

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 17 NOVEMBER 2020 AT 14:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

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

2 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.

4 ACTION NOTES/ISSUES ARISING

3 - 8

To confirm the action notes of the meeting held on 6th October 2020.
(1400-1410hrs)

5 PUBLIC HEALTH UPDATE

Dr Justin Varney, Director of Public Health.
(1410-1445hrs)

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

9 - 62

Sian Warmer, Deputy Director, CGL, Birmingham; Kevin Marshall, Area Manager, Aquarius; Kate Homer, Birmingham Service Manager, Aquarius; Dr Marion Gibbon, Assistant Director, Partnerships, Insight and Prevention, Public Health; Chris Baggott, Service Lead, Partnerships, Insight and

Prevention, Public Health; Vanessa Cusack, Senior Commissioning Officer, Adults Public Health and Karl Beese, Commissioning Manager, Adults Public Health.
(1445-1520hrs)

63 - 70

7 **PROGRESS REPORT ON IMPLEMENTATION: TACKLING PERIOD
POVERTY AND RAISING PERIOD AWARENESS**

Dr Marion Gibbon, Assistant Director, Partnerships, Insight and Prevention, Public Health.
(1520-1545hrs)

71 - 78

8 **WORK PROGRAMME - NOVEMBER 2020**

For discussion.
(1545-1555hrs)

9 **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).

10 **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.

11 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1400 hours on 6th October 2020, via Microsoft Teams – Actions

Present:

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

Also Present:

Professor Graeme Betts, Corporate Director – Adult Social Care.

Alex Borg, Director of Mental Health Services, Forward Thinking Birmingham, Birmingham Women's and Children's NHS Foundation Trust.

Joanne Carney, Director of Joint Commissioning, Mental Health, Children and Maternity, Birmingham and Solihull CCG.

Anupam Dharma, Consultant Psychiatrist and Medical Director, Forward Thinking Birmingham, Birmingham Women's and Children's NHS Foundation Trust.

Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care.

Elaine Kirwan, Deputy Chief Nurse, Mental Health Services, Forward Thinking Birmingham, Birmingham Women's and Children's NHS Foundation Trust.

Catherine Parkinson, Interim City Solicitor and Monitoring Officer.

Gail Sadler, Scrutiny Officer.

Dr Justin Varney, Director of Public Health.

Emma Williamson, Head of Scrutiny Services.

1. NOTICE OF RECORDING

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

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

None.

4. ACTION NOTES/ISSUES ARISING

The action notes for the meeting held on 1st September 2020 were agreed.

Black Country and West Birmingham CCGs Future Commissioning Intentions

The Chairman informed the committee that a summary of issues raised and points for clarification on the proposal was submitted on 7th September 2020. An informal briefing will be held on 12th November at 2.00pm to inform the committee of the result of the ballot of GPs across West Birmingham and the Black Country on whether to accept the proposal or not.

5. DAY OPPORTUNITIES PROPOSALS CONSULTATION: OUTCOME OF NDTI REPORT INVESTIGATION

Professor Graeme Betts (Corporate Director – Adult Social Care) attended the meeting to outline the findings of an investigation into the National Development Team for Inclusion (NDTI) report. He apologised, on behalf of officers in Adult Social Care, for providing inaccurate information to the committee regarding the existence of the NDTI report. He explained that the officers involved had been interviewed and appropriate steps taken regarding their behaviour. Furthermore, he had written to the member of public who had submitted the Freedom of Information (FOI) request to apologise and thank that person for raising the issue.

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

- The officers who reported to the 18th December HOSC meeting were aware of another officer's decision to deny that there was a report but chose not to contradict this.
- Clarity was sought regarding the decision to publish a letter of apology from Professor Graeme Betts to the Chairman and committee members on the public agenda that referred to the NDTI report which had not been published. The Chairman explained that a redacted version of the confidential NDTI report had been circulated to members of the committee in the week prior to the meeting. The item was on the public agenda so an open and transparent discussion could take place.

To facilitate a discussion about the report the committee moved into private session.

RESOLVED:

A letter is written to the Acting City Solicitor and Monitoring Officers highlighting the concerns of the committee that key information had knowingly been withheld from it by officers and seeking assurance that measures had been put in place to prevent this happening again. Further, requesting that a copy of the FOI redacted NDTI investigation report is published in the public domain on the Committee Management Information System as soon as possible.

6. FORWARD THINKING BIRMINGHAM

Joanne Carney (Director of Joint Commissioning Mental Health Children and Maternity, Birmingham and Solihull CCG) presented a short summary of slides which depicted the partnership and collaborative work that had been taking place across Birmingham from the mental health system in response to Covid-19. This was followed by a report from Forward Thinking Birmingham (Elaine Kirwan, Deputy Chief Nurse Mental Health Services; Alex Borg, Director of Mental Health Services and Anupam Dharma, Consultant Psychiatrist and Medical Director) summarising the work that has taken place in response to the challenges that Covid-19 has posed and changes that have been made to ensure the service continued to be delivered throughout the pandemic.

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

- Clarification was sought regarding the pathways of care for people who suffer with Chronic Fatigue Syndrome pre-Covid-19 and those who now have CFS as a result of contracting Covid-19.

RESOLVED:

- Further information regarding the pathways of care for CFS will be provided by FTB.
- If members have any further questions for representatives of FTB they should be sent to the Scrutiny Officers.

7. PUBLIC HEALTH UPDATE

COVID-19 Update

Dr Justin Varney (Director of Public Health) gave an overview of the current position regarding testing, infection rates and further interventions including new testing centres and the drop and collect programme. He also stated that data collected through NHS Test and Trace showed that 85% of people contracting Covid-19 had done so as a result of mixing with other households.

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

- The data is showing a higher rate of testing in the Asian and Afro-Caribbean communities and a lower rate in the white/British community. Also, the largest proportion of positive tests was in the Asian community followed by Black and Afro-Caribbean and the lowest in the white community. Recent data shows a significant increase in the white community testing positive which may reflect the student demographic.
- In terms of the hospital admissions profile, the ethnic community is over-represented in terms of people coming into hospital and people in intensive care. Predominantly, the largest group is the elderly but younger people are also being admitted.

- If a vulnerable person is not able to access a Testing Centre, there are postal kits. Postal kits can be ordered through the website and delivered to the home address.
- The council is taking proactive action to deal with businesses who are not abiding by the rules. There is also a whistleblowing helpline on the city council website where poor practice can be reported anonymously.
- If people are entering a setting where a face mask must be worn, it is important that those settings impose this or refuses entry unless that person has an exemption badge/card. The badge/card can be downloaded for free from the Department of Health website.
- BAME communities may have been disproportionately affected because of occupational exposure. They are more likely to work in a profession where it is more difficult to socially distance e.g. taxi drivers, social care staff. Also, they tend to live in multi-generational households whereas white/British families tend to live in smaller households.
- Statistics on the recovery rate from Covid-19 are not produced.
- In an effort to increase enforcement:-
 - The role of Covid Community Champions has been introduced to engage with people to help them understand the rules around enforcement.
 - Looking to build on good practice used by Sandwell Council i.e. sending a letter to everyone who tests positive to set out what help is available whilst having to self-isolate and emphasising that a breach of the regulation is an offence.
- There is clear evidence in the UK that about a third of people who had Covid-19 in the first wave did not develop antibodies and are unprotected against reinfection.

RESOLVED: -

That a further update report is presented to the next meeting.

8. ADULT SOCIAL CARE PERFORMANCE MONITORING – APRIL-JUNE 2020

Maria Gavin (Assistant Director, Quality and Improvement, Adult Social Care) presented the quarterly update on the performance of adult social care highlighting the 5 key indicators that are reported to HOSC in detail but also including performance monitoring of all key indicators.

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

- There is an intensive action plan to improve 'the number of clients reviewed in the last 12 months' indicator.

- There has been a significant rise in the incidence of domestic abuse during the Covid-19 period. Therefore, there has been a proactive campaign to promote the message that domestic abuse services remain fully operational.
- Information regarding the Shared Lives service has been updated. Furthermore, the move to locality working will improve the links between social workers and shared lives providers.
- Concern was expressed that the data reported for the 2 measures relating to Social Contract for Service Users and Carers was down (red) and this was for the period 2018/19 i.e. pre-Covid. Members were assured that during Covid the department had been proactive in their outreach work to support and engage with service users/carers. The data for these measures is taken from the carers survey which is collated locally and the service user survey which is a national survey. Have recently been informed that there will be no service user survey this year due to Covid.
- Clarity was sought around the timeliness of the report i.e. performance data for the period April – June 2020 and whether future reports could be presented sooner.

RESOLVED: -

- Maria Gavin to provide information regarding the process and timeline for receiving feedback from the carers and service user surveys and how this will be measured this year as the national service user survey has been suspended.
- A cross-party informal meeting is arranged to discuss the current status of performance indicators and reporting timelines.

9. WORK PROGRAMME – SEPTEMBER 2020

- Councillor Debbie Clancy replaces Councillor Peter Fowler as the Conservative representative on the Birmingham/Sandwell JHOSC. The committee had not met so far this municipal year but an informal Chairs meeting had been scheduled to discuss proposed agenda items for a forthcoming meeting.
- The dates for evidence gathering for the Infant Mortality review will now take place at the 8th December 2020 and 26th January 2021 committee meetings.
- The following topic was suggested for inclusion on the work programme:-
 - The disproportionate impact on health of people living in exempt accommodation, houses of multiple occupation (HMOs) and homelessness.

The Chairman was aware that the Coordinating O&S Committee was about to engage in a cross-cutting review on all issues associated with exempt accommodation and these topics may form part of that work.

- A briefing to be arranged to discuss the Adult Social Care Vision and Strategy and how that links with day opportunities.

- The work programme was agreed.

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

None.

11. OTHER URGENT BUSINESS

None.

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 1615 hours.

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

OSC – 17th November 2020

Adult Substance Misuse Service

- Delivered by Change, Grow, Live (CGL)
- 5 year contract March 2015 – February 2020
- 2 year option to extend exercised, current contract ends February 2022
- Annual contract value for 2020/1 and 2021/22: **£14,190,608.93**
- Potential to extend for an additional year until February 2023 in order to mitigate against delays to repurchase timeline as a result of COVID-19
- Key commissioning intentions:
 - Think Family; support families during the recovery process and reducing associated harms caused to children
 - A Single System
 - Focus Recovery Outcomes

Young People's Substance Misuse Service

- Delivered by Aquarius
- 5 year contract March 2015 – February 2020
- Option to extend for additional 1+1 years; align with repurchase of the Adult Service
- Annual contract value for 2020/1: **£673,000.00**
- Key commissioning intentions:
 - Minimise the misuse of drugs, alcohol and tobacco,
 - Reduce risk / vulnerabilities in a holistic approach

Alcohol Misuse - Birmingham

- 13,603 people are alcohol dependent
- Average of 133 alcohol-specific deaths per annum (399 for the period 2016 – 2018)
- 1,413 alcohol clients in treatment (10.4%)
- A heavy drinking profile of those in treatment - in Birmingham alcohol clients in treatment are at the high end of daily/weekly alcohol unit consumption, so a very high risk/dependent clientele
- Numbers in treatment have reduced.

Source: <https://fingertips.phe.org.uk/>

Drug Misuse - Birmingham

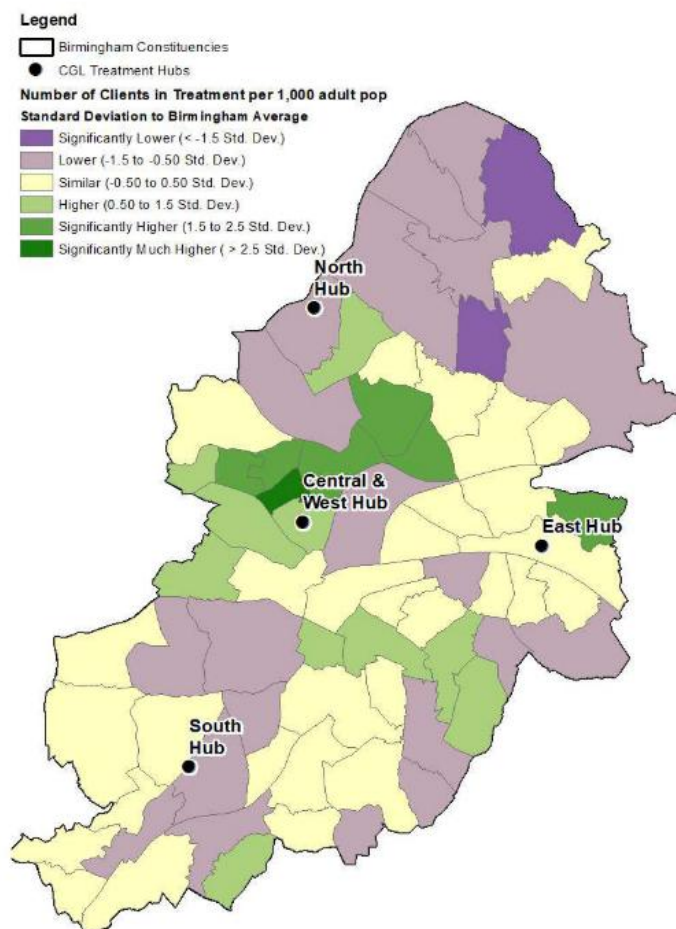
- 10,525 people using opiates and/or crack.
- Average of 77 deaths from drugs misuse per annum (231 for the period 2017 – 2019)
- 5,098 in treatment (48%).
- Those in treatment and those new to treatment tend to have multiple complexities i.e. mental health
- Numbers in treatment have reduced

Clients in Treatment by Ward area

The rate of clients in Adult Substance Misuse Treatment is significantly much higher in Lozells ward when compared to the Birmingham average, and significantly higher in the wards of Aston, Birchfield, Handsworth, Stockland Green, Gravelly Hill, and Shard End.

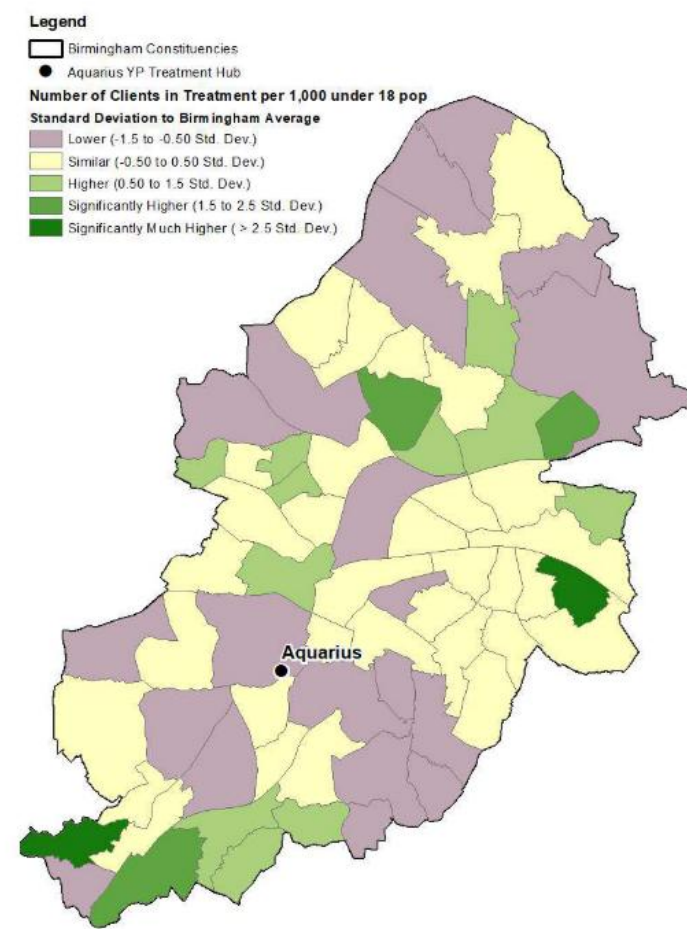
The rate of clients in Young Persons' Substance Misuse Treatment is significantly much higher in the wards of Frankley Great Park and Garretts Green, and significantly higher in Castle Vale, Stockland Green, and Longbridge & West Heath.

