th December 2022

Publication: Monday 12th December 2022

Date of Meeting: Tuesday 24th January 2023

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|--|--------------------|---|------------------------------------|------------------|------------------------|-------------------------------|
| <i>Adult Social Care Reforms</i> | <i>Agenda item</i> | <i>To inform the committee on reforms to Adult Social Care.</i> | <i>John Williams</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Approved Mental Health Professional</i> | <i>Agenda item</i> | <i>Evidence gathering for the Children and Young People's Mental Health Inquiry</i> | <i>John Williams / Joanne Lowe</i> | <i>N/A</i> | <i>None identified</i> | |

Final Deadline: Thursday 12th January 2023

Publication: Monday 16th January 2023

Date of Meeting: Tuesday 21st February 2023

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|---|--------------------|---|---|------------------|------------------------|-------------------------------|
| <i>Birmingham Sexual Health Services – Umbrella (UHB)</i> | <i>Agenda item</i> | <i>Annual report on performance against public health contract.</i> | <i>Karl Beese</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Strategic Overview of Immunisations in Birmingham</i> | <i>Agenda item</i> | <i>Report to set out the strategic oversight.</i> | <i>Mary Orhewere / Paul Sherriff / Leon Mallett</i> | <i>N/A</i> | <i>None identified</i> | |

Final Deadline: Thursday 9th February 2023

Publication: Monday 13th February 2023

Date of Meeting: Tuesday 14th March 2023

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|--|--------------------|---|--|------------------|------------------------|---|
| <i>Cabinet Member Update Report</i> | <i>Agenda item</i> | <i>Cabinet Member to report progress against portfolio priorities</i> | <i>Ceri Saunders</i> | <i>N/A</i> | <i>None identified</i> | <i>Councillor Mariam Khan, Cabinet Member for Health and Social Care.</i> |
| <i>Day Opportunities Co-Production Review</i> | <i>Agenda item</i> | <i>Feedback of the implementation of the independent co-produced review of day opportunity services</i> | <i>Dr Temitope Ademosu / John Williams / Saba Rai / John Freeman</i> | <i>N/A</i> | <i>None identified</i> | <i>Also attending are representatives from the Empowering Peoples Team.</i> |
| <i>Q3 Adult Social Care Performance Monitoring</i> | <i>Agenda item</i> | <i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i> | <i>Maria Gavin</i> | <i>N/A</i> | <i>None identified</i> | |

Final Deadline: Thursday 2nd March 2023

Publication: Monday 6th March 2023

Date of Meeting: Tuesday 18th April 2022

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|---------------------|--------------------|--|--|------------|------------------------|--|
| <i>ICB Update</i> | <i>Agenda item</i> | | <i>Paul Sherriff and Karen Kelly</i> | <i>N/A</i> | <i>N/A</i> | |
| <i>Immunisation</i> | <i>Agenda item</i> | <i>Report to set out the challenges with the take up of immunisations.</i> | <i>Mary Orhewere / Kate Woolley, Director of Immunisation and Vaccinations</i> | <i>N/A</i> | <i>None identified</i> | <i>Report to be presented as a scoping paper for a possible future inquiry based on previous scoping paper for Infant Mortality.</i> |

Final Deadline: Thursday 6th April 2023

Publication: Monday 10th April 2023

| |
|---|
| INFORMAL BRIEFINGS (TO BE ARRANGED) |
| <i>Engaging with third sector providers of Adult Social Care (Louise Collett)</i> |
| <i>City Observatory Data (Richard Brooks)</i> |

TO BE SCHEDULED:

1. Public Health Horizon Scanning / JSNA
2. Primary Care Networks
3. Mental Health and Wellbeing Post-COVID
4. Visit to UHB NHS Foundation Trust Hospital sites (Contact Gemma Rauer)
5. Visit to Early Intervention Community Team, Norman Power Centre (Contact Andrew Marsh)

Health and Social Care O&S Committee, March 2023

BIRMINGHAM/SANDWELL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: 29th November @ 2.00pm

Venue: Birmingham

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|---|--------------------|--|--|------------------|------------------------|-------------------------------|
| <i>Committee Terms of Reference</i> | <i>Agenda item</i> | <i>To update the committee terms of reference</i> | <i>Fiona Bottrill</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Acute Care Model</i> | <i>Agenda item</i> | <i>To report on the model for acute care.</i> | <i>Liam Kennedy, Midland Metropolitan Hospital Delivery Director</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Feedback on proposed changes to Day Case Surgery</i> | <i>Agenda item</i> | <i>To report on feedback regarding proposed changes to Day Case Surgery.</i> | <i>Liam Kennedy, Midland Metropolitan Hospital Delivery Director</i> | <i>N/A</i> | <i>None identified</i> | |

Final Deadline: 17th November 2022

Publication: 21st November 2022

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

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|---|--------------------|---|--|------------|------------------------|------------------------|
| <i>Draft BSoL Strategic Vision for Autism and the Draft BSoL Strategic Vision for Learning Difficulties and Disabilities</i> | <i>Agenda item</i> | | <i>TBC</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Birmingham and Solihull ICS Financial Planning Update</i> | <i>Agenda item</i> | <i>To report on the financial plan for the ICS.</i> | <i>Paul Athey, ICS Finance Lead</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Update on the recovery and proposed configuration of surgical services across University Hospitals Birmingham – ICB and UHB and Preparation for Winter Pressures</i> | <i>Agenda item</i> | <i>To report on the current status of services and waiting lists.</i> | <i>Jonathan Brotherton, Chief Operating Officer, UHB</i> | <i>N/A</i> | <i>None identified</i> | |

