

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 20 NOVEMBER 2018 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 APOLOGIES

To receive any apologies.

3 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 - 8

4 ACTION NOTES/MATTERS ARISING

To confirm the action notes of the meeting held on 16th October 2018.

9 - 22

5 CABINET MEMBER FOR HEALTH AND SOCIAL CARE UPDATE REPORT

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care; Becky Pollard, Interim Director of Public Health.

23 - 52

6 SUBSTANCE MISUSE: BIRMINGHAM'S ADULT TREATMENT SERVICES (CGL) - YEAR 3 PROGRESS

Max Vaughan, Head of Service, Universal & Prevention Services, Adult Social Care and Health; Sian Warmer, Service Manager, CGL.

- 53 - 84**
- 7 **BIRMINGHAM SAFEGUARDING ADULTS BOARD - STRATEGY PLAN 2018/19**
- Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board.
- 85 - 134**
- 8 **ADULT SOCIAL CARE PERFORMANCE MONITORING**
- Michael Walsh, Service Lead, Commissioning, Adult Social Care & Health.
- 135 - 144**
- 9 **WORK PROGRAMME - NOVEMBER 2018**
- For discussion.
- 10 **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).
- 11 **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.
- 12 **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'.

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 16th October 2018, Committee Room 3 & 4 – Actions

Present:

Councillor Rob Pocock (Chair)

Councillors Nicky Brennan, Mick Brown, Peter Fowler, Ziaul Islam and Paul Tilsley.

Also Present:

Elaine Kirwan, Associate Director of Nursing, Mental Health Services, Forward Thinking Birmingham

Marie Crofts, Mental Health Director, Forward Thinking Birmingham

Dr Anupam Dharma, Medical Director, Forward Thinking Birmingham

Jo Carney, Mental Health Commissioner, Birmingham and Solihull CCG

Rachel O'Connor, Director of Planning and Delivery, Birmingham and Solihull CCG

Paul Jennings, Chief Executive, Birmingham and Solihull CCG

Paul Sherriff, Director of Organisational Developments & Partnerships, Birmingham and Solihull CCG

Becky Pollard, Interim Director of Public Health, BCC

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Gail Sadler, Scrutiny Officer, Scrutiny Office

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. APOLOGIES

Apologies were received from Councillors Chauhdry Rashid and Suzanne Webb.

3. DECLARATIONS OF INTEREST

Members were reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at the meeting. If a pecuniary interest is declared a Member must not speak to take part in

that agenda item. Any declarations will be recorded in the action notes of the meeting.

4. ACTION NOTES/ISSUES ARISING

The action notes of the meeting held on 18th September 2018 were agreed.

5. FORWARD THINKING BIRMINGHAM

Elaine Kirwan (Associate Director of Nursing, Mental Health Services); Marie Crofts (Mental Health Director) and Dr Anupam Dharma (Medical Director) Forward Thinking Birmingham were joined by Jo Carney (Mental Health Commissioner) Birmingham and Solihull Clinical Commission Group to present an update report setting out progress, actions and transformation taken with key partners to improve mental health service provision to 0-25 year olds in Birmingham and Solihull in order to address issues highlighted in the February 2018 CQC report.

In response to issues/comments regarding:-

- Referrals
- Transformation/integration
- Loss of budget/increased pressures
- In-patient provision and placements outside Birmingham

With regard to the figure for referrals into the system it was confirmed that this included re-referrals. A request was put forward that, in future, update reports should include a breakdown of re-referrals.

Members were told that each referral that went through the Access Centre has a clinical triage/risk assessment. If an urgent care crisis pathway was required this would be picked up by the Crisis Team within 1-4 hours. A non-urgent assessment would be referred to a local community hub and given a Choice Appointment which would take place within 4-16 weeks and at this point would be re-assessed.

It was recognised that the transition from CAMS into Adult Services for young people had always been a problem. This model addresses the problem and builds upon partnership working.

It was acknowledged that there had been a budget reduction and increased demand upon the service but the service had to work within the financial envelope provided.

Responding to a concern raised about having sufficient in-patient provision in the system to meet crisis situations for young people who are dependent upon retaining family connections, members were told that the CCG, who commission services for the 18-25 age group, had increased provision locally but, unfortunately, there are circumstances where there isn't local provision and people have to be admitted outside of the Birmingham and West Midlands area. The CCG is currently working with NHS England, who commission inpatient services for under-18s, to offer a more local solution.

A member suggested that for the next update report with regard to reporting '**actions arising out of the quality improvement taskforce**', it would be helpful if the

information could be broken down into 'Areas of Improvement', 'Actions Taken' and 'Outcomes'.

RESOLVED:

- Members requested the following further information:-
 - A breakdown of data regarding the number of young people in Birmingham waiting 18+ weeks for treatment.
 - That a copy of a monthly transformation highlight report, which sets out progress of actions against milestones, is circulated to the committee.
- The next update report to be scheduled on the work programme for Spring 2019.

6. BIRMINGHAM AND SOLIHULL SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) DRAFT STRATEGY STAKEHOLDER ENGAGEMENT REPORT – PHASE 1

Rachel O’Conner (Director of Planning Delivery, Birmingham and Solihull Clinical Commissioning Group) and Paul Sherriff (Director of Organisational Developments & Partnerships, Birmingham and Solihull CCG) reported to the committee on stakeholder activities which had taken place and feedback received on the draft STP Strategy.

Members were urged to take part in stakeholder events in order to help shape the Strategy and would be invited to attend an STP Conference which will be held on 5th December 2018.

In response to a question regarding progress with the digital technology roadmap, members were told that work was already being undertaken to build upon the current system that was already running in Birmingham and Solihull called ‘Dual Care Connected’ which is being used as a stepping stone towards a ‘Single Citizen Record’. It had been agreed that a new system needs to be put in place but the process will take 12-18 months.

RESOLVED:

- A copy of the updated STP Strategy to be circulated to the committee when available.

7. IS THE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) ARRANGEMENT WORKING FOR WEST BIRMINGHAM

A briefing paper, on behalf of the committee, had been circulated to members in advance of the meeting, to provide some background to the boundary issue where the West Birmingham population of about 250,000 are not included in the Birmingham and Solihull STP footprint but are covered by the Black Country STP.

The Chair asked Paul Jennings (Chief Executive) and Paul Sherriff (Director of Organisation Development and Partnerships) Birmingham and Solihull Clinical

Commissioning Group to comment on the contents of the paper and how the memorandum of understanding between the two STPS was working.

The following comments were made:-

- Working relationships between the two CCGs is good. At a transaction level the arrangement works fine i.e. contracting back office functions.
- There is a tension about the consistency of offer for all citizens in Birmingham if there is a different strategy/plan for most people living in West Birmingham.
- Taking forward a strategy for integrating commissioning is going to be a challenge.

RESOLVED:

- It was unanimously agreed that a letter should be sent to NHS England, attaching a copy of the briefing note from this committee, requesting that, as a matter of priority, steps should be taken to resolve the issues concerning the CCG boundaries and the consequential impact on the STP.

8. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – PUBLIC HEALTH

Becky Pollard (Interim Director of Public Health) gave a verbal update on the public health priorities which were included the STP.

- The STP provides an opportunity to strengthen joint working to improve health outcomes and reduce health inequalities.
- Public Health has been engaged in the original draft and re-drafting of the STP which follows a life course approach and fits in with the health needs of Birmingham.
- Working with colleagues from Solihull to map health needs of the population through the Joint Strategic Needs Assessment.
- Have a standing item on the Health & Wellbeing Board agenda on the STP.
- Public Health priorities include:- infant mortality rates; mental wellbeing in early years in parenting; adverse child experiences; promoting staff wellbeing; supporting people back into the workplace; managing long terms conditions e.g. diabetes, respiratory disease etc. In terms of the older population e.g. social isolation and keeping people active. Also picking up work around domestic violence under vulnerable adults.

In response to a query about work being undertaken into suicides, it was confirmed that it was a priority for both the local authority and the NHS. The CCG, in partnership with the West Midlands Combined Authority, had signed up to a strategy document which sets out the work being done across the West Midlands towards an ambition of zero suicides.

RESOLVED:

- That the strategy document on zero suicides is circulated to the committee.

9. WORK PROGRAMME – JULY 2018

- The Chair announced that:
 - Councillors Islam and Rashid would be replacing Councillors Ahmed and Miah on the Birmingham/Solihull JHOSC. The next meeting will be held on Thursday 29th November at 6.00pm in Solihull.
 - The committee had received an invitation from CGL (Birmingham's adult drug and alcohol service) to visit their premises and meet with staff, volunteers and service users. It was agreed that a visit should take place after CGL have presented an update report to the next committee meeting in November.

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

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 1213 hours.

**HEALTH AND SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
20 NOVEMBER 2018**

Item 5

**REPORT OF CABINET MEMBER FOR HEALTH & SOCIAL CARE
COUNCILLOR PAULETTE HAMILTON**

1. PURPOSE OF REPORT

This report sets out my portfolio priorities and provides an update report further to the report received by Health and Social Care Overview and Scrutiny Committee in November 2017.

1.2 ACCOUNTABILITY

I have accountability for:

Adult Social Care and Health	Development of the Health and Wellbeing Board and relationships with the NHS and private providers. Strategic leadership of social care services and safeguarding for adults. Development of an integrated health and social care economy in Birmingham and neighbouring local authorities around the relevant Sustainability and Transformation Plan.
Public Health	Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities.
Healthy Communities	Championing healthy living through sport and leisure services and influencing resident choices through proactive behaviour change initiatives.
Domestic Violence	Taking the lead on the health implications of domestic violence and advising the Cabinet Member for Social Inclusion, Community Safety and Equalities on these matters.

2. SUMMARY OF KEY PRIORITIES

I am clear that the vision for adult social care is to create an environment where adults and older people are resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing.

- Working with our partners on the integration of Health and Social to secure the planned extra NHS older adults' contributions planned through HWB and BCF work towards new models of front line integration with the NHS, and extending true personalisation;
- Ensuring we continue to have the Citizen Voice embedded through the changes process and that we are able to ensure that our citizens understand and buy into changes with the desire to improve outcomes for our most vulnerable through co-production;
- Working towards ensuring our mental health service are recovery focused; and working with our partners on Suicide Prevention;
- Increasing personal control and independence through increasing the take up of direct payments and personal budgets;
- Continue to reduce the health inequalities that are prevalent in some of our communities and targeting services at those most in need;
- Looking at what the community offer is and how we can build on this and see how we can work better together at a place based level on reducing social isolation and loneliness.