Number of Clients in Adult Substance Misuse Treatment per 1000 Adult Pop by Ward



Data provided by Change Grow Live, substance misuse treatment service provider in Birmingham (2020).
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Number of Clients in Young Persons' Substance Misuse Treatment per 1000 Under 18 Pop by Ward



Data provided by Change Grow Live, substance misuse treatment service provider in Birmingham (2020).
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Change Grow Live Birmingham

OSC Presentation – Tuesday 17th November 2020

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**Change
Grow
Live**

Our vision

To develop, deliver and share a whole person approach that changes society.

Our mission

To help people change the direction of their lives, grow as individuals, and live life to its full potential.

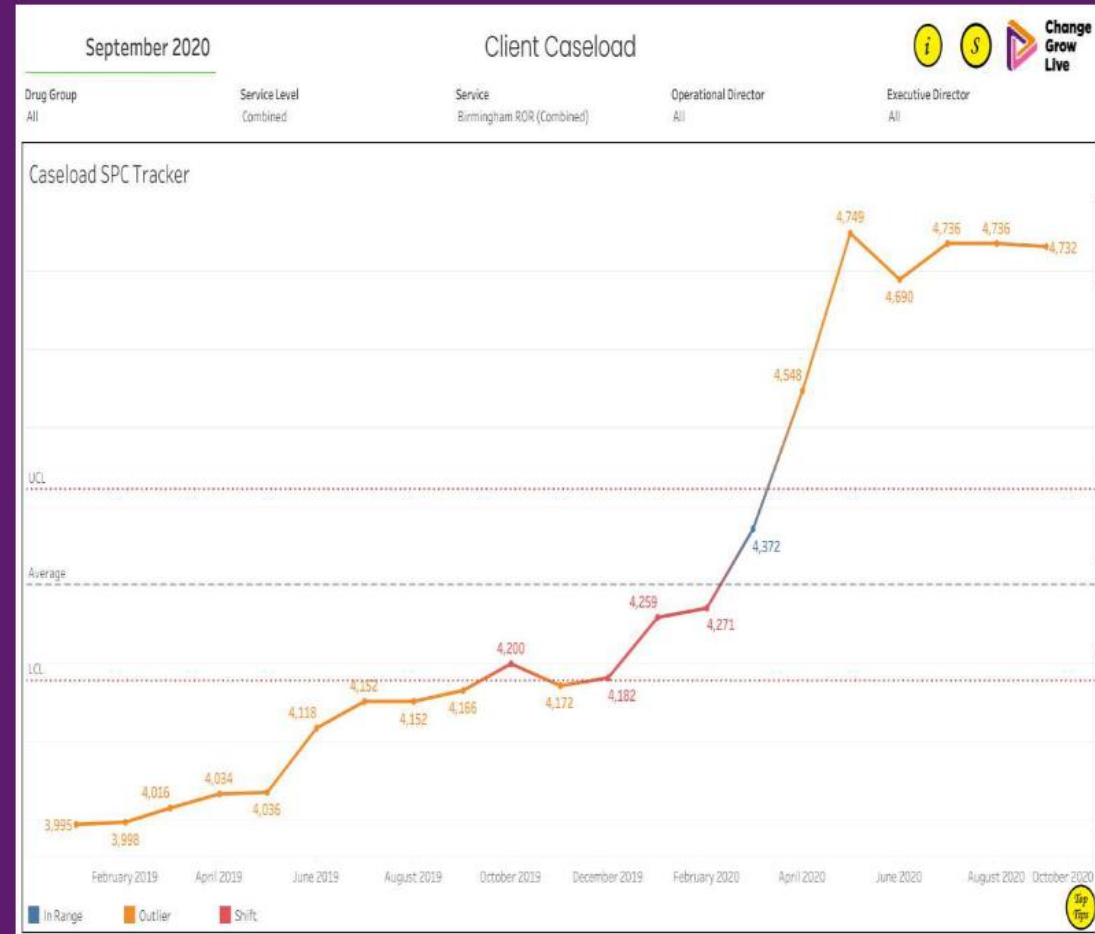
Our values

Be open.
Be compassionate.
Be bold.



Change Grow Live Birmingham Services

- During April 2019 to March 2020 there was an average of **4,176** individuals accessing structured treatment in Birmingham per month.
- At the end of October 2020 there were **4,891** clients accessing treatment across all areas.
- The graph opposite evidences the rise in total cases during COVID -19.
- Within this total we can detail the rise in opiate clients accessing treatment by **9.4%**.
- Comparison alcohol clients accessing treatment by **37.6%**



Change Grow Live Birmingham Services During COVID

- Different ways of working & adapting services during the pandemic
- All services have remained open
- In responding to the pandemic, Prescribing Guidelines (MAT) the service changed 1987 clients to a 14+ day prescription (change complete by mid May). We have since changed all of these clients back to their 7 day collection of their prescription.
- Alcohol – Home detox's – *107 successfully completed as of the end of October 2020 in the clients own home environment*
- Home delivery of Naloxone , Safer storage & medication
- Online / virtual service user offers & Outstanding partnership support
- Intelligent finger print testing
- Home testing kits for BBV

Rough Sleepers & Homeless Clients

- Support with SU's off streets into hotels & emergency accommodation – Partnership approach
- Supporting staff via training packages during COVID lockdown
- Currently support and prescribe around 150 homeless clients
- New model proposed through MHCLG Funding (please see the attached model in the additional information pack provided for members)

Feedback from People who use our Services...

Overwhelming sense of understanding and appreciation from the people we've connected with:

- “ 89.9% told us in a survey that we are providing them with the support they need.
- “ "Everything's been great. I get my script every two weeks which has been a great help. I know everything's a bit topsy turvy at the moment and understand why appointments aren't running."
- “ "People have been really helpful over the phone and really supportive. It's been nice to know that I can just pick up the phone and speak to somebody if I've needed to. I can't knock the support you've given me. I've really appreciated it."
- “ "I've appreciated the weekly phone calls about how I have been managing with my alcohol use. It's just a shame we can't get back to normality a little quicker, but I know we are getting there."

Aquarius: Young People's Service



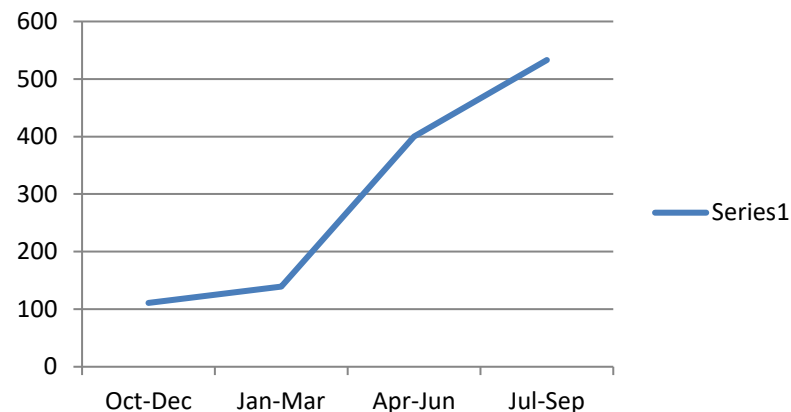
1,183 YP in total number of treatment for 2019-2020

We saw a spike in referrals during April-September when full lockdown was happening

Service offer during COVID

- No service closed
- Walk & Talk Interventions
- Telephone appointments
- What's app or Zoom meetings
- Purchased mobile phones for young people who have been removed from the family home and placed with relatives as they have been affected by parent's substance misuse
- Multi agency working
- Delivery of meal kits to young carers

Numbers in treatment Oct 19-Sep 20



Service User Feedback

- 97% would recommend the service to others
- 100% YP co produced their care plan
- 100% clients seen within waiting time target for assessment

“I really enjoyed being able to open up and talk about me and my worries”

“I really enjoyed learning about the effects of drugs and alcohol and learnt loads”.

“It has really helped to know that my daughter had someone to talk to and can contact again if she needs someone”



Added Value

During COVID Aquarius has managed to secure extra funding of £214,000 to deliver a range of additional services to young people and their families.

Map showing Opiate clients in treatment by Council Ward as of 30th September 2020







Standard deviation is how far something is from the average, so the following maps show how far away the rate of clients in treatment is for each ward compared to the Birmingham average. It's a method of showing the 'higher' and 'lower' areas without actually showing any rates/numbers.

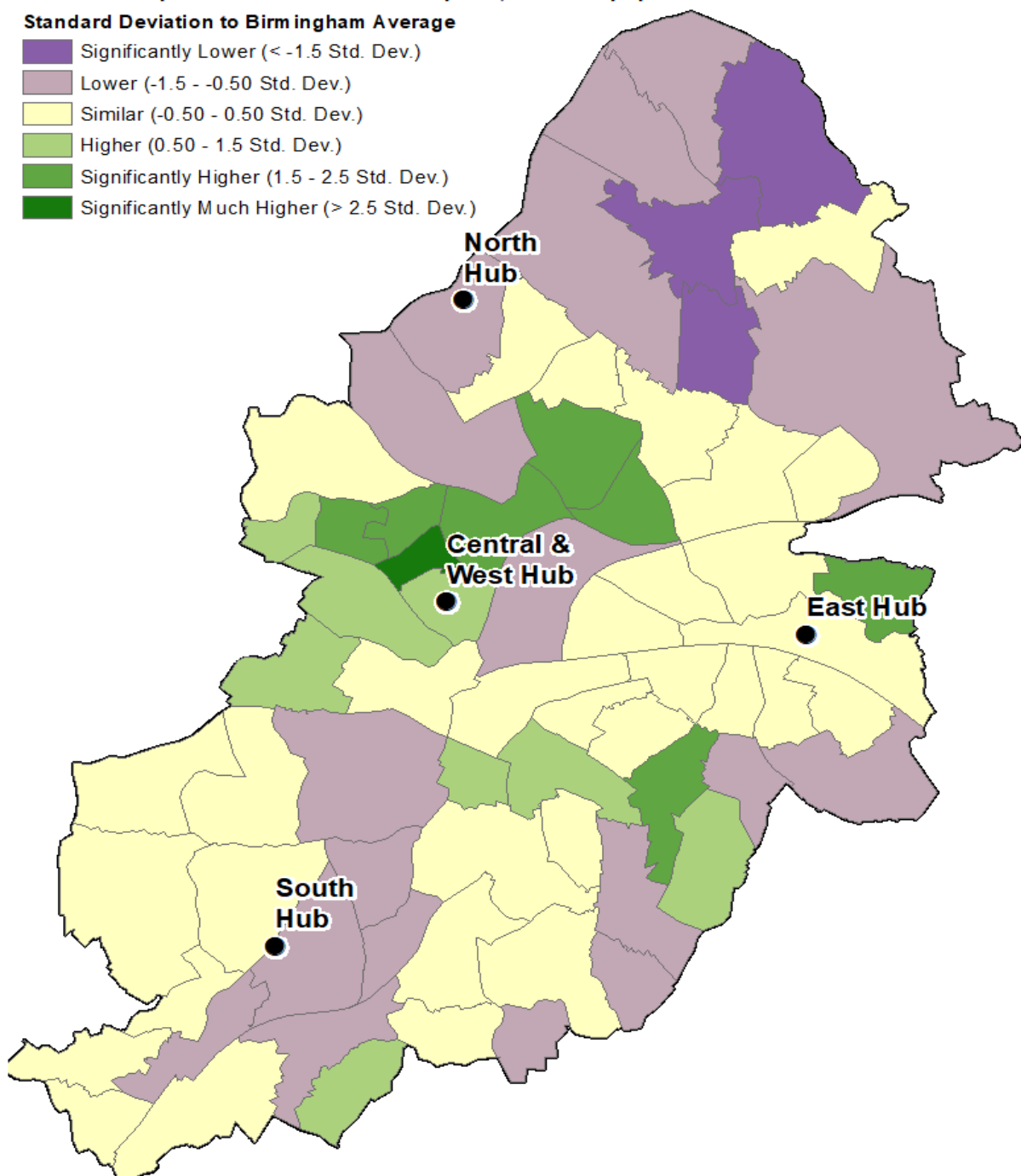
Legend

-  Birmingham Constituencies
-  CGL Treatment Hubs

Number of Opiate Clients in Treatment per 1,000 adult pop

Standard Deviation to Birmingham Average



-  Significantly Lower (< -1.5 Std. Dev.)
-  Lower (-1.5 - -0.50 Std. Dev.)
-  Similar (-0.50 - 0.50 Std. Dev.)
-  Higher (0.50 - 1.5 Std. Dev.)
-  Significantly Higher (1.5 - 2.5 Std. Dev.)
-  Significantly Much Higher (> 2.5 Std. Dev.)



Data provided by Change Grow Live, substance misuse treatment service provider in Birmingham (2020).
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Map showing non-Opiate clients in treatment by Council Ward as of 30th September 2020

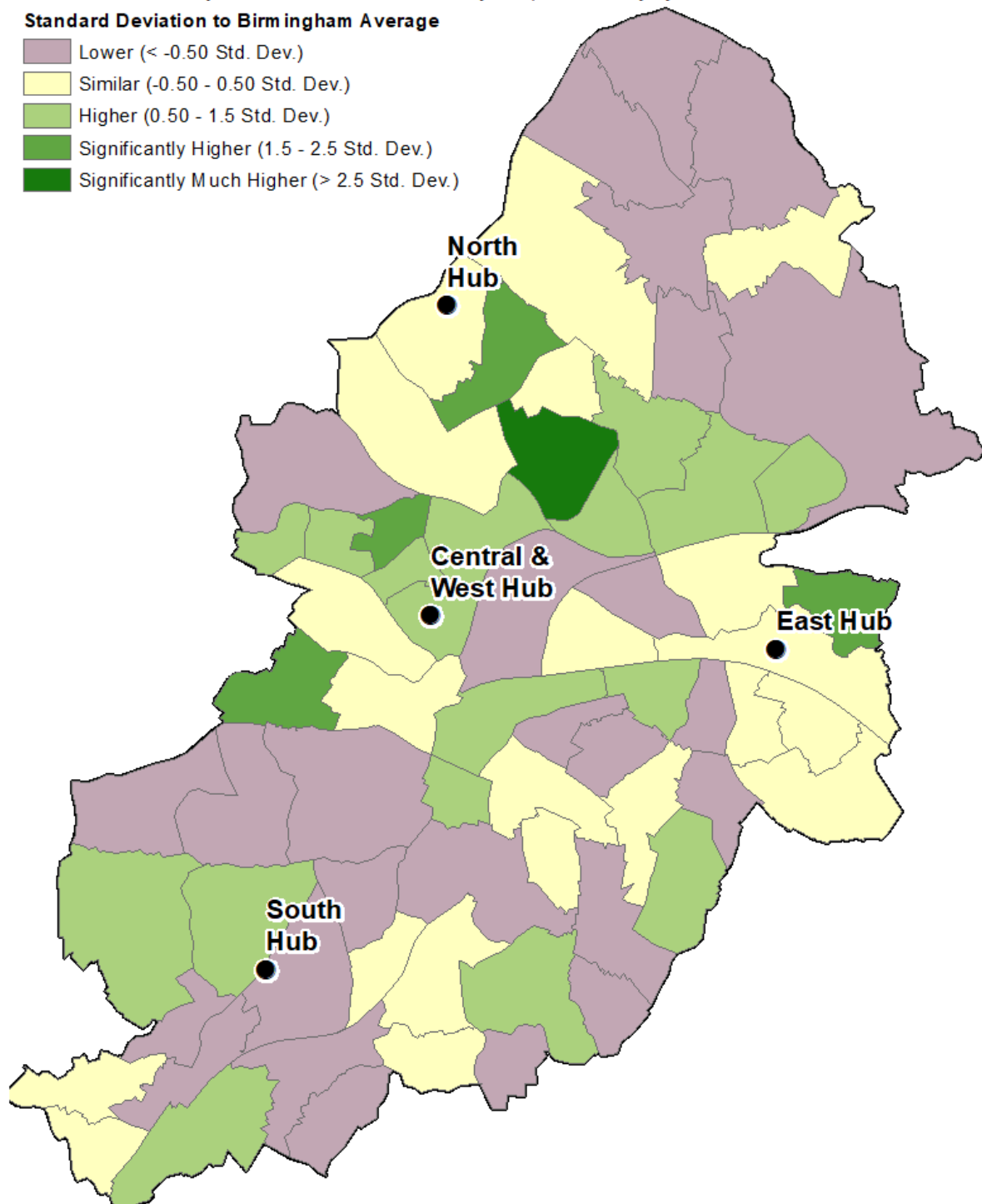
Legend

-  Birmingham Constituencies
-  CGL Treatment Hubs

Number of Non-Opiate Clients in Treatment per 1,000 adult pop

Standard Deviation to Birmingham Average



-  Lower (< -0.50 Std. Dev.)
-  Similar (-0.50 - 0.50 Std. Dev.)
-  Higher (0.50 - 1.5 Std. Dev.)
-  Significantly Higher (1.5 - 2.5 Std. Dev.)
-  Significantly Much Higher (> 2.5 Std. Dev.)



