

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 19 NOVEMBER 2019 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 Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 DECLARATIONS OF INTERESTS

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

3 APOLOGIES

To receive any apologies.

3 - 8

4 ACTION NOTES/ISSUES ARISING

To confirm the action notes of the meeting held on 15th October 2019.

9 - 16

5 PUBLIC HEALTH PROFILE DATA

Elizabeth Griffiths, Acting Assistant Director of Public Health.

17 - 50

6 SUBSTANCE MISUSE: BIRMINGHAM'S ADULT AND YOUNG PEOPLES TREATMENT SERVICES

Max Vaughan, Behaviour Service Integration Manager, Adult Social Care; Sian Warmer, Deputy Director, Change, Grow, Live (CGL); Ben Howells, Area Manager, Aquarius; Karl Beese, Commissioning Manager, Adult Social Care.

- 51 - 74**
- 7 **HEALTHWATCH BIRMINGHAM UPDATE**
- Andy Cave, Chief Executive Officer, Healthwatch Birmingham.
- 75 - 84**
- 8 **THE IMPACT OF POOR AIR QUALITY ON HEALTH TRACKING REPORT**
- Mark Wolstencroft, Operations Manager, Environmental Protection.
- 85 - 110**
- 9 **ADULT SOCIAL CARE PERFORMANCE MONITORING**
- Maria Gavin, Assistant Director, Quality & Improvement, Adult Social Care.
- 111 - 120**
- 10 **WORK PROGRAMME - NOVEMBER 2019**
- For discussion.
- 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 Chairman are matters of urgency.
- 13 **AUTHORITY TO CHAIRMAN AND OFFICERS**
- Chairman to move:-
- 'In an urgent situation between meetings, the Chairman jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 15th October 2019, Committee Room 6 – Actions**Present:**

Councillor Rob Pocock (Chair), Mick Brown, Diane Donaldson, Peter Fowler, Ziaul Islam and Paul Tilsley.

Also Present:

Dr Majid Ali, Clinical Lead Community Services Transformation, Birmingham and Solihull CCG

Dr Sommiya Aslam, Clinical Lead – Urgent Care, Sandwell and West Birmingham CCG

Simon Doble, Associate Director of Integration, BSol CCG

Elizabeth Griffiths, Acting Assistant Director of Public Health

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG

Gail Sadler, Scrutiny Officer

Hannah Ship, Commissioning Manager, SWB CCG

1. NOTICE OF RECORDING

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

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

Councillor Zaheer Khan.

4. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 17th September 2019 were agreed.

The following matters have arisen since the committee last met:

- It was noted that a response to a query raised during evidence gathering for the Period Poverty Review had been received from the Cabinet Member for

Education, Skills and Culture and the information had been included in the final report.

- A response to the query on how many users of the in-house enablement service also have a medical condition and are also being supported by the health service was still outstanding.
- Still await a detailed explanation on the figure for the current cost per hour for the In-House Enablement Service. Councillor Pocock read out the latest response from Adult Social Care Finance which stated “It looks like the main benchmarking for hourly rates is the Adult Social Care Finance Return (ASC-FR), our latest return for outturn 2018/19 was an “N/A” for the in-house home support function (and that was the case in the previous year’s return). I will look at the tools we have to access earlier years benchmarking data to see what light that sheds on the comparison and let you know the results.” The committee noted with concern that, as yet, it had not received a figure that is calculated on a ‘like for like’ basis which makes it possible to benchmark against other comparator local authorities. In response to Councillor Fowler’s request for a deadline to be set for receipt of the information, Councillor Pocock said that he would seek assurance that the data would be available for consideration before the next Enablement review evidence gathering session.
- Councillor Pocock confirmed that a site visit to the Community Early Intervention Prototype at the Norman Power Centre (Edgbaston) has been arranged to take place on Tuesday 22nd October 2019.
- Report of the Cabinet Member for Health and Social Care
 - In response to a request for an opportunity to have sight of the Day Opportunities Strategy before it goes to Cabinet, members were informed that they had been sent invitations to an informal briefing that has been arranged for 12th November.
 - The Birmingham STP and West Birmingham – Councillor Pocock confirmed that a decision was made by the Sandwell and West Birmingham GPs to retain their existing boundary. However, there is some work about to begin on merging the 4 Black Country CCGs (Dudley; Sandwell and West Birmingham; Walsall and Wolverhampton) into a single CCG and there is a stakeholder event arranged for Thursday 17th October which Councillor Pocock will be attending. This presents another opportunity to review whether the boundary of the Black Country STP should or should not include West Birmingham.

5. BIRMINGHAM DEMENTIA STRATEGY REFRESH

Zoeta Manning (Senior Integration Manager – Frailty, Birmingham and Solihull CCG); Dr Majid Ali (Clinical Lead Community Services Transformation, Birmingham and Solihull CCG) and Simon Doble (Associate Director of Integration, Birmingham and Solihull CCG) presented an overview of work undertaken and progress made under the Birmingham and Solihull Dementia Strategy 2014-17 but also recognised that

more work still needs to be done to provide support to those living with dementia and their families/carers. A Strategy Steering Group has been established to support a refresh of the Birmingham strategy to reflect progress to date and future planning. It was noted that Solihull MBC had developed their own refreshed dementia strategy.

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

- Dementia drug prescribing will be transferring from mental health to primary care over time, but GPs will require adequate knowledge and skills to take on prescribing. It was acknowledged that there is a variation in knowledge and skills across GPs.
- The risk factors associated with dementia are especially prevalent within the BME communities. The barriers to diagnosing dementia within those communities are complex, some of which may lie with healthcare professionals because it can be a challenging conversation to undertake. But barriers may also lie with an individual or families. The situation is improving as people become more familiar with anti-dementia drugs and the opportunity to slow down progression and maintain independence and seek support from their healthcare professional.
- Dementia diagnosis information is now being shared with Primary Care Networks (PCNs) and constituent GP practices.
- An independent evaluation of the Dementia Support Service was carried out in March 2018 which showed that 86% of people accessing the service are white/British.
- The evaluation report identified that there wasn't enough engagement with BME communities that is in keeping with the demographic population of Birmingham. It was suggested that venues frequented by the BME population should be identified to promote dementia awareness.
- The summary of the demographic profile of participants who attended engagement events similarly showed that 89% of the participants were white/British which also does not reflect the demographic profile of Birmingham.
- Interventions are being put in place to diagnose dementia as early as possible with an ambition to avoid diagnosis at the point of crisis.
- Members welcomed the introduction of the annual health check for people with learning disabilities and Down's Syndrome.

RESOLVED:

- Given the demographics of Birmingham, clarification was sought about what the target figures should be from ethnic groups to accessing the Dementia Support Service. It was confirmed that the 2011 Census was used to indicate what would be reflective for the population of Birmingham.

- A further progress report be presented to the committee in 12 months to include: -
 - What is being done to address equality of access to the service?
 - Information/data to be broken down geographically e.g. Ward.
 - What actions are being taken in response to the List of Participants Recommendations?
 - An explanation as to why there were other Regions that systematically report a much higher diagnostic rate – indeed a rate already at the target level we have set.

6. PUBLIC HEALTH GREEN PAPER – CONSULTATION RESPONSE

Elizabeth Griffiths (Acting Assistant Director of Public Health) introduced a report informing the committee of the findings from the Public Health Green Paper consultation and the mechanisms by which the issues raised will be progressed.

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

- The methods of engagement were welcomed and the learning from that needs to be spread more widely across the authority.
- The questionnaire was only produced in English but if a request had been received for it in an alternative language this would have been addressed and this is something that will be looked at in the future.
- The gender breakdown for the adults from faith communities focus groups was mainly female.
- The Creating a Healthy City Framework aims to capture strategies and action plans across the Council and its partners to improve the health and wellbeing of the citizens of Birmingham and using the Framework as a means of holding to account and monitoring progress.

RESOLVED:

- The report was noted.
- Elizabeth Griffiths to report back to the committee on work being undertaken by Public Health around Community Engagement.
- The Creating a Healthy City Framework will be reported to committee when available.

7. BIRMINGHAM SUICIDE PREVENTION STRATEGY

Elizabeth Griffiths (Acting Assistant Director of Public Health) updated the committee on the implementation of the Birmingham multi-agency Suicide Prevention Strategy which sets out the priorities for action and a shared ambition for the city to reduce deaths from suicide.

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

- Undertaking a 4-month deep dive review to identify what the health needs are of that veteran's population and there will be recommendations associated with that. At this stage, the key actions for accessing that community are unknown. The review is being informed by a number of voluntary sector organisations and the health service that are delivering a service to that community.
- UK is one of the highest rates of self-harm. It was suggested that the reason why Birmingham has a low rate may be because people aren't presenting but that is something the Suicide Working Group will be looking at in order that the city can maintain its low rate amongst the core cities.
- Undertaking a review of the Polish community to try and understand why the suicide rate is high amongst working age men in that community.
- In the cohorts of people included in the Strategy there appeared to be nothing related to victims of female genital mutilation (FGM).

RESOLVED:

- Elizabeth to:
 - (referring to the infographic) provide clarification of whether the 1,977 individuals presenting to A&E with self-harm in 2017/18 was over one year i.e. 2017/18 or 2017 and 2018.
 - Feedback to the Suicide Working Party that the FGM cohort has not been included.
 - Take part in discussions with Scrutiny Officers about how future reports from the Health and Wellbeing Board are reported to HOSC.

8. FUTURE COMMISSIONING OF URGENT TREATMENT CENTRES IN SANDWELL AND WEST BIRMINGHAM

Hannah Ship (Commissioning Manager, Sandwell and West Birmingham CCG) and Dr Sommiya Aslam (Clinical Lead – Urgent Care, Sandwell and West Birmingham CCG) attended to talk about the commissioning for the two Urgent Treatment Centres in Sandwell and West Birmingham. The presentation focussed on engagement with local patients and population; work being undertaken to move things forward; preferred options for Sandwell and West Birmingham and the approach taken to engagement/ consultation.

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

- Assurance was given that the Summerfield site will remain a Walk in Centre after March 2021.

RESOLVED:

The committee was happy to endorse the place-based approach to enable the next phase of work to begin.

9. WORK PROGRAMME – OCTOBER 2019

- 29th October – In-House Enablement Service – Evidence Gathering: - It was agreed that in order to allow additional time for further submissions and supplementary information/data to be available to the committee that this meeting may need to be rescheduled to a date in November.
- The work programme was noted.

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

None.

11. OTHER URGENT BUSINESS

RESOLVED:

12. 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 1205 hours.

Report to:	Birmingham Health and Social Care Overview and Scrutiny Committee
Date:	19 November 2019
TITLE:	PUBLIC HEALTH PROFILES DATA
Presenting Officer	Elizabeth Griffiths, Acting Assistant Director of Public Health

Report Type:	Information report
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1. Purpose:

To provide an update on routine Public Health data; to receive a demonstration on publicly available routine data; and, to identify what data the Committee requires in future reports.

2. Recommendation

The Health and Social Care Overview and Scrutiny Committee is asked to note:

- The contents of this report and demonstration; and
- Plans for the delivery of the Joint Strategic Needs Assessment core data set.

The Committee is asked to agree:

- What data it requires in future reports from the Public Health Division.

3. Summary

3.1 Reliable data is key to understanding our population and its needs, identifying where inequalities exist and understanding how well we are performing.

3.2 We are constantly bombarded with data in our every day lives from social media, news platforms, the television, radio and other sources. When taken in isolation, data can be misleading, misconstrued and misunderstood.

3.3 It is therefore imperative that when we use data we consider how reliable it is so that we can make a judgement on whether we believe what it is telling us; and the degree to which we can apply the findings to our local area.

3.4 Public Health specialists are trained to collect, analyse and critique data. Through providing contextual analysis, they are able to gain insight and intelligence from data to inform decision making.

3.5 In Birmingham, the Public Health Division is in the process of refreshing a large compendium of data on the health and wellbeing of the City; the Joint Strategic

Needs Assessment (JSNA). This core dataset will be released over the coming months.

- 3.6 Alongside documents like the JSNA, there are a wide range of publicly available Public Health data resources. Public Health England (PHE) is a reliable source of data and regularly releases outcomes data in a broad range of areas such as health improvement, health protection and the wider determinants of health. Appendix A provides some summary tables of recent Public Health England data for Birmingham and compares this against the West Midlands and England averages.
- 3.7 This report will be accompanied by a live demonstration of the data publicly available from Public Health England's Public Health profiles.
- 3.8 The Committee is encouraged to consider what Public Health data it would like to receive in future reports.

4. Routine data

- 4.1 Reliable data is key to understanding our population, our population's needs, identifying where inequalities exist within our population and understanding how well we are meeting the needs of our population.
- 4.2 Routine data is a valuable asset. It is readily available at low cost and is useful for giving context, raising questions and identifying trends. It can provide reliable estimates on expected levels of health, wellbeing and disease in a population.
- 4.3 Data is available at a range of geographical levels (such as England, Regional, Birmingham, ward, GP practice); and depending on the measure, it may be reported in different timeframes such as on a quarterly, annual, biennial or in some cases as a rolling average over a period of three or five years.
- 4.4 Birmingham routine data
- 4.5 To better monitor the needs of Birmingham's vulnerable population, the Birmingham Joint Strategic Needs Assessment (JSNA) is being refreshed. Drawing on a wide range of data sources, the JSNA will ensure that city level data is presented across the life course from pregnancy, birth and early years through to end of life. The 2019 core dataset will be released over the next few months; the 2020 and 2021 core datasets will have a stronger focus on the inequalities observed between communities in the City.
- 4.6 The JSNA includes a four year programme of deep dive reviews focusing on particular populations within the City. The Deep Dive reviews scheduled for 2019/20 are the Health and Wellbeing of Veterans; Death and Dying in Birmingham; the Health and Wellbeing of the Public Sector Workforce; and Mobility Impairment.
- 4.7 The JSNA is a useful tool for assessing the current and planning for the future needs of our population.

- 4.8 Alongside documents like the JSNA, there are a wide range of publicly available data resources. Public Health England (PHE) is a reliable source of data and regularly releases outcomes data in a broad range of areas such as health improvement, health protection and the wider determinants of health. Its fingertips portal can be accessed via <https://fingertips.phe.org.uk>
- 4.9 Appendix A provides some summary tables of recent Public Health England data for Birmingham and compares this against the West Midlands and England averages.
- 4.10 Unlike with service level data, it is not always possible to observe differences or improvements in population level data in the short-term, for example on a quarterly basis.
- 4.11 Population level interventions often take a long time to show improvements in the data. There are a range of reasons for this, for example, a behavioural change intervention to improve physical activity within a child population may reduce the number of children who go on to have heart attacks as adults, but this may not become apparent in the data for a number of years down the line. There may also be a delay in collecting and reporting data, for example, Infant Mortality data is reported on a three year rolling average, meaning that it may not be possible observe improvements due to present interventions for a number of years. Lastly, there may be external factors that are driving changes in the data that are external to Birmingham, such as the economy and employment, which mean that any changes observed may not down to local interventions but are part of a wider national trend.
- 4.12 A demonstration on the range of data available and how the Committee may wish to use population level data to support its future Overview and Scrutiny work will be provided at the meeting. The Committee is encouraged to consider what Public Health data it would like to receive in future reports.

Appendices

Appendix A: Public Health Outcomes Framework summary tables

Appendix A: Public Health Profiles summary tables

Key:

Significance compared to England average:

	Significantly worse
	Not significantly different
	Significantly better

Change from previous:










	No significant change		
	Increasing / Getting better		Decreasing / Getting better
	Increasing / Getting worse		Decreasing / Getting worse

Table 1: Life expectancy and healthy life expectancy indicators, Birmingham, West Midlands and England averages (Reporting Period 2015-17/2016-18)

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
A01a Healthy life expectancy at birth (male) (y)	All ages	2015-17	59.9	62.1	63.4	
A01a Healthy life expectancy at birth (female) (y)	All ages	2015-17	58.9	62.9	63.8	
A01b Life expectancy at birth (male) (y)	All ages	2015-17	77.6	78.8	79.6	
A01b Life expectancy at birth (female) (y)	All ages	2015-17	82.0	82.7	83.1	

Source: Public Health England fingertips

Table 2: Maternity, children and young people indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
E01 Infant mortality (per 1,000)	<1y	2015-17	7.84	5.94	3.92	→
C06 Smoking status at time of delivery	All ages	2018/19	8.62	11.9	10.6	→
C02a Under 18s conception rate (per 1,000)	<18y	2017	19.4	19.9	17.8	→
C04 Low birthweight of term babies (%)	*	2017	3.80	3.10	2.82	→
2.02i Breastfeeding initiation (%)	All ages	2016/17	71.1	68.9	74.5	→
B02a School readiness: % of children achieving a good level of development at the end of reception	5y	2017/18	67.7	69.8	71.5	↑
B02a School readiness: % of children with free meal status achieving a good level of development at the end of reception	5y	2017/18	59.8	57.1	56.6	→
E03 Percentage of 5 year olds with experience of visually obvious dental decay (%)	5y	2016/17	26.1	25.7	23.3	N/A
C09a Prevalence of overweight (including obesity) in Reception	4-5y	2017/18	23.5	23.4	22.4	→
C09b Prevalence of overweight (including obesity) in Year 6	10-11y	2017/18	40.3	37.1	34.3	→
1.01i Children in low income families (all dependent children under 20) (%)	0-19y	2016	28.1	20.2	17.0	↑
B05 16-17 year olds not in education, employment or training (NEET) or whose activity is not known (%)	16-17y	2017	9.22	6.37	6.00	↓
B04 First time entrants to the youth justice system (per 100,000)	10-17y	2018	377.7	279.9	238.5	↓

Source: Public Health England fingertips Key: * =37 weeks gestation at age of birth

Table 3: Screening and immunisations indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
D03h Population vaccination coverage Dtap/IPV/Hib (2y) (%)	2y	2018/19	92.1	94.5	94.2	↓
D03j Pop'n vaccination coverage MMR one dose (2y) (%)	2y	2018/19	86.8	90.6	90.3	→
D04c Pop'n vaccination coverage MMR two doses (5y) (%)	5y	2018/19	82.3	86.7	86.4	→
D04f Pop'n vaccination coverage HPV two doses (females 13-14y) (%)	13-14y	2017/18	77.2	84.1	83.8	→
D03l Population vaccination coverage Flu (2-3y) (%)	2-3y	2018/19	35.6	44.8	44.9	↓
D03l Pop'n vaccination coverage Flu at risk individuals (%)	6m-64y	2018/19	45.1	47.8	48.0	↓
D03l Population vaccination coverage Flu 65+y (%)	65+y	2018/19	67.6	71.1	72.0	↓
D06c Population vaccination coverage Shingles (70y) (%)	70y	2017/18	39.8	44.5	44.4	N/A
C24a Breast cancer screening coverage (%)	53-70y	2018	68.5	74.3	74.9	↓
C24b Cervical cancer screening coverage (25-49y f) (%)	24-49y	2019	61.9	69.6	69.8	→
C24c Cervical cancer screening coverage (50-64y f) (%)	50-64y	2019	73.4	75.7	76.2	→
C24d Bowel cancer screening coverage (60-74y) (%)	60-74y	2018	48.1	57.4	59.0	→
C25a Abdominal Aortic Aneurysm screening coverage (male) (%)	65y	2017/18	78.7	83.1	80.8	↑

Source: Public Health England fingertips

Table 4: Mental health and wellbeing indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
C28a Self-reported wellbeing – people with a low satisfaction score (%)	16+y	2017/18	4.11	4.27	4.41	→
C28c Self-reported wellbeing – people with a low happiness score (%)	16+y	2017/18	8.76	8.71	8.20	→
C28d Self-reported wellbeing – people with a high anxiety score (%)	16+y	2017/18	19.0	18.0	20.0	→

Source: Public Health England fingertips

Table 5: Lifestyle indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
C18 Smoking prevalence in adults 18+y current smokers (%)	18+y	2018	16.2	14.5	14.4	→
C15 Proportion of population meeting the recommended “5 a day” on a “usual day” (%)	16+y	2017/18	49.4	53.1	54.8	→
C17a Percentage of physically active adults (%)	19+y	2017/18	61.0	63.2	66.3	→
C17b Percentage of physically inactive adults (%)	19+y	2017/18	26.4	25.5	22.2	→
B16 Utilisation of outdoor space for exercise/health reasons (%)	16+y	Mar15-Feb16	18.4	17.7	17.9	↑
C16 Percentage of adults 18+y classified as overweight or obese	18+y	2017/18	65.1	65.7	52.0	→

Source: Public Health England fingertips

Table 6: Employment indicators, Birmingham, West Midlands and England averages

Indicator	Age	Reporting Period	Birmingham Value	Region Value	England Value	Change from previous
B08d Percentage of people aged 16-64y in employment (%)	16-64y	2018/19	65.5	73.8	75.6	→
B08a Gap in employment rate between those with a long-term health condition and the overall employment rate (% points)	16-64y	2018/19	7.10	11.5	11.5	↓
B08b Gap in employment rate between those with a learning disability and the overall employment rate (% points)	18-64y	2017/18	63.4	68.4	69.2	→
B08c Gap in employment rate between those in contact with secondary mental health services and the overall employment rate (% points)	18-69y	2017/18	60.4	65.7	68.2	→

Source: Public Health England fingertips

Public Health England. Public Health Profiles. [accessed 05/11/19] <https://fingertips.phe.org.uk> © Crown copyright 2019.

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

OSC – 19th November 2019

Alcohol Misuse-Birmingham

- 13,300 people are alcohol dependent.
- 373 deaths from causes specific to alcohol per annum.
- 1400 alcohol dependent people in treatment (12%).
- Estimated 2,900 adults dependent on alcohol living with children.
- A heavy drinking profile of those in treatment.
- Numbers in treatment has reduced.