3. PARTNERSHIP WORKING

3.1 Birmingham and Solihull Sustainability and Transformation Plan

There have been significant developments and progress in partnership working with health through the Sustainability and Transformation Partnership (STP). I provided an update in the Chamber at Full Council and Paul Jennings also kindly provided an opportunity for elected members to attend a briefing session in the Council House earlier this month.

One of the four key strands set out in the STP is the **Ageing Well Programme**, which is led by the Corporate Director for Adult Social Care and Health on behalf of all partners. This programme represents Birmingham's response to the Care Quality Commission (CQC) system review which took place in January 2018 and is focussed on delivering sustainable improvements to ensure that older people can live better quality lives, exercise independence, choice and control. Both the Health and Wellbeing Board and STP fully support the programme and progress is regularly reported to both Boards.

There are 3 major work streams within the programme:

1) Prevention

Work on this programme is well underway, and is building on the activity initiated by the City Council in relation to the development of community assets via Neighbourhood Networks. Health partners have been successful in securing national funding to develop social prescribing and there has also been positive work in relation to intergenerational activities, with education colleagues agreeing to include this in their sessions with schools in November.

2) Early Intervention

This work is moving forward well, with a prototype scheduled to go live this month. The work is truly system-wide with resources and commitment from all health and care partners, and senior leadership to implement the changes required from the prototype. The prototype will build and test a new approach to integrated delivery therapy led recovery, enablement and support that ensure we provide the right care, at the right time in the right place as a partnership.

3) Ongoing personalised support

This work is moving forward positively, with updates on personal care and health budgets presented to the Health and Wellbeing Board. Since, the last report there has continued to be an increase in the take up of direct payments.

3.2 Health and Wellbeing Board

Over the past year I have increased the frequency of Board meetings and extended the membership.

We have a new vice chair, Dr Peter Ingham, the Clinical Chair of Birmingham and Solihull (BSol) Clinical Commissioning Group (CCG), and I have also reviewed the membership of the Board to reflect the significant changes in both personnel and organisational structures in the Council, CCGs and NHS Providers as well as in the strategic environment in which the Board operates.

We have strengthened the Board by inviting members from:

- the Birmingham and Solihull STP
- the Department of Work and Pensions (DWP)

The Board has focused on a number of areas including:

- Updates on progress against key areas of the Health and Wellbeing Strategy
- Progress against the CQC action plan
- Key developments in the STP
- Plans for Place Based Working from Adult Social Care, the CCG and the STP

3.3 Public Health

I am delighted that next month we will be producing our Public Health Report, which will focus on 'Fulfilling Lives for Under Fives'. It is well documented that the first five years of a child's life and pre-birth care are the key foundation years that influence the outcomes of a child. The underlying theme is poverty in its widest context as there are a number of factors that need to be addressed – reducing homelessness, increasing the number of suitable homes, access to education training and work opportunities. There are five overarching recommendations which look at how the health and social care system in its widest sense can improve outcomes for children.

Since the CQC report highlighting a number of issues with the Joint Strategic Needs Assessment (JSNA). I can report that improvements have been and are continuing to be made under the direction of the Director of Public Health.

The **website** has now been redesigned to improve navigation and the content organised to reflect the Council, Health and Wellbeing Board and STP priority areas, particularly:

Starting well - maternity, children and young people

Living well - working age adults

Ageing well - older people

Place based intelligence has also been developed with the District Health Profiles launched in January 2018. These were developed over time with district committees based on data routinely available at district and/or ward level. There is a variety of information available on each district and ward, including population, age, employment and health.

Additionally, work is ongoing with BSol CCG GP leads to develop locality profiles. The profile for West Birmingham informed a presentation to the September CCG Governing Body. Work is continuing to develop the profiles with the other locality leads.

3.4 JSNA

An **Older Adults** JSNA Sub-Group has been established with representatives from:

- Public Health and Commissioning
- Age Concern
- Ageing Better in Birmingham Programme
- Birmingham and Solihull Clinical Commissioning Group
- Birmingham Voluntary Services Council

The purpose of the group is to identify the key issues from across the health and wellbeing system to be included on Birmingham's Older Adults JSNA webpages.

These will come via the priorities in strategic documents, policies, commissioning plans and improvement plans relevant to the topic area.

To strengthen the process a new JSNA Strategic Group is being established, chaired by the Director of Public Health, with membership including senior strategic decision makers from across the board. The group will:

- Prioritise requests for JSNA work
- Develop an annual JSNA work plan for sign off by the Board
- Ensure organisational commitment to the development of specific needs assessment
- Ensure quality of JSNA through governance process and evaluation
- Report progress and issues to the Health and Wellbeing Board

3.5 The Better Care Fund

The approach to the Birmingham Better Care Fund has been reviewed this year, with partners agreeing to focus on key areas to deliver improved benefits to citizens through a joint commissioning approach across the City Council and CCGs. Significant progress has been made in relation to support for carers, with the agreement to a joint all-age **Carers Strategy**, and a joint approach to future commissioning that will align funding and ensure a single framework for support that can be easily understood and accessed by citizens.

3.6 iBCF

The improved Better Care Fund has been targeted at activities that address immediate challenges, as well as supporting the overall improvement agenda for Adult Social Care and Health. There has been significant joint working on reducing delayed transfers from hospital, where performance has significantly improved compared to the previous year. The use of the Improved BCF has been agreed and is fully supported by health partners, and a similar approach is being taken to the use of the additional one-off winter pressures funding announced recently.

Planning for winter continues to be a huge challenge for the Council and health partners and there is a strong commitment to improving outcomes in the short-term while longer-term changes continue to be developed.

3.7 Prevention

Cabinet agreed a 'Prevention First' Strategy last November, which was a critical element of delivering the overall improvement agenda for Adult Social Care and Health. Work is now well underway to establish Neighbourhood Networks, commissioned from third sector providers, to develop community assets at a neighbourhood level, and this work is progressing hand in hand with the introduction of the Three Conversations Model of social work.

As well as this important work focussed on older people, I have also been working collaboratively with Cabinet Member colleagues to improve the support to the most disadvantaged and vulnerable in our city. The Homelessness Prevention Strategy was approved by Council earlier in the year, and recognises that vulnerable people, particularly those with disabilities and mental health issues, are more likely to be at risk of homelessness. Building on this, Birmingham played a key role in the successful WMCA Housing First bid, which has secured £9.6m to tackle rough sleeping through meeting the housing and support needs of some of the most vulnerable and excluded people in the city.

3.8 Domestic Abuse Prevention Strategy

I was very pleased that Cabinet approved the Domestic Abuse Prevention Strategy, which was informed by extensive consultation and supported by both the public and professionals. Work is now underway to take forward the commitments made by partners at the launch event in June this year.

The delivery of the action plan is now being overseen by the Violence Against Women and Children's Steering Group and reports into the Health and Wellbeing Board and Community Safety Partnership.

3.9 Commissioning and market shaping

Last year I highlighted my determination to improve the quality of care that we purchase, and I am pleased to report that a new commissioning framework was supported by Cabinet and is now being implemented. Our ambition is to work with and give support to providers to achieve sustainable improvements in the quality of care that vulnerable people in Birmingham receive. The new arrangements will ensure that it will no longer be possible for providers whose services are not of a sufficient quality to secure packages on the basis of price. The new arrangements for residential and nursing care are being implemented, and a formal procurement process for home support is underway. I do not underestimate the scale or the challenge of this change but I am committed to an approach that puts the quality of life for vulnerable citizens first.

3.10 Learning Disability

Particular effort is being made to build partnership to deliver the Transforming Care Programme which seeks to support adults with autism and learning disability to move from hospital to the community. Dedicated social work support has improved relationships with health partners and improved the complex partnership arrangements that enable discharge from hospital.

Whilst the Day Opportunity Strategy agreed by Cabinet in July aims to improve outcomes for all citizens with eligible care and support needs, we are expecting to see significant improvements for adults with a learning disability in terms of our ability to support people to make a greater contribution to community life and where they have the ambition to work, enable the opportunity for work.

It may take a while to see the impact of this work, but I am passionate about social inclusion and that all adults should have the chance for a good quality of life in the City, be supported in the least restrictive form of supported accommodation such as Shared Lives and have access to work.

3.11 Mental Health

I have a vision that citizens with mental health needs have good quality support and can access this as close to home as possible. As a partner in a complex system under pressure, this is not an easy task. To help get us there we have developed new partnerships with primary care and with Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) to develop new models of primary and community care. To support this approach mental health social work is now place based in constituency teams and with a social model of mental health, to replicate and embrace the three conversations approach to social work.

Urgent Care is a real concern in the City and more people are accessing support via Accident and Emergency (A&E) or by being arrested by the police. We are working with partners to find different ways to support people.

4. UPDATE ON SOCIAL CARE AND HEALTH PERFORMANCE / SERVICE IMPROVEMENTS

- 4.1** I am pleased with the success that we have had in the implementation of the Adult Social Care and Health vision as the golden thread. Despite increased demand and a very challenging winter with pressures on our health partners, we have managed to maintain a steady flow of placements. We have taken active steps to support people to stay and live in the City, using direct payments to purchase their own care closer to home, and to leave hospital quickly. This has meant that we are making the best use of our budget. The challenge for Adult Social Care will be to continue to invest in new models of care to support people to stay at home, support the increasing numbers of citizens who require support and do so in line with the budget available.

The work on Early Intervention with partners is a key pillar of this for us, as finding better ways to work together to support Older Adults is crucial to ensure we make the best use of hospital care and that our community teams are as efficient and effective as possible.

A risk to this position is the increasing numbers of people in mental health crisis and for older adults we expect to see greater numbers of people requiring support through the winter months.