Data provided by Change Grow Live, substance misuse treatment service provider in Birmingham (2020).
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Map showing Non-Opiate & Alcohol clients in treatment by Council Ward as of 30th September 2020

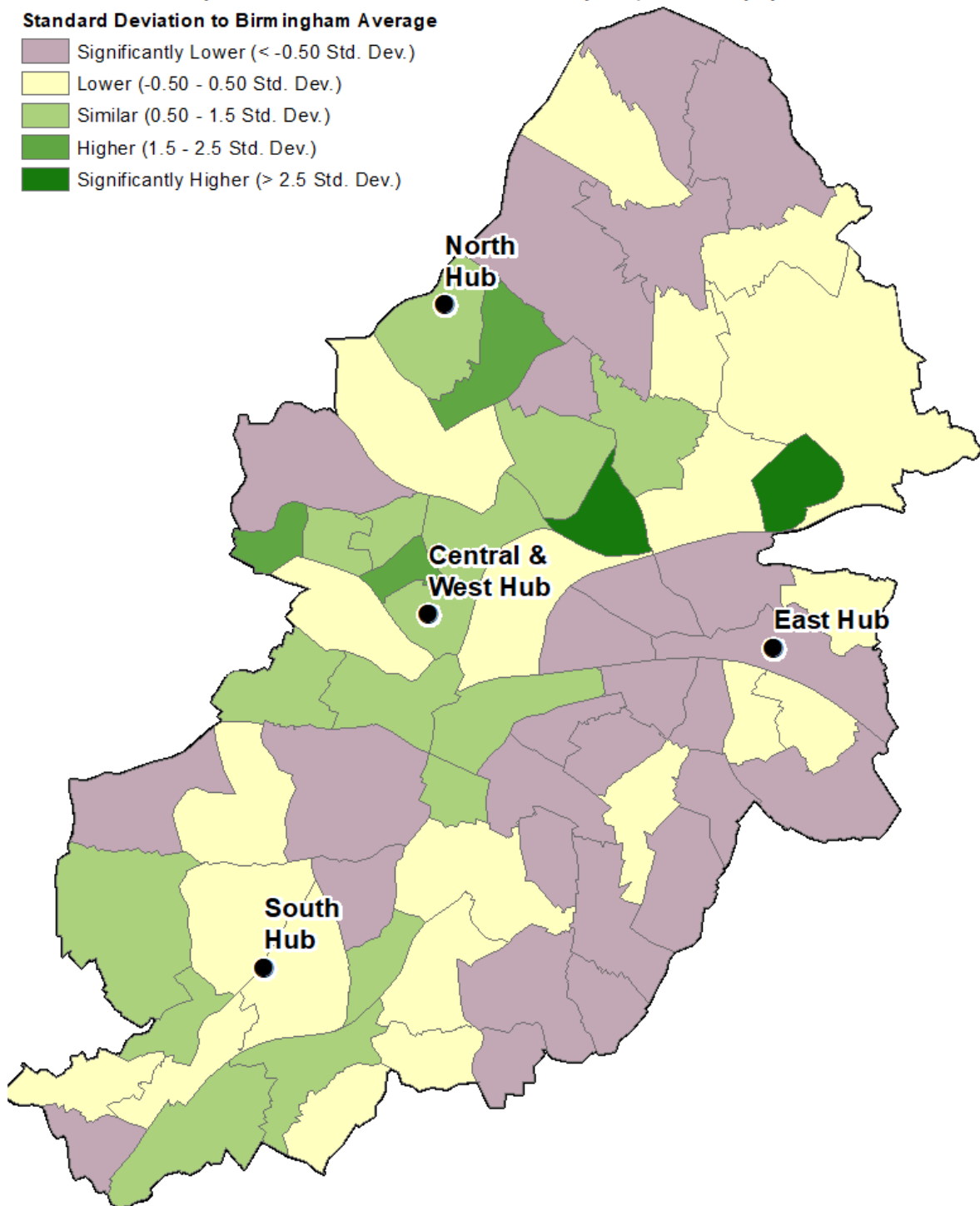
Legend

-  Birmingham Constituencies
-  CGL Treatment Hubs

Number of Non-Opiate & Alcohol Clients in Treatment per 1,000 adult pop

Standard Deviation to Birmingham Average


-  Significantly Lower (< -0.50 Std. Dev.)
-  Lower (-0.50 - 0.50 Std. Dev.)
-  Similar (0.50 - 1.5 Std. Dev.)
-  Higher (1.5 - 2.5 Std. Dev.)
-  Significantly Higher (> 2.5 Std. Dev.)




Data provided by Change Grow Live, substance misuse treatment service provider in Birmingham (2020).
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Map showing Alcohol clients in treatment by Council Ward as of 30th September 2020


Legend


 Birmingham Constituencies


 CGL Treatment Hubs


Number of Alcohol Clients in Treatment per 1,000 adult pop


Standard Deviation to Birmingham Average

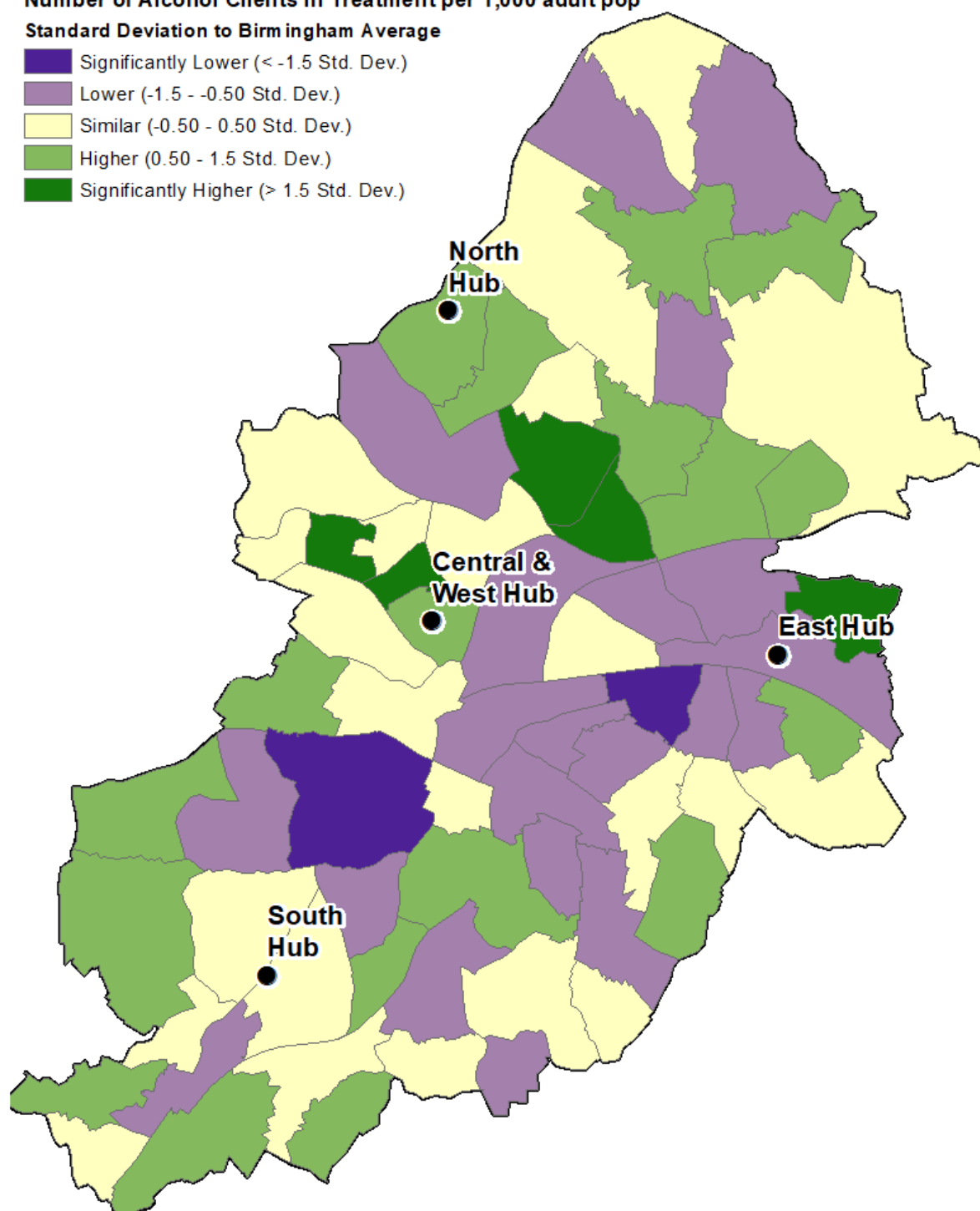
 Significantly Lower (< -1.5 Std. Dev.)

 Lower (-1.5 - -0.50 Std. Dev.)

 Similar (-0.50 - 0.50 Std. Dev.)

 Higher (0.50 - 1.5 Std. Dev.)

 Significantly Higher (> 1.5 Std. Dev.)



Data provided by Change Grow Live, substance misuse treatment service provider in Birmingham (2020).
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Birmingham Substance Misuse Profile October 2020

<https://fingertips.phe.org.uk/indicator-list/view/GaVYo5Oyk6>

* a note is attached to the value, hover over to see more details

Compared with benchmark: Better Similar Worse Not compared

Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing / Getting worse ⬆ Increasing / Getting better ⬇ Decreasing / Getting worse ⬇ Decreasing / Getting better ⬆ Increasing ⬇ Decreasing

Display Values Trends Values & Trends

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcester
Alcohol-specific mortality (Male, All ages)	2016 - 18	14.7	17.8	22.3	20.9	22.8	12.0	29.4	12.7	13.3	12.1	28.0	19.0	21.9	11.0	25.4	14.3
Alcohol-specific mortality (Female, All ages)	2016 - 18	7.0	8.8	8.1	6.3	9.4	5.6	12.3	5.8	6.4	10.2	18.1	9.9	10.7	5.8	12.9	7.7
Admission episodes for alcohol-related conditions (Narrow) (Male, All ages)	2018/19	851	937	954	1065	872	717	868	862	980	966	1414	982	898	837	1141	796
Admission episodes for alcohol-related conditions (Narrow) (Female, All ages)	2018/19	494	560	481	692	393	446	434	531	618	679	862	619	497	525	637	520
Successful completion of alcohol treatment (Persons, 18+ yrs)	2018	37.6	37.8	40.4	35.6	49.6	34.5	38.7	27.4	40.7	34.5	27.6	54.5	42.7	27.8	41.6	42.2
Percentage of dependent drinkers (Persons, 18+ yrs)	2014/15	1.39	1.46	1.66	1.81	1.56	1.12	1.95	1.15	1.09	1.22	1.98	1.49	1.61	1.12	1.84	1.17
Number in treatment at specialist alcohol misuse services (Persons, 18+ yrs)	2017/18	-	-	1413	394	459	255	639	520	575	892	607	412	446	729	559	764
Estimated prevalence of opiate and/or crack cocaine use (Persons, 15-64 yrs)	2016/17	8.9	9.6	14.2	7.5	10.5	6.3	11.7	7.1	7.8	7.1	14.7	8.9	11.0	5.3	13.6	6.4
Deaths from drug misuse (Persons, All ages)	2016 - 18	4.5	4.5	6.3	3.3	4.2	3.6	1.2	3.7	4.8	3.9	9.0	3.0	4.6	4.5	4.0	4.3
Number in treatment at specialist drug misuse services (Persons, 18+ yrs)	2017/18	192603	21487*	5767	1095	1249	564	1084	879	940	2118	1714	771	1288	1290	1196	1532
Successful completion of drug treatment - opiate users (Persons, 18+ yrs)	2018	5.8	5.4	5.4	4.6	5.3	4.6	5.1	4.9	7.5	5.3	3.8	5.3	5.5	5.1	5.7	7.8
Successful completion of drug treatment - non-opiate users (Persons, 18+ yrs)	2018	34.4	32.9	37.9	35.3	36.0	28.0	33.9	25.4	35.4	34.3	21.7	37.4	31.5	23.6	32.1	36.4

Information provided by Public Health to Birmingham Drug & Alcohol (DARD) Group in September 2020

Figure 1 below shows the key indicators around drug and alcohol deaths from the PHE Fingertips tool for Birmingham and the other Core Cities.

It can be seen that Birmingham has a significantly higher rate than the National average for;

- Mortality from alcoholic liver disease for under-75s
- Alcohol-specific mortality
- Alcohol-related mortality
- Years of life lost due to alcohol related conditions
- Deaths from drug misuse

Figure 1: Key Indicators for Drug and Alcohol Deaths in Birmingham and Core Cities

Compared with benchmark:

Better	Similar	Worse	Not compared
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Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing / Getting worse ⬆ Increasing / Getting better ⬇ Decreasing / Getting worse ⬇ Decreasing / Getting better ⬆ Increasing

Indicator	Period	England	Birmingham	Manchester	Liverpool	Bristol	Leeds	Newcastle upon Tyne	Nottingham	Sheffield
Deaths in alcohol treatment, mortality ratio (Persons, 18+ yrs)	2016/17 -18/19	1.00	1.17	0.75	0.33	0.42	1.15	1.20	0.65	0.64
Under 75 mortality rate from alcoholic liver disease (Persons, <75 yrs)	2016 - 18	8.9	12.9	14.0	17.5	10.1	11.4	16.1	15.6	12.1
Alcohol-specific mortality (Persons, All ages)	2016 - 18	10.8	15.0	14.9	19.5	13.6	14.5	18.3	18.6	15.5
Alcohol-related mortality (Persons, All ages)	2018	46.5	57.4	57.8	67.0	56.8	55.6	65.3	60.7	49.1
Years of life lost due to alcohol-related conditions (Persons, <75 yrs)	2018	637	815	799	1033	797	853	1038	786	740
Deaths in drug treatment, mortality ratio (Persons, 18+ yrs)	2016/17 -18/19	1.00	0.80	1.04	1.12	0.89	0.97	1.43	0.71	0.87
Deaths from drug misuse (Persons, All ages)	2016 - 18	4.5	6.3	8.2	11.5	7.4	7.2	8.8	3.5	6.2

Source: PHE Fingertips tool, 30/07/20.