(Source Public Health England)

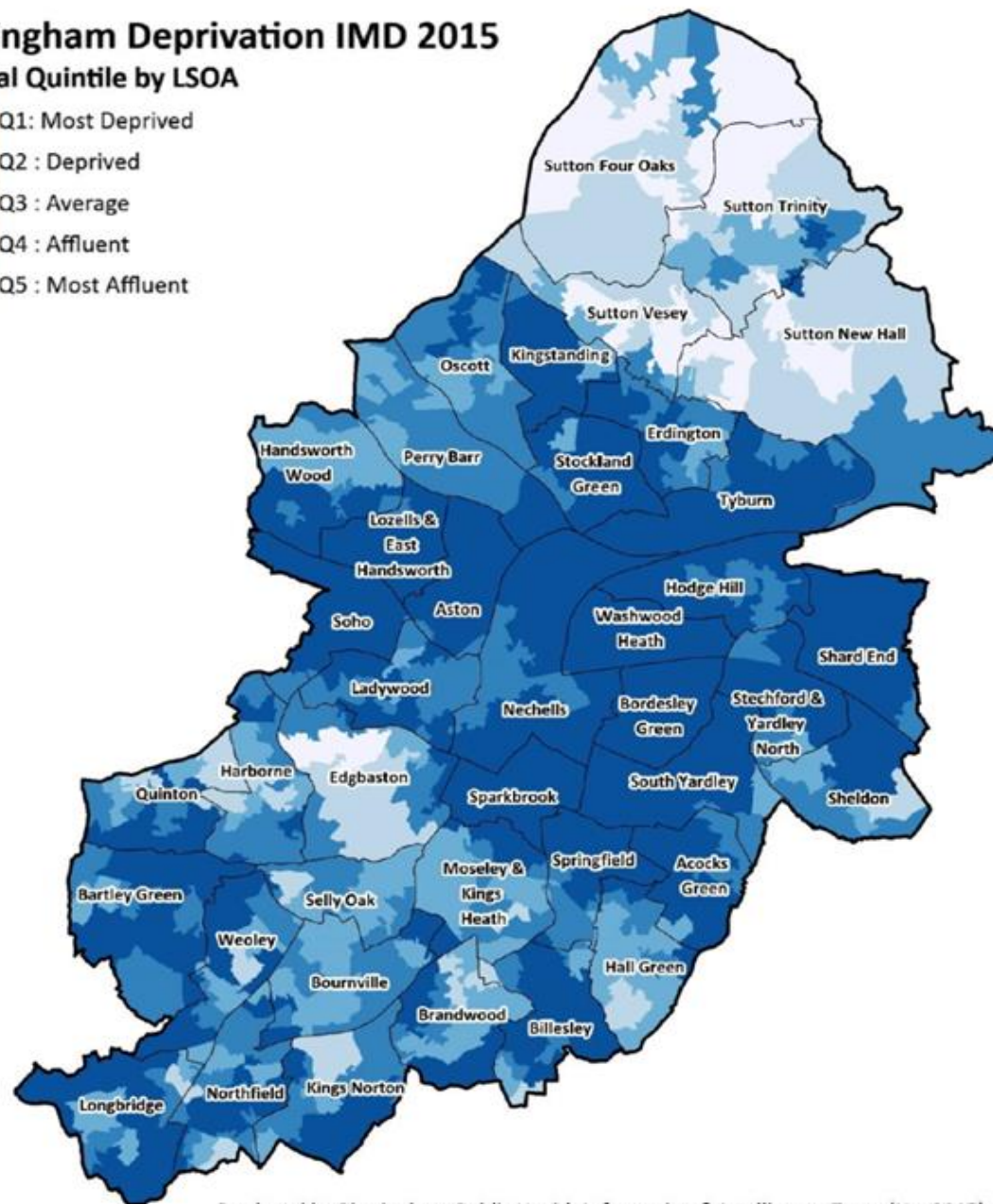
Drug Misuse - Birmingham

- 10,500 people using opiates and/or crack.
- 173 deaths from drugs misuse per annum.
- 4700 in treatment (43%).
- Estimated 3,400 adults dependent on opiates living with children.
- Those in treatment and those new to treatment tend to have multiple complexities.
- 1100 users in treatment using other drugs/alcohol.

(Source Public Health England)

Birmingham Deprivation IMD 2015

National Quintile by LSOA



Birmingham as a whole has high levels of deprivation with 40% of the population living in the 10% most deprived areas of England.

Many areas within Birmingham are amongst the most deprived in the country.

	Q1 2019/20 - Numbers in Treatment/Recovery with CGL				
Birmingham Constituency	Opiates	Alcohol Only	Alcohol & non-opiates	Non-opiates only	All substance groups
Edgbaston/Hall Green	738	24	11	13	786
Hodge Hill/Yardley	766	28	14	8	816
Perry Barr/Ladywood	1344	74	26	21	1465
Selly Oak/Northfield	736	49	17	11	813
Sutton Coldfield/Erdington	739	87	28	6	860
Totals	4323	<div>Page 21 of 120</div> 262	96	59	4740

Adult Services

- Change Grow Live
- 5 year contract awarded 2015 – 2020
- To be Extended to 2022
- £15m contract value 2018/19
- Key commissioning intentions:

Think Family

Single System

Recovery Outcomes

Adult Services Performance: – Successful Completions

Eight Core City Ranking:

- Opiate clients Birmingham ranks 3rd highest.
- Alcohol clients Birmingham ranks 2nd highest.
- Non-opiate clients Birmingham ranks 2nd highest.

Birmingham's substance misuse spend per head of population is £13.79 which is the 7th lowest.

Young People's Services

- Aquarius
- 2 year contract 2019 – 2021
- Option to extend for additional 1+1 years
- £673,000 contract value 2019/20
- Key commissioning intentions:
 - Minimise the misuse of drugs, alcohol and tobacco
 - Reduce risk / vulnerabilities in a holistic approach

Young People Performance

- 79% Planned Completions
- 61% wider care plan needs met at treatment exit
- 92% showing improved Emotional Health at treatment exit

Issues

- Ageing Opiate population
- New range of substances
- Alcohol
- Agendas / pathways to service:

Mental Health

Prison release

Employment

Criminal justice

Blood borne Virus

Domestic Abuse

Acute Sector

Child protection

Homelessness

- Multiple complex needs of young people

Future Commissioning Plan post 2020

- System wide review of the key outcomes regards the substance misuse agenda.
- Partners to include health, social care and criminal justice.
- Collaborative commissioning opportunities
- Children and adult contract timelines aligned
- Needs / trend analysis
- Evidence base as to what works

Future Commissioning Plan Approach

Stage	Intervention
Prevention	Eg Making Every Contact Count (MECC)
Early Intervention	Eg Children and young people's services
Treatment	Eg Counselling, Motivational Interviewing' Cognitive behaviour therapy
Maintenance / Harm Reduction	Eg Methadone scripting
Recovery	Eg Mutual Aid (AA, NA), pathways to employment



Change Grow Live, Substance Misuse Services in
Birmingham

Presented by:
Sian Warmer – Deputy Director

Date: November 2019

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Our goal is to help service users regain control, change the direction of their lives, grow as a person and live life to its full potential.

Our service in Birmingham

CGL is a service for adults (over 18s) experiencing difficulties with drugs or alcohol in Birmingham. Our support includes:

- Family support
- Help in maintaining and finding employment
- A liaison team working across Birmingham's hospital
- Tailored support for BME communities
- Support in finding accommodation and support for Birmingham's rough sleepers task force
- Mutual aid and peer support groups
- Criminal Justice employment programmes
- An inpatient detox service and residential rehabilitation
- A small grants scheme supporting community level recovery projects

Birmingham is one of the only cities in the UK that provides such a range of support within a single system.

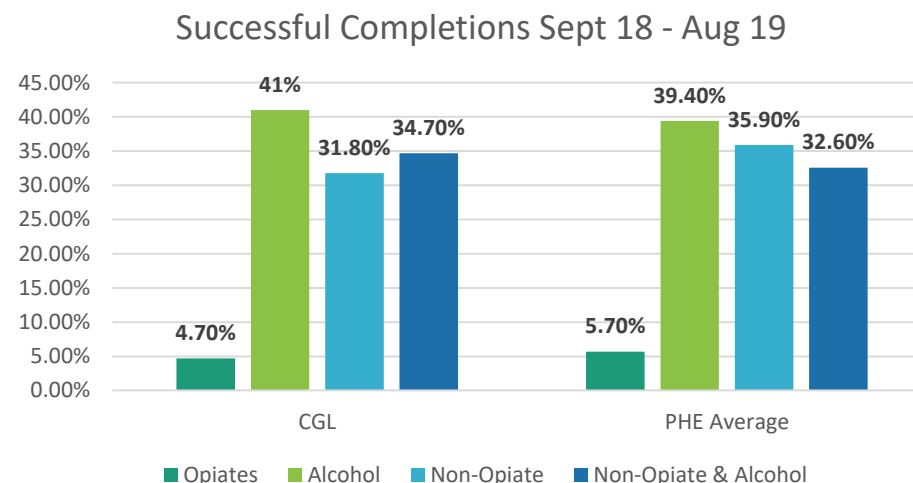
What service do people receive?

We've been providing services since March 2015, and the number of people that find recovery in Birmingham is on a par with the top 25% of services across the country.

Success Completions Sept 18 - Aug 19 (CGL Info Dashboard)		
Drug Category	CGL	PHE Average
Opiates	4.70%	5.70%
Alcohol	41%	39.40%
Non-Opiate	31.80%	35.90%
Non-Opiate & Alcohol	34.70%	32.60%

Re-presentation Rate Sept 18 - Aug 19		
Drug Category	CGL	PHE Average
Opiates	6.10%	15.60%

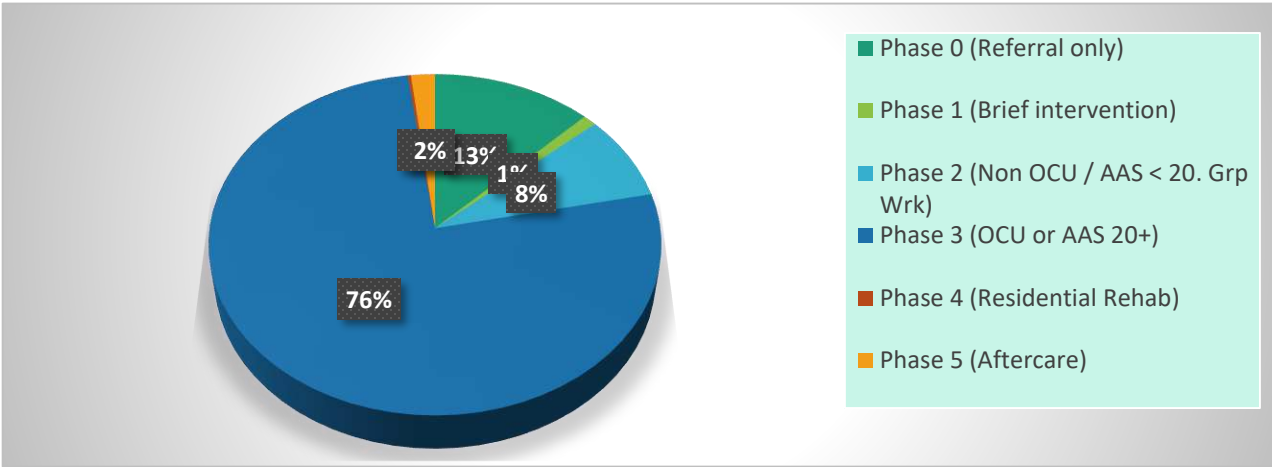
% of Clients in treatment with contact with the CJ System (DOMES Qtr1)	Column1	Column2
Drug Category	CGL	National Average
Opiates	32.0%	19.7%
Alcohol	9.8%	5.8%
Non-Opiate	24.9%	10.6%
Non-Opiate & Alcohol	19.5%	9.9%



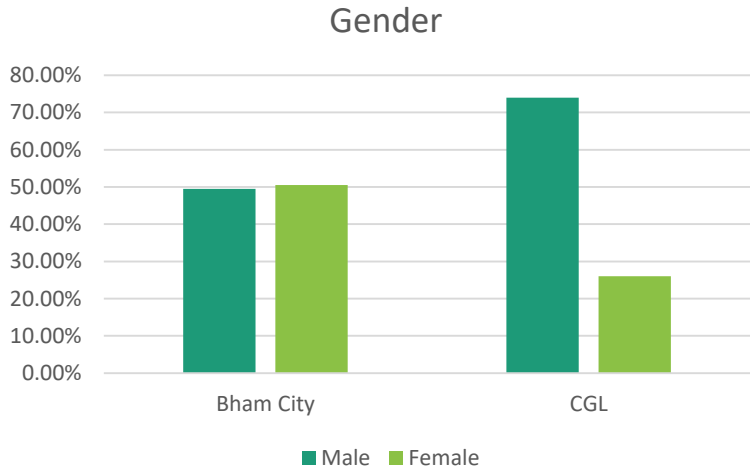
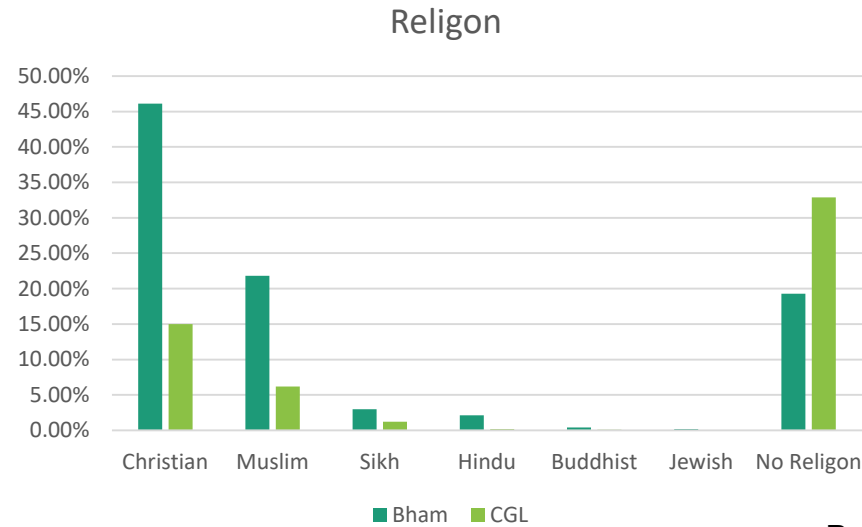
Successful Completions Sept 18 - Aug 19 (Partnership Report)

- Circa 860 successful completions (With NDTMS consent)
- Circa 930 successful completions (with & without NDTMS consent)
- Of which ,234 successful completions of clients in treatment who live with children.

CGL Birmingham – Birmingham’s Health Inequalities & Demographics

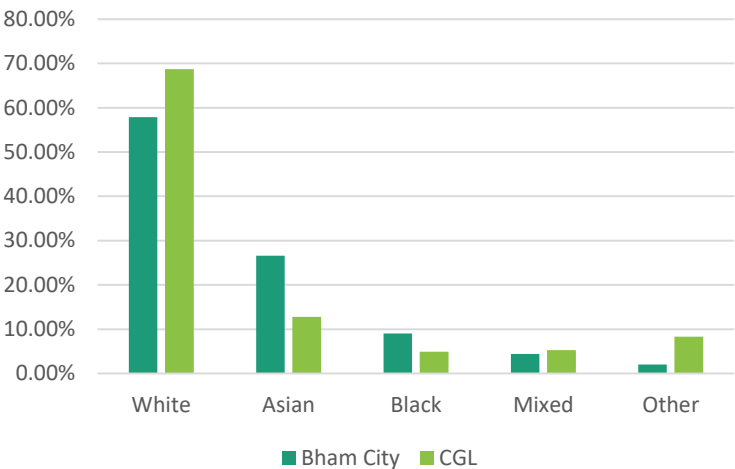


The Below graphs outline the population of Birmingham City demographics against the CGL caseload as of September 2019:

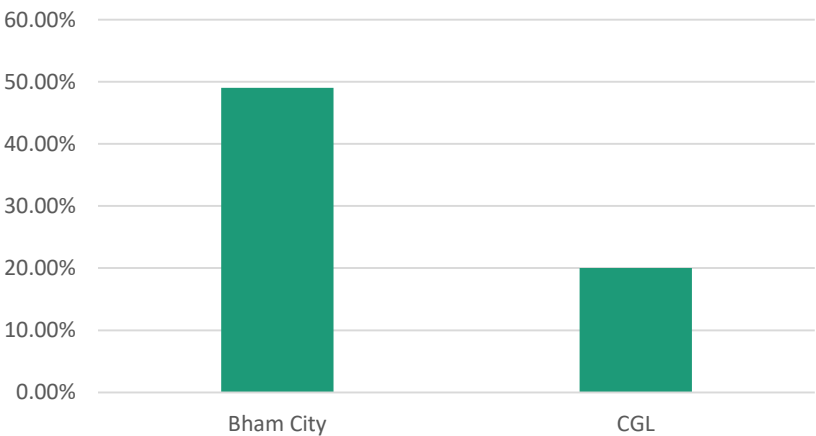


CGL Birmingham – Birmingham’s Health Inequalities & Demographics

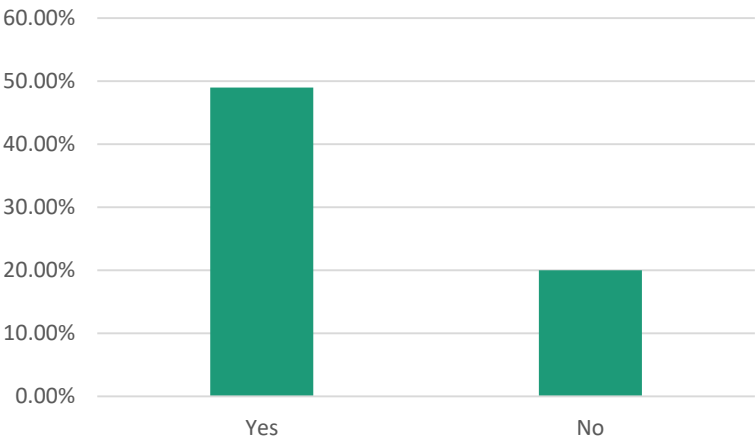
Ethnicity



Married/Cohabit



CGL Mental Health Status



Future Developments:

- 4 integrated hubs & a locality model of delivery
- Colocation opportunities
- Growing local assets and partnerships
- Contract extension – revised commissioning intensions

Partnerships:

- Subcontractors – Strategic Business Partners
- National Living Wage Foundation
- Street Intervention Team
- Housing First / Homeless Agenda
- Drug and alcohol death related enquiry group
- GP Shared care scheme
- Specialist Midwives
- Hep C Trust
- Hep C and HIV collocated clinics
- Umbrella – Sexual Health Services
- BSMHT
- WMP – Naloxone for officers

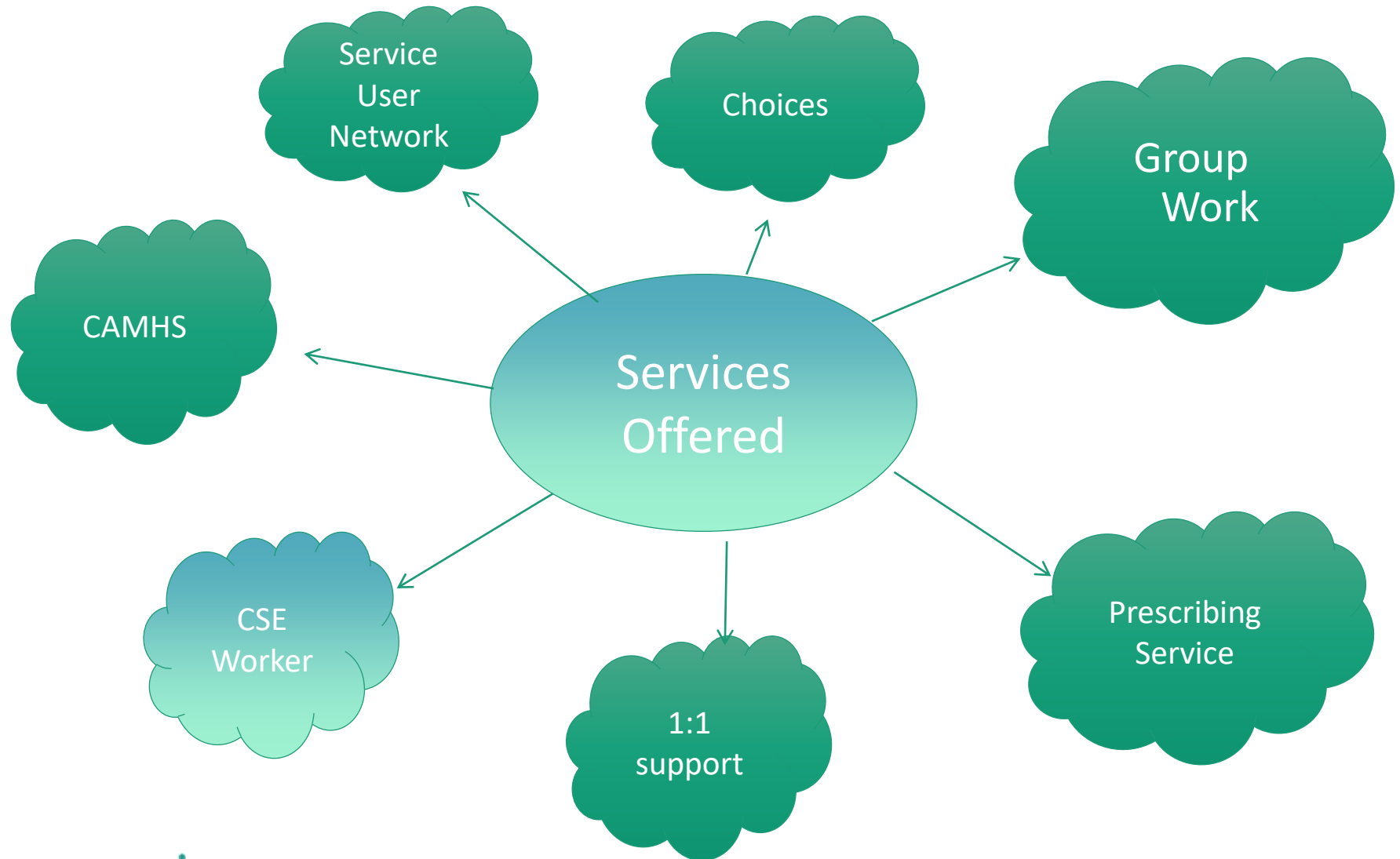
Aquarius: Young Peoples Service



What is the Aquarius Young Peoples Service?

- An under 18's substance misuse treatment service
- A multi-disciplinary team
- A service that is city wide

Our Services



Who do we work with?

- **Any Young Person under the age of 18 (under 21 if high additional needs) years old**
- **From any part of Birmingham**
- **From any background**
- **Living in any circumstances**
- **As long as the Young Person wants help and support around their drug and/or alcohol use then we will work with them**
- **High Risk Groups: Young offenders, LAC, NEET, NFA, young people with mental health and neuro-developmental Issues, Young People at risk of Sexual Exploitation (CSE)**

How do we work with our clients?