4.2 Day Opportunity Strategy

This work deserves particular mention given the genuine transformation we expect to see on how we impact on outcomes for citizens. We know that we do not do enough to enable people to move away from our support or have the flexibility to provide more intensive support when it is needed. By changing our approach to provide a tiered model of support that is more personalised and provides options for support for work, we expect to tailor our services and those of our partners in the City to be more responsive to individual need and aspiration, without creating long term dependency.

4.3 Direct Payments

Over the last 12 months there has been an increase in the number of citizens who are receiving a direct payment. In October 2017 there were 23.7% of eligible citizens in receipt of direct payments and in October 2018 it stands at 27.4%. We have working with citizens to develop and run training courses for staff and citizens including a very successful direct payment conference which was run by citizens. Alongside this we are working with social work teams to ensure that are confident in supporting citizens in taking up and using a direct payment.

4.4 Delays in Transfer of Care

Delayed Transfers of Care has been a long standing challenge for the Health and Social Care system. I am pleased to report that steady progress is being

made despite the significant pressures over winter period. The key steps taken were:

- Increased capacity of long term and interim beds specifically for use by people with complex care needs and dementia
- Expanding the Quick Discharge Service and reducing the time taken for discharge by up to 48 hours
- Extended the Home from Hospital service which provides low level support to aid people return home
- Implemented an integrated model at the hospital front door, resulting in better multidisciplinary working and an increase in the number of admissions avoided
- Increased social work capacity across the hospital sector especially over the winter months
- Invested in staffing and systems to better record and analyse data on delays resulting in more evidenced based decisions and actions

Together these steps contributed significantly in moving from 12.7 beds per day (daily average delays specifically beds per day per 100,000, 18+ population, Social Care only and Joint NHS and Social Care) in September 2017 to 9.3 beds per day in August 2018. July 2018 saw an historic low of 8.4 beds per day. However, we anticipate a challenging winter period ahead and are therefore firming up our plans manage extra demand over the period. We are making use of additional funding to embed the principles of Home First, invest in preventing hospital admissions and add capacity into the system. These actions are fully aligned to our long term work with partners to implement the recommendations of the Newton Diagnostic.

4.5 Quality of Care

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 has showed an overall increase over the year. This follows on from the work done to introduce the Contract Framework. There is now a revised quality assurance framework in place. The key aims for the framework being to stabilise the market and attract high quality providers by incentivising high quality care provision in Birmingham. The performance measures for this area are new and therefore there we need to allow the system time to embed before properly evidencing the results of the work done in this area.

4.6 CQC

At the start of the year the CQC (Care Quality Commission) carried out a local system review which focused on how well people move through the health and social care system. An Action Plan was written in order to address the recommendations made by CQC and this was submitted to DoH in June. Many of the actions fall under the Birmingham Ageing Well Programme and are being progressed via the 3 workstreams that have been created: Prevention, Early

Intervention and Ongoing Personalised support. These groups report directly to the Birmingham Older Person's Partnership Board. Significant progress has already been made against the plan, which is summarised in Section 4.1 of this report.

5. UPDATE ON KEY BUDGET ISSUES / KEY FUTURE BUDGET ISSUES

5.1 2018/19

The total budget in 2018/19 for the portfolio is £336.1m. Within this allocation we have to deliver a substantial amount of savings; benefits and efficiencies internally as well as through corporate initiatives.

- 59% of the net total budget is allocated to external packages of care.
- 9% is spent on specialist care services.
- 11% is spent on assessment and support planning (Social Work).
- 7% of the budget is spent on Supporting People.
- 14% is spent on commissioning and other services.

The council budget for 2018/19 has provided additional funding for adult social care, as set out in the financial plan. However, like other local authorities nationally we are facing real pressures in the increasing number of people requiring care and support.

The Directorate is working to implement the Adult Social Care and Health Improvement and Business Plan 2017-2021. As well as ensuring that Birmingham is seen as a great place to grow old in; this programme will deliver the savings included in the Council Plan and Budget.

The projected budget position as at Period 6 for Adult Social Care is a small underspend arising from management review of spending. Indications are that the underspending may increase but there continues to be significant risks facing the Directorate from pressures on the health and care system, including independent providers. Some of these risks are being mitigated by iBCF funding which is also being used to drive a number of the improvements.

6. Challenges and Closing Summary

I am aware we have to improve our offer to our citizens so the services provided are fit for purpose and meet the needs and expectations of our citizens.

Demands for services are outstripping the resources we have available to meet the service need. Collectively with our partners we have to continue to shift the focus on improving outcomes and preventing demand; through maximising the impact of prevention and early intervention.

We continue to have challenging times ahead of us and I welcomed the Local Government Association starting the debate and conversation regarding Adult Social Care funding. The Government recognises the underfunding but continues to put sticking plasters through short term funding fixes. It really is time that adult social care was properly funded so we can become more innovative in

addressing and funding preventative and early intervention changes and shift the reliance on service provision through creating more resilient communities.

I am delighted that despite the continued challenges that adult social care face thanks to the hard work and dedication of our staff we have made some notable recognisable successes. Including, the recent NHS Digital national report from the Adult Social Care Survey reported that in 7 out of the 8 measures BCC has improved its performance compared to last year and is in the top half of all authorities for all measures, apart from overall satisfaction, where we have still improved significantly. Rising in the ranks from 59th to 7th on the measure for Social Care related quality of life – impact of Adult Social Care services, is a great achievement.

In 2018 Manor House and Precious Homes achieved 'Outstanding' CQC ratings.

In March of this year Vidhya Biju one of our social workers, who won the national social worker of the year award, attended House of Commons to celebrate World Social Work Day. Very proud that we have hard working staff like Vidhya working with us, who really do work tirelessly to improve the health and wellbeing outcomes for our citizens.

Councillor Paulette Hamilton
Cabinet Member for Health and Social Care

Report to:	Birmingham Health and Social Care Overview and Scrutiny Committee ^{Item 5}
Date:	20 November 2018
TITLE:	BIRMINGHAM PUBLIC HEALTH STRATEGY (GREEN PAPER) – DEVELOPMENT UPDATE
Presenting Officer	Becky Pollard, Interim Director of Public Health

Report Type:	Information report
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1. Purpose:

This information report sets out the rationale for developing a Public Health Strategy for Birmingham and the proposed process for consulting on the development of the Strategy in a Birmingham Public Health Strategy Green Paper.

2. Recommendations

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

- that the Birmingham Public Health Strategy is currently in development; and
- that a public consultation on the Public Health Strategy (Green Paper) is proposed in Spring 2019.

3. Background

A Public Health Strategy for the City of Birmingham, 2019-2021 is in development. The purpose of the Strategy is to:

- Guide resource decisions,
- Raise awareness of Public Health and the City's Public Health priorities; and
- Identify specific actions and ownership for delivery of the Strategy across the health and social care system.

The Strategy will be informed by a public and partner consultation exercise; a Public Health Strategy Green Paper is in development with a view to opening the consultation in Spring 2019.

It is proposed that the overarching priority framework for the Strategy align with the life course approach adopted in the Birmingham and Solihull Sustainability and

Transformation Strategy (BSOL STP) and Birmingham City Council's top priorities. The priority framework for the draft Strategy therefore has the following headline priority areas:

1. Child health
2. Working age adults
3. Aging well
4. Healthy environment.

These priority areas are supported by the overarching commitment to:

- Address health inequalities; and to
- Maximise the public health gains from hosting the Commonwealth Games.

Within this framework a number of draft priorities have been selected for the basis of the Green Paper consultation (the latest draft, version 1.6, is attached to this report). These draft priorities have been selected as they are areas where:

- There is evidence of need in the JSNA (Joint Strategic Needs Assessment) i.e. because Birmingham is poorly performing in the PHOF (Public Health Outcomes Framework).
- There is significant evidence of poor health outcomes.
- Evidence based preventative interventions are available.

Prior to the launch of the consultation on the Public Health Strategy Green Paper, members of the Birmingham Public Health team will be meeting with the Council's Directorates; the Children's trust; the two Clinical Commissioning Groups (CCG's); and the two Sustainability and Transformation Partnerships (STPs) to ensure that suitable actions and targets are identified to allow progress against the proposed priorities.

The consultation on the Public Health Strategy Green Paper in Spring 2019 will seek views from the public, partners and relevant Overview and Scrutiny Committees on whether the proposed priorities are the right ones. The Public Health Strategy will be informed by the consultation findings; the final decision will be made via the Council's formal governance procedures.

Birmingham Public Health: Priorities on a Page

Addressing health inequalities because every child, citizen and place matters

Priority 1: Child health

- Reducing infant mortality
- Taking a whole systems approach to childhood obesity
- Supporting the mental and physical health of our most vulnerable children

Priority 2: Working age adults

- Supporting workplaces to improve their employee wellbeing offer
- Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity
- Supporting the mental and physical health of our most vulnerable adults

Priority 3: Ageing well

- Reducing social isolation
- Providing system wide information, advice and support to enable self-management
- Developing community assets
- Supporting the mental and physical health of our most vulnerable older people

Priority 4: Healthy environment

- Improving air quality
- Increasing the health gains of new developments and transport schemes
- Health protection assurance and response including screening, immunisation and communicable diseases

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Maximising the public health gains from hosting the Commonwealth Games

Our vision:

To improve and protect the health and wellbeing of Birmingham's population by reducing inequalities in health and enabling people to help themselves

Our values:

- Equity
- Prevention
- Evidence based practice

Our approach:

- Population based
- Proportionate universalism
- Intelligence led
- Strategic influence
- Communication
- Joint working
- Health in all policies

Substance Misuse : Birmingham's Adult Treatment Services

OSC 20th November 2020

2017 Drug Strategy

Four Key Pillars:

- Reducing demand
- Restricting Supply
- Building Recovery
- Global Action

CGL Contract

- Change Grow Live
- 5 year contract awarded 2015
- £15m contract value 2018/19
- Original Commissioning intentions:

Think Family

Single System

Recovery Outcomes

Recovery Outcomes

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

Contract Negotiation Process

- Potential for a 1+1 year contract extension - 2020
- Review process :
 - Trend analysis
 - Contract performance
 - Provider perspective
 - Stakeholder engagement
- 10% contract reduction required

Future Treatment Service Needs

- A Renewed Focus upon the Recovery agenda.
- Focus on Opiate, Alcohol and Novel Psychoactive Substance misuse.
- Mental Health and Substance Misuse
- Locality Model of Delivery
- Child Protection Focus
- Establishing a Drug Alert System
- Clarifying liabilities regards prescribing costs

Performance

- 6,000 service users currently engaged with CGL
- Peak demand of 800 requests / referrals for help a month
- Over 4,000 service users have achieved a successful recovery
- CGL consistently operate within top quartile for service effectiveness (performance) across the country with:
 - 45% of people with alcohol issues recovering.
 - National average 40%
 - 43% of those dependant on non-opiates recovering.
 - National average is 40% .
 - 6% of people with a heroin addiction recover.
 - National average is 6.7% .