Compared to the Core Cities, Birmingham is ranked (1st = highest, 8 = lowest);

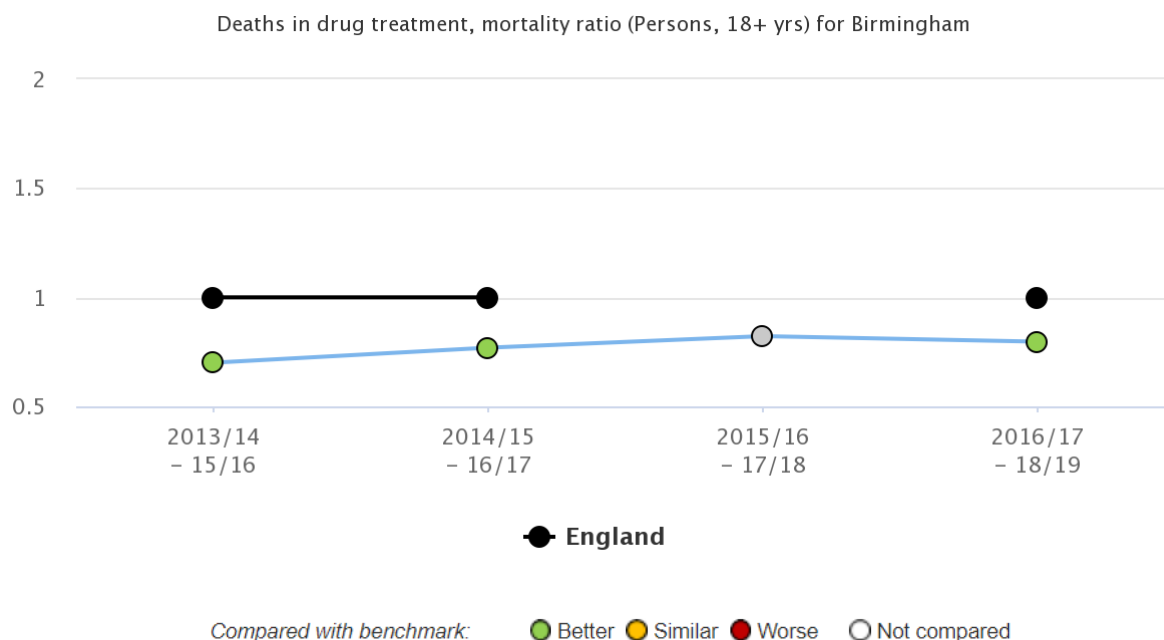
- 2nd for deaths in alcohol treatment
- 5th for under-75 mortality from alcoholic liver disease
- 5th for alcohol-specific mortality
- 5th for alcohol-related mortality
- 4th for years of life lost due to alcohol-related conditions
- 7th for deaths in drug treatment

- 6th for deaths from drug misuse

Deaths in drug treatment

Figure 2 below shows the trend in deaths in drug treatment over time. It can be seen that this has been consistently below the National average.

Figure 2: Deaths in drug treatment mortality ratio over time



Source: PHE Fingertips tool, 30/07/20.

According to the data on Fingertips, Birmingham experienced 132 deaths in drug treatment in the three-year period from 2016/17 to 2018/19. This compares to 102 for the period 2013/14 to 2015/16.

Table 1: Number of deaths in drug treatment in Birmingham over time

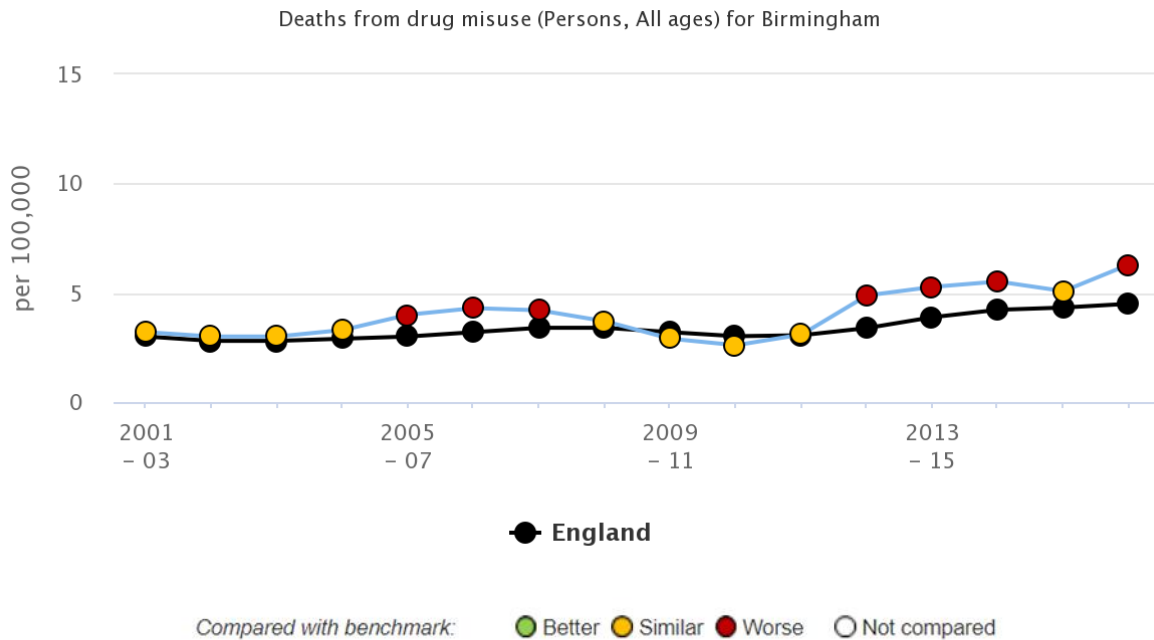
Time Period	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19
Deaths	102	122	136	132

Source: PHE Fingertips tool, 30/07/20.

Deaths from drug misuse

Figure 3 below shows the trend in deaths from drug misuse over time. It can be seen that in recent years this has been above the National average. The rate of deaths from drug misuse rose from 163 per 100,000 population in 2015/17 to 206 in 2016/18.

Figure 3: Deaths from drug misuse over time (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

There were 206 deaths from drug misuse in Birmingham for the period from 2016/17 to 2017/18. This compares to 101 for the period 2001/02 to 2002/03.

Table 2: Number of deaths from drug misuse in Birmingham over time

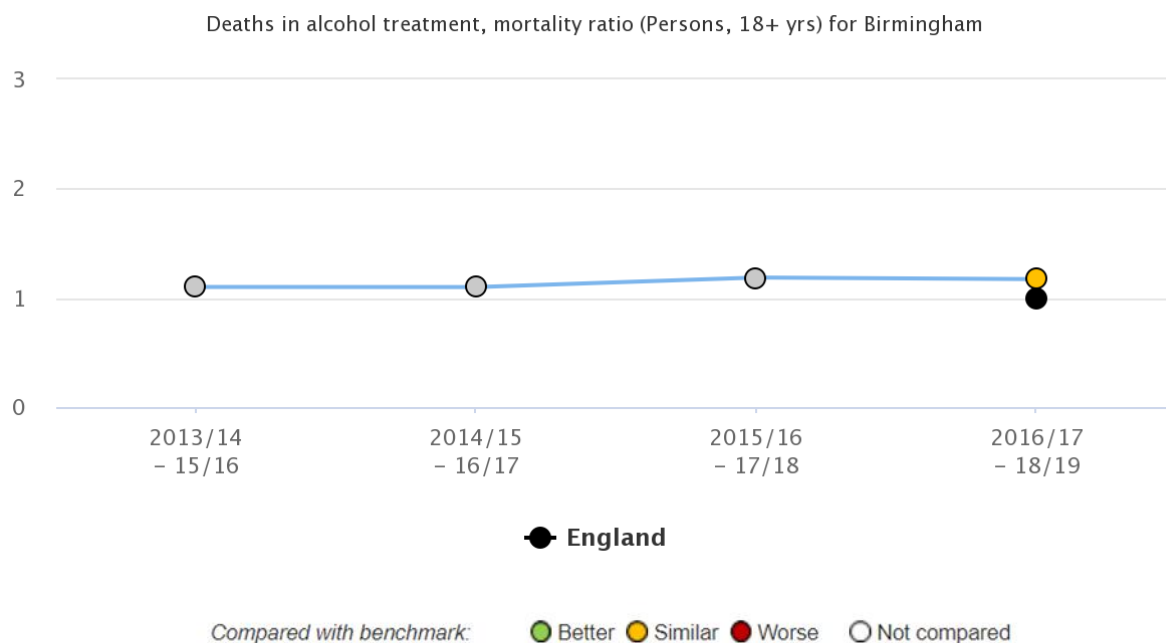
2001 - 03	2002 - 04	2003 - 05	2004 - 06	2005 - 07	2006 - 08	2007 - 09	2008 - 10	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18
101	93	91	104	125	135	130	114	89	79	93	148	161	173	163	206

Source: PHE Fingertips tool, 30/07/20.

Deaths in alcohol treatment

Figure 4 below shows the trend in deaths in alcohol treatment over time. For the only year where a comparison can be made, Birmingham is similar to the National average. It can also be seen that the trend for Birmingham over time is fairly stable.

Figure 4: Deaths in alcohol treatment mortality ratio over time



Source: PHE Fingertips tool, 30/07/20.

Birmingham experienced 51 deaths in alcohol treatment in the three-year period from 2016/17 to 2018/19, compared to 61 for the period 2013/14 to 2015/16.

Table 3: Number of deaths in alcohol treatment in Birmingham over time

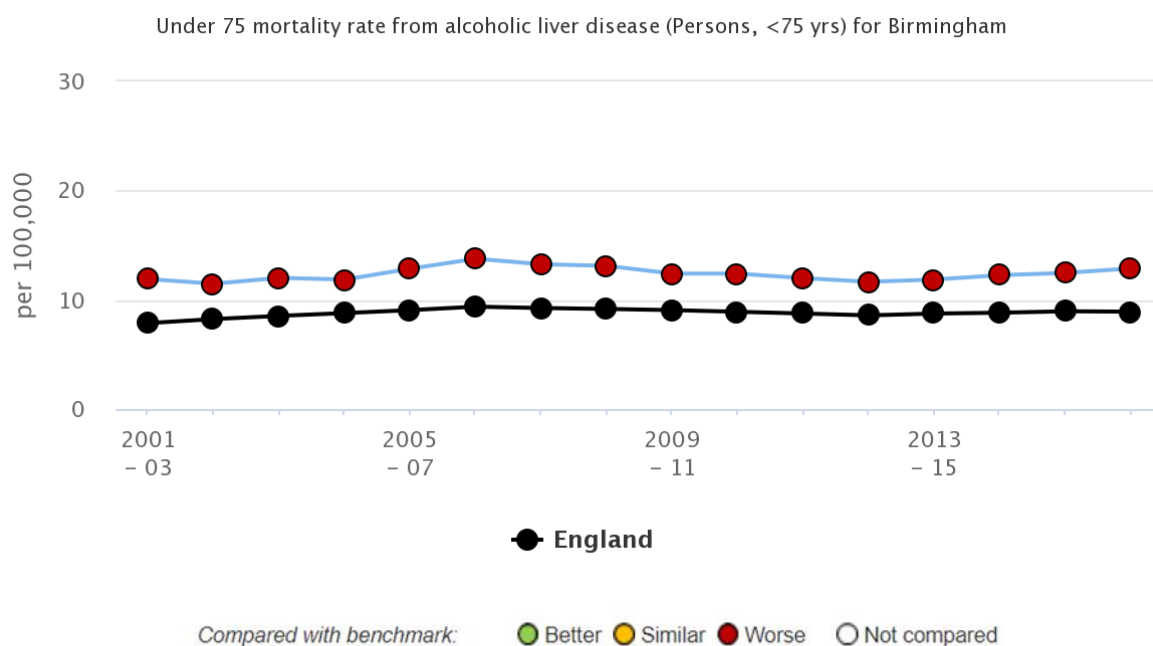
Time Period	2013/14 - 15/16	2014/15 - 16/17	2015/16 - 17/18	2016/17 - 18/19
Deaths	61	59	58	51

Source: PHE Fingertips tool, 30/07/20.

Under-75 mortality from alcoholic liver disease

Figure 5 below shows the under-75 mortality rate from alcoholic liver disease over time. Birmingham is consistently above the National average.

Figure 5: Under-75 mortality rate from alcoholic liver disease (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

313 people aged under-75 died from alcoholic live disease in Birmingham in the-period from 2016/17 to 2017/18. 222 of these were male and 91 were female. The number of male deaths from alcoholic liver disease has risen from 202 in 2001-03, whilst deaths for females were 53 in the same period.

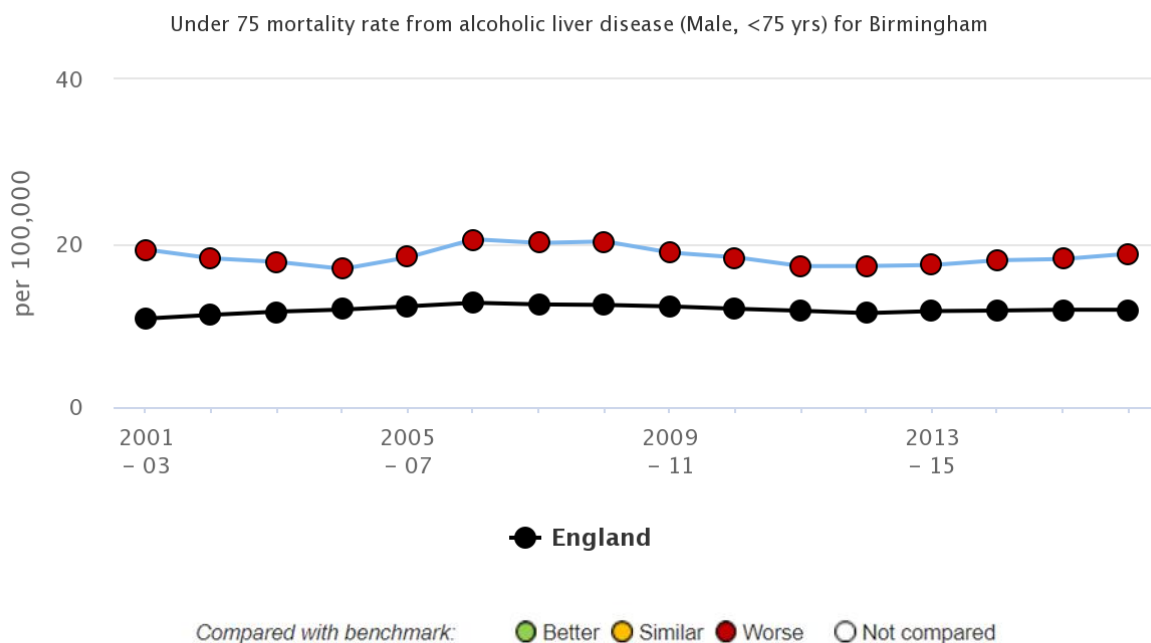
Table 4: Number of deaths from alcoholic liver disease aged under-75 in Birmingham over time

Period	All	Male	Female
2001 - 03	255	202	53
2002 - 04	244	189	55
2003 - 05	257	185	72
2004 - 06	256	178	78
2005 - 07	281	195	86
2006 - 08	305	222	83
2007 - 09	297	218	79
2008 - 10	297	223	74
2009 - 11	282	208	74
2010 - 12	283	204	79
2011 - 13	280	196	84
2012 - 14	277	200	77
2013 - 15	283	201	82
2014 - 16	293	208	85
2015 - 17	299	211	88
2016 - 18	313	222	91

Source: PHE Fingertips tool, 30/07/20.

Figure 6 below shows the under-75 mortality rate from alcoholic liver disease for males over time. Birmingham is consistently above the National average.

Figure 6: Under-75 mortality rate from alcoholic liver disease for males (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

Figure 7 below shows the under-75 mortality rate from alcoholic liver disease for females over time. Birmingham is mostly similar to the National average.