- Rapport Building
- Building Trust
- Being open/ honest & transparent (Confidentiality Agreement)
- Motivational Interviewing to resolve ambivalence and encourage change talk
- Social and Behaviour Network Therapy (SNBT)
- Cognitive Behavioural Approaches with a focus on goal setting and action
- Risk Assessments & Care Plans (regular reviews)
- Harm Reduction Advice/ Offer Drug Tests
- Referrals to other agencies (to increase the YP's support network)
- Multi-Agency working (inc. Safeguarding)

Substance Misuse Breakdown

The Bulk of our referrals are for the following drugs:

- **Alcohol (70%)**
- **Cannabis (75%)- nearly 90% “new” Cannabis**
- **Alcohol and Cannabis (60%)**
- (We are getting increasingly higher numbers of referrals for **Legal Highs (such as Black Mamba & Exodus Damnation)**)

Less frequently, we also see Young People using:

- Cocaine
- Ecstasy
- Speeds
- Solvent

Choices Project

- Works with Young People aged 10-19yrs old who are affected by Parental Substance Misuse
- Nearly 150 YP a year through the service.
- Offer 12 week support package (can be extended if necessary)
- Work around:
 - **Building Resilience**
 - **Exploring Coping Strategies**
 - **Removing Guilt**
 - **Developing drug/alcohol awareness**
 - **Developing support networks**
 - **Looking to the Future/Goal Setting**
 - **Safety Plans**

Safeguarding

Our clients safety & well-being (both physically & emotionally) are paramount and in certain cases we are required to act in the following ways:

- Referrals to Children's Social Care
- Initiation of fCAF's
- Active involvement in fCAF's, ISP's, CP conferences
- Escalating cases within Social Services if we feel they aren't safeguarding the client
- Liaison with Police & other professionals

We conduct regular Safeguarding Supervision to ensure good practice

Service Partnerships

- **St Basils** – member of staff based in the Hub
- **Pathfinders** – seconded member of staff
- **Barnardo's** – CSE and Substance Misuse worker
- **Engagement Navigator** – Working with Rough Sleepers
- **Welcome** – YP engagement worker linking YP to post treatment alternatives

Outputs

- Between 150 and 200 active clients at any one time
- Between 700 and 800 through the service in a year
- A combination of Focal/ Affected Others/Pathfinders/CSE
- During Q1 2019 a referral from 48 individual Bham postcodes
- 65% Male to 35% Female
- Ages from 10 to 19

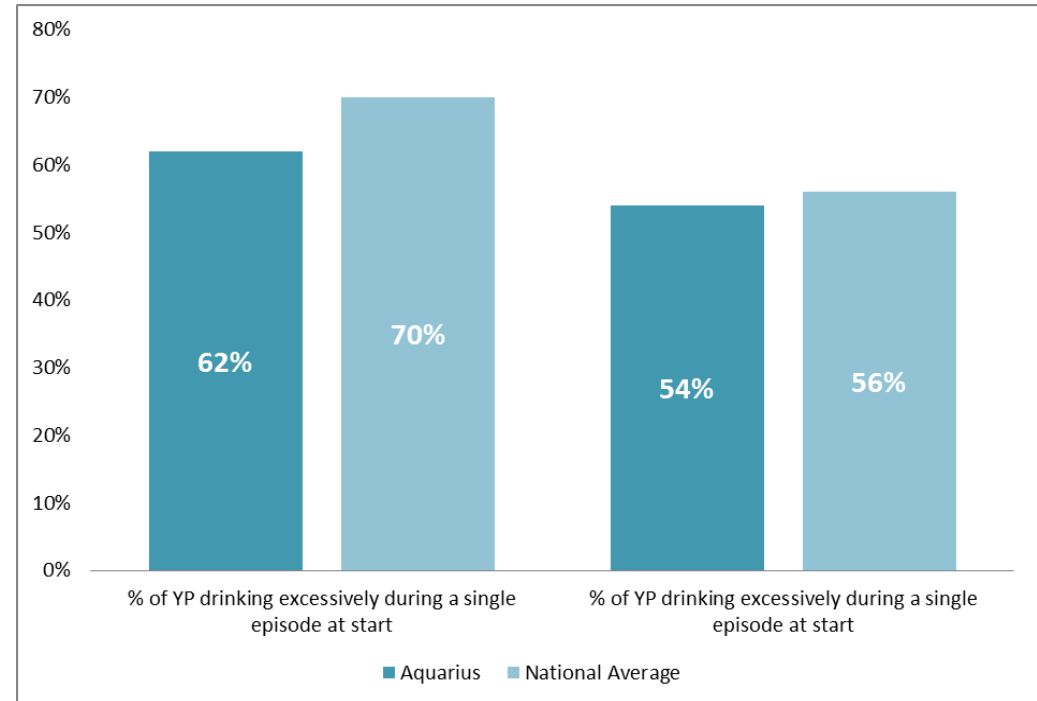
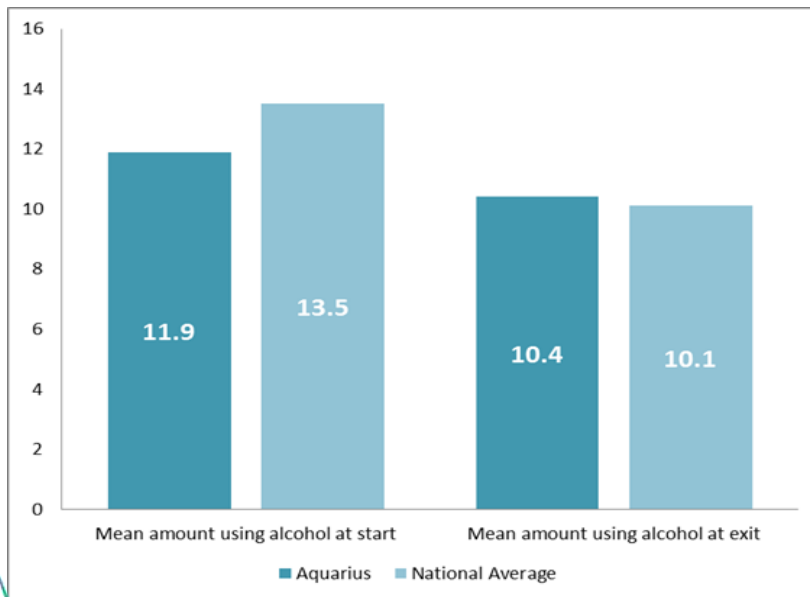
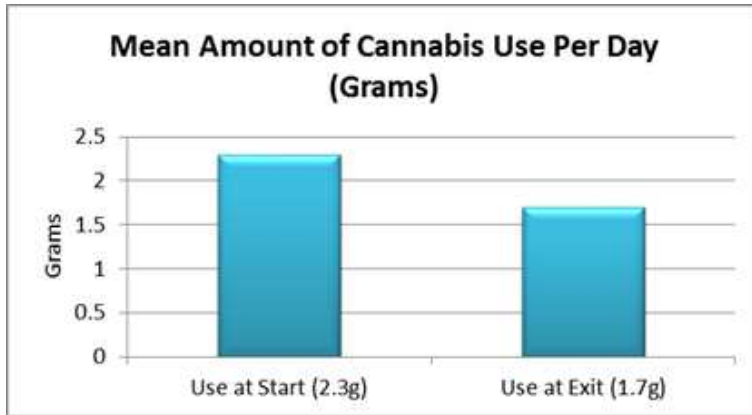
Data – Difference from National and wider complexity

- 38% in Mainstream Ed. 50% national average
- Solvent use 5% compared to 3% national
- 32% NEET compared to 19% national
- 41% White British compared to 75% National
- 16% Domestic Violence
- 67% Triggering action from the SDQ (Meatal Health Screening tool)

NEET's

- 32% of case load are NEETS. Much bigger problem within Birmingham service then national trend
- Led to creation of Evolve and Grow services
- Evolve, supported employment across 2 venues
- Grow, outdoor activities for YP
- If unsupported can lead to higher re-presentation rates

Substance Use



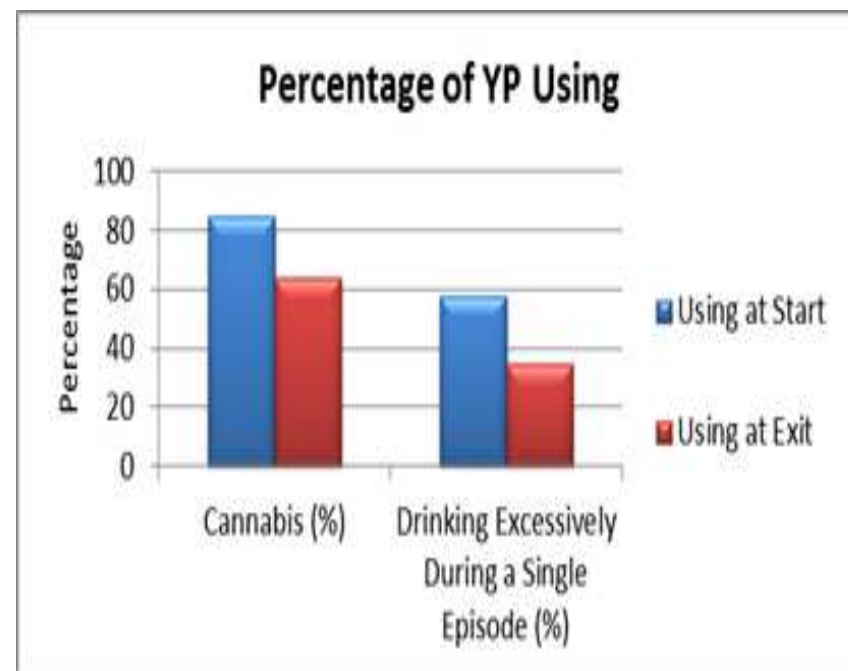
* Above graph should be treatment end

Outcomes

- 79% Planned Completions compared to 79% National
- 61% wider care plan needs met at Treatment Exit
- 92% YP showing improved Emotional Health at treatment exit

Outcomes

Area	Baseline Average	Latest Review Average	Average Change
Alcohol	7.2	9.2	2.0
Physical Health	7.9	8.3	0.4
Use Of Time	6.4	7.4	1.0
Social Networks	7.1	8.1	1.0
Drug Use	5.6	7.9	2.3
Emotional Health	6.1	7.9	1.8
Offending	7.1	8.8	1.7
Accommodation	8.1	8.4	0.4
Money	7.1	7.5	0.5
Family and Relationships	7.6	8.2	0.6





Healthwatch Birmingham

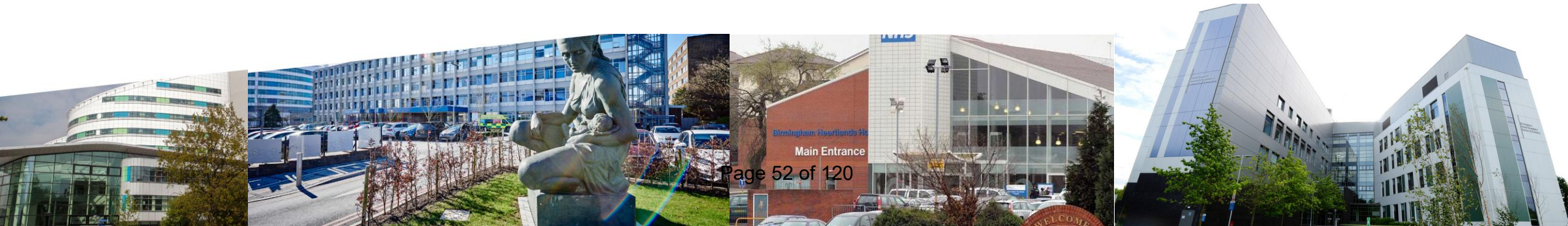
HOSC November 2019

Andy Cave, Chief Executive Officer

healthwatch
Birmingham

Presentation Content

- 1) Outcome of the Healthwatch Birmingham Procurement Process
- 2) Overview of the work carried out as part of our contract mobilisation period
- 3) Summary of the new contract performance indicators
- 4) Update on how we are achieving impact through our investigations



Contract Update

Healthwatch Birmingham Contract Procurement took place 2018-19

- Contract holder since 2013
- Contract ended 31/03/2019
- Contract extension 31/07/19
- New contract started 01/08/2019

New contract

- 3 + 2 Year Contract (2022 - 2024)
- Annual contract value of £407,207
- Payment by Results 10%

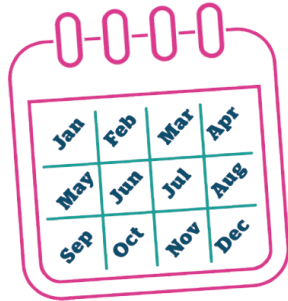


Summary of Activity 2018-19

Find out about our resources and the way we have engaged and supported more people in 2018-19. **Our resources:**



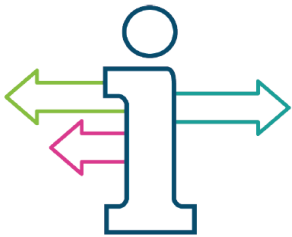
Over **1,400** people shared their health and social care story with us. **59%** more than last year.



We saw a **200%** increase in hours contributed by our awesome team of volunteers.



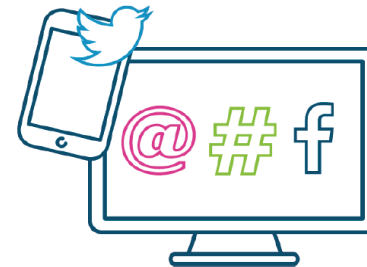
We produced **13** Investigation Reports outlining changes made because of our work. We shared these with over **2,550** stakeholders.



Over **380** people contacted our Information and Signposting Line with questions about local support. Our online Information Route had over **2,800** visits.



We engaged with over **3,100** people through community events to listen to their experiences of care.

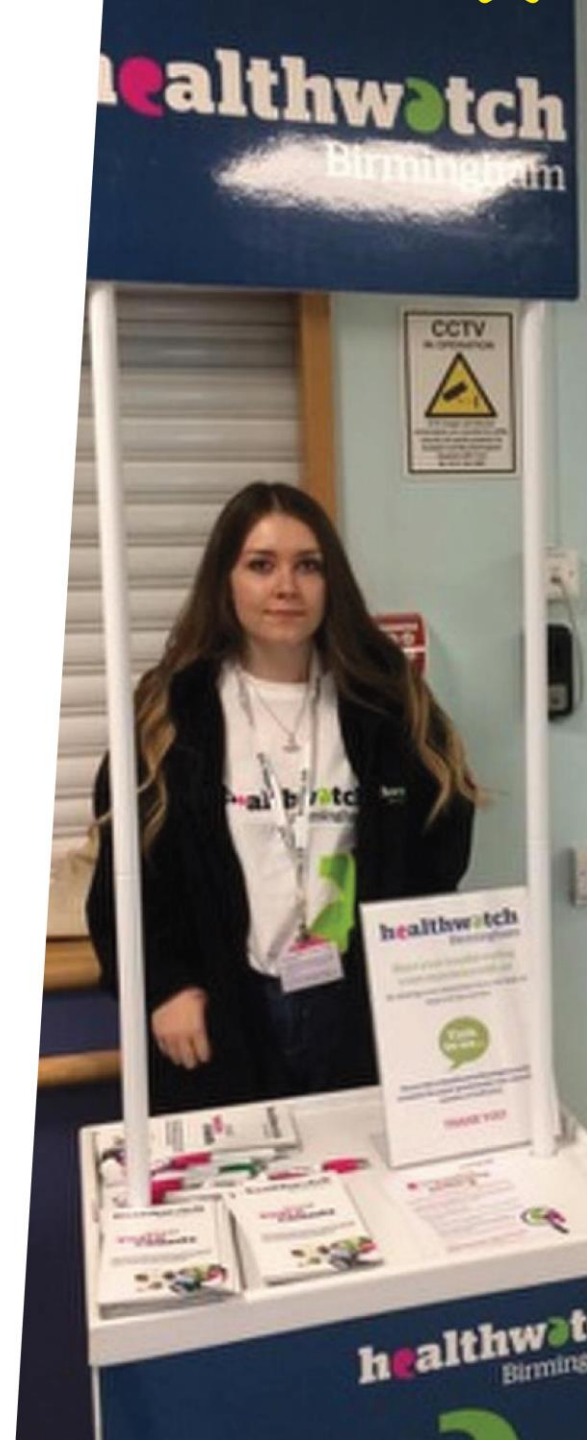


Our website and social media was engaged with over **129,000** times (over **93,000** website, over **36,000** on social media).



Contract Mobilisation - Action Plan

Success Factor	Actions	Timescale	Completion
Effective Governance	Carry out a skills-based review of the Healthwatch Birmingham Board.	June - July 2019	01/08/2019
	Recruitment of new NEDS as part of targeted recruitment against identified skills and diversity gaps.	August - December	31/12/2019
Three Year Plan and Strategy Development	Full team away day and planning	September 2019	01/10/2019
	Communications regarding our successful retention of the contract, including 3-year strategy launch	November / December	01/01/2019
Community engagement	Our 2019-20 Communications Strategy and Engagement Strategy are active	November 2019	30/11/2019
Investigation and Impact Reports	Investigation 1: Quality of PALs services in Birmingham. Selected through our publically-led Topic Identification and Prioritisation System in August 2018	August - December 2019	31/12/2019
	Impact Report 1: Direct Payment Study Impact Report 2: Experiences of Hospital Waiting Rooms Impact Report 3: Experiences of General Practice for people with Mental Health, Dementia, LD and Autism.	November and December 2019	31/12/2019
Publically Led	Topic Identification and Prioritisation System (TIPS) - Data analysed and the public have voted to select Investigation 2 and 3.	September / October 2019	31/10/2019



Our People

Healthwatch Birmingham Board

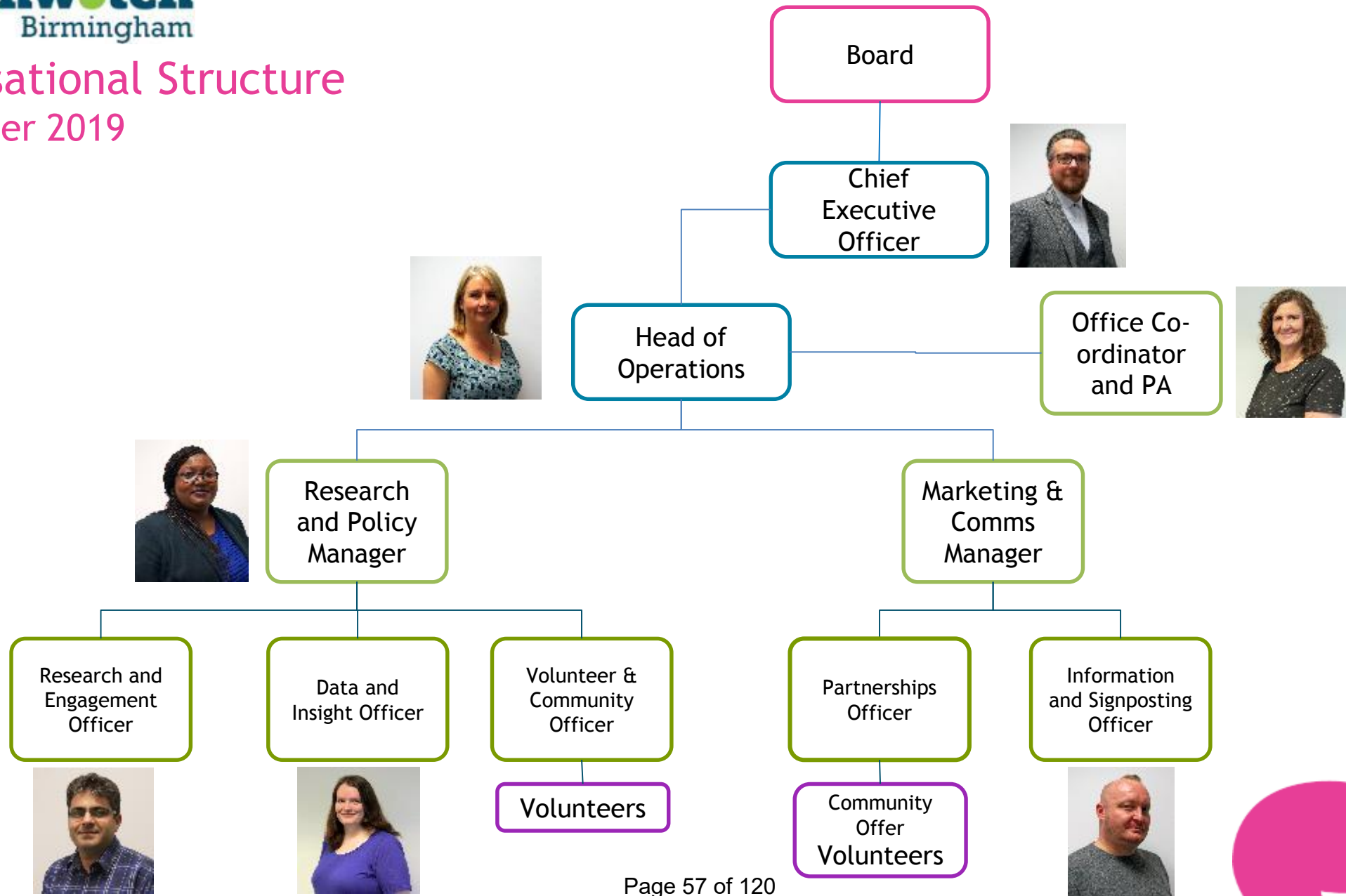
- NED recruitment took place in September - October 2019
- Our Board has 8 Non-Executive Directors (NEDs)
- Chair - Danielle Oum
- Volunteer Representative - Tim Phillips

Healthwatch Birmingham Staff Team

- 10 Staff positions (9.17 FTE)
- Full Staff role review took place in July 2019
- Staff recruitment took place to fill three vacant positions - September 2019
- Currently recruiting Marketing and Communications Manager - November 2019



Organisational Structure September 2019



Our Statutory Functions

Statutory functions:

- Promote and support involvement of local people in the commissioning, provision and scrutiny of all local health and care services;
- Enable local people to monitor the quality of all local health and care services and recommend whether and how they could be improved;
- Obtain local people's views on their experience of using local health and care services, advise on gaps in provision highlighted by patients, enter local health and social care premises and, importantly, make people's views known;
- Produce reports and recommendations about how all local care services could be improved and direct these reports to commissioners and providers of health and care services, agencies responsible for scrutinising local services and Healthwatch England;
- Provide advice and information on how to access all local health care services so people can make informed choices about managing their health and care needs;
- Formulate views on the standard of provision and on whether and how provision can and ought to be improved; and sharing these views with Healthwatch England;
- Making recommendations to Healthwatch England and advising the Care Quality Commission (CQC) on conducting special reviews or investigations (or, where the circumstances justify doing so, making such recommendations directly to the CQC); and to make recommendations to Healthwatch England to publish reports on particular issues;
- Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Contractual Outcomes

Healthwatch Birmingham will:

- Be an effective, powerful and independent local voice for the people of Birmingham;
- Promote better outcomes for both adults and children in health;
- Promote better outcomes for both adults and children in social care;
- Be representative of the diverse communities within Birmingham; and
- Demonstrate it has the appropriate level of skills competencies required to deliver its functions to the highest possible level.