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

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE**Date of Meeting:** 19th January 2023 at 2.00pm, Committee Room 3&4, Council House**Venue:** Birmingham

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|--|--------------------|---|---|------------------|------------------------|-------------------------------|
| <i>Committee Terms of Reference</i> | <i>Agenda item</i> | <i>To update the committee terms of reference</i> | <i>Fiona Bottrill</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Healthwatch Ground Rules for Reviews announced by NHS Birmingham and Solihull</i> | <i>Agenda item</i> | <i>To seek endorsement from the committee on the ground rules</i> | <i>Fiona Bottrill / Andy Cave, Healthwatch Birmingham</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>ICS/UHB Update</i> | <i>Agenda item</i> | <i>To respond to concerns raised by the BBC Newsnight investigations.</i> | <i>Jonathan Brotherton, UHB; David Melbourne, BSol ICS</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>West Midlands Ambulance Service Update</i> | <i>Agenda item</i> | <i>To respond to concerns raised by the BBC Newsnight investigations</i> | <i>Vivek Khashu and Mark Docherty, WMAS; David Melbourne, BSol, ICS</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>BSol ICS update on performance against finance and recovery plans</i> | <i>Agenda item</i> | <i>To update on the current status regarding finance and recovery plans</i> | <i>Paul Athey, ICS Finance Lead</i> | <i>N/A</i> | <i>None identified</i> | |

Final Deadline: 10th January 2023**Publication:** 11th January 2023

Health and Social Care O&S Committee, March 2023

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: 15th February 2023 at 6.00pm, Civic Suite

Venue: Solihull

| | | | | | | |
|--|--------------------|---|---|------------|------------------------|--|
| <i>Dementia Strategy</i> | <i>Agenda item</i> | <i>Following consultation seeking approval for the strategy</i> | <i>Revinder Johal, Commissioning Manager – Strategy and Integration, ASC Anna Walker, Commissioning Manager for Strategy and Planning, Solihull MBC</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Primary Care Enabling Strategy</i> | <i>Agenda item</i> | | <i>Paul Sherriff</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>ICS/UHB Update</i> | <i>Agenda item</i> | <i>To receive an update on the 3 reviews being undertaken at UHB.</i> | <i>TBC</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>Proposed configuration of services across UHB – engagement outcomes</i> | <i>Agenda item</i> | | <i>TBC</i> | <i>N/A</i> | <i>None identified</i> | |

Final Deadline: 6th February 2023

Publication: 7th February 2023

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: 13th March 2023 at 2.00pm, Committee Rooms 3 and 4, Council House

Venue: Birmingham

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|--|--------------------|--|---|------------|------------------------|--|
| <i>ICS/UHB Update</i> | <i>Agenda item</i> | <i>Update on the 3 reviews being undertaken at UHB. Findings of the 1st review.</i> | <i>Jonathan Brotherton, UHB; David Melbourne, BSol ICS*</i> | <i>N/A</i> | <i>None identified</i> | <i>Representatives for UHB and BSol ICS TBC.</i> |
| <i>West Midlands Ambulance Service Update</i> | <i>Agenda item</i> | <i>Update on actions taken to respond to concerns raised at the January meeting.</i> | <i>Vivek Khashu and Mark Docherty, WMAS; David Melbourne, BSol, ICS</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>BSol ICS update on performance against finance and recovery plans</i> | <i>Agenda item</i> | <i>To update on the current status regarding finance and recovery plans</i> | <i>Paul Athey, ICS Finance Lead*</i> | <i>N/A</i> | <i>None identified</i> | <i>Representative for Paul Athey TBC.</i> |

* Representatives from BSol ICS and UHB to be advised.

Final Deadline: 2nd March 2023

Publication: 3rd March 2023

TO BE SCHEDULED

| Item/ Topic | Type | Aims and Objectives | Lead Officer | Witnesses | Visits | Additional Information |
|--|--------------------|---|--|------------------|------------------------|--|
| <i>Integrated Care System and the Role of Scrutiny</i> | <i>Agenda item</i> | <i>To determine future arrangements and reporting</i> | <i>David Melbourne, BSol ICS</i> | <i>N/A</i> | <i>None identified</i> | |
| <i>ICS Joint Forward Plan</i> | <i>Agenda item</i> | <i>Report on health planning for the system including commissioning intentions.</i> | <i>Carol Herity to confirm Lead Officer</i> | <i>N/A</i> | <i>None identified</i> | <i>To be scheduled early in the new municipal year</i> |
| <i>ICS Quality Assurance Update</i> | <i>Agenda item</i> | <i>Update on Quality Assurance to every JHOSC</i> | <i>Carol Herity to confirm Lead Officer</i> | <i>N/A</i> | <i>None identified</i> | <i>To be scheduled early in the new municipal year</i> |
| <i>Update on Post-COVID Syndrome ('Long COVID') Rehabilitation</i> | <i>Agenda item</i> | <i>Update on previous report presented to JHOSC on 29th September 2021</i> | <i>Ben Richards, Chief Operating Officer, Birmingham Community Healthcare NHS Foundation Trust</i> | <i>N/A</i> | <i>None identified</i> | <i>Report to include Long COVID implications on health and long-term employment.</i> |
| <i>Phase 2, Musculoskeletal Redesign Programme</i> | <i>Agenda item</i> | <i>To report on the current status of the programme</i> | <i>Marie Peplow, Chief Operating Officer, The ROH</i> | <i>N/A</i> | <i>None identified</i> | |