Figure 7: Under-75 mortality rate from alcoholic liver disease for females (DSR per 100,000 population)

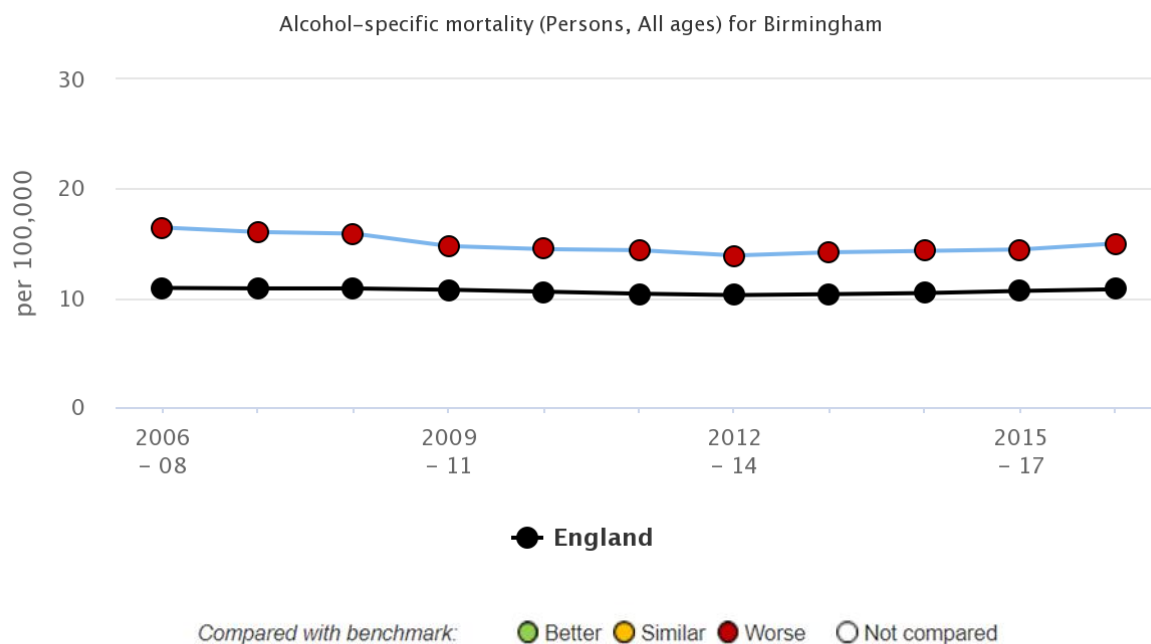


Source: PHE Fingertips tool, 30/07/20.

Alcohol-specific mortality

Figure 8 below shows the alcohol-specific mortality rate over time. Birmingham is consistently above the National average, with the rate fairly stable over the time period shown.

Figure 8: Alcohol-specific mortality (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

399 people died from alcohol-specific conditions in Birmingham in the-period from 2016/17 to 2017/18. 289 of these were male and 110 were female. The number of deaths from alcohol-specific conditions for both males and females in 2016/17 to 2017/18 is very similar to that in 2006/07 to 2007/08. However, both have increased since 2010/11 to 2011/12.

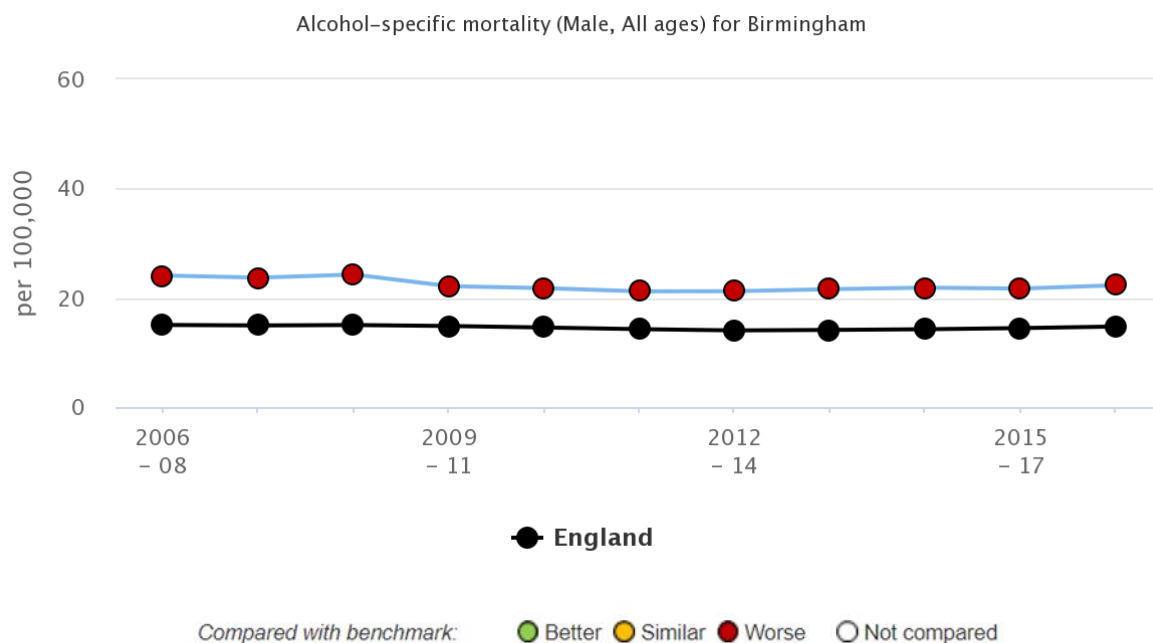
Table 5: Number of deaths from alcohol-specific conditions in Birmingham over time

Period	All	Male	Female
2006 - 08	401	287	114
2007 - 09	394	283	111
2008 - 10	395	292	103
2009 - 11	371	271	101
2010 - 12	366	268	98
2011 - 13	371	267	104
2012 - 14	361	268	93
2013 - 15	369	271	98
2014 - 16	373	274	99
2015 - 17	379	275	104
2016 - 18	399	289	110

Source: PHE Fingertips tool, 30/07/20.

Figure 9 below shows the alcohol-specific mortality rate for males over time. Birmingham is consistently above the National average, with the rate fairly stable during the time period.

Figure 9: Alcohol-specific mortality for males (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

Figure 10 below shows the alcohol-specific mortality rate for females over time. Birmingham is largely similar to the National average.

Figure 10: Alcohol-specific mortality for females (DSR per 100,000 population)

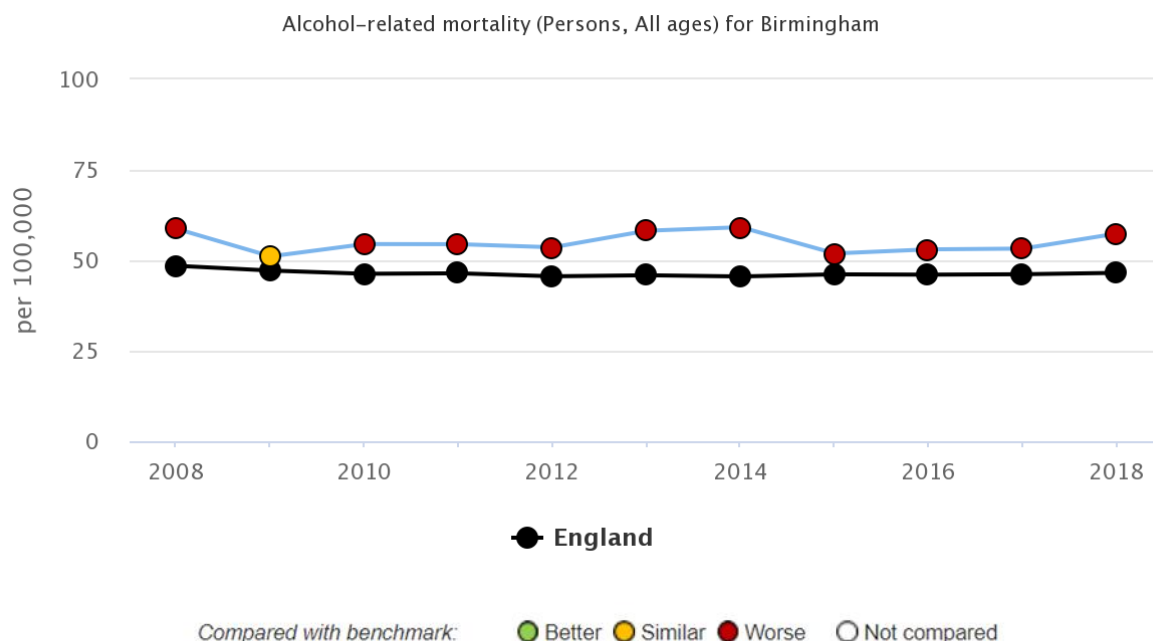


Source: PHE Fingertips tool, 30/07/20.

Alcohol-related mortality

Figure 11 below shows the alcohol-related mortality rate over time. Birmingham has been consistently above the National average over the time period, with the exception of 2009. 2018 has experienced an increase in the alcohol-related mortality rate to 57.4 compared to 53.2 in 2017.

Figure 11: Alcohol-related mortality rate (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

497 people died from alcohol-related conditions in Birmingham in 2018. 336 of these were male and 162 were female. The number of male deaths from alcohol-related conditions has risen from 315 in 2008, whilst deaths for females were 147 in the same year. It should be noted that alcohol-related deaths are calculated using alcohol attributable fractions, and therefore the sum of male and female deaths may not equal the total number of deaths due to rounding (see Glossary for further information).

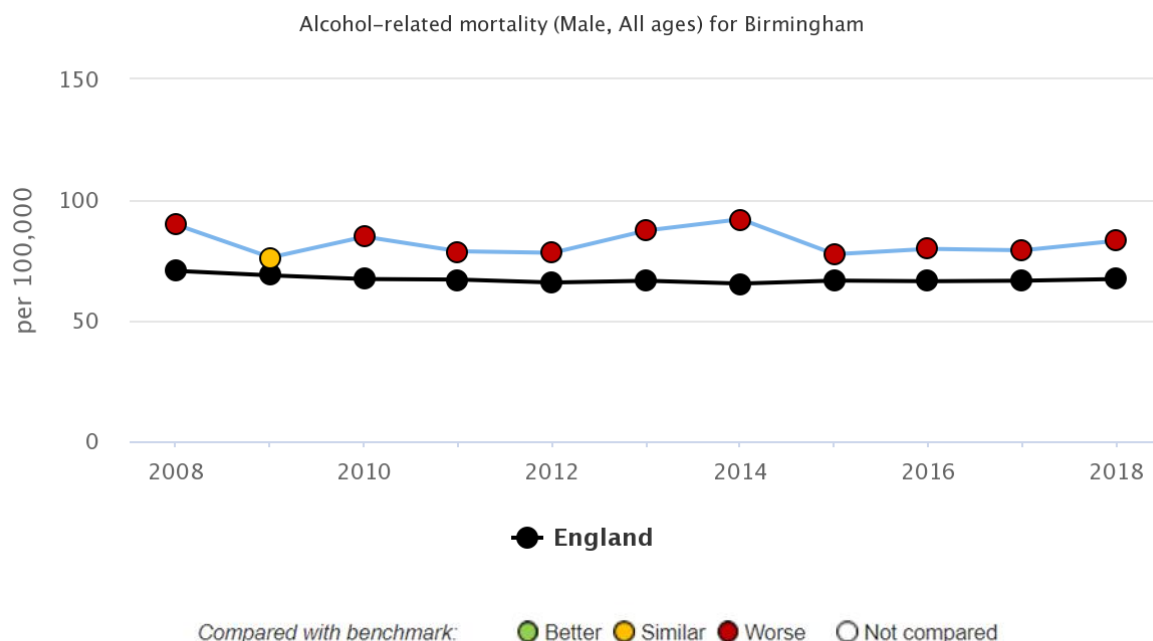
Table 6: Number of deaths from alcohol-related conditions in Birmingham over time

Period	All	Male	Female
2008	462	315	147
2009	410	278	132
2010	437	309	128
2011	440	286	153
2012	434	288	146
2013	484	337	146
2014	498	357	140
2015	433	295	138
2016	455	315	140
2017	459	315	144
2018	497	336	162

Source: PHE Fingertips tool, 30/07/20.

Figure 12 below shows the alcohol-related mortality rate for males over time. Birmingham is consistently above the National average over the time period, with the exception of 2009.

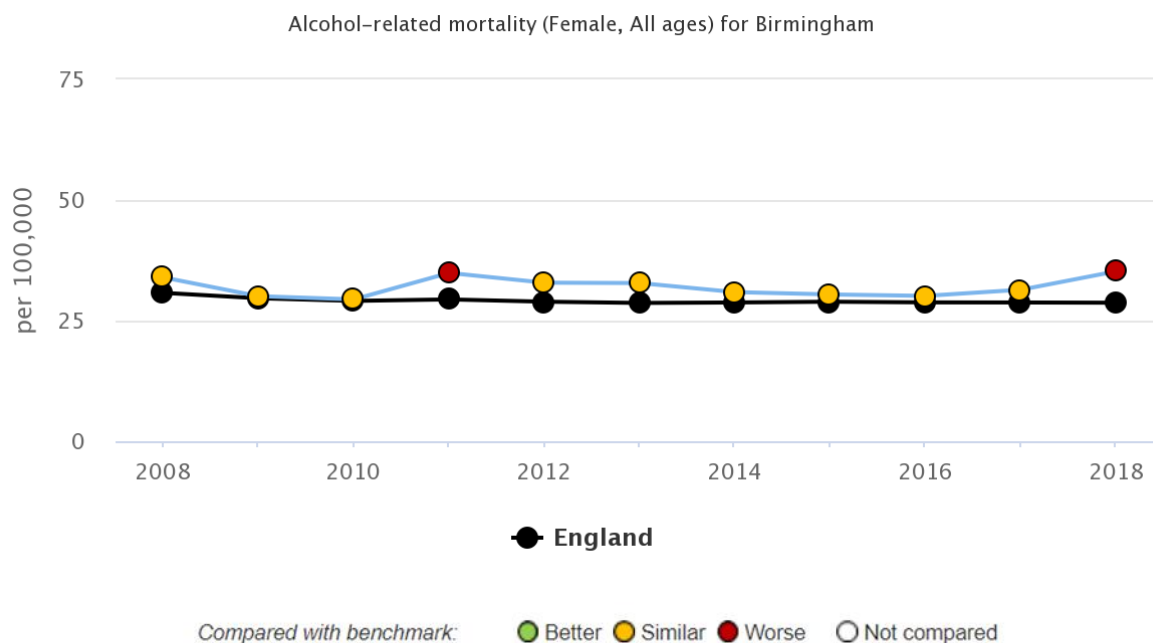
Figure 12: Alcohol-related mortality rate for males (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

Figure 13 below shows the alcohol-related mortality rate for females over time. Birmingham is largely similar to the National average over the time period, with the exception of 2011 and 2018. In 2018 in the alcohol-related mortality rate for females has increased to 35.2 compared to 31.4 in 2017.

Figure 13: Alcohol-related mortality rate for females (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

Years of life lost due to alcohol-related conditions

Figure 14 below shows the rate of years of life lost due to alcohol-related conditions for the under-75s over time. Birmingham is largely above the National average apart from in 2009 and 2015.