Contractual Outcomes

Healthwatch Birmingham activity should lead to evidenced improvements to the:

Health and Social Care Service and Commissioning Improvements

- Patient and user experience of health and social care - Increase the number of citizens who provide feedback including those from hard to reach groups (those who are not easily accessible or engaged in public participation on any level, those digitally excluded and those who are in need of support but who choose not to use it)
- Satisfaction within health and social care - Support the increase in the satisfaction levels of citizens when accessing health and social care services within Birmingham
- Impact of patient and public involvement in the commissioning and improvement of local services - Challenge and support the health and social care system to be assured that citizens remain at the heart of organisational decisions
- Communication between providers and patients/people using their services (and their carers)



Contractual Outcomes

Healthwatch Birmingham activity should lead to evidenced improvements to the:

Citizen Involvement and Awareness

- Public awareness and profile of Healthwatch Birmingham - For local people to become involved informally and formally in contributing to the delivery of the Healthwatch Birmingham activities
- Increase the profile of Healthwatch Birmingham so citizens and staff are clear of its role and independence

Information and Signposting

- People's understanding of their rights relating to their health and social care
- Access to health and social care - Ensure information is available to local citizens about local health and social care services
- Ensure citizens are clear of their rights, how to and where to complain when things go wrong



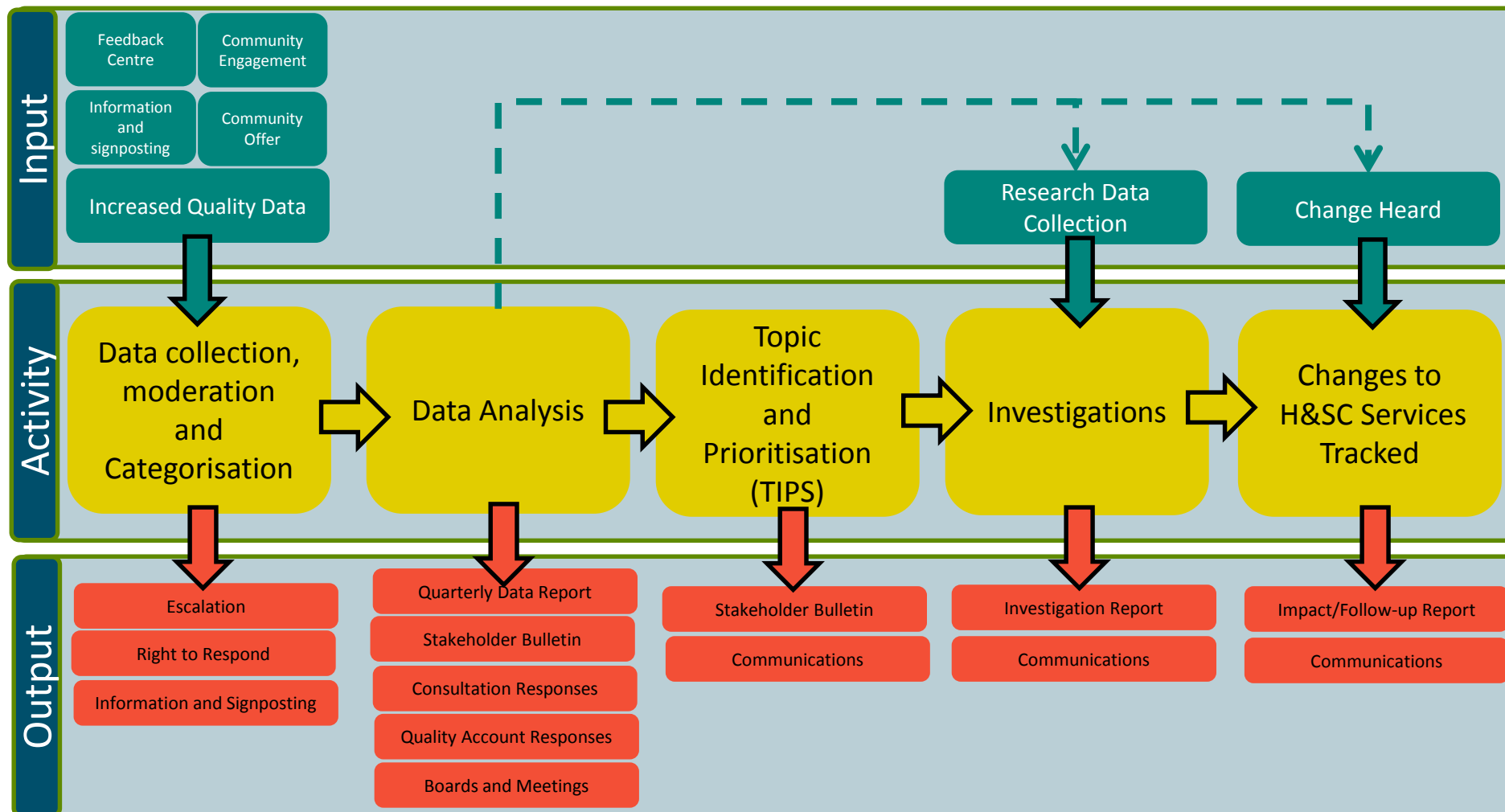
Contract KPIs

Success Factor	Year 1	Year 2 (+30%)	Year 3 (+30%)
Visibility & Awareness	12,000	15,600	20,280
Community Engagement	6,000	7,800	10,140
Feedback Heard*	3,500	4,550	5,915
Information and Signposting	500 (Direct) 2,000 (Self Directed)	650 2,600	845 3,380
Quarterly Data Report	4	4	4
Investigations	4 Per year	4 Per year	4 Per year
Consultations	20	20	20
Volunteers	30 (Engagement) 25 (Com. Offer)	39 32	50 42
Quality Standard	All Trusts, Commissioners and 20 smaller providers	All Trusts, Commissioners and 20 smaller providers	All Trusts, Commissioners and 20 smaller providers

*Payment by Results



Healthwatch Birmingham Process



Measuring the impact of our work

Our current projects and reports;

- Direct Payments in Birmingham: Choice, control and flexibility - Follow-Up Report
- People's views: What is it like sitting in a hospital waiting room? - Follow-Up Report
- What matters most: support people want from general practices in Birmingham - Follow-Up
- NHS Long Term Plan - Birmingham and Solihull
- Patient Advice and Liaison Services / Customer Services

A photograph of three women standing at a healthwatch Birmingham booth. The woman on the left is wearing glasses and a yellow top. The woman in the middle is wearing a dark jacket. The woman on the right is wearing a black jacket and jeans. They are standing next to a blue booth with the healthwatch Birmingham logo and a sign that says 'your voice counts'.

**How we have made
a difference**



Direct Payments in Birmingham: Choice, control and flexibility - Follow-Up Report

Purpose of investigation:

To find out if recipients of Direct Payments (DP) feel informed and supported by Birmingham City Council's social care workers to take control over the choice of services they access.

Service user group: service users receiving DP or their carers.

Key findings of investigation (published in initial report):

People need: clearer information from BCC about their entitlements to DPs; diverse ways to learn about DP; to know what they should expect when they try to access, and then use DPs; to be supported through the process without undue bureaucracy; to be supported to build their capacity to manage their payment; person-centred, timely and accurate assessments and reviews.

Council staff need to: have a clear understanding of DP, the support offered by services, targeted training and support to ensure that DP users receive consistent information and support.

The council needs to: address inconsistent support from social care workers.

Actions taken by BCC:

BCC provided a written response addressing concerns and outlined improvement plans. An example of action taken was the running of a citizen focus group (16 citizens from different backgrounds/needs) to look at their current customer journey and feedback suggestions for the new model.

How we are holding to account:

We will analyse evidence from BBC to assess the extent of improvements made to address the issues raised in the report. Follow-up report to be published in January 2020.



People's views: What is it like sitting in a hospital waiting room? - Follow-Up Report

Purpose of investigation:

To understand patient's experiences, in hospital waiting rooms of: waiting times, the environment, communication, accessibility and dignity and respect.

Patient group: All patients but particularly focusing on those with visual and/or hearing impairment.

Key findings of investigation (published in initial report):

Waiting times too long (particularly in A&E departments); overcrowding; uncomfortable seating; poor wheelchair access; lack of consistent and accessible signage; systems for calling people to appointments did not meet some patients' needs; BSL interpreter difficult to book and had to sometimes leave part-way through appointments.

Actions taken by trusts:

All trusts undertook reviews to address the report's recommendations to address issues e.g. having more volunteers to help signpost patients, providing better access to water, better signage.

How we are holding trust to account:

All trusts have provided evidence of changes made as a result of the report's recommendations. These are currently being analysed, with the follow-up impact report being published in December 2019.



What matters most: support people want from general practices in Birmingham - Follow-Up Report

Purpose of investigation:

To find out what people value when they visit their general practice.

Patient groups: mental health problems, autism, dementia, brain injury.

Key findings of investigation (published in initial report):

People value: being able to make appointments quickly and easily, particularly when in a crisis; stability of the service and continuity of care, high quality, integrated whole person care; dignity and respect; receiving swift and straightforward referrals to specialist and community services, access to high-quality care, where the GP has knowledge and understanding of their condition; and appropriate awareness and knowledge of their condition by the wider general practice staff.

Key action taken by CCGs:

Both Birmingham CCGs fully accepted our recommendations and agreed to produce high-quality information in appropriate formats to help people to understand what they should expect from their GP.

How we are holding to account:

We are tracking progress, and attended a co-production workshop run by the CCGs with 3rd sector organisations and service users to develop this information. Progress will be published in January 2020.



NHS Long Term Plan Report

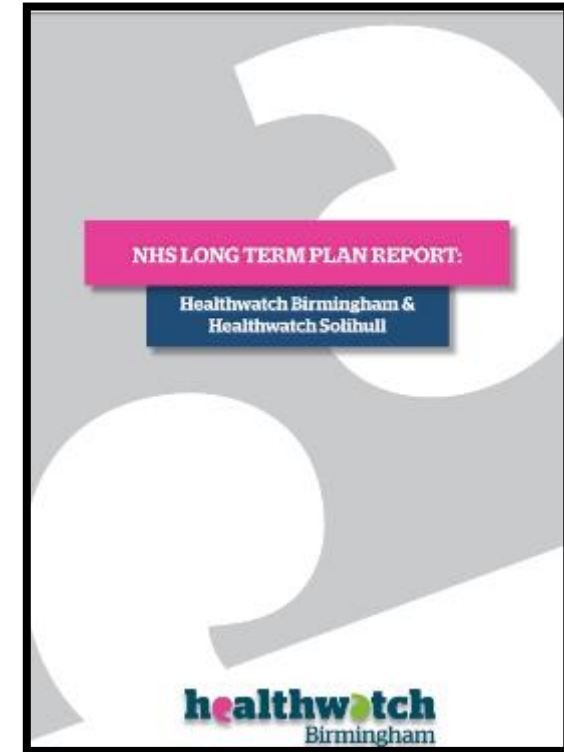
We heard from 694 people about the changes they would like to see.

People told us that they value:

- The support, information and signposting they get from health and social care professionals and want more access to these in order to support them to self-care.
- The work of the third sector and community organisations to support them, valuing key workers such as Eye Clinic Liaison Officer (ECLO) to signpost to these.
- Having clear statement of need or care plans in place with regular checks and reviews.

People told us their ability to self-care would be improved by:

- More control and choice over health decisions
- Better health education
- Increased support to maintain mental health
- Easier access to information, services and community groups
- Quicker and easier access to GP appointments through improved booking systems
- Better follow up and ongoing support or treatment to ensure patients are able to access treatment before they reach a crisis point.
- Fairness and distribution of services across the city rather than just prevention for the ‘posh areas.’



LTP Report - Next steps

The Birmingham and Solihull Sustainability and Transformation Partnership (STP) would like to acknowledge this report, and thank Healthwatch Birmingham and Healthwatch Solihull for a very insightful piece of research. We would also like to thank the participants who contributed to the research, sharing their valuable views and experiences regarding the NHS Long Term Plan (NHS LTP).

The STP's ambition to help people to help themselves to live long, happy and independent lives, requires us to understand and act on what really matters to them. This report will help us to do just that; as we develop our local NHS LTP implementation plans, to reduce health inequalities, improve local services and ultimately improve the health and wellbeing of local people, throughout every stage of their lives.

We will now take time to have a very detailed look at the findings in the report, taking them into careful consideration, to ensure that local people's needs are at the heart of any future services. We will then look forward to sharing our plans more widely at the end of this year, in line with national timelines.

Rachel O'Connor, Assistant Chief Executive for Birmingham and Solihull STP.



Healthwatch Network Awards 2019

Outstanding Achievement: NHS Long Term Plan



Patient and Liaison Service / Customer Services Study

Patient and Liaison Service (PALS)/Customer Services was prioritised as an investigation topic following a public vote in 2018.

PALS or customer services offer a free and confidential service that helps patients, their families, and carers with any information, concerns, and problems they have about their care and the services provided by a particular Trust.

PALS/Customer Services were introduced in 2002 as central to the implementation of the new system at the time of patient and public involvement.

In Birmingham, all seven hospital and community care Trusts have a PALS/Customer Service Department and frequently report the number of contacts and how they use service user experiences, in their quality accounts. 2018/19 Quality Accounts for five of the seven trust shows that they had 8,162 PALS/Customer Services contact.

Study Aim: to explore people's experiences of contacting NHS Trusts' Patient Advice & Liaison Service (PALS) or customer services departments.



PALS Study

Methodology.

Mixed Methods approach

- Online questionnaire shared with PALS/Customer Service users through Birmingham's NHS hospital and community trusts; sent to 65 relevant third sector organisations (POhWER); sent to 249 contacts on HWB list of those that have consented to us sharing information; 80 people whom HWB signposted to PALS contacted by phone with 19 agreeing to participate in the study.
- The online survey run between 28th August and 7th October, 2019.
- Telephone interviews with service users which were later inputted onto survey monkey to aid analysis.
- Extensive use of social media (Facebook and Twitter) to promote the survey



Who we heard from:

- 87 users of PALS/Customer services provided feedback in total
- Respondent's experiences were spread across the seven trusts in Birmingham



PALS Study

Findings

A majority of users we spoke to are happy that the service exists. PALS/Customer Services offers service users another patient and public involvement (PPI) route and an alternative to the complaints route allowing service users to raise and resolve issues informally with the Trust.

However experiences are varied and the service received from PALS/Customer Services is inconsistent. When PALS/Customer Services worked well people's needs were met, they felt understood and their voices heard. When PALS/Customer Services did not work well people were left feeling powerless, afraid that their treatment has been compromised and a belief that the service was incapable of acting in the patient's interest.

Next Steps

All trusts will be asked what they will do as a result of our report to improve patients experiences of PALs / Customer Services. These responses will be published as part of our report.

We will then publish a follow-up report in 2020 outlining the changes that have been made as a result of our work.



**Patient Advice
& Liaison Service**

PALS

We're here to help



Any Questions?



Report of:	Cabinet Member for Transport and Environment
To:	Health & Social Care Overview and Scrutiny Committee
Date:	19th November 2019

Progress Report on Implementation: 'THE IMPACT OF POOR AIR QUALITY ON HEALTH'

Review Information

Date approved at City Council:	12 th September 2017
Member who led the original review:	Councillor John Cotton
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	N/A

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

Appendices

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

For more information about this report, please contact

Contact Officer:	Mark Wolstencroft
Title:	Operations Manager Environmental Protection
Telephone:	0121 303 9950
E-Mail:	mark.wolstencroft@birmingham.gov.uk

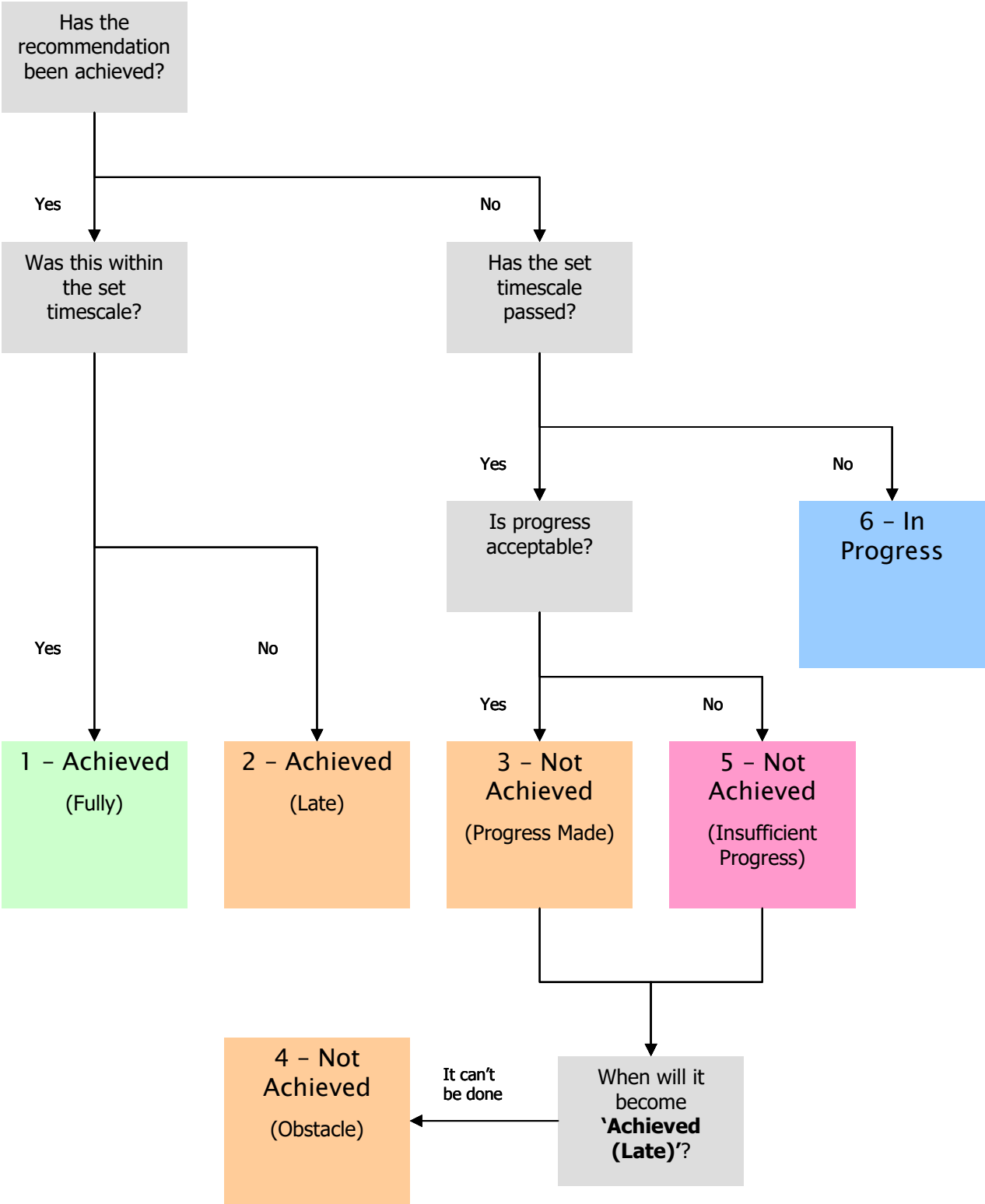
Appendix I: The Tracking Process

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

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

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
4: Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

The Tracking Process



Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R03	That there should be a requirement for enhanced air quality monitoring across Birmingham, consisting of a comprehensive citywide network of sites, at both ambient and high-exposure locations, monitoring the most health-impactful pollutants. This will entail an examination of the resource implications regarding the number and optimal location of air quality monitoring stations. This monitoring information about air quality levels across the city should be made available to the public in an accessible format, with local online alerts to GPs and the public on days when weather conditions conspire to forecast risk of excessive exposure.	Cabinet Member for Clean Streets, Recycling & the Environment Cabinet Member for Health & Social Care	December 2019	1

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

Please read in conjunction with the previous update contained in the report dated 14 May 2019.

The drivers for air quality monitoring are:

- The duty incumbent on the local authority under Local Air Quality Management (LAQM) to review and assess air quality within its area. This is delivered by Environmental Health and reported in the Annual Status Report (on the City Council website). The responsible service are presently reviewing the Air Quality Action Plan (the delivery document under LAQM) to identify sites that may require additional monitoring outside of the city centre. It is anticipated this will go out to consultation early in the new year.
- The Clean Air Zone requires maintenance of existing and the introduction of additional monitoring sites within the city centre. These will be delivered in readiness of the CAZ going live.
- The City Council is a key partner with other organisations in the UoB led WM-Air project which will see a range of additional monitoring sites established within the Birmingham area to assist in delivering on the outcomes from the WM-Air project.
- Citizen science based projects focussing on areas of local interest where legislative directions do not necessarily apply. The City Council supports these and works with those delivering these as far as able.

It is important to appreciate that monitoring of air quality does not stand still, rather it shifts and changes depending upon the requirements incumbent upon the Council and what support the Council are able to lend to partner organisations and citizen / interest groups. The requirement for enhance air quality monitoring is clearly there and the City Council is arguably working to deliver this in so far as it is able e.g. subject to resource constraints.

The City Council is also looking to provide a web platform for display of all such air quality information for public consumption, under the Brum Breathes programme. This is presently at the early stages of development.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That Birmingham hospitals and other substantial public buildings be encouraged to consider adopting a smoke free zone initiative similar to the one being implemented by Birmingham Children's Hospital to protect vulnerable population groups, especially children, who are at higher risk of adverse health outcomes from exposure to air pollution.	Cabinet Member for Health & Social Care	March 2018	2

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

Birmingham City Council supported Birmingham Children's Hospital to understand the options available to introduce a smoke-free zone. A voluntary approach has been implemented with signs on pavements and boundaries around the hospital facing onto the road and close to the entrances where people often smoke. The impact the signs are having is being monitored and the intervention will be evaluated to determine its effectiveness.

Birmingham Women's and Children's NHS Trust are planning for all of their sites to be smokefree from 1st February 2020 and they currently have an online consultation open to help them shape their planning.

Sandwell & West Birmingham NHS Trust have made all of their sites smokefree; inpatients are able to access nicotine replacement therapy or e-cigarettes and vape shops have opened at the hospital sites. Smoking is banned on the sites with smoking wardens imposing fines and staff are at risk of disciplinary action if they ignore warnings.

Other hospitals have been encouraged to adopt smoke free policies through NICE guidance PH48 which covers smoking interventions in acute, maternity and mental health service settings. Some hospitals in the area also provide smoking shelters away from vulnerable populations.

Maternity Providers are working together through the Sustainable Transformation Partnership to ensure there is consistency in smokefree approaches across all sites in Birmingham.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R06	That, in order to facilitate better traffic management at a local level, authority should be sought from government to enable the West Midlands Combined Authority to enforce legislation enacted in Part 6 of the Traffic Management Act 2004 in relation to moving traffic infringements.	Cabinet Member for Transport & Roads	March 2018	2

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

The Council with partners including Core Cities, continues to lobby Government for devolution of powers to local authorities including Part 6 of the Traffic Management Act.

The WMCA's Congestion Management Plan includes seeking further traffic management powers as a key priority TfWM have already produced research into the potential benefits of powers to enforce Moving Traffic Contraventions (MTCs) which has been shared with the Department for Transport. The study demonstrated the importance of MTCs and highlighted the potential reduction in congestion that could be delivered if enforcement were in place on the KRN. The WMCA continues to make the case to Government for the enactment of the powers through ongoing discussion on further Devolution.

It is now understood that the Government is now considering options for providing powers, linked to the announcement of 'A Better Deal for Bus Users' in September 2019.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R07	That the Cabinet Member should liaise with the West Midlands Combined Authority to seek to accelerate the introduction of buses with a minimum emissions requirement of Euro VI or Ultra Low Emission Vehicles for all buses going into the city centre and to work with bus operators to accelerate the implementation of future plans for the introduction of greener vehicles in the city.	Cabinet Member for Clean Streets, Recycling & Environment Cabinet Member for Transport & Roads	March 2018	2

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

As of November 2019, 975 buses in the West Midlands are Euro VI standard or better (49 % of the entire fleet). Funding has been secured that will see a further 1,390 buses upgraded to a minimum Euro VI standard by the end of 2020.

This includes the March 2019 announcement of £5.5m from the Clean Bus Technology Fund 2017-19 Extension for a further 353 buses to be retrofitted in the region. This will see over 85 % of the West Midlands bus fleet meeting at least Euro VI standard by the end of 2020.

It is an aspiration in the West Midlands Vision for Bus, to have all buses operating in the West Midlands at least Euro VI standard by April 2021, although there is a circa £6 million shortfall to achieving this.

On the 30th September, the UK Government announced a Better Deal for Bus Users. This included the Government seeking expression of interest from local authorities and bus operators in developing an all-electric town or city, which will see the entire bus fleet changed over to zero emission capable buses. The town, not yet identified, will serve as a model for zero emission bus travel. Up to £50 million will be invested to contribute to new buses and the supporting infrastructure, and local authorities will need to show how this supports wider plans for public transport in the town or city

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R09	That planning for new developments should incorporate the planting of trees of a suitable species in the right place with careful selection of the species to be planted, density of placement of the trees and with provision for appropriate maintenance for a period after planting, as a condition of planning for new developments.	Chair of Planning Committee	December 2019	1

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

This recommendation also ties in with the review of the Tree Policies undertaken by a cross party Task and Finish Group culminating in a report to council on the 6th Feb 2018 and regular reporting back on progress to the Transport and Environment O&S committee.

As part of the overall review two recommendations were made that relate to R09

- An assessment of the canopy coverage for the city be made and that this be used in the planning process
- That the information provided be updated to reflect canopy coverage and current thinking on tree species choice and planting

Canopy coverage is seen as the most suitable measure for considering how cities can mitigate against the expected effects of climate change and as a result will aid to some extent in air quality improvements.

The City currently has an average canopy cover of around 18.6% (compared to UK average of 13%) however it is recognised that a coverage of 25% is seen to be the minimum required to meet future climate challenges. Some wards are in excess of 30% canopy coverage while others – often the more deprived wards – are as low as 9%. These low canopy cover wards would be targeted for tree planting as this is where the greatest benefit would be delivered.

As part of the tree policy review reaching 25% has been set as a target. However to reach this target tree planting must be sustainable, by this we mean giving trees the above and more importantly below ground space they require for establishment and growth to maturity and not over planting in any area which leads to poor quality tree, using numbers of trees planted is not a good measure.

Canopy coverage is now included as a measure within the draft development management policies, pre and post development canopy coverage will be considered as part of planning applications with an expectation that there should be no net loss at a given point post development (generally 20 – 25 years). Ideally we will be seeking increases over the base levels.