Reductions in re offending

- Dedicated Prison Release Team
- Work continues to also engage those who need help and who attend court and probation settings.
- The average intensive support package for this cohort lasts between 4-6 weeks with ongoing help available through the wider service thereafter.

Housing & Homelessness

- Identifying safe and sustainable accommodation with housing partners
- Integrated Birmingham Street Intervention Team to tackle homelessness
- Good quality residential rehabilitation / detox settings, 'step-up' / shared accommodation, through to independent living housing tenancies.
- CGL work with wider family and friends networks

Parenting & effective child Safe guarding

- Parenting Needs Assessment tool helps safeguarding and includes other support agencies
- Buprenorphine prescribing to parents with children under 5 years old.
- 8% of CGL service users with parental responsibilities live with the challenges presented to them around poor mental health.

Employment

- During the contract CGL have supported over 1,200 service users to find and maintain a job.
- Public Health funded trial to test the effectiveness of providing enhanced employment support / coaching.
- Collaboration with the Economy Directorate's Employment Support Team and local DWP

Sexual health problems and blood borne virus's

- Integrated pathway to effectively test those at risk of conditions including: Hepatitis C, Hepatitis B and HIV.
- Risk factors include multiple vulnerability, including issues with physical and mental disability illness, long term drug injecting and being part of the sex work industry.
- Collaboration with QE hospital.

Domestic Abuse

- Dedicated women and families team
- Ensure cycles of abuse and substance dependencies are broken
- Lifestyles changed and enhanced as vulnerable women and their children return to independent living drug, alcohol and domestic abuse free.

Physical / Mental Health

- Incidences of Dual diagnosis for substance misuse dependency and a mental health condition are increasing.
- New risk tool, more open dialogue about mental health issues.
- Proposed co-location arrangements with BSMHFT
- Acute sector pathways

Issues

- Ageing Opiate population
- Novel Psychoactive Substances
- Alcohol
- Very wide scope of service :

Mental Health

Prison release

Employment

Criminal justice

Blood borne Virus

Domestic Abuse

Acute Sector

Child protection

Homeless

Impact ***magazine***

It's time to understand the reality



Birmingham

Drug and Alcohol Service

ISSUE 1 | 2018



PEOPLE

**in Birmingham have changed their lives
by overcoming drugs or alcohol.**

This is how they did it...

“

I grew up in Sutton Coldfield with my mom, dad, two brothers and four sisters.

My dad was an alcoholic.
*After drinking, he would **beat up my mom.***

*For my own safety, **I was taken away** from them and **put into the care system.***

*At three years old someone in the care system, someone trusted to protect me, **abused and molested me.***

*These are my earliest memories, it was the **start of my life and of my story...***

By 16, I'd managed to find a life working in the events business but lost my job when Birmingham's NEC first opened. I became jobless and broke. I had to find a way to make money and sex was all I'd known from my childhood to survive. I started to have sex with other men for money. It was either that or crime. It worked for me. I met a girl in a pub just about where Grand Central Station is now and I was married the same year as the Birmingham Miners' Strike, 1985. I was happy, but living on the streets was tough. I started stealing to make ends meet. In the end, the police caught me and I was given 15 months in prison. That's when I was first offered heroin.

“I had to find a way to make money and sex was all I'd known from my childhood to survive. I started to have sex with other men for money. It was either that or crime.”

Heroin wasn't something I'd usually take, but the prison had just introduced a new drug testing system. It was easy to get caught using cannabis, it would stay in your system for a month or so, but heroin would only be detected up to two days after you'd taken it. We didn't want to get caught, so we all switched to heroin.

“The real problem was deeper inside of me, everything that had happened in my life since I was born; abandonment, insecurity, abuse, betrayal.”

While I was in prison, my wife left me for someone else, someone close to me. It devastated me because I'd trusted her. I was alone, heroin became all that I had. I didn't have friends, just a lot of people who would hang around me because we used drugs together. Slowly I became dependent on heroin and crack.

I fell in love again after I was out of prison, I was happy. My partner had an amazing son and we had a baby girl on the way, when the biggest shock of my life came. My partner was arrested and sent to prison. To this day I don't understand it, I don't know what she was thinking. I was left responsible for her son and our baby, while heroin and crack still had a hold on me.

My dad's drinking almost destroyed my life. It was at this moment that I promised that drugs or alcohol wouldn't hurt the life of another child.

I had to find everything in myself to overcome heroin and crack. It sounds easy to “stop using”, but the reality

is that the drugs aren't the problem, they're just covering up what the real problem is. The real problem was deeper inside of me, everything that had happened in my life since I was born; abandonment, insecurity, abuse, betrayal. That's what I really had to beat. Only when you've understood and accepted all of that, that stuff that's deep in your gut, will you never need to use another drug or take another drink.

That's the kind of help that services like ours offer in Birmingham. I've been in and out of treatment centres and rehabs in Birmingham for decades. I wish that I could have come here the first time I used heroin. I wouldn't be a volunteer here if I didn't believe that every single one of the thousands of people that we help had the power within themselves to Change, Grow and Live.

“My proudest achievement has been giving my children a life I never had.”

My proudest achievement has been giving my children a life I never had. They have always had the best that I can provide for them; the fridge has always been full and their school uniforms always spotless. I'm so determined to make sure my children have a childhood

that I didn't. Because without them I wouldn't be alive today.

Sometimes it's easy, and even tempting, to assume that people just choose to become dependent on drugs or alcohol. The reality is never that simple; there's almost always something else, something that's happened to lead people down a particular path in life.



If you or anyone you know is struggling with drugs or alcohol, speak to us.

(Details of this story have been changed to protect the amazing person who shared it).



Hi, I'm Sian.

I work for a charity called Change Grow Live. We help people that are experiencing difficulties with drugs or alcohol in Birmingham. Thanks for picking up this magazine. By the time you've put it down I hope you will have taken something from the words on these pages. Maybe they'll inspire you and maybe they'll upset you. Most of all, I hope you remember them.

When I write this kind of thing, I always wonder if you (yes you reading this!), know who we are. I wonder if there is someone in your life that we've helped, maybe there is and you don't even know. Maybe we've helped you.

In the last three years, four thousand people in Birmingham have overcome their issues with drugs and alcohol. That's four thousand people whose lives have changed for the better; they are brothers, sisters, friends, colleagues, parents and children. They are you, me and the people around us. I can tell you, categorically, that drugs and alcohol can destroy lives. But I don't know if a sentence exists to describe the difference that four thousand healthy and happy souls can make to a city. But I do know it's huge.

In the next few pages you'll read some stories that I hope you think are as amazing as I do. But before you move on, do me a favour. We don't run adverts, you haven't seen us on TV and we're never going to turn up at your door with a clipboard. Our charity is built on the power of individuals to connect and become stronger together. So we want to connect with you (Yes, again! You reading this!).

Follow us on Facebook or Twitter (details below), leave us a message, let us know what you think of this magazine. Is there a particular story that inspired you? Reach out to us, maybe we can work together. Or just share a post and like our page, you never know whose life you could change with a few taps of a phone. We'd be thrilled to have you visit our services and learn more about us.

Most importantly, if you or anyone you know is struggling with drugs or alcohol, speak to us.

Our incredible team and our unrivalled volunteers are busy working away, every day, to help change lives in Birmingham. Let's change them together.

@ChangeGrowLive

Facebook.com/ChangeGrowLive

HELPING THE HOMELESS

Hi, my name's Simon. I help homeless people in Birmingham. I've had the privilege of developing relationships with some of the incredibly inspiring homeless people on Birmingham's streets; I know their stories, their situations and the circumstances that led to them becoming homeless. It's my job to do everything in my power to help some of these incredible people make positive changes in their lives.

The average passer-by doesn't seem to see much of a change in the rough sleeping situation, they see faces and bedding on the same streets in the city centre; for me it's completely different. Daily, I see people changing, growing and taking another step closer to making a positive change in their lives. It's simply the nature of the current situation; homelessness is increasing across the country. As soon we help someone move from street-sleeping and into accommodation, someone else, often a victim of similar circumstances, quickly takes their place.

We're part of Birmingham's Street Intervention Team, we are specialists in substance misuse. Our job is to motivate and help homeless people understand and change their relationship with drugs or alcohol. This is often the first step in them finding accommodation, finding employment or being reunited with their families. We also help those who might have an issue that could cause them to become homeless, such as a relationship breakdown or discharge from hospital.

We've helped around 100 people make the changes needed to regain their hopes, dreams and lives. But we're always working with people who are just struggling to find their feet.

Each person we work with is unique, so our approach has to change each time. We can do this because of the Street Intervention Team's incredible partners, which include; Birmingham City Council, West Midlands Police; Midland Heart Housing; St Basil's service - for under-25s; the Homeless Health Exchange (HEX) and the Birmingham BID Enforcement Team; Shelter – Changing Futures; The Salvation Army and other hostels in the City.

We've helped around 100 people make the changes needed to regain their hopes, dreams and lives. But we're

always working with people who are just struggling to find their feet. Our work doesn't end when we've found someone accommodation; it's just not that easy. Ongoing support is what makes people achieve a true long term change in their lives, So we go to hospital visits, hostel visits, get people new clothes, dental care and housing support. I've even helped one client get a new wheelchair.

Homelessness is often discussed by professionals and politicians. You probably read about it in the news and hear about it on the radio. The reality is often a bit more complicated, so why don't

you come and take a look what's really happening? Be warned, we start early (6am!) but you're more than welcome to come out with the team and see our work first hand.

I'm proud and privileged to work with our rough sleepers and I'd welcome the opportunity to share this with you.