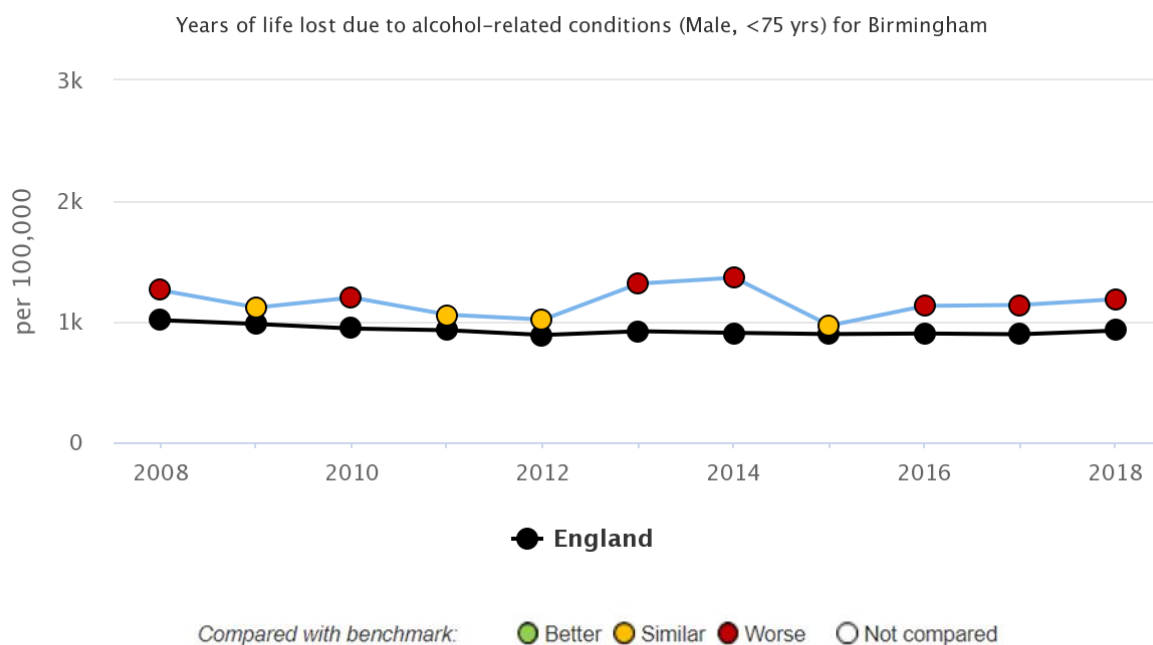
Figure 14: Years of life lost due to alcohol-related conditions (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

Figure 15 below shows the rate of years of life lost due to alcohol-related conditions for males aged under-75 over time. Birmingham is mostly above the National average over the time period.

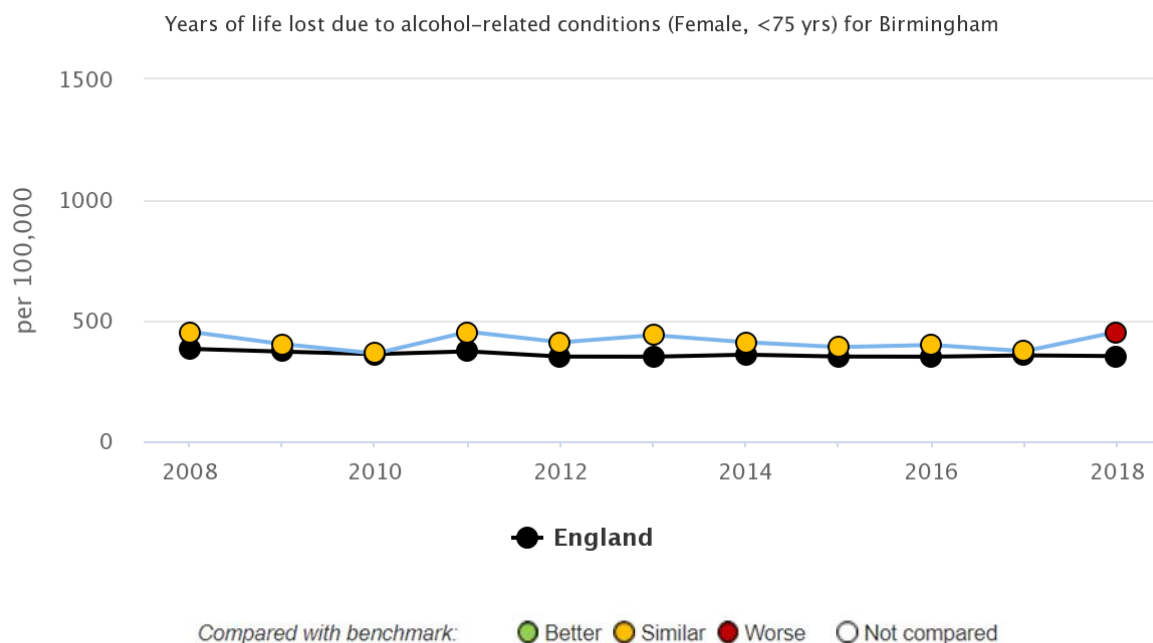
Figure 15: Years of life lost due to alcohol-related conditions for males (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

Figure 16 below shows the rate of years of life lost due to alcohol-related conditions for females aged under-75 over time. Birmingham is mostly similar the National average over the time period, with the exception of 2018. The rate of years of life lost due to alcohol-related conditions for females increased to 454 in 2018 compared to 373 in 2017.

Figure 16: Years of life lost due to alcohol-related conditions for females (DSR per 100,000 population)



Source: PHE Fingertips tool, 30/07/20.

Glossary

Alcohol-related mortality

Deaths from alcohol-related conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population). Each alcohol related death is assigned an alcohol attributable fraction based on underlying cause of death (and all cause of deaths fields for the conditions: ethanol poisoning, methanol poisoning, toxic effect of alcohol).

Alcohol-specific mortality

Deaths from alcohol-specific conditions, all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population). Deaths which have been wholly caused by alcohol consumption, registered in the calendar year for all ages.

Deaths in alcohol treatment

The indicator is calculated as an indirectly age-standardised ratio, and compares the observed number of deaths among adults in alcohol treatment over a three-year period to the expected number if the local authority experienced the same age-specific mortality rates as in the whole alcohol treatment population in England.

Deaths in drug treatment

The indicator is calculated as an indirectly age-standardised ratio, and compares the observed number of deaths among adults in drug treatment over a three-year period to the expected number if the local authority experienced the same age-specific mortality rates as in the whole drug treatment population in England.

Deaths from drug misuse

Deaths where the underlying cause of death has been coded to the following categories of mental and behavioural disorders due to psychoactive substance use (excluding alcohol, tobacco and volatile solvents):

- (i) opioids (F11)
- (ii) cannabinoids (F12)
- (iii) sedatives or hypnotics (F13)
- (iv) cocaine (F14)
- (v) other stimulants, including caffeine (F15)
- (vi) hallucinogens (F16) and
- (vii) multiple drug use and use of other psychoactive substances (F19)

AND

Deaths coded to the following categories and where a drug controlled under the Misuse of Drugs Act 1971 was mentioned on the death record:

- (i) Accidental poisoning by drugs, medicaments and biological substances (X40–X44)
- (ii) Intentional self-poisoning by drugs, medicaments and biological substances (X60–X64)
- (iii) Poisoning by drugs, medicaments and biological substances, undetermined intent (Y10–Y14)
- (iv) Assault by drugs, medicaments and biological substances (X85) and
- (v) Mental and behavioural disorders due to use of volatile solvents (F18)

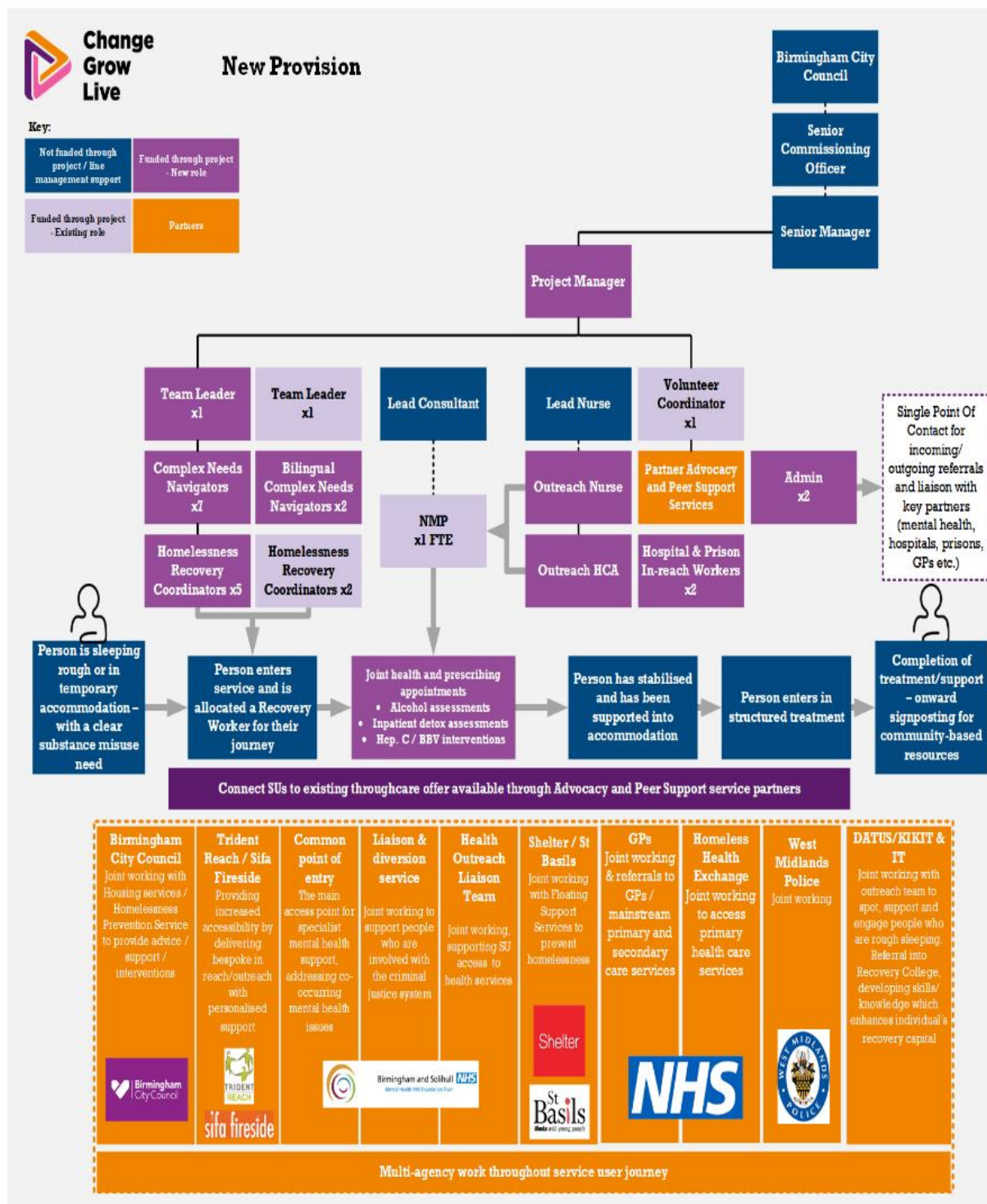
Under-75 mortality from alcoholic liver disease

Number of deaths from alcoholic liver disease (classified by underlying cause of death recorded as ICD code K70) registered in the respective calendar years, in people aged under 75, directly age-standardised rate per 100,000 population (standardised to the European standard population).

Years of life lost due to alcohol-related conditions

Directly age-standardised rate of potential years of life lost in adults aged <75 due to alcohol-related causes. The number of alcohol-related deaths in those aged 0-74 multiplied by the number of years of life lost up to the age of 75 summed to give total years of life lost due to alcohol-related conditions.

CGL Proposed Model to be funded by the PHE Rough Sleeping Drug and Alcohol Treatment Grant 2020/21





Additional Information

Aquarius Birmingham YP service

Case study 1

A carer was referred to the service at the beginning of May as she was currently looking after her grandchildren as they were removed from the family home due to their dad's substance misuse and limited contact with their mom. The counsellor is doing work with the carer around their coping strategies and education around the dad's substance misuse. We have a practitioner who is supporting the grandchildren and as the grandparents do not have internet access or a computer. Due to ongoing issues with the amount of data they have on their phones, it has been difficult for them to complete schoolwork and keep in touch with me. They both expressed an interest in maintaining contact with the practitioner via video chat early on into lockdown but this was not possible due to them having limited data on their phone.

As a service we have managed to purchase a phone which we have loaned to the children so they can continue to engage in video sessions with the practitioner and communicate via text messages.

We completed a creative activity via video chat where we explored different ways of coping with difficult emotions. We did so by working through a worksheet together. It wouldn't have been possible to cover such a session over the phone as the video chat enabled us to show each other the worksheets and opened up discussions. Practitioner has set aside time each week to do a video session with the siblings which gives them a safe space to discuss any concerns they may have or use the time to distract themselves from anything that may be worrying them while doing something fun and interactive.

By supporting the grandchildren this has taken pressure of the grandparents in terms of them coping with the new living arrangements and being able to talk open and honestly about the situation as well and the impact that it is having on the whole family.

Case study 2

At just 13 years old A's life - already filled with upheaval and trauma – was spiralling downhill. His mum was unable to look after him due to her own mental health problems, and his father refused to home him due to his unruly behaviour, so he was living with his Auntie. Diagnosed with ADHD his behaviour at its worst was totally unmanageable, for example he was excluded from mainstream education. A himself was struggling with his mental health and was engaging in risky behaviour which put him at high risk of exploitation. He turned to cannabis to cope.

A was referred to the service by PRU for substance misuse support around his cannabis. In these sessions we were able to support A in a number of key areas including harm reduction, drug education around cannabis and the effects, healthy relationships, diversity and better coping with his mental health problems. By tailoring our approach to suit his needs – offering consistency and patience – a relationship of trust was developed and he began to open up.

We also referred A into Grow Project to help with alternative use of time. In the course of a table tennis match in the garden Andy would open up about issues he had with his PRU and his father, and about the challenges he was facing. He told discussed with the Practitioner how he did not blame his mom for his poor upbringing and spoke highly of the support he was having from not just us but also the PRU. When he did some painting in the garden he found this very relaxing and again opened up more that when just sat inside

A continues to attend Grow and to benefit from 1:1 support. His behaviour has greatly improved and he has cut down his cannabis use. His family relationships are also improving. His PRU commented highly on the progress he has made and commended the project.

Forward Carers 14 – Meal Kits

- The meal kits so far have supported 18 young carers in total (aged 10 and upwards)
- There are 6 other young carers within these families under 10 who also use the kits with support of older siblings. (Even though the under 10 YP do not meet the criteria I would say after meeting the families they would have some form of caring role within the family)
- Total number of people within all the families is: 47 people.
- We are in the process of planning Covid safe workshops for young people to be delivered at Evolve.
- Working with the families and having regular check ins with Social Work student which has led to referrals to Sprurgeons for Young Carers support, employment and CHK support for a care leaver and new cooking skills and new foods introduced to young carers.

Meal Kit Case Study 3:

Very hard to engage YP aged 15 referred to the meal kit project although she would not class herself as a young carer. Mom is a drug and alcohol user who has regular hospital stays due to pancreatitis and also epileptic seizures. YP was not in education and had stopped playing football on a Friday evening due to wanting to look after her mom due to the risk of seizures when her mom would be home alone.



Meal kits have supplied YP and mom with some positive use of time and a chance to sit and eat a meal together downstairs rather than YP in her room and mom in bed. I have been having very short but regular contact with YP and she has started to go back to football

where her mom has gone with her and waited so that YP can see mom during the session waiting. I called YP last week and she has returned back to school on a part time timetable and feels much better for seeing friends. YP reports enjoying the foods in the meal kits and was not sure we would even deliver them even though she said she would like them.

Feedback from Meal Kits Project

- All YP's have reported back:
- They have enjoyed receiving the kits.
- All families have enjoyed the recipes in the meal kits.
- All families have tried something new and would cook them again.
- All families have cooked together and ate as a family which is something they do not normally do as often or at all.
- All families have cooked from fresh more since receiving the kits
- Families' would like to try international dishes and cook as a group with other YP's and families.