To allow longer term monitoring of canopy coverage the city has procured an annual license to access the National Tree Map – this is a GIS based map set generated using high quality aerial imagery – it shows tree heights and canopy extents and is updated on a 3 yearly basis, this can be used to provide figures for existing canopy cover and monitor changes over time.

To assist developers and householders alike in considering trees information is to be provided within a design guide which is to be produced to replace a number of the existing Supplementary Planning Documents (SPD's) and provide the background detail to support the city's BDP. While this is in development information is to be uploaded to the planning web pages.

Details to be included are:

Tree canopy coverage - assessments and targets

Details on tree retention and protection

Choosing the right tree for the right place

Soil rooting volumes

Incorporation of SUDs

The tree policy review has already has wide reaching impact with several of the major developments in the city considering and implementing the guidance.

The St Lukes development on Bristol Street is one example where significant tree planting will be incorporated into the development, discussion was had between developers and tree officers to ensure that suitable species are chosen that will provide significant visual amenity, offering increased canopy coverage and a long term sustainable contribution to the wider urban forest.

Appendix ③: Concluded Recommendations

These recommendations have been tracked previously and concluded.

They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R01	There is now clear and compelling evidence that poor air quality has an impact on general population health and child development. The evidence also shows that diesel vehicle emissions are the most prevalent and impactful source of health-affecting air pollution in Birmingham. The City Council needs to demonstrate leadership and take ownership of this issue by developing a strategy to address this effectively, with particular emphasis on selected priority hotspot zones where the risk of public exposure is highest.	Cabinet Member for Health & Social Care (working in conjunction with Cabinet Member for Clean Streets, Recycling & Environment, Cabinet Member for Transport and Roads and Chair of Planning Committee)	May 2019	2
R02	That, based on the evidence about the health impacts of poor air quality, the Executive should develop a clear policy approach that will move Birmingham progressively towards becoming a low air pollution City.	Cabinet Member for Health & Social Care Cabinet Member for Clean Streets, Recycling & Environment	May 2019	2
R05	That the City Council should engage with schools, colleges and Higher Educational Institutions to develop an education programme to raise awareness about air quality and to explore the use of existing and new technology to monitor air quality around schools and colleges.	Cabinet Member for Children, Families & Schools Cabinet Member for Health & Social Care	May 2019	1
R08	That when planning for future transport infrastructure consideration should be given to the wider and longer-term benefits of keeping mature trees, especially in roadside locations where a buffering effect on air pollution is provided; and that appropriate protection for mature trees should be incorporated into any planning permission granted.	Chair of Planning Committee	May 2019	1
R10	That the City Council should continue to collaborate with other cities to lobby central government to ensure that the proposed Clean Air Strategy and Clean Growth Plan provide an appropriate national policy framework for tackling air quality issues.	Leader to Central Government	May 2019	2
R11	That the City Council will respond with demonstrable proposals to the forthcoming government consultation on diesel scrappage schemes.	Leader to Central Government	May 2019	2

R12	That the City Council can evidence that it is accessing appropriate funding as set out in the 'UK plan for tackling roadside nitrogen dioxide concentrations'.	Cabinet Member for Health & Social Care	May 2019	2
R13	That the City Council can show that any additional measures, which may include charging owners of non-compliant vehicles, are based on evidence provided through a local feasibility study.	Cabinet Member for Transport & Roads	December 2018	1
R14	That the City Council should continue to collaborate with the West Midlands Mayor to build on the vision set out in the Birmingham Connected Transport Strategy to get clarity and commitment about the measures needed to support sustainable and inclusive growth and achieve compliance with air quality limits across the region.	Leader to West Midlands Mayor	May 2019	1
R15	Progress towards achievement of these recommendations should be reported to the Health & Social Care O&S Committee no later than March 2018. Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.	Cabinet Member for Health & Social Care	March 2018	2

Delayed Transfers of Care**(see also pages 2 and 3)****Daily average delay beds per 100,000 population (Social Care delays and joint NHS and social care delays)****Target:** 7.95 **M2 performance:** 8.92 **RED** (July data due to release schedule)**What happened:**

- We saw an increase in delays in July

What were the challenges:

- Hospital social work teams have had a very busy summer
- Referrals to the discharge hub increased (the QE saw an increase of 16% on last year)
- We have taken referrals for people with complex needs, requiring a longer assessment and support planning process

What we are doing:

- We hold regular conference calls with Commissioning colleagues to resolve delays
- The Early Intervention pilot continues to be rolled out across our hospital sites, and capacity is being increase at existing pilot sites
- The team at the QE now holds care progression meetings focussing on patient outcomes

Clients reviewed in the last 12 months**(see also page 4)****The proportion of clients receiving a long-term service who have been reviewed, reassessed or assessed in the last 12 months****Target:** 85.0% **M2 performance:** 75.5% **RED****What happened:**

- Performance improved slightly
- Staffing levels returned to normal following the summer holiday period

What we are doing:

- Social Work Group Managers to come up with action plans for each of their teams
- The project group are continuing to progress through their actions, including:
 - redesign our approach to reviews and their function in the Three Conversations model
 - develop a "trusted provider" model for reviews
- Performance management and tracking of reviews continues.

Direct Payments (see also pages 5 and 6)

The proportion of eligible clients in receipt of a Direct Payment

Target: 32.1% M2 performance: 32.2% **Green**

What happened:

We have achieved our target, and have improved consistently month-on-month since December 2017.
We are confident that we are on track to meet our March 2020 target.

What we are doing:

- We intend to build on this improvement over the course of this year across all our teams, but specifically focussing on understanding the variations between teams and sharing good practice.
- We expect that the expansion of the Three Conversations model and Commissioning's re-contracting work will further boost the number of people taking up Direct Payments

Shared Lives (see also page 7)

The number of people who have shared lives

Target: 140 M2 performance: 79 **RED**

What happened:

The number of people living in a Shared Lives arrangement has increased by two
This is the highest number we've had in at least two years.

What we are doing:

- Social Workers are making an increased number of referrals now that Shared Lives workers are aligned to their teams
- We have planned a session to meet with Shared Lives carers who don't currently have someone placed with them to explore blockages.
- We have strengthened our links with the occupational therapy service

People with Learning Disabilities in employment (see also pages 8 and 9)

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

Target: 2.00% M2 performance: 1.47% **RED**

What happened:

The proportion of people with a learning disability, and who we support with long-term care, that are in employment has increased again this month.

What we are doing:

- We are continuing to focus on our action plan in order to drive improvements to our performance.
- We now have a small cohort of people who we can help through person-centred planning towards employment opportunities
- We continue to work with the PURE project (Placing vulnerable Urban Residents into Employment) following their launch in July
- Two more parents of adults with learning disabilities have joined our Carers' Forum
- We are hoping to apply lessons from the recent day opportunities consultation to the way we support people into employment.

Cabinet Scorecard - August 2019

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

Please note that due to changes in the cabinet reporting timescale, this report is for the month before the quarter. As a result, quarterly measures are reported an additional quarter in arrears.

1. Use of Resources

Measure	Status	Target	Last Month	This Month	D o T	Constit- uencies	Bench- markable
1 Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)	RED	7.95 (EoY 7.95)	7.35	8.92	Up (Red)		✓
2 The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)	GREEN	75%	73.1% (Q4)	86.1% (Q1)	Up (Green)		
3 Proportion of clients reviewed, reassessed or assessed within 12 months	RED	85% (EoY 85%)	75.4%	75.5%	Up (Green)	✓	
4 The number of long-term admissions to residential or nursing care per 100,000 over 65s	BLUE	650	611.5 (Q3)	556 (Q4)	Down (Green)		

2. Personalised Support

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
5 Social work client satisfaction - postcard questionnaire.	GREEN	70%	93% (Q4)	97% (Q1)	Up (Green)		
6 Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	GREEN	85%	95%	92%	Down (Red)	✓	
7 Uptake of Direct Payments	GREEN	32.1% (EoY 35%)	31.5%	32.2%	Up (Green)	✓	✓
8 The percentage of people who receive Adult Social Care in their own home	GREEN	DoT Only	69.1%	69.2%	Up (Green)		✓
9 The number of people who have Shared Lives	RED	140 (EoY 140)	77	79	Up (Green)		

Cabinet Scorecard - August 2019

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

Please note that due to changes in the cabinet reporting timescale, this report is for the month before the quarter. As a result, quarterly measures are reported an additional quarter in arrears.

3. Prevention and Early Help

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
10 Number of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	12	4	Down (Red)		
11 Percentage of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN	N/A	10.8%	6.8%	Down (Red)		✓

4. Community Assets

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
12 The percentage of service users aged 18-64 with learning disabilities in employment	RED	2% (EoY 2%)	1.42%	1.47%	Up (Green)		✓
13 The percentage of adults in contact with secondary mental health services in employment	RED	DoT Only	4.3% (2016/17*)	4% (2017/18)	Down (Red)		✓
14 The proportion of people who use services who reported that they had as much social contact as they like	GREEN	DoT Only	37.3% (2016/17)	46.5% (2017/18)	Up (Green)		✓
15 The proportion of carers who reported that they had as much social contact as they like	N/A	DoT Only	28.3% (2016/17)	(2018/19)			✓

Theme: Use of Resources

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

RED

Change:

Up
(Red) 21.3%

Last Month

7.35

This Month

8.92

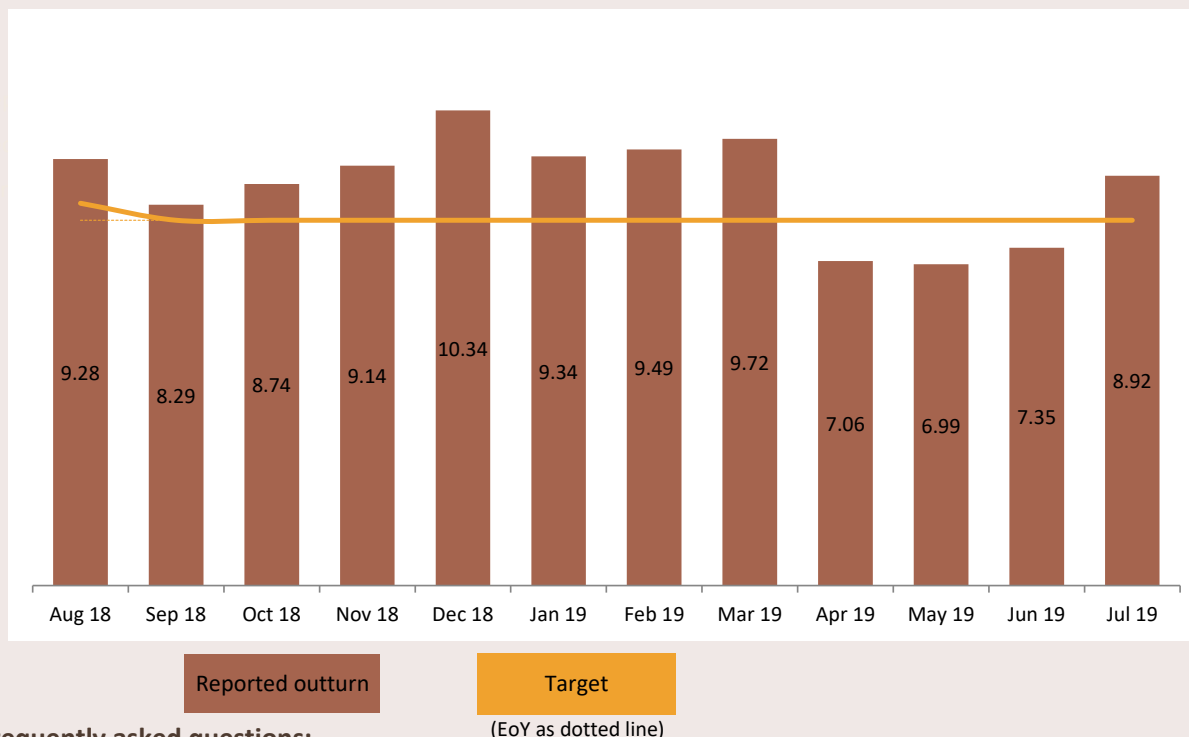
Target

7.95

(EoY 7.95)

Source:

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



Frequently asked questions:

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

Commentary:

Our delayed transfers from hospital rose again in July. Hospitals, and our social work teams that work with them, have experienced a particularly busy summer. Accident and Emergency attendance was reportedly high over the summer, and this has resulted in the number of referrals to our discharge hubs increasing significantly. The discharge hub at the Queen Elizabeth hospital (QE) in particular saw a 16% increase in referrals compared to this time last year. Thanks to the efforts of the staff in the hub, the average length of stay for patients who were referred to them is still relatively low at 8.4 days, compared to our historical baseline of 11.8.

We have also taken referrals for some people with complex nursing care needs, who require a longer assessment and support planning process. However, we are holding regular conference calls with our colleagues in Commissioning so that we can resolve outstanding delays.

We are continuing to improve our hospital discharge services. The team at the Queen Elizabeth Hospital (QE) are now holding care progression meetings that focus on people's outcomes, building on our "home first" principle.

The Early Intervention pilot that we were testing at the QE's discharge hub has come to an end, and we are continuing to roll it out to the discharge hubs at other hospitals. We are also increasing the existing capacity for Early Intervention in Edgbaston and Northfield.

Measure Owner:

Pauline Mugridge

Responsible Officer:

Natalie McFall

[< Previous: MH Employment quartiles](#)

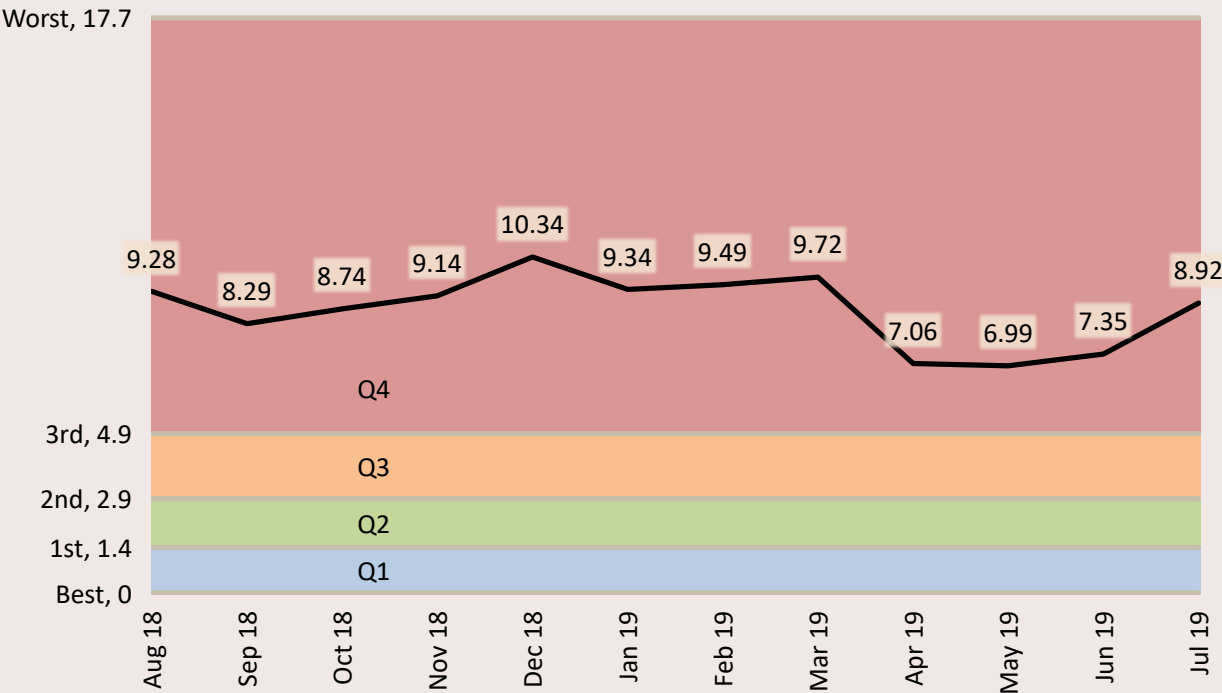
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Theme: Use of Resources

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

Performance against national quartiles



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

Quartile	Score	Difference		Beds/day Difference
		Figure	%	
Worst	17.70	8.78	98%	74
Birmingham	8.92			
3rd	4.90	-4.02	-45%	-34
2nd	2.90	-6.02	-68%	-50
1st	1.40	-7.52	-84%	-63
Best	0.00	-8.92	-100%	-75

Current Quartile	4th
Distance to next quartile	34 Beds/day
Distance to top quartile	63 Beds/day

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

[< Previous: DTOC Total](#)

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[Next: Good provider all >](#)

Theme: Use of Resources

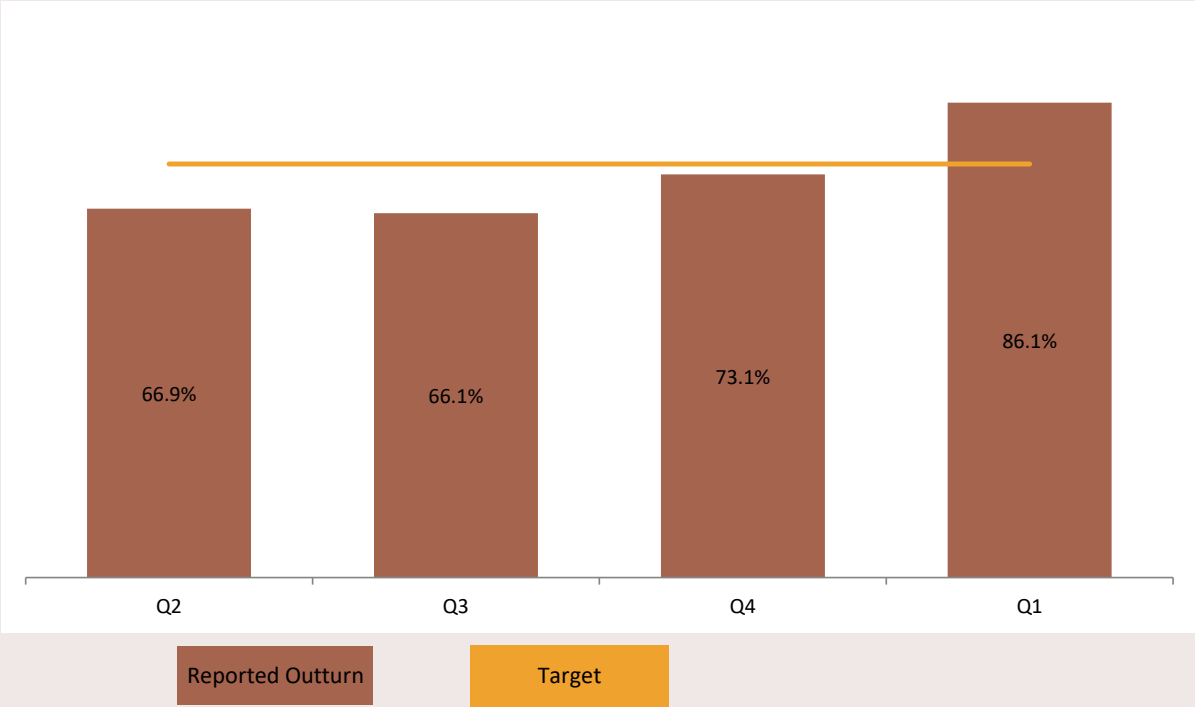
The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)

Source:
Carefirst service agreements and commissioning provider assessment data

GREEN

Change:
Up
(Green) 13 pp

Prev. Quarter	Latest Quarter	Target
73.1%	86.1%	75%



Commentary:

We have now introduced home support services into our new framework contract, and this has resulted in a significant improvement in our performance against this measure. We specifically designed our home support procurement evaluation process so that we would commission providers with the highest quality ratings, and this has had a clear positive impact: 97% of our citizens who receive home support through our new contract now have a provider rated as silver or gold. We have added 40 residential and supported living providers to our flexible contracting arrangement over this quarter (April-June). Our performance for the people who receive these services is now 78.1%- this is the equivalent of the measure we reported for March, and shows we are improving in this area as well. Our quality ratings, through our Quality framework, are now based on a rigorous, evidence-based approach, and we are committed to making annual review visits to the providers we commission, so that we can ensure they continue to meet our standards. The Care Quality Commission (CQC), whose quality assessments form part of our provider quality ratings, are now taking action against poor care providers, and this means that there are more providers rated as inadequate. We have started analysing the data gathered from our annual quality reviews and the areas where providers face challenges in delivering high-quality care, and we are now putting together support packages to help improve areas of concern. We hope to have these in place by the end of the year.

Measure Owner: Alison Malik
Responsible Officer:

Frequently asked questions:

Theme: Use of Resources

Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:
Up
(Green) 0.1 pp

Last Month

75.4%

This Month

75.5%

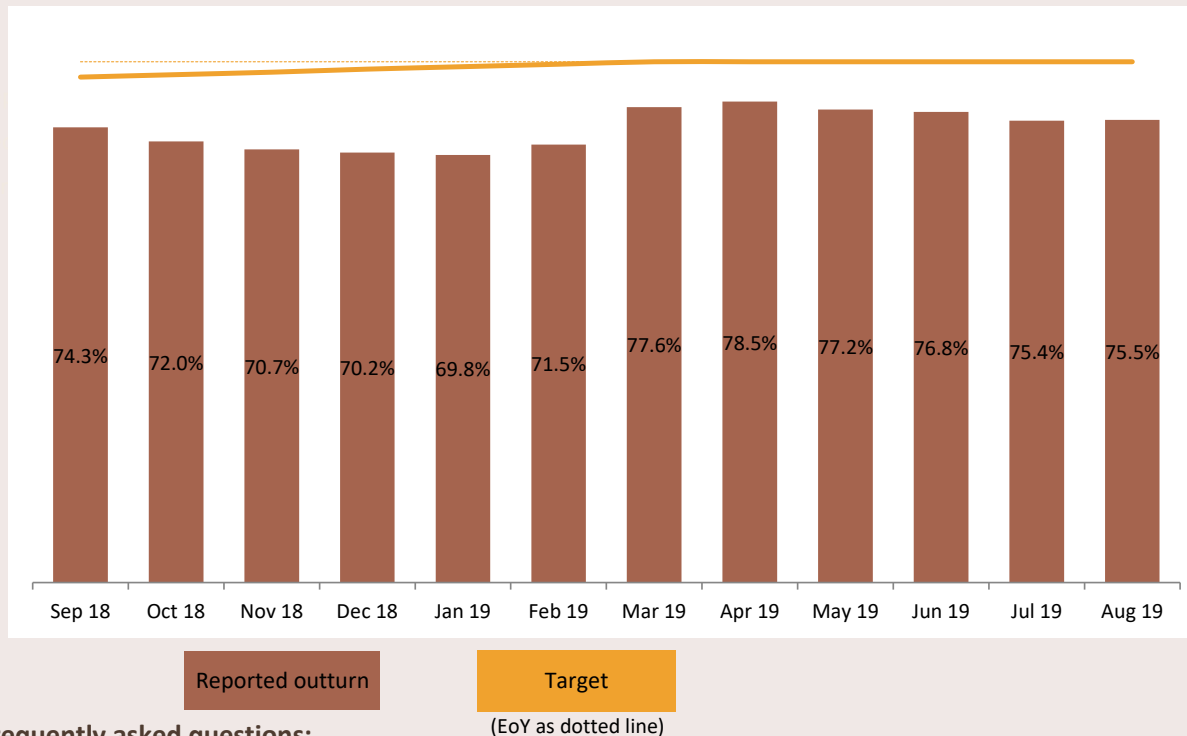
Target

85%

(EoY 85%)

Source:

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



Frequently asked questions:

Commentary:

This month we have seen a slight improvement in the proportion of people who have been reviewed, reassessed or assessed in the last 12 months. This reflects a return to normal staffing levels as people return from holiday over the summer, and we expect to see an upwards trend in our performance.