This story was written by Simon

Simon is an outreach worker for Change Grow Live Birmingham, operating as part of Birmingham's Street Intervention team. Simon can be found at 6am most mornings out in the city centre, providing help and support to Birmingham's rough sleepers.

BIRMINGHAM LEADING THE WAY IN ERADICATING HEP C

Hepatitis C can also be called the ‘silent killer’; it’s often unnoticed at first, with only mild or no symptoms at all, but the virus can go on to result in liver cancer and death. Roughly 90% of chronic Hepatitis C infections in the UK are among people who inject or have previously injected drugs. But there’s been a breakthrough, Hep C can now be cured with almost no side effects. All it takes is a few tablets each day for 8 to 12 weeks.

So we’re trying to lead the way in eradicating Hep C in Birmingham.

A drug and alcohol service is often the first and only point of care for people affected by both substance misuse and a blood borne virus like Hep C. Between June and August 2018 we tested over 200 individuals for Hepatitis C, Hepatitis B and HIV as well as other blood borne viruses.

The most exciting part is the Hepatitis C clinic that we run in Birmingham with the Hepatitis C Trust and Queen Elizabeth Hospital. We have a clinic based in our drug and alcohol service. This means people that are coming into our buildings to get help for their drug or alcohol misuse. Can also get Hep C treatment. No need for onward referrals and travel to specialist clinics or departments elsewhere in the city.

Hep C doesn’t discriminate and neither do we, equality and diversity are so important. In the last 12 months we’ve tested people of 18 different nationalities. Nearly 250 of the people we tested had a physical or mental disability. We try to focus our efforts on injecting drug users; sex workers and men who have sex with other men; we know they are more likely to contract Hep C.

To date, 90 people in Birmingham have successfully completed their Hep C treatment. That’s potentially 90 lives saved!

Check out what the incredibly passionate Dr Ahmen Elsharkawy, who’s a Consultant Transplant Hepatologist at Birmingham’s Queen Elizabeth Hospital, has to say:

“As we move towards the stated ambition of NHS England to eliminate HCV by the year 2025, it is absolutely critical to focus our attention on the services accessed by those individuals who inject drugs. It is no longer acceptable to expect such vulnerable people to attend appointments in secondary care NHS trusts and every effort should be made to co-locate HCV services in places where such individuals are seen for their other needs, be it social, probationary or health related. The Change Grow Live clinic follows this ethos and has seen us treat approaching 100 people who inject drugs, individuals who we were never able to treat successfully in the past.”



Dr Ahmen Elsharkawy

Consultant Transplant Hepatologist at Birmingham’s Queen Elizabeth Hospital



The road to recovery for Women & Families

For anyone that is dependent on drugs or alcohol, the road to recovery is daunting and littered with temptations and hurdles. For women, it's more complicated, there are greater risks. It could be a fear of having children removed or the coercive control of a partner. These risks mean women are more likely to die from an overdose than men.

Some of the women we work with are pregnant and some are already mothers. The majority are in an abusive or controlling relationship. Put bluntly, a lot of the women we are helping have turned to drugs or alcohol because it helps them escape a world where they're physically and emotionally abused or forced into situations they don't want to be in by others. It's hard to imagine the circumstances unless you've seen them first hand.

So, it's essential that we help women dependent on drugs or alcohol to make positive and long term changes in their lives.

Right now we're helping 70 vulnerable women. From the thousands of people we help across Birmingham, these 70 women are the few that we know will need the most support. Between them, the staff in our team have 100 years of experience in working with vulnerable women, and we bring all this expertise to bear each day to help women understand and challenge their behaviours, changing their lives for the better.

Between February and October, 13 women have walked out of our centre completely free from dependency on drugs or alcohol.



This story was written by Marcia

Marcia is the Team Manager for the Change Grow Live Birmingham Women and Families team. Marcia is driven by her passion to relieve the multiple disadvantages that women can face in their lives.

ZERO TOLERANCE



to domestic abuse
in Birmingham

I remember exactly how I felt at the launch of Birmingham's Domestic Abuse Strategy, as the Leader of the Council stood up and "called time" on Domestic Abuse in Birmingham. It's a moment I'll never forget.

Every day I see women who have turned to alcohol or drugs as a way to escape domestic abuse. I work with women that have been forced to use drugs or alcohol by their abusers.

I remember exactly how I felt at the launch of Birmingham's Domestic Abuse Strategy, as the Leader of the Council stood up and "called time" on Domestic Abuse in Birmingham. It's a moment I'll never forget.

I'm proud to support the launch of Birmingham's Domestic Abuse strategy this year. As safeguarding lead for drug

and alcohol services in Birmingham, I'll be sitting on the Violence against Women and Children Steering Group.

Every day I see women who have turned to alcohol or drugs as a way to escape domestic abuse. I work with women that have been forced to use drugs or alcohol by their abusers.

We know that women experiencing domestic abuse are more than twice as likely to have an alcohol problem and eight times more likely to be drug dependent than others. For much of my life I have fought to put an end to the suffering and pain that domestic abuse has wreaked in Birmingham.

Side by side with Birmingham City Council and our other incredible partners across the City, we're calling time on Domestic Abuse in Birmingham too.



This statement was written by Kerry

Kerry, safeguarding lead for Change Grow Live Birmingham, can be found next to a black coffee at 7.30am each morning. Planning training, assessing risks and speaking with our safeguarding partners across the city. Kerry is relentlessly determined to keep adults and children safe from harm, in Birmingham.



Drug or alcohol misuse can impact on anyone. Our veterans, especially those that suffer with PTSD, need and deserve a special level of support for drug or alcohol misuse. We work in partnership with the Armed Forces Covenant and make sure we're doing everything we can to serve those who have served us.

The first thing that's offered to any of our veterans is a pin badge. It might not sound like much, but this symbol represents pride and a feeling of belonging once again to the armed forces. The pin badge lets people know they are not alone and gives them special access to other veteran services for the future. The badge is a symbol. When a veteran has their badge and they see a member of our team wearing theirs, there's a special connection there, an understanding between us. Sometimes that's all it takes to give people the confidence they need to make the first small steps towards recovery.

What even is Service User Involvement?

We talk about 'Service User Involvement' like you know exactly what it means. Well it's pretty simple. We call the people that use our services "service users" (obviously).

Other than being amazing people, what's really unique is these guys know exactly what it's like to use our service; I don't know first hand what it's like and neither do most of my colleagues. Our service users experience of using our service is one of the most important resources we have. So we invite some of our service users back to become service user representatives.

Imagine being the CEO of an organisation that helped 4,000 customers a day, would you know exactly how it feels to be one of those customers? Our Service User Representatives help us find parts of our service that need to be improved or changed for the benefit of others. Birmingham is a big city, so we need Service User Involvement to play an important role, making sure we're always doing the right thing by the people that we're here to help. Here's a great example of how we do this:

I spotted something strange about some prescribed drugs called Pregabalin and Gabapentin. I'd heard they were causing our service users problems and saw people coming to us in desperate need of support. I started to ask around, spoke to staff and after doing some research, I didn't think we were doing enough for people in Birmingham that were using Pregabalin or Gabapentin.

I checked it out online and explored our internal policies and procedures. I found out that the medications were originally developed to treat epilepsy and are commonly being used to treat pain and anxiety. I found that it was possible to become physically dependent on Pregabalin and Gabapentin. They also carry an overdose risk and deaths are going up each year.

I was concerned. It was obvious that these medications posed a serious risk to our

service users. I was even more concerned when I found no evidence of a Change Grow Live policy regarding Pregabalin and Gabapentin use!

So I shared all of this with my colleagues. We decided to conduct a survey on Pregabalin and Gabapentin use to try and figure out how widespread it was. Within a few days, we'd found 42 people using Pregabalin or Gabapentin.

Now I knew I needed to act, so I created a report on my findings and made some recommendations to Change Grow Live. These included training, a fresh policy and a communication to GPs across the city. I shared my report with other Service User representative teams in Walsall, Dudley and Nottinghamshire. Collectively, we agreed that this issue had to be addressed.



This story was written by James

James Robbins is a former service user representative who is now employed as a Recovery Motivator for Change Grow Live Birmingham. James is passionate about working with our service users, understanding their experiences and collecting evidence to shape the future of Birmingham's drug and alcohol services.



"Thanks to the expertise and passion of James and his colleagues in Birmingham, we know we need to do more to help people using Pregabalin and Gabapentin. We've created a working group, led by our service user representatives, to turn James's report and recommendations into a reality. In addition, we'll be conducting a study exploring possible clinical responses and interventions to address Pregabalin and Gabapentin problematic use and dependence. The work that James and his fellow Service User Representatives have done in Birmingham is incredible; this could go on to help thousands of people that use our services across the UK each day."

Dr Prun Bijral

Medical Director and Responsible Officer

The numbers that matter

We currently work with 6,000 adults in Birmingham, providing help ranging from substance misuse, housing, employment to general health and wellbeing. Since March 2015, we have helped over 4,000 people overcome their issues with drugs or alcohol. This is the point that we tell you about our “impact”.

By telling you that we’ve helped 4,000 people in Birmingham get well from drugs or alcohol, we don’t want you to forget that each and every single one of those people had a unique story, and accomplished something incredible themselves. So don’t think too much just about the numbers, but think about the people, friends and families they represent.