Statistics showing complexity is really high compared to national data


- 36% in Mainstream Education. 50% national average
- Solvent use 6% compared to 3% national
- 34% NEET compared to 19% national
- 40% White British compared to 75% National
- 14% Domestic Violence
- 72% Triggering action from the SDQ (Mental Health Screening tool)

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared






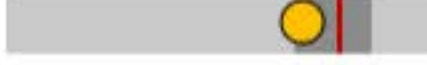




Birmingham HOSC Substance misuse profile October 2020

Recent trends: — Could not be calculated ➡ No significant change ↑ Increasing / Getting worse ↑ Increasing / Getting better ↓ Decreasing / Getting worse ↓ Decreasing / Getting better ↑ Increasing ↓ Decreasing

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Indicator	Period	Birmingham			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Alcohol-specific mortality (Male, All ages)	2016 - 18	—	289	22.3	17.8	14.7	39.4		5.8
Alcohol-specific mortality (Female, All ages)	2016 - 18	—	110	8.1	8.8	7.0	20.5		2.0
Admission episodes for alcohol-related conditions (Narrow) (Male, All ages)	2018/19	➡	4,339	954	937	851	1,414		509
Admission episodes for alcohol-related conditions (Narrow) (Female, All ages)	2018/19	➡	2,409	481	560	494	862		271
Successful completion of alcohol treatment (Persons, 18+ yrs)	2018	➡	521	40.4%	37.8%	37.6%	20.0%		58.6%
Percentage of dependent drinkers (Persons, 18+ yrs)	2014/15	—	13,603	1.66%	1.46%	1.39%	3.85%		0.64%
Number in treatment at specialist alcohol misuse services (Persons, 18+ yrs)	2017/18	—	1,413	1,413	-	-	-	-	-
Estimated prevalence of opiate and/or crack cocaine use (Persons, 15-64 yrs)	2016/17	—	10,525	14.2	9.6	8.9	25.5		2.1
Deaths from drug misuse (Persons, All ages)	2016 - 18	—	206	6.3	4.5	4.5	17.7		1.2
Number in treatment at specialist drug misuse services (Persons, 18+ yrs)	2017/18	—	5,767	5,767	21487*	192603*	-	-	-
Successful completion of drug treatment - opiate users (Persons, 18+ yrs)	2018	➡	243	5.4%	5.4%	5.8%	2.5%		13.1%
Successful completion of drug treatment - non-opiate users (Persons, 18+ yrs)	2018	➡	349	37.9%	32.9%	34.4%	18.8%		61.7%

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Alcohol-specific mortality (Male, All ages) 2016 - 18

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	—	-	11,367	14.7		14.5	15.0
West Midlands region	—	-	1,439	17.8		16.9	18.8
Sandwell	—	-	124	29.4		24.4	35.0
Stoke-on-Trent	—	-	99	28.0		22.8	34.2
Wolverhampton	—	-	87	25.4		20.3	31.4
Dudley	—	-	104	22.8		18.7	27.7
Birmingham	—	-	289	22.3		19.8	25.1
Walsall	—	-	82	21.9		17.4	27.2
Coventry	—	-	87	20.9		16.7	25.8
Telford and Wrekin	—	-	47	19.0		13.9	25.4
Worcestershire	—	-	128	14.3		11.9	17.0
Solihull	—	-	40	13.3		9.5	18.1
Shropshire	—	-	62	12.7		9.7	16.3
Staffordshire	—	-	161	12.1		10.3	14.1
Herefordshire	—	-	37	12.0		8.4	16.7
Warwickshire	—	-	92	11.0		8.9	13.5

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Alcohol-specific mortality (Female, All ages) 2016 - 18

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	—	-	5,677	7.0		6.8	7.2
West Midlands region	—	-	737	8.8		8.2	9.5
Stoke-on-Trent	—	-	63	18.1		13.9	23.1
Wolverhampton	—	-	45	12.9		9.4	17.2
Sandwell	—	-	53	12.3		9.2	16.0
Walsall	—	-	42	10.7		7.7	14.4
Staffordshire	—	-	140	10.2		8.6	12.1
Telford and Wrekin	—	-	25	9.9		6.4	14.7
Dudley	—	-	45	9.4		6.8	12.6
Birmingham	—	-	110	8.1		6.7	9.8
Worcestershire	—	-	71	7.7		6.0	9.7
Solihull	—	-	20	6.4		3.9	9.8
Coventry	—	-	27	6.3		4.1	9.2
Warwickshire	—	-	50	5.8		4.3	7.7
Shropshire	—	-	29	5.8		3.8	8.3
Herefordshire	—	-	17	5.6		3.2	9.0

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Admission episodes for alcohol-related conditions (Narrow) (Male, All ages) 2018/19

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	→	-	220,682	851		847	854
West Midlands region	→	-	25,422	937		925	949
Stoke-on-Trent	→	-	1,643	1,414		1,345	1,485
Wolverhampton	→	-	1,294	1,141		1,079	1,205
Coventry	→	-	1,573	1,065		1,011	1,121
Telford and Wrekin	→	-	787	982		913	1,054
Solihull	↑	-	985	980		920	1,044
Staffordshire	↑	-	4,226	966		937	996
Birmingham	→	-	4,339	954		925	984
Walsall	→	-	1,132	898		846	952
Dudley	↓	-	1,324	872		825	920
Sandwell	↓	-	1,235	868		819	919
Shropshire	↑	-	1,446	862		818	909
Warwickshire	↑	-	2,334	837		803	872
Worcestershire	→	-	2,388	796		765	829
Herefordshire	→	-	716	717		665	772

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Admission episodes for alcohol-related conditions (Narrow) (Female, All ages)

2018/19

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	→	-	136,977	494		492	497
West Midlands region	→	-	16,130	560		551	568
Stoke-on-Trent	→	-	1,034	862		810	916
Coventry	↑	-	1,064	692		650	736
Staffordshire	↑	-	3,103	679		655	703
Wolverhampton	→	-	786	637		593	683
Telford and Wrekin	↑	-	528	619		567	674
Solihull	→	-	683	618		572	667
Shropshire	→	-	923	531		497	567
Warwickshire	→	-	1,536	525		499	553
Worcestershire	→	-	1,614	520		495	546
Walsall	↑	-	682	497		461	536
Birmingham	→	-	2,409	481		462	501
Herefordshire	→	-	467	446		405	489
Sandwell	↓	-	662	434		401	468
Dudley	↓	-	641	393		363	425

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Successful completion of alcohol treatment (Persons, 18+ yrs) 2018

















Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	→	-	28,896	37.6	<div></div>	37.2	37.9
West Midlands region	→	-	3,236	37.8	<div></div>	36.7	38.8
Telford and Wrekin	↑	-	201	54.5	<div></div>	49.4	59.5
Dudley	→	-	227	49.6	<div></div>	45.0	54.1
Walsall	→	-	169	42.7	<div></div>	37.9	47.6
Worcestershire	↑	-	349	42.2	<div></div>	38.9	45.6
Wolverhampton	→	-	220	41.6	<div></div>	37.5	45.8
Solihull	→	-	224	40.7	<div></div>	36.7	44.9
Birmingham	→	-	521	40.4	<div></div>	37.8	43.1
Sandwell	↑	-	183	38.7	<div></div>	34.4	43.2
Coventry	→	-	160	35.6	<div></div>	31.3	40.2
Herefordshire	→	-	95	34.5	<div></div>	29.2	40.3
Staffordshire	→	-	358	34.5	<div></div>	31.7	37.4
Warwickshire	↓	-	204	27.8	<div></div>	24.7	31.2
Stoke-on-Trent	↓	-	167	27.6	<div></div>	24.2	31.2
Shropshire	↓	-	158	27.4	<div></div>	23.9	31.2

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Percentage of dependent drinkers (Persons, 18+ yrs) 2014/15

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
						Lower CI	Upper CI
England	—	-	595,131	1.39		1.14	1.82
West Midlands region	—	-	64,846	1.46		-	-
Stoke-on-Trent	—	-	3,864	1.98		1.45	2.79
Sandwell	—	-	4,673	1.95		1.37	2.92
Wolverhampton	—	-	3,591	1.84		1.29	2.80
Coventry	—	-	4,770	1.81		1.35	2.57
Birmingham	—	-	13,603	1.66		1.24	2.36
Walsall	—	-	3,364	1.61		1.28	2.13
Dudley	—	-	3,863	1.56		1.24	2.04
Telford and Wrekin	—	-	1,949	1.49		1.19	1.96
Staffordshire	—	-	8,451	1.22		0.95	1.64
Worcestershire	—	-	5,407	1.17		0.91	1.57
Shropshire	—	-	2,883	1.15		0.85	1.63
Warwickshire	—	-	4,937	1.12		0.86	1.53
Herefordshire	—	-	1,695	1.12		0.79	1.66
Solihull	—	-	1,796	1.09		0.86	1.44

Number in treatment at specialist alcohol misuse services (Persons, 18+ yrs) 2017/18

Count -

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI Lower CI	95% Upper CI Upper CI
England	—	-	-	-		-	-
West Midlands region	—	-	-	-		-	-
Birmingham	—	-	1,413	1,413		-	-
Staffordshire	—	-	892	892		-	-
Worcestershire	—	-	764	764		-	-
Warwickshire	—	-	729	729		-	-
Sandwell	—	-	639	639		-	-
Stoke-on-Trent	—	-	607	607		-	-
Solihull	—	-	575	575		-	-
Wolverhampton	—	-	559	559		-	-
Shropshire	—	-	520	520		-	-
Dudley	—	-	459	459		-	-
Walsall	—	-	446	446		-	-
Telford and Wrekin	—	-	412	412		-	-
Coventry	—	-	394	394		-	-
Herefordshire	—	-	255	255		-	-

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Estimated prevalence of opiate and/or crack cocaine use (Persons, 15-64 yrs) 2016/17

















Crude rate - per 1000

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	—	-	313,971	8.9	H	8.7	9.2
West Midlands region	—	-	35,381	9.6	H	9.0	10.5
Stoke-on-Trent	—	-	2,382	14.7	H	13.4	16.6
Birmingham	—	-	10,525	14.2	H	11.4	17.1
Wolverhampton	—	-	2,233	13.6	H	10.7	16.5
Sandwell	—	-	2,400	11.7	H	10.1	15.0
Walsall	—	-	1,915	11.0	H	9.9	13.3
Dudley	—	-	2,061	10.5	H	9.0	13.1
Telford and Wrekin	—	-	990	8.9	H	7.9	10.9
Solihull	—	-	1,015	7.8	H	6.7	9.8
Coventry	—	-	1,796	7.5	H	6.6	8.7
Staffordshire	—	-	3,855	7.1	H	4.4	9.9
Shropshire	—	-	1,353	7.1	H	6.1	9.2
Worcestershire	—	-	2,298	6.4	H	5.8	7.9
Herefordshire	—	-	719	6.3	H	5.5	7.6
Warwickshire	—	-	1,839	5.3	H	4.8	6.0

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Deaths from drug misuse (Persons, All ages) 2016 - 18

Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	—	-	7,366	4.5		4.4	4.6
West Midlands region	—	-	760	4.5		4.2	4.9
Stoke-on-Trent	—	-	64	9.0		6.9	11.5
Birmingham	—	-	206	6.3		5.4	7.2
Solihull	—	-	28	4.8		3.2	6.9
Walsall	—	-	36	4.6		3.2	6.4
Warwickshire	—	-	75	4.5		3.5	5.7
Worcestershire	—	-	72	4.3		3.4	5.5
Dudley	—	-	38	4.2		3.0	5.8
Wolverhampton	—	-	31	4.0		2.7	5.7
Staffordshire	—	-	97	3.9		3.2	4.8
Shropshire	—	-	33	3.7		2.6	5.3
Herefordshire	—	-	19	3.6		2.2	5.7
Coventry	—	-	34	3.3		2.3	4.7
Telford and Wrekin	—	-	16	3.0		1.7	5.0
Sandwell	—	-	11	1.2		0.6	2.1

Number in treatment at specialist drug misuse services (Persons, 18+ yrs) 2017/18

Count -

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI Lower CI	95% Upper CI Upper CI
England	—	-	192,603	192,603*		-	-
West Midlands region	—	-	21,487	21,487*		-	-
Birmingham	—	-	5,767	5,767		-	-
Staffordshire	—	-	2,118	2,118		-	-
Stoke-on-Trent	—	-	1,714	1,714		-	-
Worcestershire	—	-	1,532	1,532		-	-
Warwickshire	—	-	1,290	1,290		-	-
Walsall	—	-	1,288	1,288		-	-
Dudley	—	-	1,249	1,249		-	-
Wolverhampton	—	-	1,196	1,196		-	-
Coventry	—	-	1,095	1,095		-	-
Sandwell	—	-	1,084	1,084		-	-
Solihull	—	-	940	940		-	-
Shropshire	—	-	879	879		-	-
Telford and Wrekin	—	-	771	771		-	-
Herefordshire	—	-	564	564		-	-

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Successful completion of drug treatment - opiate users (Persons, 18+ yrs) 2018

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	↓	-	8,090	5.8	<div><div></div></div>	5.7	5.9
West Midlands region	→	-	877	5.4	<div><div></div></div>	5.0	5.7
Worcestershire	↑	-	91	7.8	<div><div></div></div>	6.4	9.5
Solihull	→	-	38	7.5	<div><div></div></div>	5.5	10.1
Wolverhampton	→	-	55	5.7	<div><div></div></div>	4.4	7.4
Walsall	→	-	54	5.5	<div><div></div></div>	4.2	7.1
Birmingham	→	-	243	5.4	<div><div></div></div>	4.7	6.1
Telford and Wrekin	→	-	30	5.3	<div><div></div></div>	3.7	7.5
Staffordshire	→	-	88	5.3	<div><div></div></div>	4.3	6.4
Dudley	→	-	48	5.3	<div><div></div></div>	4.0	6.9
Sandwell	→	-	49	5.1	<div><div></div></div>	3.9	6.7
Warwickshire	→	-	46	5.1	<div><div></div></div>	3.8	6.7
Shropshire	→	-	30	4.9	<div><div></div></div>	3.4	6.9
Coventry	→	-	39	4.6	<div><div></div></div>	3.4	6.2
Herefordshire	→	-	19	4.6	<div><div></div></div>	2.9	7.0
Stoke-on-Trent	→	-	47	3.8	<div><div></div></div>	2.8	5.0

Compared with benchmark: ■ Better ■ Similar ■ Worse ■ Not compared

Successful completion of drug treatment - non-opiate users (Persons, 18+ yrs) 2018

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	↓	-	17,956	34.4	<div style="width: 100%; background-color: grey;"></div>	34.0	34.8
West Midlands region	→	-	1,592	32.9	<div style="width: 100%; background-color: red;"></div>	31.6	34.2
Birmingham	→	-	349	37.9	<div style="width: 100%; background-color: green;"></div>	34.9	41.1
Telford and Wrekin	→	-	83	37.4	<div style="width: 100%; background-color: orange;"></div>	31.3	43.9
Worcestershire	↑	-	129	36.4	<div style="width: 100%; background-color: orange;"></div>	31.6	41.6
Dudley	→	-	132	36.0	<div style="width: 100%; background-color: orange;"></div>	31.2	41.0
Solihull	→	-	175	35.4	<div style="width: 100%; background-color: orange;"></div>	31.3	39.7
Coventry	→	-	109	35.3	<div style="width: 100%; background-color: orange;"></div>	30.2	40.8
Staffordshire	→	-	154	34.3	<div style="width: 100%; background-color: orange;"></div>	30.1	38.8
Sandwell	→	-	42	33.9	<div style="width: 100%; background-color: orange;"></div>	26.1	42.6
Wolverhampton	→	-	62	32.1	<div style="width: 100%; background-color: orange;"></div>	25.9	39.0
Walsall	↓	-	81	31.5	<div style="width: 100%; background-color: orange;"></div>	26.1	37.4
Herefordshire	→	-	37	28.0	<div style="width: 100%; background-color: orange;"></div>	21.1	36.2
Shropshire	↓	-	73	25.4	<div style="width: 100%; background-color: red;"></div>	20.7	30.8
Warwickshire	→	-	84	23.6	<div style="width: 100%; background-color: red;"></div>	19.5	28.3
Stoke-on-Trent	↓	-	82	21.7	<div style="width: 100%; background-color: red;"></div>	17.8	26.1

Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview and Scrutiny Committee
Date:	17th November 2020

Progress Report on Implementation: Tackling Period Poverty and Raising Period Awareness

Review Information

Date approved at City Council:	5 th November 2019
Member who led the original review:	Councillor Rob Pocock
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	N/A

Introduction

'Period poverty' (or menstrual hygiene management, MHM) refers to having a lack of access to sanitary products due to financial constraints. WHO/UNICEF (2012) has defined MHM as:

- Women and adolescent girls being able to use clean materials to absorb or collect menstrual blood, and to change them in privacy as often as necessary throughout their menstrual period.
- Being able to use soap and water for washing the body as required and having access to safe and convenient facilities to dispose of used menstrual management materials.
- Women and girls having access to basic information about the menstrual cycle, and how to manage it with dignity without discomfort or fear.