The Project Group has examined the feasibility of meeting our target for reviews by the end of the year. This is so that we can avoid the issue we have had in recent years where we have had to deal with unallocated reviews at the end of the year without enough time to address our performance. Following this, our Assistant Directors have tasked the Social Work Group Managers to come up with an action plan for each of their teams.

The Project Group are continuing to progress through their actions under the Project Plan. These include: redesigning our approach to reviews and their function in the Three Conversations model of social work, and developing a "trusted provider" model for reviews, linked to our internally-provided day services. In addition to this, our performance management tracking of reviews against local targets continues.

Measure Owner:
Linda Harper

Responsible Officer:
Grace Natoli

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[Next: Long term admissions >](#)

Theme: Use of Resources

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

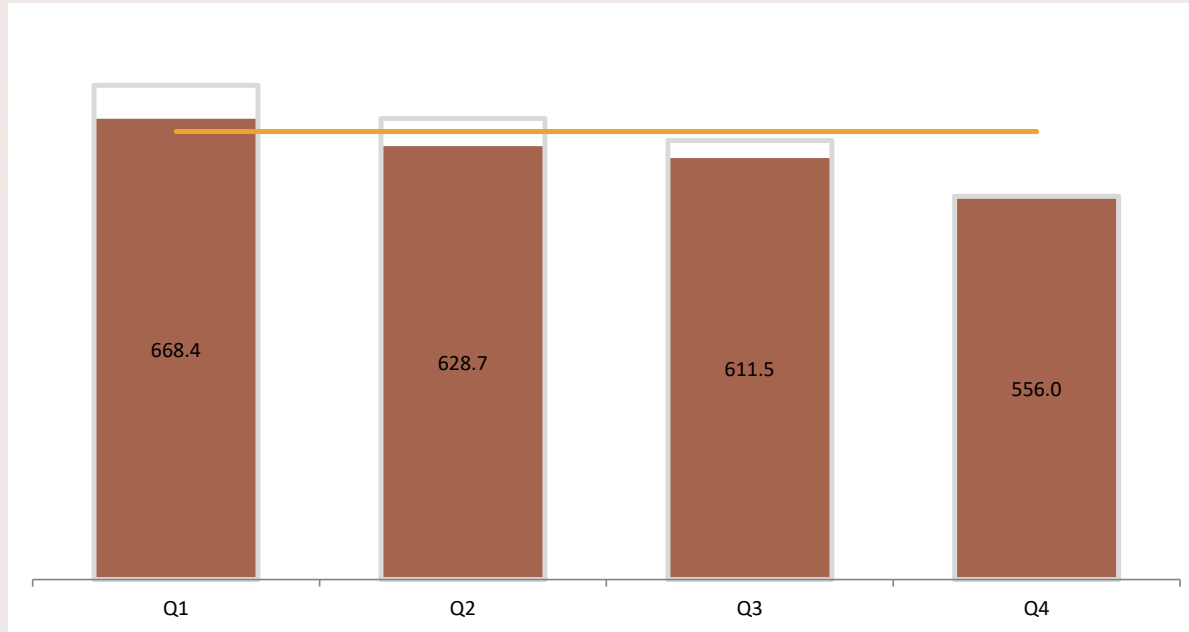
BLUE

Change:

Down
(Green) 9.1%

Prev. Quarter	Latest Quarter	Target
611.5	556	650
Recalculated:		0

Source:
Carefirst



Reported Outturn

Recalculated

Target

Commentary:

We have significantly decreased the number of people who we placed permanently in care homes over the last reported quarter (March 2019). The figure of 556 represents 811 new admissions between April 2018 and March 2019, down from 892 in the period between January and December 2018.

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

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

Measure Owner:
Pauline Mugridge

Responsible Officer:
Pauline Mugridge

Frequently asked questions:

[< Previous: Reviews](#)

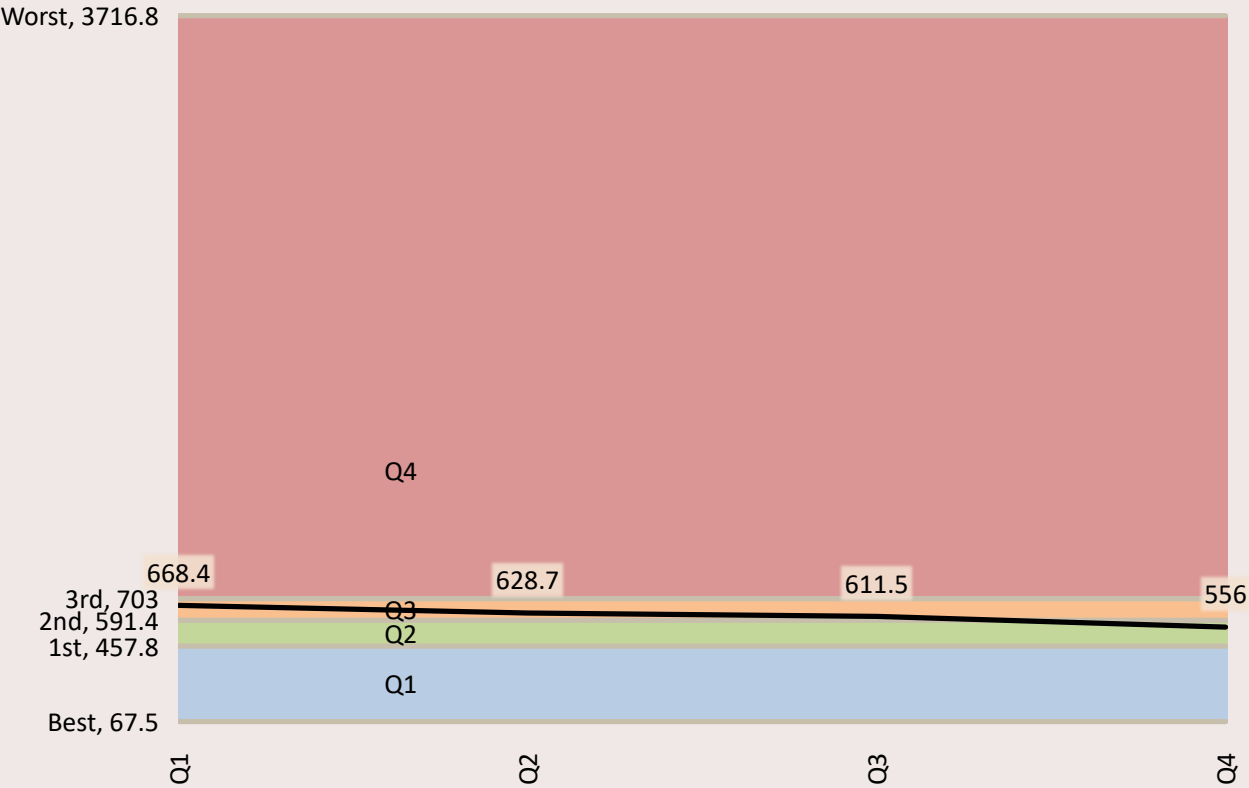
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[Next: Long term admissions quartiles >](#)

Theme: Use of Resources

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

Performance against national quartiles



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

Quartile	Score	Difference		Admissions Difference
		Figure	%	
Worst	3716.8	3160.8	568%	4611
3rd	703.0	147.0	26%	214
2nd	591.4	35.4	6%	52
Birmingham	556.0			
1st	457.8	-98.2	-18%	-143
Best	67.5	-488.5	-88%	-713

Current Quartile	2nd
Distance to next quartile	143 Admissions
Distance to top quartile	143 Admissions

Theme: Personalised Support

Social work client satisfaction - postcard questionnaire.

GREEN

Change:

Up
(Green) 4 pp

Prev. Quarter

93%

Latest Quarter

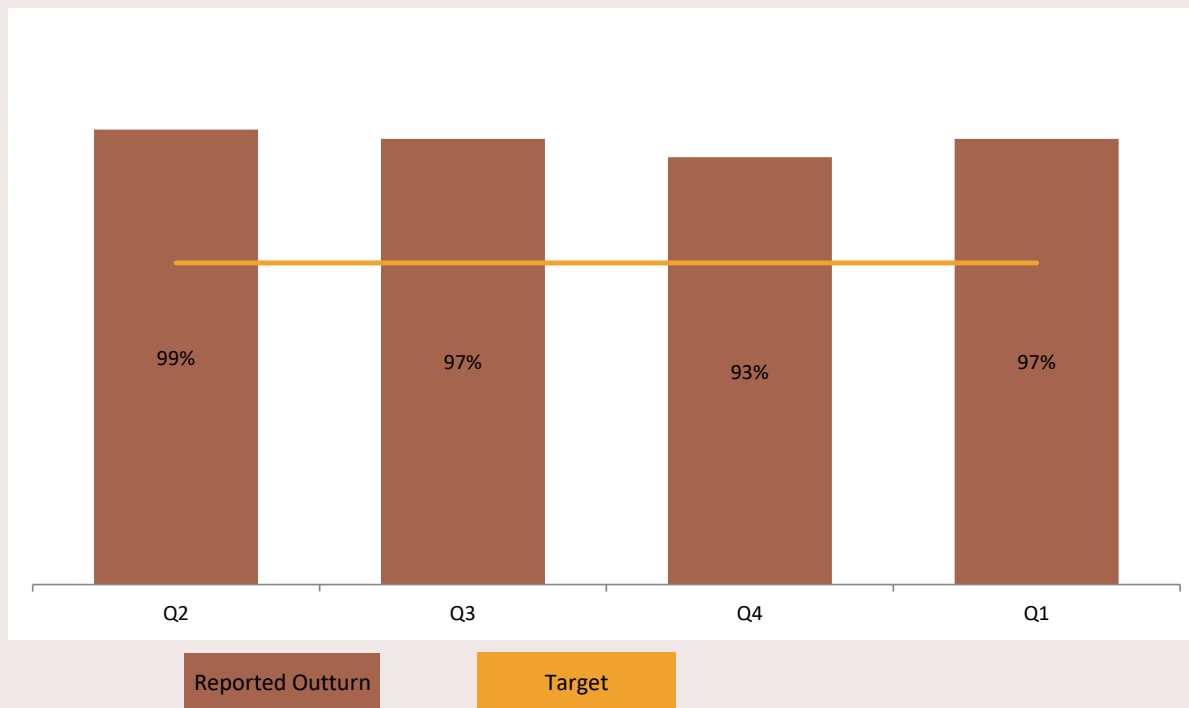
97%

Target

70%

Source:

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



Commentary:

We have reversed last quarter's slight drop in performance. Last quarter (January to March), 90% of people reported that they understood what would happen next. Since then we have passed this feedback on to social workers, and this quarter (April to June) 97% reported that they understood what would happen next. The feedback we have received through the postcard questionnaire is overwhelmingly positive- in particular, 98% of people reported that they felt their views had been listened to, and that they were treated with respect.

We also received a greater number of responses this quarter: 100, up from 66 last quarter. We are hoping to build on this success by further encouraging social workers to make use of it, and embedding it into the day-to-day work of our teams. We will also be looking at boosting our response rate by opening up other methods, such as an online questionnaire, and emailed invitations, in order to build a fuller picture of our citizens' experiences of our service.

As part of a routine quality assurance audit this month Team Managers are contacting a random selection of citizens who have recently worked with a social worker or social work facilitator to gather feedback.

Measure Owner:
Fiona Mould

Responsible Officer:

Frequently asked questions:

[< Previous: Long term admissions quartiles](#)

[Return to Scorecard](#)

[Next: Safeguarding MSP >](#)

Theme: Personalised Support

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

GREEN

Change:

**Down
(Red)** 3 pp

Last Month

95%

Recalculated:
93%

This Month

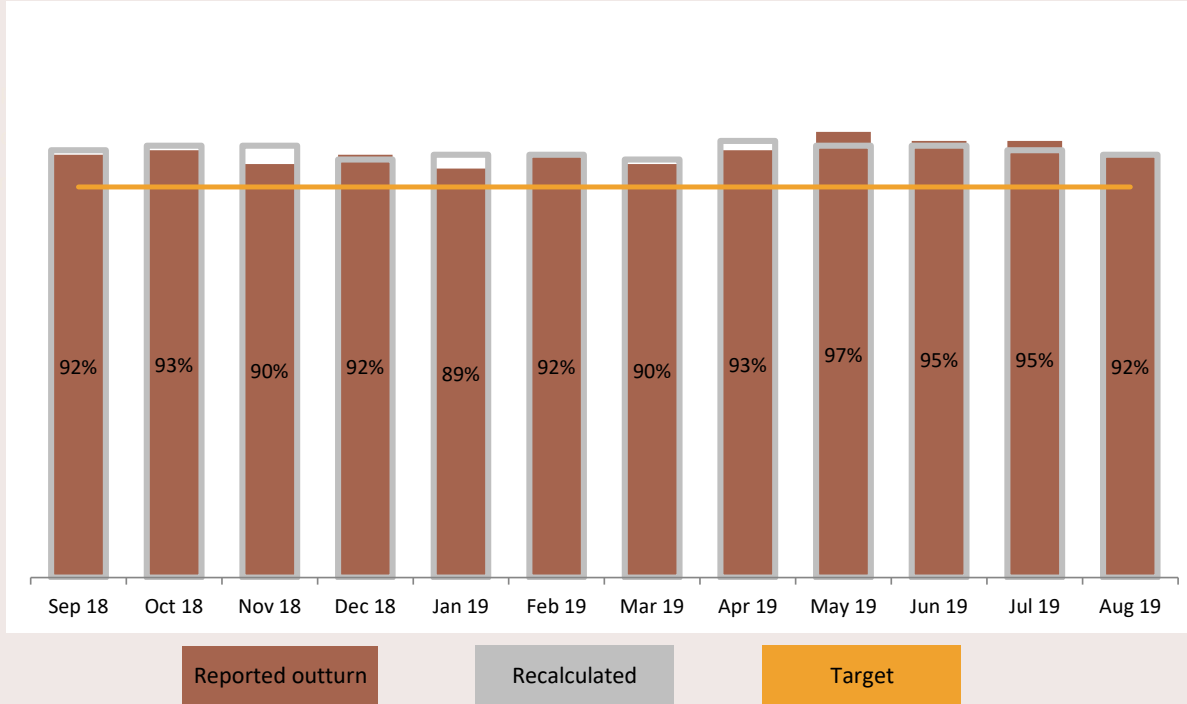
92%

Target

85%

Source:

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



Commentary:

We have continued to exceed the target for this measure in August, and our overall performance over the last 12 months is 92.9%. As we have noted previously, this measure is based on relatively small numbers, so we expect variations in the result from month to month. However, the consistently high performance indicates that social work staff are making efforts to include vulnerable people in their safeguarding enquiries.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

[< Previous: General satisfaction](#)

[Return to Scorecard](#)

[Next: Direct payments uptake >](#)

Theme: Personalised Support

Uptake of Direct Payments

GREEN

Change:

Up
(Green) 0.8 pp

Last Month

31.5%

Recalculated:
32%

This Month

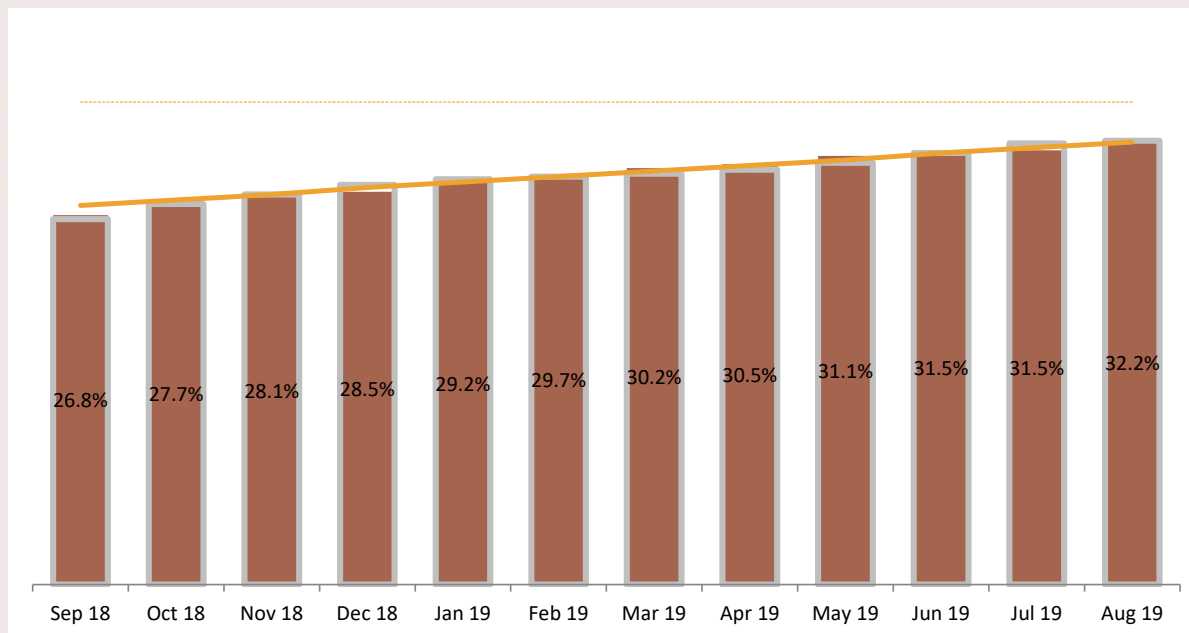
32.2%

Target

32.1%

(EoY 35%)

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



Reported outcome

Recalculated

Target

(EoY as dotted line)

Commentary:

We have increased the number of people receiving direct payments again this month, and we are confident that we are on track to meet our target in March 2020. The recording delays we experienced last month due to staff being on leave have resolved themselves as people have returned from holiday.

We are continuing to work with social workers to promote direct payments as a way for people to access social care support, and we are encouraging the teams to share good practice.

In March 2019, 42% of the people whose support we planned using our new Three Conversations process took up direct payments, and we are continuing to expand the use of this process. We also expect that our commissioning team's work to re-contract home support providers will result in more people taking up direct payments.

Measure Owner:
Pauline Mugridge

Responsible Officer:
Julia Parfitt

Frequently asked questions:

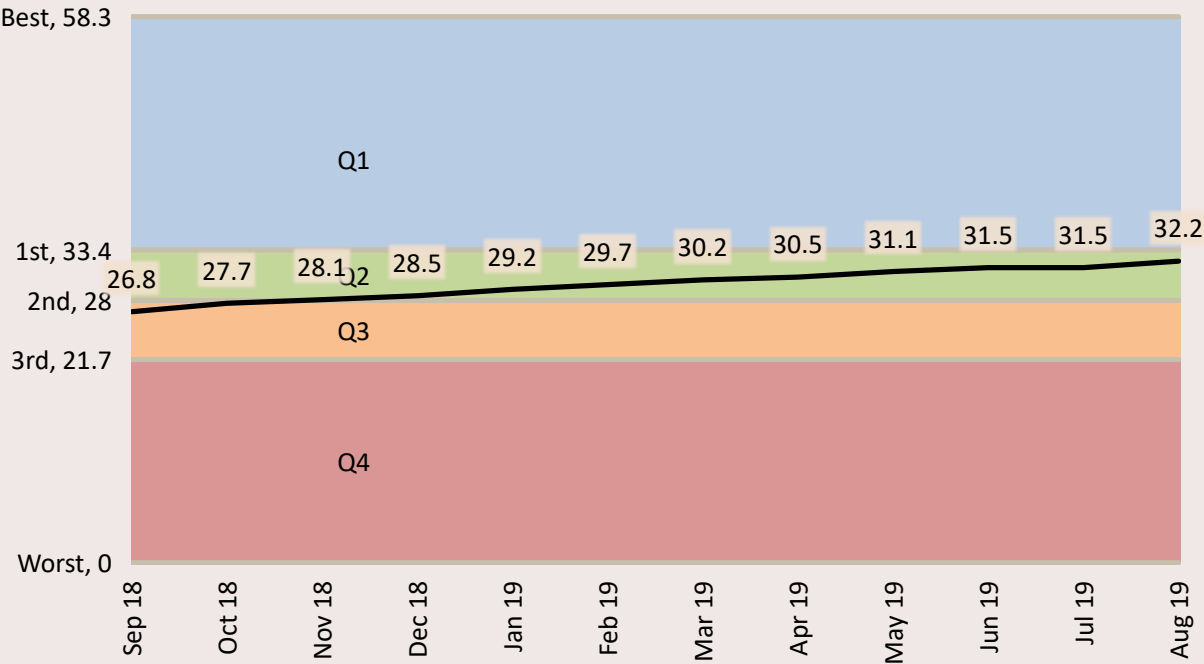
[< Previous: Safeguarding MSP](#)

[Return to Scorecard](#)

[Next: Direct payments quartiles >](#)

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

Performance against national quartiles



Quartile	Score	Difference		Packages Difference
		Figure	%	
Worst	0.0%	-32.2	-100%	-2657
3rd	21.7%	-10.5	-33%	-867
2nd	28.0%	-4.2	-13%	-347
Birmingham	32.2%			
1st	33.4%	1.2	4%	99
Best	58.3%	26.1	81%	2154

Current Quartile	2nd
Distance to next quartile	99 Packages
Distance to top quartile	99 Packages

Theme: Personalised Support

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

GREEN

Change:

Up
(Green) 0.1 pp

Last Month

69.1%

Recalculated:
69%

This Month

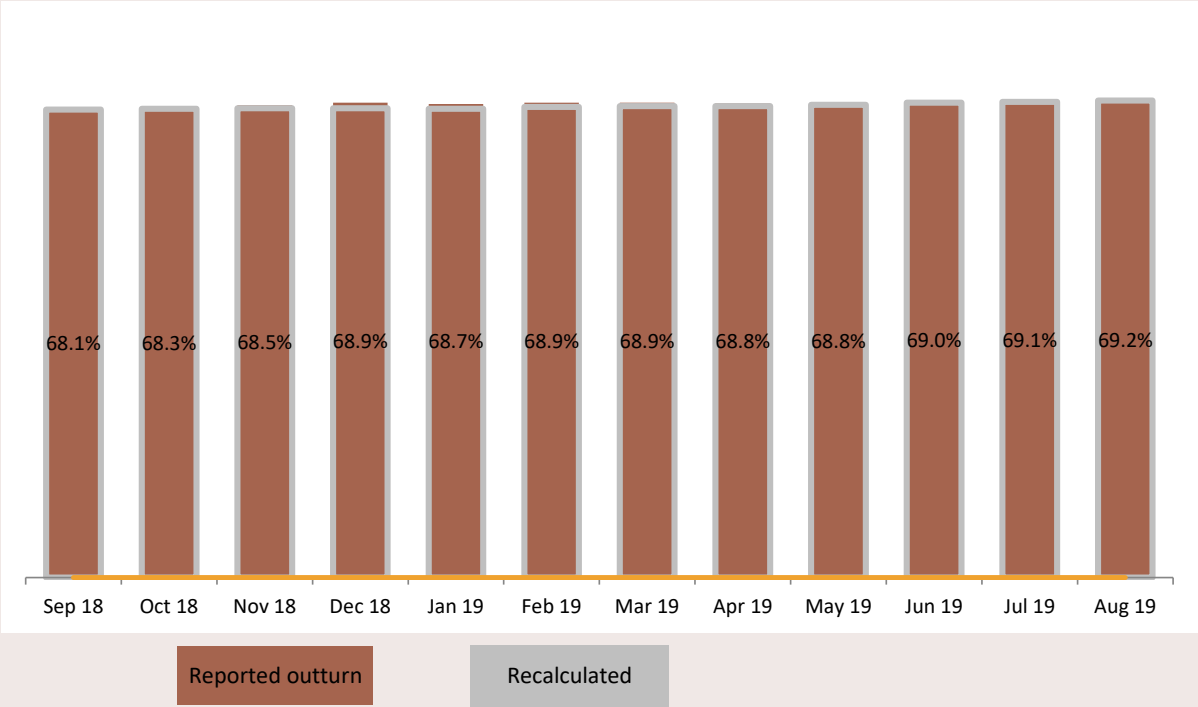
69.2%

Preferred

Travel:

Upwards

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



Commentary:

The proportion of people receiving support from us in their own homes has increased again this month, and we are now seeing a steady incremental improvement in this measure. We are continuing to help people to remain living in their communities for as long as possible, so long as it meets their care needs and does not place them at risk. We have a variety of policies and initiatives in place to support this aim. These include our Home First policy, which aims to prevent discharging people from hospital into a care home wherever we can avoid it. As part of Home First we are running a pilot of an intensive home care service to assist people to return home when previously they would have needed to move to a nursing home. Our Occupational Therapists continue to support our Social Workers to use equipment and assistive technology effectively so that people can remain in their homes for longer. We have adopted a new model for social work across a large part of our service, the Three Conversations model, and we are in the process of rolling it out to the remaining teams. As part of the Three Conversation model, we focus on reconnecting people with their local communities as a source of support, and this should prevent, or at least delay, them needing to move into a care home. In some cases, it can even prevent people needing support at all. Given the long-term nature of our services, we only expect to see gradual change in this measure. However, taken in conjunction with the improvement in the numbers of people being admitted to care homes (811 between April 2018 and March 2019, down from 892 in the period between January and December 2018), this improvement suggests that our efforts are having a positive effect.