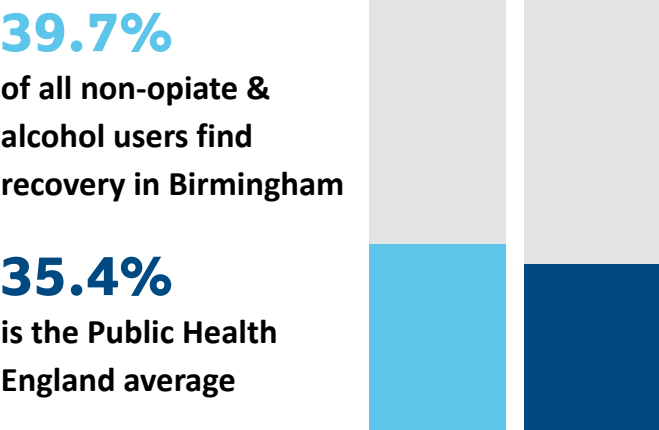
Alcohol



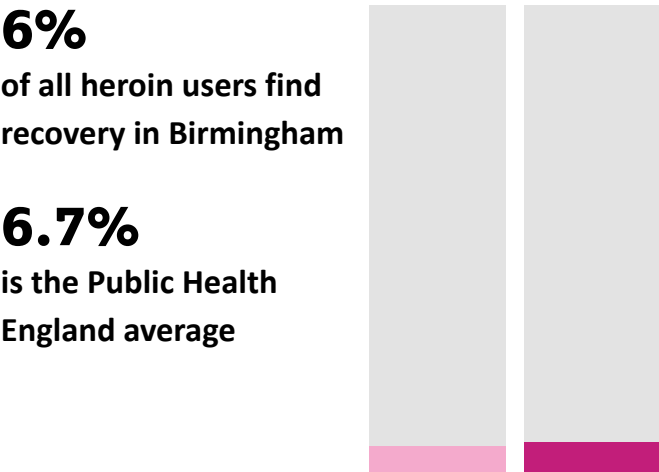
Non-opiates (ie cocaine)



Non-opiate & alcohol



Opiates (ie heroin)



But drugs and alcohol also impact other areas of someone’s life.

We have supported 1,233 people to find or maintain employment, helping them on their way back into society.

3,958 people that have left our service substance free also had no housing issue or had their housing issue resolved while working with us.

Since March 2015, 2,934 clients have received training to deliver naloxone. 2,747 naloxone kits have been presented to service users, preventing drug-related death and overdose.

In one year, naloxone training was given to 1,007 people and 943 naloxone kits were issued. During the same period we’ve recorded 30 instances where naloxone has been used to reverse an overdose situation, 12 of these instances were self-administered. That’s potentially 30 lives saved!

In this financial year, naloxone training has been given to 627 people and 575 kits have been issued.

A staggering 53% of our service users had their friends/families supported throughout their recovery journey, bringing parents, children and families back together and assisting the clients to sustain their recovery.

An average of 86% people referred through court orders successfully overcame their substance misuse difficulties with us for 2018 YTD, reducing both substance misuse related harm and reducing crime in our communities.

The *future* and what we *need to do better*

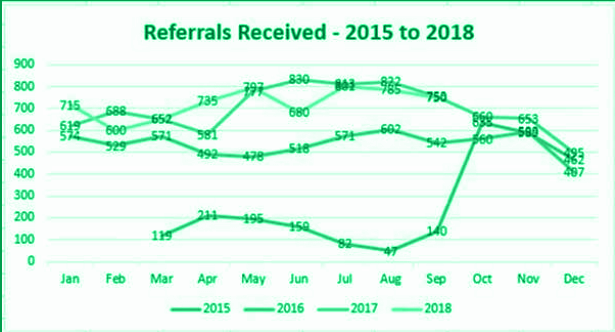
I told you those stories were amazing! It's important to recognise that we do very serious work. We've accomplished a lot, but we can always improve and can always do better. A great service isn't one that provides a perfect experience all of the time, that's just not the reality. A great service is one that learns from its mistakes, harnessing the brilliance of its staff and service users to improve a little each day.



There are four areas that we'll focus on for the future. These are:

1 - Demand

We've received over 6,500 referrals from January 2018 to September 2018. In some months, such as July, we received 800 referrals. This volume is consistent with the previous year. In a nutshell, our services are in massive demand.



From January 2018 to September 2018 the service processed over 50,000 phone calls (average 1,280 per week). The average footfall at our City Centre base (Scala House) reaches around 100 people per day seeking help and support with their addiction and associated lifestyle issues.



2 - New Psychoactive Substances (NPS)

NPS use is becoming ever visible, harming to people's health in communities across the country. You only have to step off the train at New Street Station at the start of your working day to see the devastating effects they can have.

This is an issue we have to tackle with many partners and organisations. We need to reduce supply, demand and use. We have developed a treatment programme specifically for NPS, based on the best international



evidence of what works in promoting recovery, including inpatient detoxification options. We are also looking at learning from other areas in the country where similar issues are being faced to gather evidence of 'what works' for this typically hard to engage client group.

We have an important and reliable pathway in place with Sandwell and West Birmingham Hospital toxicology department, due to the risks involved and complexity of the detoxification from NPS ie Renal damage, seizures, cardiac arrest, delirium and hallucinations.



3 - Homelessness

There is a perception of the City experiencing growing levels of people who are homeless, sleeping rough and begging on the streets of Birmingham. Whether a perception or reality, as providers we have a responsibility to respond, engage and support people to regain control over their lives.

We have established a specialist homeless team, which works alongside other agencies to provide a multi-disciplinary response to the issues this client group are facing.

This team's sole aim is to take services to our service users in one appointment, at their time of need. The team is able to address a multitude of issues in one single assessment, completing onward referrals and treatment.

The most exciting development is that we now have a fully mobile clinical team. The team breaks down the barriers that the homeless people face when entering treatment, by taking the treatment to the person on the street, doorway or hostel. Working in partnership with other agencies we have a mobile dedicated prescriber working alongside the team to take the most critical element of treatment by way of opiate substitute medication and pharmacological interventions in a unique and exciting way.

As you read earlier in this report, the team have successfully housed 108 clients this year to date and are actively working with over 250 homeless people across the city.



4 – Reducing budgets versus Reducing barriers

All services are facing a period of financial challenge and we are no exception. Our role as lead provider is to therefore look at opportunities where we can work more creatively and continue to make every penny count for the people we help.

An example being the collaborative work currently underway with the Birmingham and Solihull Mental Health Trust and SIFA Fireside. We are exploring opportunities where we could co-locate staff members where there is a shared interest in the client. This will break down barriers and support people at the same place at the same time as other services. Co-location will also reduce costs and strengthen the help we can provide for everyone.

“

We're delighted to be strengthening our partnership working with CGL to enhance our ability deliver a premium service to some of the most vulnerable people in Birmingham. Working more closely together will enable us to provide immediate access to a range of essential services for clients that improve their to capacity long term recovery. Our collaborative approach will reduce the risk of clients falling through the gaps as they try to navigate through services and enable them to receive a more personal and holistic package of support.”

Carly Jones
Chief Executive, SIFA Fireside

We currently have a co-located Hepatitis C and HIV clinic. The service is open to any Birmingham resident who requires treatment, not only those engaged with services. You can come in, get support, get tested and get treated! Colleagues from the Queen Elizabeth and Heartlands hospital work from our building weekly, tackling these potentially life-threatening conditions.

To remain effective it's imperative we listen to our service users' voice. Clients and staff alike tell me they need for 'a place to connect and call home'. We will be enhancing the help we already deliver at the local level through four new service hubs.



Sian Warmer

This section was written by Sian Warmer, Head of Services for Change Grow Live in Birmingham. As soon as she's finished the school run, Sian strides into the office each morning committed to providing the very best service for our staff and the people who use our services in Birmingham.



Birmingham

More about our service

Substance misuse services in Birmingham are the largest in Europe. Before 2015, there were lots of different organisations and charities providing drug and alcohol services. But the people that used them thought that was too complicated and inconsistent.

So Birmingham City Council commissioned a city-wide drug and alcohol treatment service for all adults in Birmingham, led by one charity, that's us: Change Grow Live.

As you'd expect, for the biggest substance misuse service in Europe, there's a lot going on. Our services include:

- Help for adults with drug or alcohol issues in Birmingham
- A team dedicated to helping people who are homeless
- Help tailored for BME communities
- Peer support
- Help for the families of those impacted by substance misuse
- Employment support for those coming from the criminal justice system.
- Help and advice in finding employment
- A team that helps vulnerable women and families
- Experts working within Birmingham's hospitals, providing on the spot help for patients.
- And much, much more!

Of the thousands of people we help, there is no one 'standard' journey through our services; each of our service users is unique and our service has to provide unique help.

This service
is part of
the charity:



Speak to us

Want to know more about anything you've read?
Get in touch, we'd love to hear from you.

Birmingham.info@cgl.org.uk

0121 227 5890

You are welcome to visit our Birmingham drug and alcohol services to see first hand how they help people Change, Grow and Live.

Change Grow Live (CGL) Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR. Registered Charity Number in England and Wales (1079327) and in Scotland (SC039861). Company Registration Number 3861209 (England and Wales).

	Item 7 Agenda Item: 6
Report to:	Birmingham Health & Wellbeing Board
Date:	27 November 2018
TITLE:	<u>BIRMINGHAM SAFEGUARDING ADULT STRATEGY 2 YEAR PLAN</u> which will cover: <ul style="list-style-type: none"> • Verbal update on Vulnerable Adults • Overview on BSAB Annual Report
Organisation	Birmingham Safeguarding Adults Board
Presenting Officer	Cherry Dale, Independent Chair

Report Type:	Strategy Update
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1. Purpose:
To update the Board on year 2 strategy

2. Implications:		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	x
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning	

	disability	
	Improve the wellbeing of those with multiple complex needs	x
	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		x
Early Intervention		x
Prevention		x

3. Recommendations

To note the updated year 2 strategy

To seek the Board's support with its priorities

To seek the Board's support for a joint position statement on supporting vulnerable people within Birmingham – with the ambition to prevent exploitation, neglect and abuse

To note the BSAB Annual Report 2017-18

4. Background

This is year 2 of a 2-year BSAB strategy.

This strategy and The Annual Report are two of 3 statutory requirements for all Safeguarding Adults Boards, placed on them by the Care Act 2014.

5. Future development
The BSAB strategy for 2019-21 will be developed with partner organisations over the next 5 months.

6. Compliance Issues
6.1 Strategy Implications
6.2 Governance & Delivery
6.3 Management Responsibility

6. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#

Appendices
1. BSAB Strategic Plan 2018-19 2. BSAB Action Plan Year 2 2017-2019

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	



Birmingham Safeguarding Adults Board

Strategic Plan 2018/2019



About our Strategic Plan

Ambition

As a first and overriding ambition, BSAB is committed to listening to the voice of the citizens of Birmingham.

We will ensure that, wherever possible, safeguarding responsibilities across the city are delivered in a way that empowers the community and its individual citizens, that supports defensible decision making and risk enablement.