Period poverty is a harsh reflection of poverty and inequality.

The report of the Health and Social Care Overview and Scrutiny Committee into Period Poverty is welcomed. Action against the recommendations to date is detailed below. Unfortunately progress against a number of these actions has been deferred as Public Health resources are being diverted to respond to the Coronavirus pandemic.

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

Appendices

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

For more information about this report, please contact

Contact Officer:	Dr Marion Gibbon
Title:	Interim Assistant Director of Public Health
Telephone:	
E-Mail:	marion.gibbon@birmingham.gov.uk

Appendix ①: The Tracking Process

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

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

Category	Criteria
1: Achieved	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: 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).
3: Not Achieved	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: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.
5: Achieved (outcomes to be monitored)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified. However, the outcome has not yet materialised, or “work on the ground” has yet to be seen. Reporting on the recommendation as part of the tracking process ceases. However, a report back on the outcome or continuing implementation will be reported back to the Committee as determined by the members in consultation with the Cabinet Member.

Appendix 2 : Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R01	That a plan be developed, aimed at supporting schools and teachers in educating and informing students about period poverty and period awareness. This plan should, in particular, deal with stigma and provide information about the range of products, including reusable products available and their use and disposal.	Cabinet Member for Education, Skills & Culture	September 2020	1

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

The teaching of Health Education, as part of the RSHE requirements that became compulsory in September 2020, is clear that menstruation should be covered to ensure all pupils are prepared for changes they and their peers will experience. Pupils must be taught key facts about the menstrual cycle including what is an average period, the range of menstrual products and the implications for emotional and physical health. All schools should also make adequate and sensitive arrangements to help girls prepare for and manage menstruation including with requests for menstrual products. Schools must consider the needs of their cohort of pupils in designing their curriculum content in this area.

The Birmingham Approach to Relationships and Health Education resource fully integrates period awareness and support within primary schools. Link: birmingham.gov.uk/rshe

Learners at all state-maintained schools and 16 to 19 education organisations in England now have access to free period products in their place of study through a national scheme

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R02	That the City Council should: (1) declare its support for the pledge promoted by Girlguiding Birmingham to prevent stigma around periods; and (2) initiate a programme to tackle stigma around periods in the workplace centred on the City Council workforce and that ways of developing a wider programme for partner organisations and Small and Medium Enterprises, with special reference to sectors employing significant numbers of female employees in low pay sectors, be pursued.	Cabinet Member for Health & Social Care	September 2020	

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

Due to the ongoing pandemic, evidence of progress is deferred until September 2021

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
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R03	That the feasibility of commissioning a research programme aimed at establishing the nature and extent of period poverty in Birmingham be explored. A further focus of this review should be on the impact of cultural attitudes and ways of widening 'period awareness' within a super-diverse city.	Cabinet Member for Health & Social Care	September 2020	
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Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Due to the ongoing pandemic, evidence of progress is deferred until September 2021

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That ways of establishing a more collaborative approach to providing co-ordination and support to third sector organisations working to alleviate period poverty across the city be developed, with particular reference to accessing marginalised communities. This should include examining whether: <ul style="list-style-type: none"> (1) a programme to provide free period products to the full spectrum of homeless people and those in temporary or supported accommodation can be developed through the relevant support agencies; and (2) a central location in Birmingham for the storage of donated products by third sector organisations can be provided. 	Cabinet Member for Social Inclusion, Community Safety & Equalities Cabinet Member for Homes and Neighbourhoods	September 2020	3

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

The impact of Covid-19 and the requirements to act in response to the crisis has had bearing upon the delivery against this requirement. At the same time Covid-19 has required actions which have led to some elements of the action being undertaken, as follows:-

The Active Wellbeing Society (TAWS) who have been central to the City Council response regarding food poverty, food distribution and other welfare requirements, have had an active role in terms of distribution of items to relieve period poverty.

TAWS report that, "As a result of the £100k Direct line funding and working with the Penny Appeal, as well as smaller individual donations from the community, we had 80,000 individual items of toiletries and household cleaning products. These included shower gel/soap, shampoo, toothbrush and toothpaste, razors, sanitary products, deodorant, toilet paper, washing powder, washing up liquid and hand sanitiser.

These were made up of 11,000 essential supply packs, which included 6,500 hygiene packs. They were distributed to individual households via a doorstep delivery or provided in bulk to our partner community organisations to further distribute to communities."

This provision would include many homeless households, including those in Temporary Accommodation.

Feedback from partner agencies working with homeless people also reflects positive action

St Basil's report having received a 'substantial supply of sanitary products via TAWS' and that 'all females are given sanitary products in the standard packs we give out'. St Basil's provide for young people 16-25, rough sleeper outreach, HUB, emergency and longer-term accommodation.

Sifa-Fireside Daycentre report that they are 'very well supplied with sanitary products and can supply to any women approaching their services'. Sifa-Fireside includes specific services for rough sleepers in Birmingham and specific sessions for women.

Trident Reach confirm sanitary products are available via rough sleeper outreach and to all females in their emergency and longer-term homeless accommodation.

Further Actions

Reflecting the changing landscape of the past six months, and the evidence of period poverty being met across homeless services, including with TAWS as a significant distribution point, we will be carrying out a further enquiry via "Female Homelessness and Rough Sleeping: Research and Development Work". This work is in association with Spring Housing and Rough Sleepers Initiative and will include questions relating to homelessness and period poverty. This will include interviews and panels to include partner providers as well as homeless women in Birmingham.

The initial report aims to complete for March 2021. It is proposed that this opportunity to look at wider issues relating to homelessness for women, and including period poverty as a specific element, be used to address the action 'to examine whether' – that is to identify what gaps exist and how they might be addressed.

October 2020 – March 2021
Continuation of current provision

Oct 2020 – March 2021
Female Homelessness and Rough Sleeping: Research and Development Work. Initial report March 2021 to include response in relation to period poverty – gaps, and actions.

March 2021 forwards actions as required.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R05	That where a service is commissioned by the City Council the possibility of including a clause about alleviating period poverty and raising period awareness be considered for inclusion in future contracts wherever appropriate.	Cabinet Member for Finance and Resources	September 2020	3

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

The current Charter guidance on the birmingham.gov.uk web site will be updated to include reference to period poverty and how businesses can support this agenda by awareness raising and practical actions. A reference link will be included where further information can be obtained.

The MS Teams Social Value Channel will be used to inform commissioning and procurement colleagues to consider, where relevant, including period poverty as a specific area for attention in their social value specification.

These two actions will be completed by the end of November 2020. The updated guidance and information sources will be carried over when the Charter is reviewed in March 2021.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R06	That an assessment of progress against the recommendations in this report be presented to the Health & Social Care Overview & Scrutiny Committee.	Cabinet Member for Health & Social Care	November 2020	4

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



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

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

1 Meeting Schedule

Date	Agenda Item	Officer Contact / Attendees
16th June 2020 1400 hours (via Microsoft Teams) Report Deadline: 4 th June	COVID-19 UPDATE <ul style="list-style-type: none"> Cabinet Member for Health and Social Care Implementation of Track and Trace in Birmingham West Midlands Care Association Healthwatch Birmingham 	Councillor Paulette Hamilton; Dr Justin Varney/Elizabeth Griffiths; Debbie Le Quesne/Alison Malik; Andy Cave.
21st July 2020 1400 hours (via Microsoft Teams) Report Deadline: 9 th July	COVID-19 UPDATE 2019/20 End of Year Adult Social Care Performance Monitoring Report	Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care.
1st September 2020 1400 hours (via Microsoft Teams) Report Deadline: 20 th August	Black Country and West Birmingham CCGs Future Commissioning Intentions Public Health Update <ul style="list-style-type: none"> Triple Zero Strategy – draft presentation on 'Substance Misuse Data' previously noted at July meeting. Covid-19 Update Healthwatch Birmingham Annual Report	Pip Mayo, Managing Director for West Birmingham, SWB CCG Dr Justin Varney, Director of Public Health / Elizabeth Griffiths, Assistant Director, Public Health. Andy Cave, Chief Executive Officer, Healthwatch Birmingham



Date	Agenda Item	Officer Contact / Attendees
1st September 2020 1000 hours Committee Rooms 3 & 4 Report Deadline: 20 th August	<u>INFORMAL SESSION</u> Work Programme 2020/21:- <ul style="list-style-type: none"> Engaging with Citizens and Service Users – Discussion Paper Public Health Adult Social Care Healthwatch Birmingham 	Councillor Rob Pocock June Marshall, Citizen Involvement Manager Dr Justin Varney, Director of Public Health Andy Cave, Chief Executive Officer, Healthwatch Birmingham
6th October 2020 1400 hours Via Microsoft Teams Report Deadline: 24 th September	Day Opportunities Proposals Consultation: Outcome of NDTi Report Investigation Public Health Update Forward Thinking Birmingham Adult Social Care Performance Monitoring	Professor Graeme Betts, Director of Adult Social Care Dr Justin Varney, Director of Public Health Elaine Kirwan, Deputy Chief Nurse, Mental Health Services/FTB Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care
17th November 2020 1400 hours Via Microsoft Teams Report Deadline: 5 th November	Public Health Update Birmingham Substance Misuse Recovery System (CGL) Period Poverty and Raising Period Awareness - Tracking Report	Dr Justin Varney, Director of Public Health Saba Rai, Interim Lead, Universal and Prevention Services, Adult Social Care and Health; Karl Beese, Commissioning Manager, Adult Public Health Services. Councillor Paulette Hamilton, Cabinet Member for Health & Social Care
8th December 2020 1400 hours Via Microsoft Teams Report Deadline: 26 th November	Public Health Update Budget Consultation:- <ul style="list-style-type: none"> Adult Social Care Public Health Infant Mortality – Evidence Gathering	Dr Justin Varney, Director of Public Health Cabinet Member for Health & Social Care; Professor Graeme Betts, Director of Adult Social Care. Dr Justin Varney, Director of Public Health.



Date	Agenda Item	Officer Contact / Attendees
26th January 2021 1000 hours Via Microsoft Teams Report Deadline: 14 th January	Public Health Update Birmingham Safeguarding Adults Board Annual Report Adult Social Care Performance Monitoring Infant Mortality – Evidence Gathering	Dr Justin Varney, Director of Public Health Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board. Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care
16th February 2021 1000 hours Committee Rooms 3 & 4 Report Deadline: 4 th February	Public Health Update Birmingham Sexual Health Services – Umbrella (UHB) Direct Payments Preparation for Adulthood Health and Wellbeing Board Update	Dr Justin Varney, Director of Public Health Saba Rai, Interim Lead, Universal and Prevention Services, Adult Social Care and Health; Karl Beese, Commissioning Manager, Adult Public Health Services. John Williams, Assistant Director, Adult Social Care / June Marshall, Citizen Involvement Manager, Adult Social Care John Williams, Assistant Director, Adult Social Care / Dionne McAndrews, Assistant Director, Birmingham Children's Trust Elizabeth Griffiths, Assistant Director, Public Health
23rd March 2021 1000 hours Committee Rooms 3 & 4 Report Deadline: 11 th March	Public Health Update Birmingham Dementia Strategy Refresh Delayed Transfers of Care / Early Intervention Update Adult Social Care Performance Monitoring	Dr Justin Varney, Director of Public Health Zoeta Manning, Senior Integration Manager – Frailty, BSol CCG Balwinder Kaur, Assistant Director, Adult Social Care / June Marshall, Citizen Involvement Manager, Adult Social Care Maria Gavin, Assistant Director Quality and Improvement, Adult Social Care



Date	Agenda Item	Officer Contact / Attendees
27th April 2021 1000 hours Committee Rooms 3 & 4 Report Deadline: 15 th April	Public Health Update Cabinet Member for Health and Social Care - Public Health Update. Black Country and West Birmingham CCGs Commissioning Arrangements - Update	Dr Justin Varney, Director of Public Health Councillor Paulette Hamilton, Cabinet Member for Health & Social Care; Dr Justin Varney, Director of Public Health. Pip Mayo, Managing Director for West Birmingham, SWB CCG

2 Work to be programmed/Further work areas of interest

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

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

3 Chair & Committee Visits

Date	Organisation	Contact



4 Inquiry

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

5 Councillor Call for Action requests

6 Forward Plan for Cabinet Decisions

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

Reference	Title	Portfolio	Proposed Date of Decision
005730/2018	Sport and Leisure Transformation - Wellbeing Service	Health & Social Care	29 June 21
007924/2020	Rough Sleeping Addendum and Action Plan 2020-23, Homelessness Prevention Strategy - Consultation Outcome	Health & Social Care	15 Dec 20
008119/2020	Rough Sleeping Drug and Alcohol Treatment Grant Funding Submission	Health & Social Care	10 Nov 20
008003/2020	Refresh of Adult Social Care Vision and Strategy Delivery Plan	Health & Social Care	15 Dec 20



7 Joint Birmingham & Sandwell Scrutiny Committee Work

Members	Cllrs Rob Pocock, Mick Brown, Debbie Clancy, Ziaul Islam and Paul Tilsley	
Meeting Date	Key Topics	Contacts
19 th November 2020 @ 2.00pm Sandwell	<p>Sandwell and West Birmingham CCG Primary Care Networks Update</p> <p>Midland Metropolitan Hospital Update</p> <p>Delivering Solid Tumour Oncology Cancer Services for Sandwell and West Birmingham Update</p> <p>Black Country Acute Hospital NHS Trusts Hospital Group Model</p>	<p>Carla Evans, Head of Primary Care; Leon Mallett, Commissioning Transformation Manager</p> <p>David Carruthers, Acting Chief Executive, Sandwell & West Birmingham Hospitals NHS Trust</p> <p>Kieran Caldwell, West Midlands Commissioning Unit, NHS England; David Carruthers, Acting Chief Executive, Sandwell & West Birmingham Hospitals NHS Trust; Cherry West, UHB NHS Foundation Trust.</p> <p>Jayne Salter-Scott; Head of Engagement and Communications, SWB CCG.</p>
January 2021 Birmingham		
April 2021 Sandwell		

8 Further work areas of interest/Work to be programmed

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

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



9 Joint Birmingham & Solihull Scrutiny Committee Work

Members	Cllrs Rob Pocock, Mick Brown, Diane Donaldson, Peter Fowler and Paul Tilsley	
Meeting Date	Key Topics	Contacts
11 th June 2020 @ 2.00pm Birmingham	<ul style="list-style-type: none"> Restoration of services at University Hospitals Birmingham NHS Foundation Trust (UHB) Birmingham and Solihull STP COVID-19 Service Changes – progress update 	Jonathan Brotherton, Chief Operating Officer, UHB Phil Johns, Deputy Chief Executive, BSol CCG
13 th October 2020 @ 6.00pm Solihull	<ul style="list-style-type: none"> Update on the Restoration and Recovery Plan Urgent Care update 	
16 th December 2020 @ 5.00pm Birmingham	<ul style="list-style-type: none"> Birmingham and Solihull System Finance Update Update on the Restoration and Recovery Plan Urgent Care Update and NHS 111 First 	Paul Athey, Chief Finance Officer, BSol CCG Harvir Lawrence, Director of Planning & Delivery, BSol CCG Helen Kelly, Associate Director of Integration (Urgent Care/Community), BSol CCG
9 th March 2021 @ 6.00pm Solihull		
TO BE SCHEDULED	<ul style="list-style-type: none"> Update on the implementation of Phase 3 treatment policies Update on future QIPP plans Long Term Plan / Integrated Care Systems / Sustainability Transformation Partnership NHS Birmingham & Solihull Health App 	Paul Jennings, Chief Executive, BSol CCG

10 Further work areas of interest/Work to be programmed

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