Measure Owner:
Pauline Mugridge

Responsible Officer:
Gian Saini

Frequently asked questions:

[< Previous: Direct payments quartiles](#)

[Return to Scorecard](#)

[Next: Shared lives uptake >](#)

Theme: Personalised Support

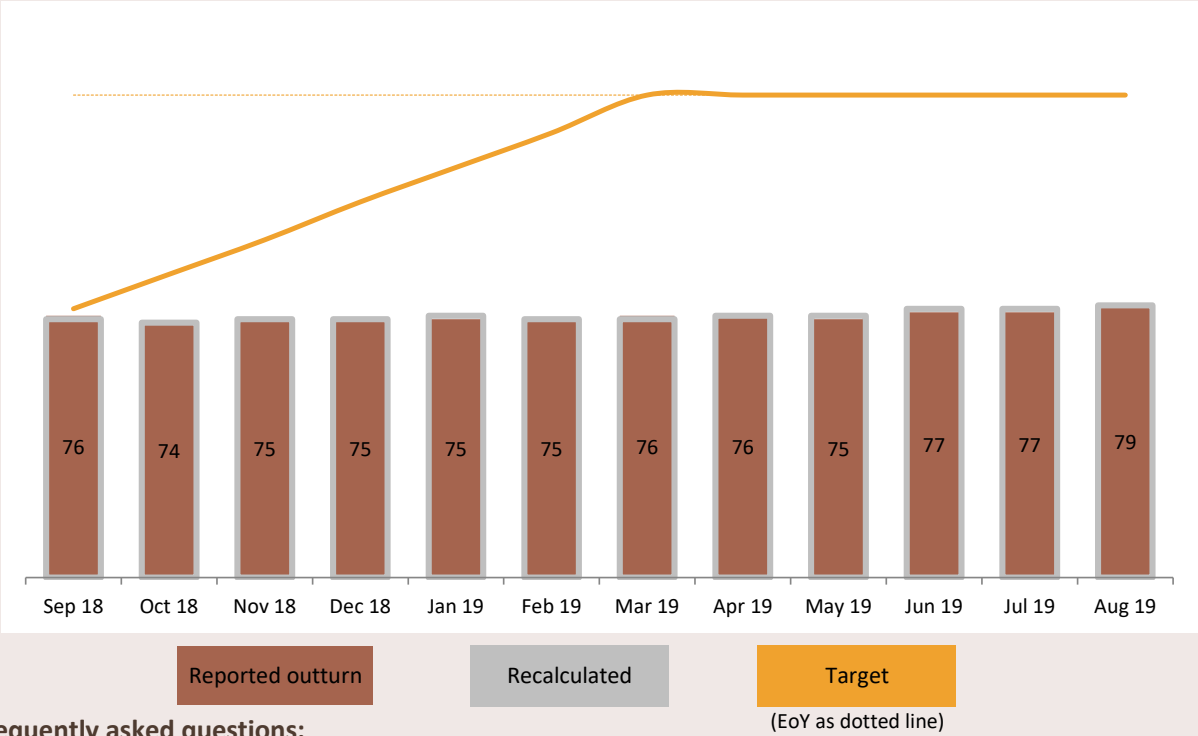
The number of people who have Shared Lives

RED

Change:
Up
(Green) 2.6%

Last Month	This Month	Target
77	79	140
Recalculated: 78		(EoY 140)

Source:
Carefirst service agreements



Frequently asked questions:

Commentary:

The number of people receiving a Shared Lives service from us has increased by two this month, and it is now higher than it has been in at least two years. We are now working to an internal aim of setting up two new long-term placements every month. Since we aligned individual members of the Shared Lives team with constituencies to link them more directly with social worker teams, social workers have made an increased number of enquiries and referrals to us. Our team is now working to place the people who have been referred to us with carers.

In order to increase the number of successful placements we make, we have now planned a session where we will meet with the Shared Lives carers who currently don't have anyone placed with them. This is so that we can explore any blockages preventing them from being matched to people who need care. We have also strengthened our links with the Occupational Therapy service so that they can support these carers to take placements where possible.

Given the early stage we are at with our work to improve our performance around Shared Lives, we are proposing a target of 80, which is currently going through the sign-off process.

Measure Owner: Linda Harper Responsible Officer: Zakia Loughead

Theme: Prevention and Early Help

Number of completed safeguarding enquiries which involved concerns about domestic abuse

GREEN

Change:

**Down
(Red)** 66.7%

Last Month

12

Recalculated:

14

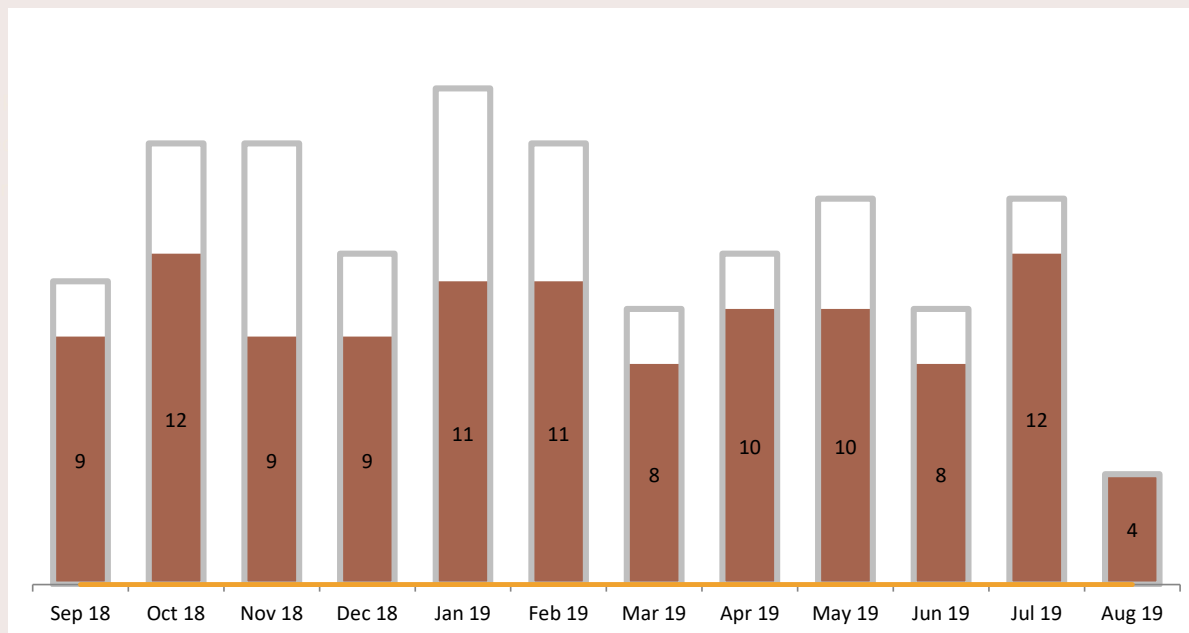
This Month

4

Target

N/A

Source:
Carefirst



Reported outturn

Recalculated

Target

Commentary:

59 Safeguarding Enquiries were completed in August, of which 4 involved allegations of domestic abuse - 6.8%

In the last 12 months there have been 153 completed enquiries relating to this. Of these 94% achieved their expressed outcomes, 93% felt that they were involved, 92% felt that they had been listened to, 91% felt we had acted on their wishes, 84% felt safer and 83% felt happier as a result of our intervention.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

[< Previous: Shared lives uptake](#)

[Return to Scorecard](#)

[Next: DV safeguarding proportion >](#)

Theme: Prevention and Early Help

Percentage of completed safeguarding enquiries which involved concerns about domestic abuse

GREEN

Change:

**Down
(Red)** 4 pp

Last Month

10.8%

Recalculated:
10.4%

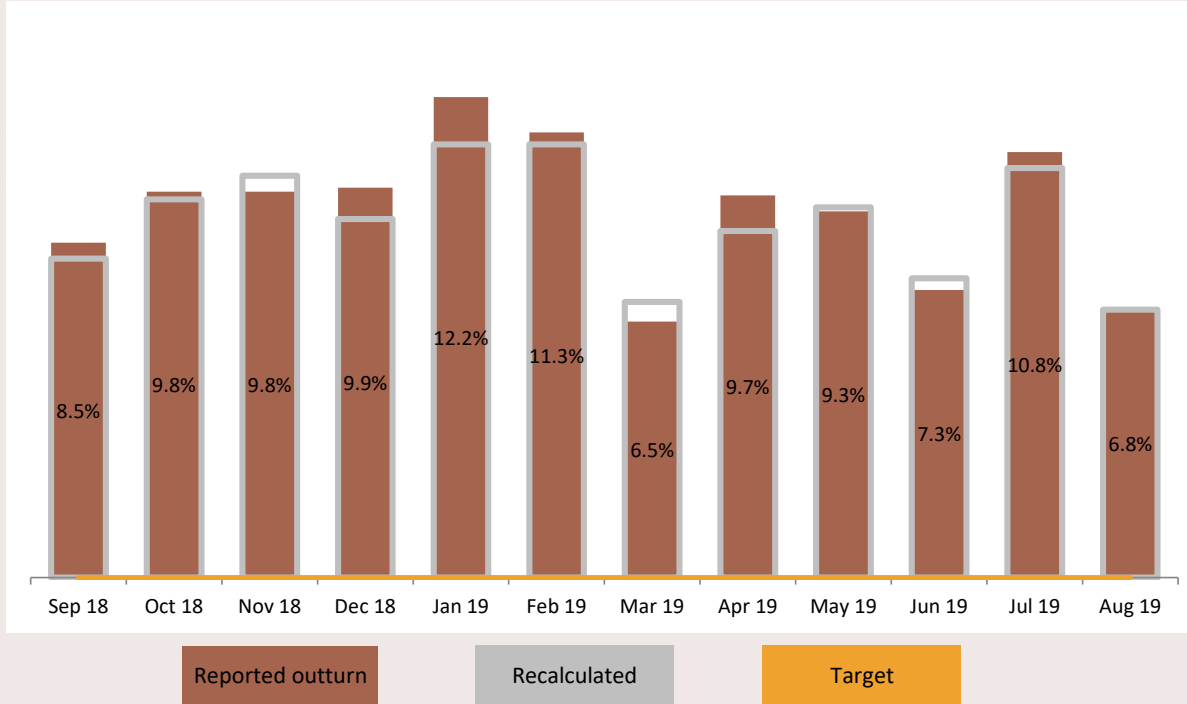
This Month

6.8%

Target

N/A

Source:
Carefirst



Commentary:

59 Safeguarding Enquiries were completed in August, of which 4 involved allegations of domestic abuse - 6.8%
In the last 12 months there have been 153 completed enquiries relating to this. Of these 94% achieved their expressed outcomes, 93% felt that they were involved, 92% felt that they had been listened to, 91% felt we had acted on their wishes, 84% felt safer and 83% felt happier as a result of our intervention.

Measure Owner:
David Gray

Responsible Officer:

Frequently asked questions:

[< Previous: DV safeguarding count](#)

[Return to Scorecard](#)

[Next: LD Employment >](#)

Theme: Community Assets

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

RED

Change:

Up
(Green) 0.05 pp

Last Month

1.42%

This Month

1.47%

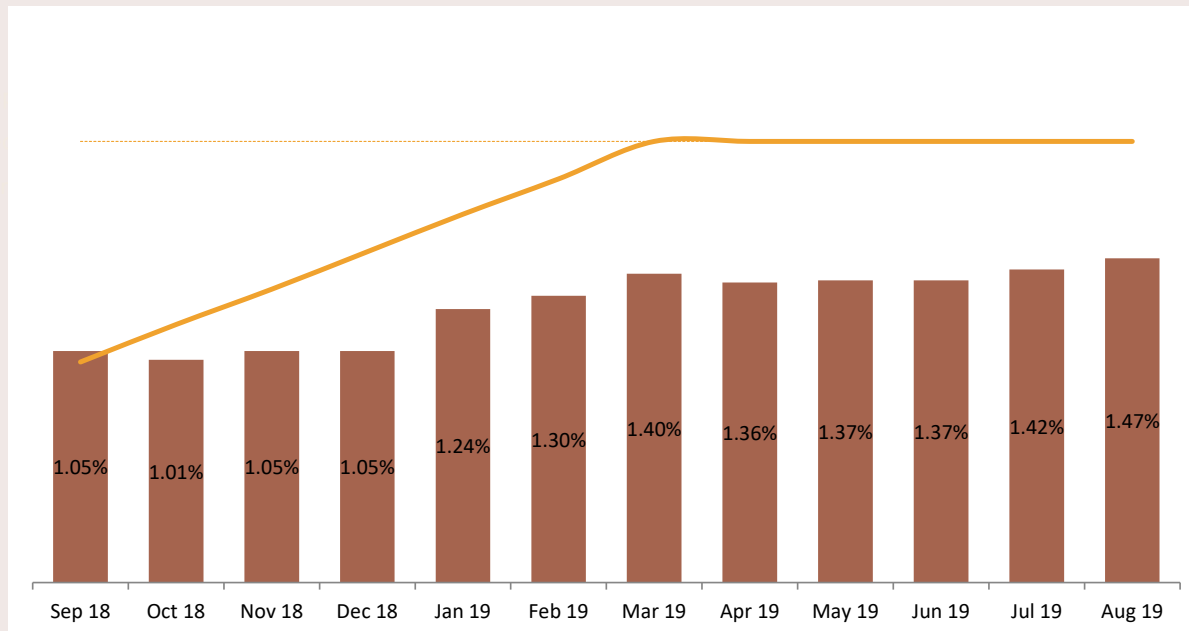
Target

2%

(EoY 2%)

Source:

Carefirst classifications



Reported outturn

Target

(EoY as dotted line)

Frequently asked questions:

Commentary:

The proportion of people with a learning disability, and who we support with long-term care, that are in employment has increased again this month.

We are continuing to focus on our action plan to improve our performance on this measure. As part of our plan, we are recruiting a dedicated officer whose sole responsibility will be to drive our work, and partner organisations, to improve employment opportunities for our citizens with learning disabilities. Until we have appointed somebody, we expect progress to be limited, however we hope to sustain the steady progress we have made recently.

We have now met with the group of people who use our day centres and expressed an interest in employment opportunities. Following in-depth conversations with them, we now have a small cohort of people we can help through person-centred planning towards work placements and employment opportunities.

We are continuing to work with the PURE Project (Placing vulnerable Urban Residents into Employment) following their launch in July, and will be asking them to specifically track any people we refer to them through their system. Two more parents of adults with learning disabilities have joined our Carers' Forum, which has met with the PURE project. The feedback we have had from them regarding our developing employment support has been very positive.

We are also hoping to apply some of the lessons that are coming out of the recent Day Opportunities consultation to the way we support people into employment.

This measure only looks at people with Learning Disabilities who receive care services from us, which is in line with national reporting. This means that it deals with people who have particularly high levels of need. As a result, our potential to improve, and the speed at which we can do it, is limited. With this in mind, we are proposing a new target for the year of 1.5% which reflects the current position of our initiatives, such as the PURE project, and the work that is needed in order to make a marked improvement.

Measure Owner:

Linda Harper

Responsible Officer:

Sonia Mais-Rose

[< Previous: DV safeguarding proportion](#)

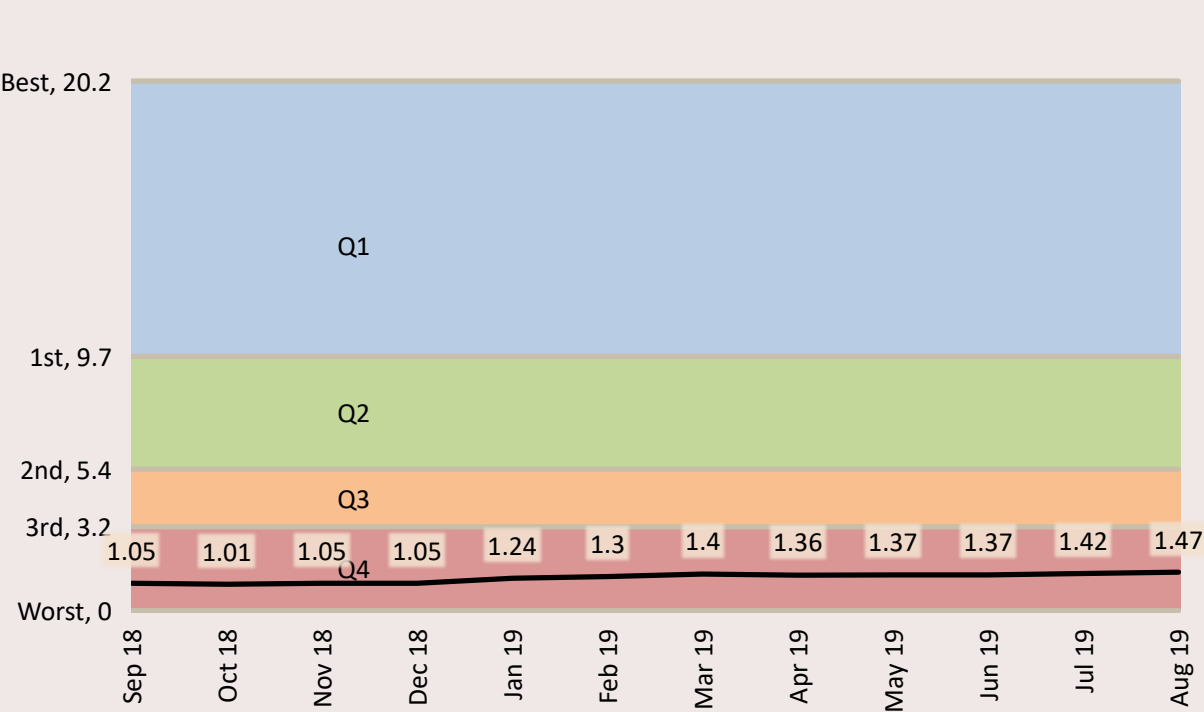
[Return to Scorecard](#)

[Next: LD Employment quartiles >](#)

Theme: Community Assets

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

Performance against national quartiles



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

Quartile	Score	Difference		People Difference
		Figure	%	
Worst	0.00%	-1.47	-100%	-30
Birmingham	1.47%			
3rd	3.20%	1.73	118%	36
2nd	5.40%	3.93	268%	81
1st	9.70%	8.23	561%	169
Best	20.20%	18.73	1277%	385

Current Quartile	4th
Distance to next quartile	36 People
Distance to top quartile	169 People

Theme: Community Assets

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

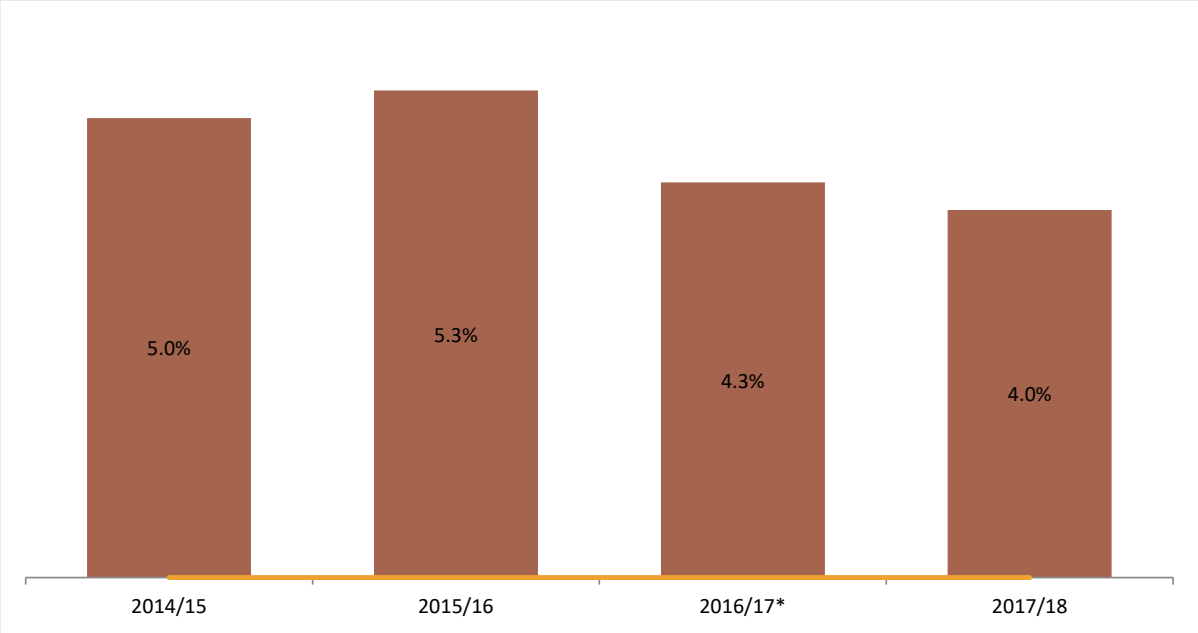
RED

Change:

Down
(Red) 0.3 pp

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

Source:
NHS Digital



Reported Outturn

Commentary:

Annual measure- results are due in November

Measure Owner:
Linda Harper

Responsible Officer:
Linda Harper

Frequently asked questions:

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

[< Previous: LD Employment quartiles](#)