A city free from harm and neglect, of our most vulnerable citizens will always be an ultimate aim and the Birmingham Safeguarding Board is working hard with all of our Partners towards this goal. In 2018-19 we will **focus our energy on empowering our communities and citizens.**

Our focus is on developing effective **preventative and early intervention strategies** that minimize the risk of abuse and neglect occurring, by working to establish **safer communities for people with care and support needs.** To enable this, we will also support the work of the West Midlands Combined Authority on region wide awareness of the impact of early traumatic experiences.

This will include areas such as unregulated housing, transition from children to adults' services, domestic abuse and the impact of social isolation.

The Care Act 2014 set out a new legal framework for the delivery of care and support services in England and a new way of working for Adults Safeguarding Boards that we have welcomed and used to our best advantage over the last 3 years to create an **innovative, dynamic and collaborative adult safeguarding culture.** We have reduced bureaucracy and empowered many organisations to make safeguarding personal and everybody's business and are keen to remove the fear of safeguarding only being a specialism.

The Act also established the “**wellbeing principle**”, making promoting wellbeing the core purpose of local authorities' exercise of their care and support functions. Wellbeing relates to a range of factors including social wellbeing, contribution to society (self-worth/value) and personal and family relationships. Given what we know about the functioning of the human mind and emotional needs, there are clear links between loneliness and poor wellbeing. We also know through national and international research that there are emerging links between social isolation and the propensity for abuse and neglect, therefore it is also deemed to be the responsibility of Safeguarding Adults Boards.

Achieving through Partnerships

As you know our Board is committed to ensuring there is a far broader partnership of agencies engaged in championing safeguarding principles and ways of working across the city. We want this to include full engagement with third sector, carer and user groups. We are committed to being inclusive recognising the vital contribution non-statutory bodies have to offer in delivering effective safeguarding in Birmingham. This last 12 months have seen our **Partner organisations grow to record numbers and record levels of involvement** in delivering on our priorities.

It is our ambition in 2018-19 to reach even further and encourage organisations of all sizes and shapes to work with us **to roll out our social movement.** We feel we are **stronger together and** have a much greater opportunity to create real change if we **work in partnership.**

Safer Communities is a priority for BSAB. A wide ranging partnership has been developed around vulnerable adults who use the Private Rented Sector in the city. Over 2017 a number of works streams were developed to respond to immediate concerns about safety and wellbeing and to consider how best the experience of citizens who access this type of accommodation and professional who support them can be used most effectively to shape supported accommodation quality and referral systems in the years ahead.

Over this year, we have achieved a number of successful multi-agency responses to providers in the city who were considered not to be meeting the physical and support requirements for vulnerable adults in their properties. The approach led by West Midlands Fire Service, Birmingham City Council Social Work and Commissioning teams allowed for a holistic set of visits that engaged and supported landlords as well as checking on any safeguarding issues that may have arisen.

Going forward into 2018-2019, partners working with the support of BSAB are developing a forum to share intelligence about good practise and poor or risky provision with both voluntary support organisation and our statutory colleagues such as the Probation Service, the Mental Health Trust and Commissioning.

We also support and encourage a number of our partners who have already joined forces to create solutions or place joint funding bids for specific projects that would never have worked together if they hadn't realised their joint ambitions through the Safeguarding Partnership meetings.

We have developed **an innovation fund** to encourage more partner organisations to come forward to support us in achieving our priorities and ambitions. **You will see more of this in 2018-19.**

We will also introduce our **Peer to Peer audits in 2018-19** that will add great value to our plans for changing of the shape of our assurance processes.

We will **continue to rise to the challenge of leading the culture change in Birmingham** and to make sure that **our collective vision, values and culture translate into our frontline practice**. I would urge you to complete a Memorandum of Understanding and join the work of the Safeguarding Board.

Safeguarding Adults Reviews

A Safeguarding Adults Review or SAR may be held when an adult with care and support needs dies or has experienced serious abuse or neglect and there is concern that partner agencies could have worked together more effectively to support and protect the person who suffered harm.

These reviews are to identify whether any lessons can be learned about the way organisations worked together and to consider how the learning can be used to improve practice in the future.

A SAR is not an enquiry into the cause of an individual death or injury. It does not look for someone to blame and it is completely separate from any investigation being undertaken by the police or a coroner. The SAR concentrates instead on whether professionals can learn anything from what happened.

Any individual (including members of the public) may put forward a case for consideration for a Safeguarding Adults Review.

A staff member in a partner agency who believes a SAR is warranted should discuss their concerns in relation to the case in question within their organisation before submitting the request.

Requests for Safeguarding Adults Reviews are made to the Safeguarding Adults Board. Requests are considered by the SAR group; who meet to consider whether the SAR threshold is met. Requests are considered on a case-by-case basis. After consideration, the recommendation from the group will be passed to the Independent Chair of The Safeguarding Board and will either be (a) dealt with as a SAR, or (b) the criteria is not met and the issues may be addressed through other routes.

Priorities for the SAR group for 2018-2019 will be:

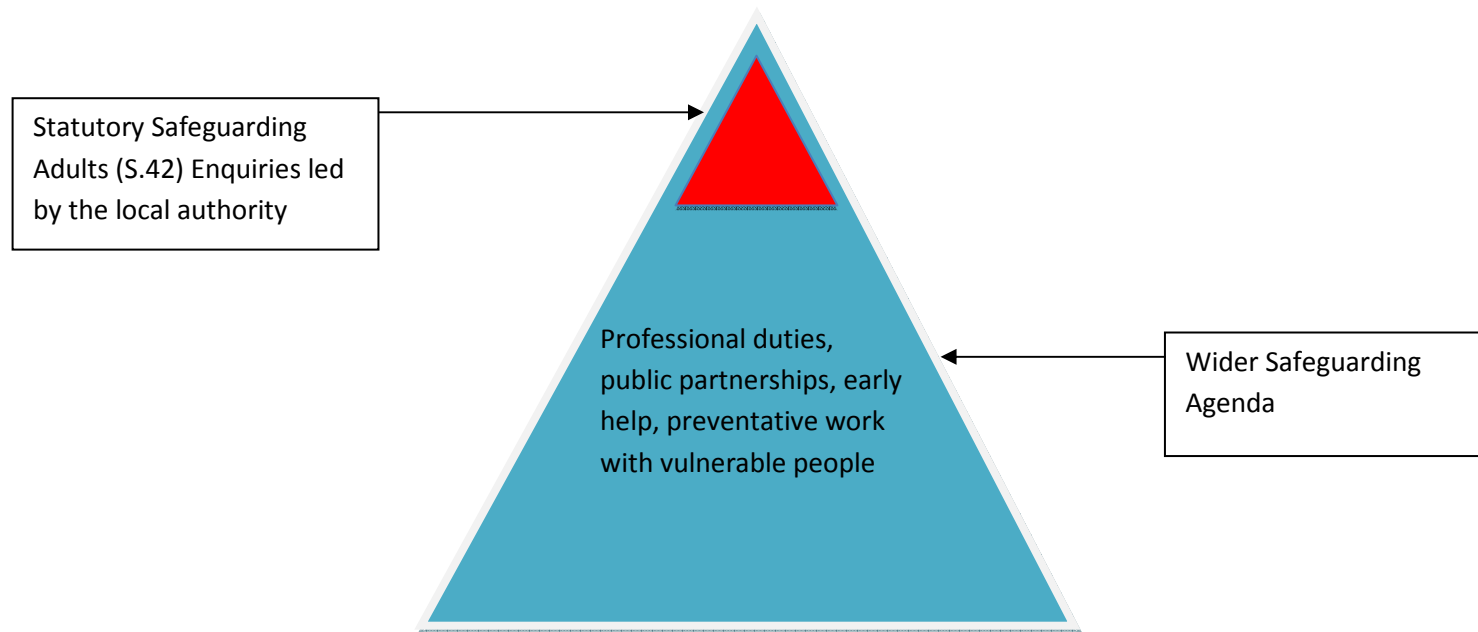
- **Reviewing and implementing the Terms of Reference including the expansion of the membership to include Housing and Drug, Domestic Abuse and Drug & Alcohol Misuse Services.**
- **Focusing on the dissemination of learning from local SAR referrals and from regional and national SAR themes for improving practise.**

Our Safeguarding Principles

Safeguarding duties apply to any adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

‘Care and Support’ means the mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. It can include an assessment of a person’s needs, the provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, personal assistants, day services, or the provision of aids and adaptations.



Making Safeguarding Personal (MSP)

Making Safeguarding Personal is the model and framework we use when working with the citizens of Birmingham.

Making Safeguarding Personal is a shift in culture and practise in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is having conversations with people about how we might respond in safeguarding situations in a way that **enhances involvement, choice and control as well as improving quality of life, wellbeing and safety**. It is about seeing people as **experts in their own lives and working alongside them**. It is about collecting information about the extent to which this shift has a positive impact on people's lives. It is a shift from a process supported by conversations to a series of conversations supported by a process. (LGA Making Safeguarding Personal Guide 2014)

As partners we work in a variety of settings, with adults of all ages, whose situations are all very different. We therefore deliver our safeguarding responsibilities in a range of different ways. In 2017 partners from a wide range of provision came together to produce **'Making Safeguarding Personal' – What good person-centred adult safeguarding practice looks like in Birmingham**. The booklet outlines what we as partners consider being the best basic practise standards for MSP. **This is what we have agreed we will measure ourselves against and will form part of the partner Assurance Statements from 2017-2018 onwards.**

The standards are 'We' statements under the following themes:

- **Hearing the Person**
- **Respecting the Persons Choice's**
- **Understanding the Person**
- **Being honest with the Person**

Risk Enablement - *Balancing wellbeing and Risk: What Adult Safeguarding is all about*

BSAB believes that at the heart of adult safeguarding lies a tension between the duty to protect an adult from the risk of harm with the duty to support them to maintain as much control and choice over their life as possible.

All practitioners involved in safeguarding an adult at risk have a duty to understand this tension and to work with the adult (and others involved with them) to ensure that an appropriate balance is struck between managing risk and protection from harm with promoting their autonomy and wellbeing in any action they take. We call this Risk Enablement.