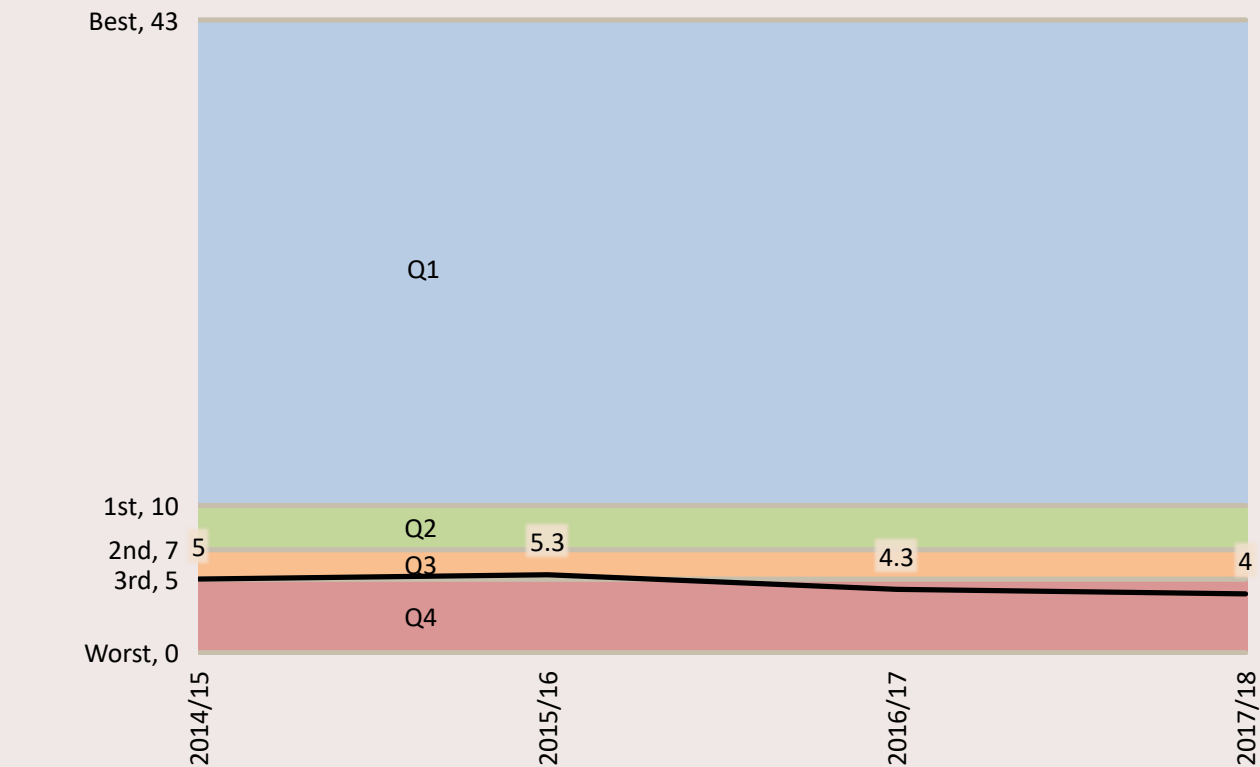
[Return to Scorecard](#)

[Next: MH Employment quartiles >](#)

Theme: Community Assets

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

Performance against national quartiles



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

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

Benchmarking data is taken from 2017/18 Ascof

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

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

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

Theme: Community Assets

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

GREEN

Change:

Up
(Green) 9.2 pp

Prev. Quarter

37.3%

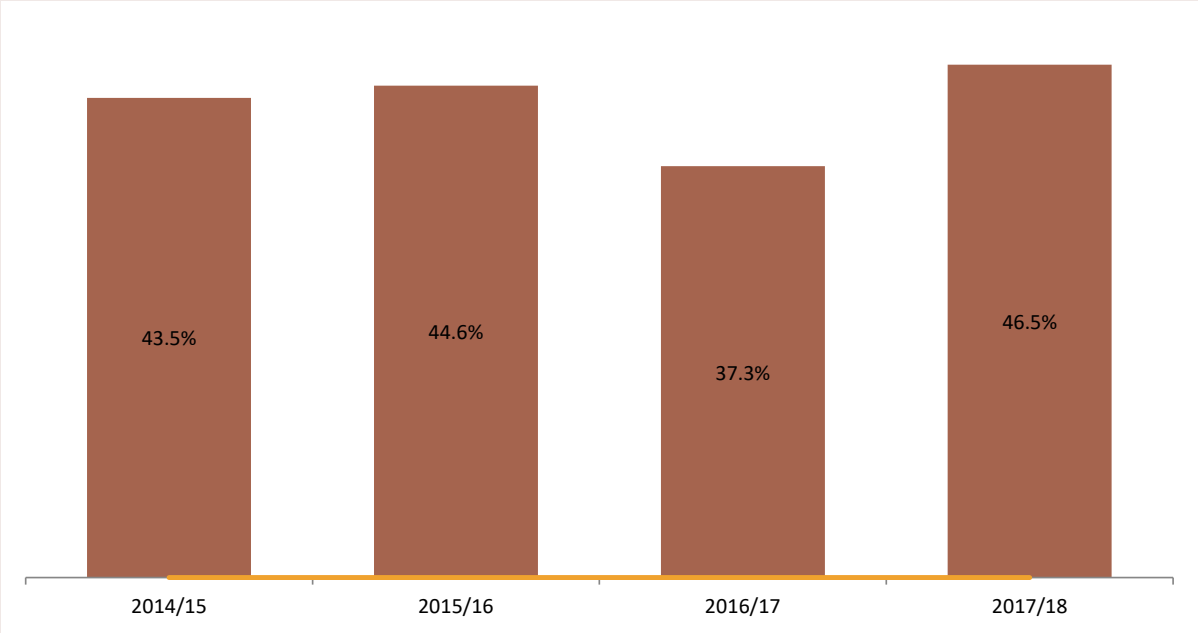
Latest Quarter

46.5%

Preferred

Travel:
Upwards

Source:
NHS Digital



Reported Outturn

Commentary:

Annual measure- results are due in November

Measure Owner:

Responsible Officer:

Frequently asked questions:

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

[< Previous: MH Employment quartiles](#)

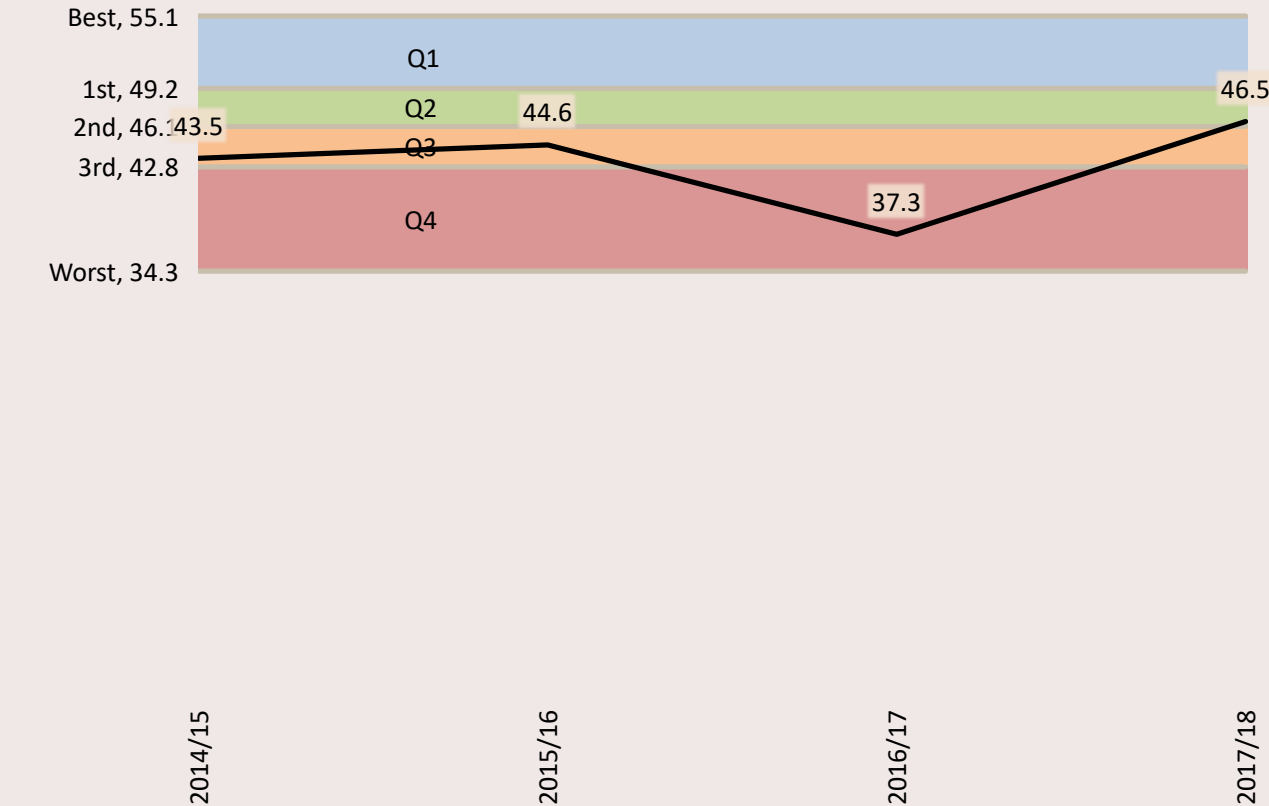
[Return to Scorecard](#)

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

Theme: Community Assets

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

Performance against national quartiles



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

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

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

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

[< Previous: Client social contact](#)

[Return to Scorecard](#)

[Next: Carer social contact >](#)

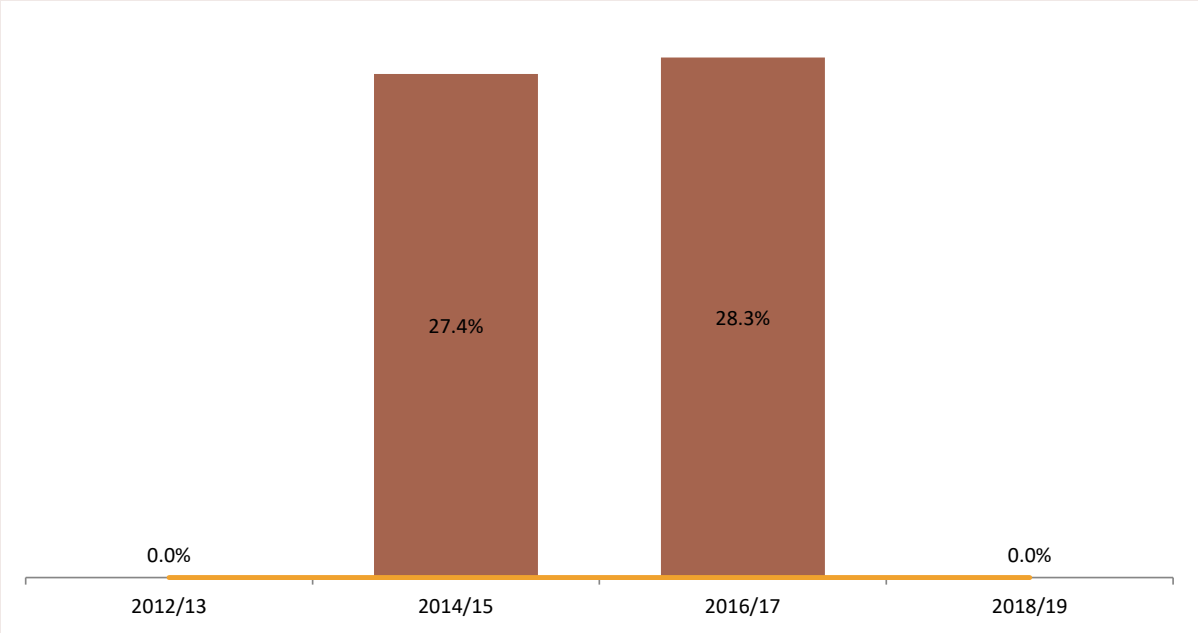
Theme: Community Assets

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

N/A

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

Source:
NHS Digital



Reported Outturn

Commentary:

Biennial measure- results are due in November

Measure Owner:
Pauline Mugridge

Responsible Officer:
Fiona Mould / Austin Rodriguez

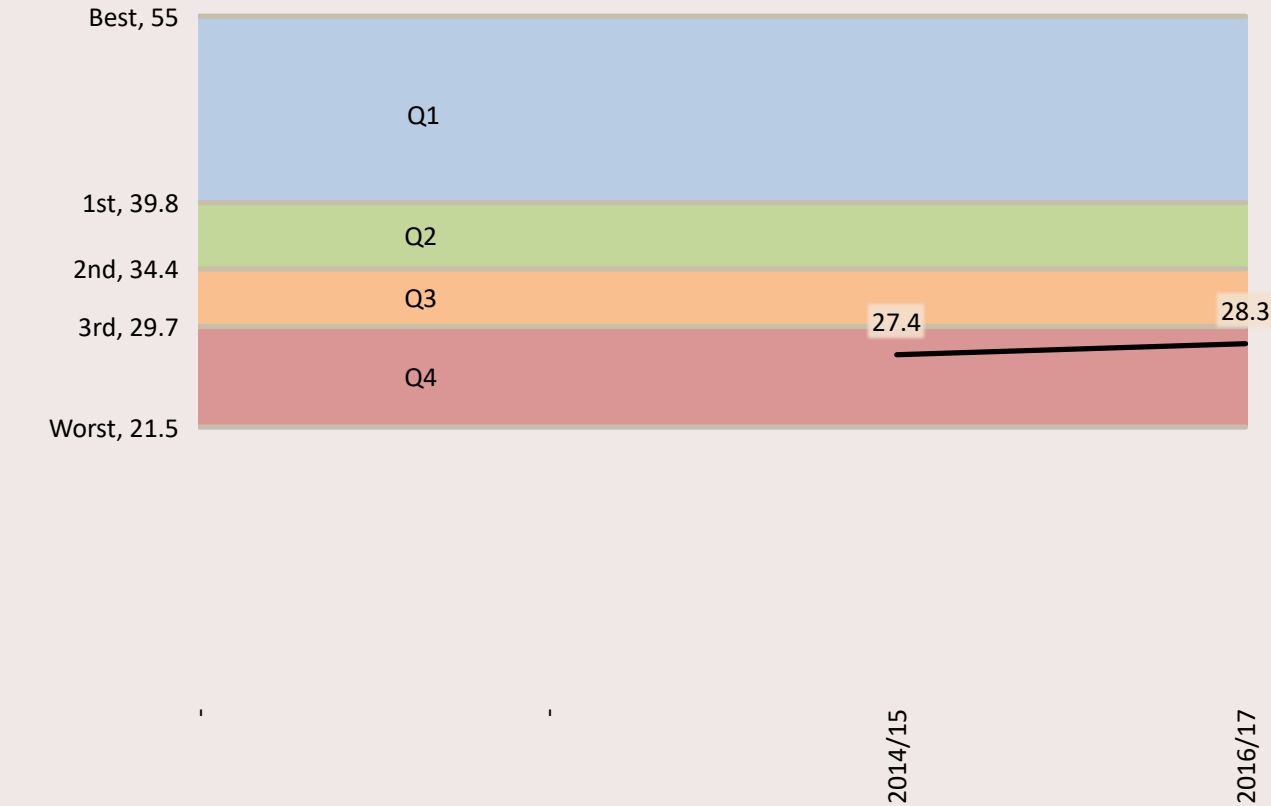
Frequently asked questions:

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

Theme: Community Assets

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

Performance against national quartiles



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

Bencharking data is taken from 2016/17 Ascof

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

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

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



Health and Social Care Overview & Scrutiny Committee Work Programme

2019/20

Committee Members: Chair: Cllr Rob Pocock

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

Cllr Zaheer Khan
Cllr Ziaul Islam
Cllr Paul Tilsley

Committee Support:

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

Committee Manager: Errol Wilson (675 0955)

Schedule of Work

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



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



15 th Oct 2019 Send out: 3 rd Oct 2019	<p>Dementia Strategy (new)</p> <p>Public Health Green Paper – Feedback from consultation</p> <p>Suicide Prevention Strategy – Action Plan</p> <p>Urgent Treatment Centres</p>	<p>Dr Majid Ali, Clinical Lead, Community Services Transformation, BSol CCG; Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG</p> <p>Elizabeth Griffiths, Interim AD, Public Health</p> <p>Jayne Salter-Scott, SWB CCG</p>
15 th Oct 2019 Informal meeting	Period Poverty Report – Post 8 day rule.	Cllr Rob Pocock
19 th Nov 2019 Send out: 7 th Nov 2019	<p>Public Health Profile Data</p> <p>Birmingham Substance Misuse Recovery System (CGL)</p> <p>Healthwatch Update:-</p> <ul style="list-style-type: none"> • Contract/New Structure • Healthwatch Strategy/Direction of Travel • Update on previous and current investigations <p>The Impact of Poor Air Quality on Health – Tracking Report</p> <p>Adult Social Care Performance Monitoring</p>	<p>Elizabeth Griffiths, Interim AD, Public Health.</p> <p>Max Vaughan, Head of Service, Universal and Prevention – Commissioning</p> <p>Andy Cave, Chief Executive, Healthwatch Birmingham</p> <p>Mark Wolstencroft, Operations Manager, Environmental Protection.</p> <p>Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer.</p>
26 th November 2019 – TO BE RESCHEDULED	Enablement Review – Evidence Gathering	



17 th Dec 2019 Send out: 5 th Dec 2019	<p>Budget Consultation:</p> <ul style="list-style-type: none"> • Adult Social Care • Public Health <p>Public Health Budget – Position Statement</p> <p>Birmingham Safeguarding Adults Board Annual Report</p> <p>NHS Long Term Local Plan – Healthwatch Birmingham</p>	<p>Councillor Paulette Hamilton, Cabinet Member for Health & Social Care; Dr Justin Varney, Director of Public Health.</p> <p>Dr Justin Varney, Director of Public Health</p> <p>Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board.</p> <p>Andy Cave, Chief Executive, Healthwatch Birmingham</p>
21 st Jan 2020 Send out: 9 th Jan 2020	<p>Birmingham Community Healthcare NHS Foundation Trust Draft Quality Accounts 19/20 - Briefing</p> <p>Primary Care Networks Briefing</p>	<p>Colin Graham, Associate Director, Clinical Governance, BCHC.</p> <p>(Paul Sherriff? TBC)</p>
18 th Feb 2020 Send out: 6 th Feb 2020	<p>Director of Public Health Annual Report</p> <p>Birmingham Sexual Health Services – Umbrella (UHB)</p> <p>Adult Social Care Performance Monitoring</p> <p>Public Health Performance Monitoring</p>	<p>Dr Justin Varney, Director of Public Health</p> <p>Max Vaughan, Head of Service, Universal and Prevention – Commissioning</p> <p>Maria Gavin, AD, Quality & Improvement, Adult Social Care; David Rose, Performance Management Officer.</p> <p>Elizabeth Griffiths, Interim AD, Public Health.</p>
17 th March 2020 Send out: 5 th March 2020		
21 st April 2020 Send out: 9 th April 2020		



MUNICIPAL YEAR 2020/21	Mental Health Strategy Update	Joanne Carney, Director of Joint Commissioning, BSol CCG
	Childhood Obesity – Stocktake Report	Dr Justin Varney, Director of Public Health
	Update on 'The Effects of Pollution on Health'	Mark Wolstencroft, Operations Manager, Environmental Protection
	Birmingham Dementia Strategy Refresh (October 2020)	Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG.

Items to be scheduled in Work Programme

- Adult Social Care Commissioning Strategy (Graeme Betts)
- Ageing Well Programme (Graeme Betts)
- Shared Lives Service Re-design (Graeme Betts)
- Neighbourhood Networks Programme (Graeme Betts)
- GP Practice Delivery – (Late 2019)
 - Partnerships (e.g. Modality)
 - Universal Patient Offer (Karen Helliwell)
- STP Strategy – Post Engagement Report (Rachel O'Connor)
- Update on the New Social Work Model in Birmingham (Pauline Mugridge) (Early new municipal year)
- Immunisation and Screening
- Infant Mortality
- Joint Strategic Needs Analysis (JSNA) – Elizabeth Griffiths to advise date.
- Integrated Care Systems – Paul Jennings
- Public Health Community Engagement – Elizabeth Griffiths to advise date.
- Creating a Healthy City Framework – Elizabeth Griffiths to advise date.

CHAIR & COMMITTEE VISITS

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



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

Item no.	Item Name	Proposed date
005730/2018	A Sustainable Solution for the Future of Wellbeing Services and Hubs	26 November 2019
005920/2019	Adult Social Care and Health – Draft Day Opportunity Strategy	17 December 2019
006656/2019	Public Health Budget	17 December 2019
007017/2019	Approval of Section 75 Agreements for Adult Social Care and Health Integrated Commissioning 2019/20	26 November 2019

INQUIRY:

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

Councillor Call for Action requests



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



12th December 2019 @ 2.00pm Birmingham CANCELLED	<ul style="list-style-type: none">• Further update on the Midland Metropolitan Hospital• Update on Review of Solid Tumour Oncology Cancer Services• Update on Recommissioning of Gynae-oncology Services.	<p>Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.</p> <p>Cherry West, Chief Transformation Officer, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust; Jessamy Kinghorn, Head of Communications & Engagement – Specialised Commissioning, NHS England (Midlands & East of England).</p>
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Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs Rob Pocock, Diane Donaldson, Peter Fowler, Zaheer Khan, Paul Tilsley	
Meeting Date	Key Topics	Contacts
26 th June 2019 @ 6.00pm (Solihull)	<ul style="list-style-type: none"> Financial Savings Plan 2019/20 including:- <ul style="list-style-type: none"> Service Redesign Projects - <ul style="list-style-type: none"> What has been reviewed and what is the outcome of that through cost savings? UHB - Update on UHB Merger including potential changes to trauma, orthopaedic and gynaecology services 	<p>Phil Johns, Chief Finance Officer, BSol CCG</p> <p>Fiona Alexander, Director of Communications UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG</p>
5 th September 2019 @ 5.00pm (Birmingham)	<ul style="list-style-type: none"> UHB - Potential changes to trauma and orthopaedic and gynaecology services - Update Urgent Primary Care Service Model <ul style="list-style-type: none"> JHOSC to be consulted on draft Service Model Impact of UTC communications campaign in Solihull Clinical Treatment Policies – Evidence based policy harmonisation programme – Phase 3 	<p>Fiona Alexander, Director of Communications UHB; Jonathan Brotherton, Chief Operating Officer UHB; Pratima Gupta and Panayiotis Makrides, Clinical Leads UHB; Harvir Lawrence, Director of Planning and Performance, BSol CCG</p> <p>Phil Johns, Deputy CEO; Helen Kelly, Associate Director of Urgent Care and Community, BSol CCG</p> <p>Neil Walker, Associate Director of Right Care and Planned Care, BSol CCG; Katherine Drysdale and Andrea Clark, AGEM CSU</p>



<p>5th December 2019 @ 6.00pm (Solihull)</p> <p>CANCELLED</p>	<ul style="list-style-type: none"> Clinical Treatment Policies – Evidence based policy harmonisation programme – Phase 3 – Feedback from Consultation. BSol CCG Financial Plans <ul style="list-style-type: none"> Update on risk to delivery of savings and the impact of this on 2020/21. 	<p>Neil Walker, Associate Director of Right Care and Planned Care, BSol CCG; Katherine Drysdale and Andrea Clark, AGEM CSU</p> <p>Paul Athey, Chief Finance Officer, BSol CCG</p>
<p>March 2020 (Birmingham)</p>		
<p>TO BE SCHEDULED</p>	<ul style="list-style-type: none"> Boots Walk in Centre Engagement Plan Birmingham and Solihull Mental Health NHS Foundation Trust including:- <ul style="list-style-type: none"> Introduction to new Chief Executive Improvements made since CQC inspection carried out in November 2018. (Report published April 2019). Role of the STP across the Birmingham and Solihull footprint Birmingham and Solihull STP – Joint Public Health Priorities / role STP across Birmingham and Solihull – evidence of impact and effectiveness Disinvestment on Savings Plan NHS England and NHS Improvement Redesign Work for Community Dental Services 	<p>Jennifer Weigham, BSol CCG</p> <p>Roisin Fallon-Williams, Chief Executive, BSMHFT.</p> <p>Paul Jennings, System Lead, BSol STP</p> <p>Dr Justin Varney, DPH Birmingham and Ruth Tennant DPH Solihull.</p> <p>Paul Athey, Chief Finance Officer, BSol CCG</p> <p>Howard Thompson, Supplier Manager – Dental, NHS England and NHS Improvement – Midlands.</p>