Its Practice Guidance developed with partners over 2017-2018, aims to support practitioners to achieve the balance between protection and autonomy that is right for the adult in each case.

BSAB calls on all its partner organisations to support their front line staff in adopting the principles of its risk enablement guidance as part of meeting their adult safeguarding duties. Partners should ensure the values and culture of their organisations explicitly supports front line staff in working in this way.



Mental Capacity Act

Making Safeguarding Personal and applying the Risk Enablement Approach cannot be done properly without applying the principles of the Mental Capacity Act. The Mental Capacity Act 2005 is:

“...legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves....

...is intended to assist and support people who may lack capacity and to discourage anyone who is involved.... from being overly restrictive or controlling.”

“... aims to balance an individual’s right to make decisions for themselves with their right to be protected from harm if they lack capacity to make decisions to protect themselves”

Justice Mumby – Court of Protection (2007)

“The fact is that all life involves risk, and the young, the elderly and the vulnerable, are exposed to additional risks and to risks they are less well equipped than others to cope with. But just as wise parents resist the temptation to keep their children metaphorically wrapped up in cotton wool, so too we must avoid the temptation always to put the physical health and safety of the elderly and the vulnerable before everything else. Often it will be appropriate to do so, but not always. Physical health and safety can sometimes be bought at too high a price in happiness and emotional welfare. The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person’s happiness. What good is it making someone safer if it merely makes them miserable?”

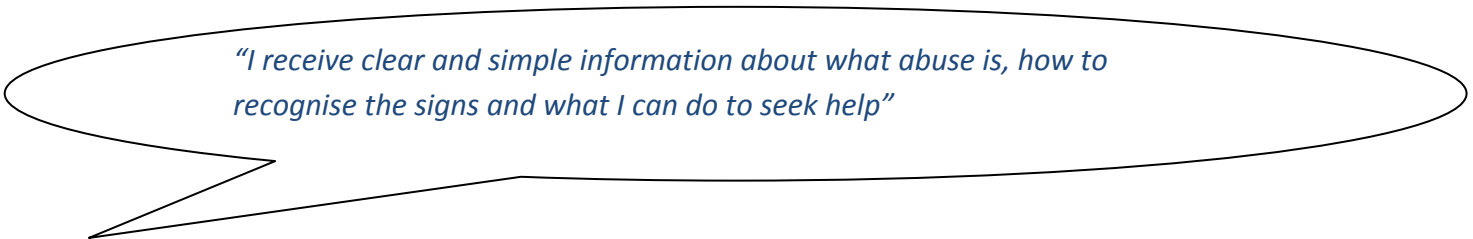
BSAB fully embraces the **6 adult safeguarding principles** that should guide and inform the approach to delivery of safeguarding responsibilities by all partner agencies across the city. These principles are:

EMPOWERMENT – People being supported and encouraged to make their own decisions and informed consent.



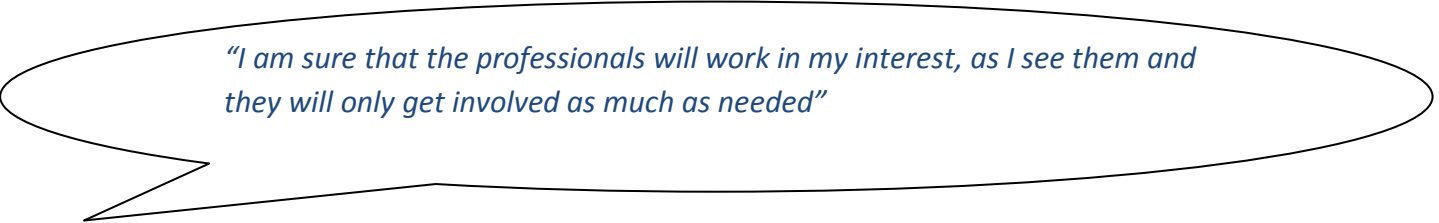
"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens"

PREVENTION – It is better to take action before harm occurs.



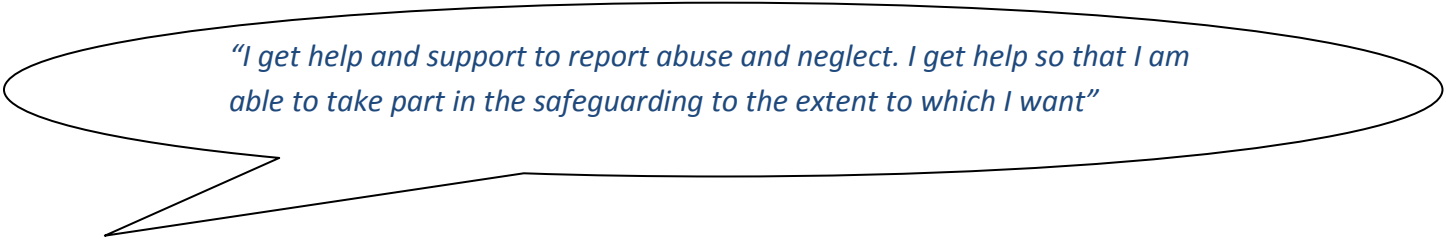
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help"

PROPORTIONALITY – The least intrusive response appropriate to the risk presented.



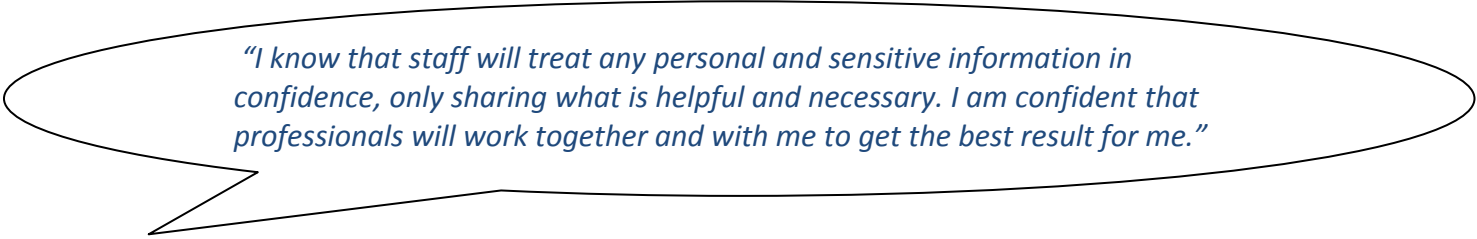
"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed"

PROTECTION – Support and representation for those in greatest need.



"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding to the extent to which I want"

PARTNERSHIP – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.



"I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

ACCOUNTABILITY – Accountability and transparency in delivering safeguarding.



"I understand the role of everyone involved in my life and so do they"

The Board's Role in Learning and Development

Birmingham Safeguarding Adults Board recognises that safeguarding responsibilities in the city have to be delivered flexibly, in a wide range of ways and by a very wide range of partners. Safeguarding is genuinely everybody's business, and as part of the fundamental culture shift we are seeking to deliver in Birmingham, our approach is collaborative rather than prescriptive. We are very aware that as far as improving outcomes for citizens, one size does not fit all.

Our approach to 'training' reflects this position. We do not think it is either feasible or desirable that a standardized approach to training, or the adoption of set training packages, should be expected or required of the different organisations making up our partnership. Partners are individually and separately responsible for assessing the learning and development needs of their own staff or volunteers and we recognise and respect that this is likely to look different from organisation to organisation.

Each organisation must make its own judgement, based on their own particular circumstances, role and function, as to whether they feel their own staff/volunteers are skilled and competent in what they are expected to deliver in terms of their safeguarding responsibilities. In some, but not all, cases this may be informed by the requirements of commissioner and regulator, however as a board we do not set standards in this area: what you might reasonably expect of a large statutory provider is, for example, not necessarily what you would expect of a small community group or similar.

The role of BSAB is to seek assurance that the system as a whole works, rather than focusing on the arrangements within individual partners. We do however expect that the approach to learning and development within all partner organisations should reinforce the basic cultural shift we are trying to deliver together in Birmingham:

- A commitment to risk enablement
- A culture of defensible decision-making
- A focus on prevention and early intervention
- A commitment to working in partnership/collaboration to improve outcomes for citizens
- A move away from the historic reliance on simply referring everything to the local authority
- A commitment to 'Make Safeguarding Personal'

The board does clearly have a role in trying to support and promote a learning culture within the city and within the partnership. However we are not a training provider and we are very clear that we do not want to encourage a culture that simply promotes 'training for the sake of training', but rather a culture that is always demonstrably focused on the aim of improving outcomes for citizens in practice. As a board, we are therefore committed to finding creative ways to:

- Promote and support reflective practice within partner organisations
- Promote and support the value of good supervision arrangements
- Promote and support case based learning forums for practitioners
- Share and collate examples of best practice
- Share the knowledge coming out of SARS or other serious incidents
- Encourage partners to share their own training and learning resources across the partnership
- Capture citizen voice and citizen perspectives to inform partner approach to staff learning and development
- Where appropriate, produce simple jargon free and accessible guidance on key themes or issues
- Consider national trends and developments whilst maintaining a clear focus on Birmingham's unique challenges

All of the above will be informed by the voice of our citizens and our partners as to where they think our key challenges as a city lie. We encourage all partner organisations to use their voice at partnership meetings to support and be part of what we are trying to achieve. We will also seek to work with other boards or agencies where there are cross cutting themes or areas of joint interest in learning and development, as part of a 'whole city' approach

Priorities for the Learning & Development group for 2018-2019 will be:

- **Finding out what training is going on out there and learning from good practice so we can share it wider.**

Assurance, Governance and Scrutiny

BSAB seek assurance at a strategic and operational level across all types of service provision and commissioning.

Seeking assurance is the centre of all Safeguarding Adults Board business and in Birmingham we have a structure and reporting mechanism to facilitate a timely view of how the cities partners are doing. The Executive Board receives Assurance Summaries from the Scrutiny & Governance Committee which meets 8 times a year. With a membership of over 25 organisations the Scrutiny & Governance Committee hears from a range of providers and commissioners about their safeguarding frameworks. It covers strengths, weaknesses & risks, any learning and development needs for partners and how well the services are meeting the principles of MSP, Risk Enablement and Care Act expectations.

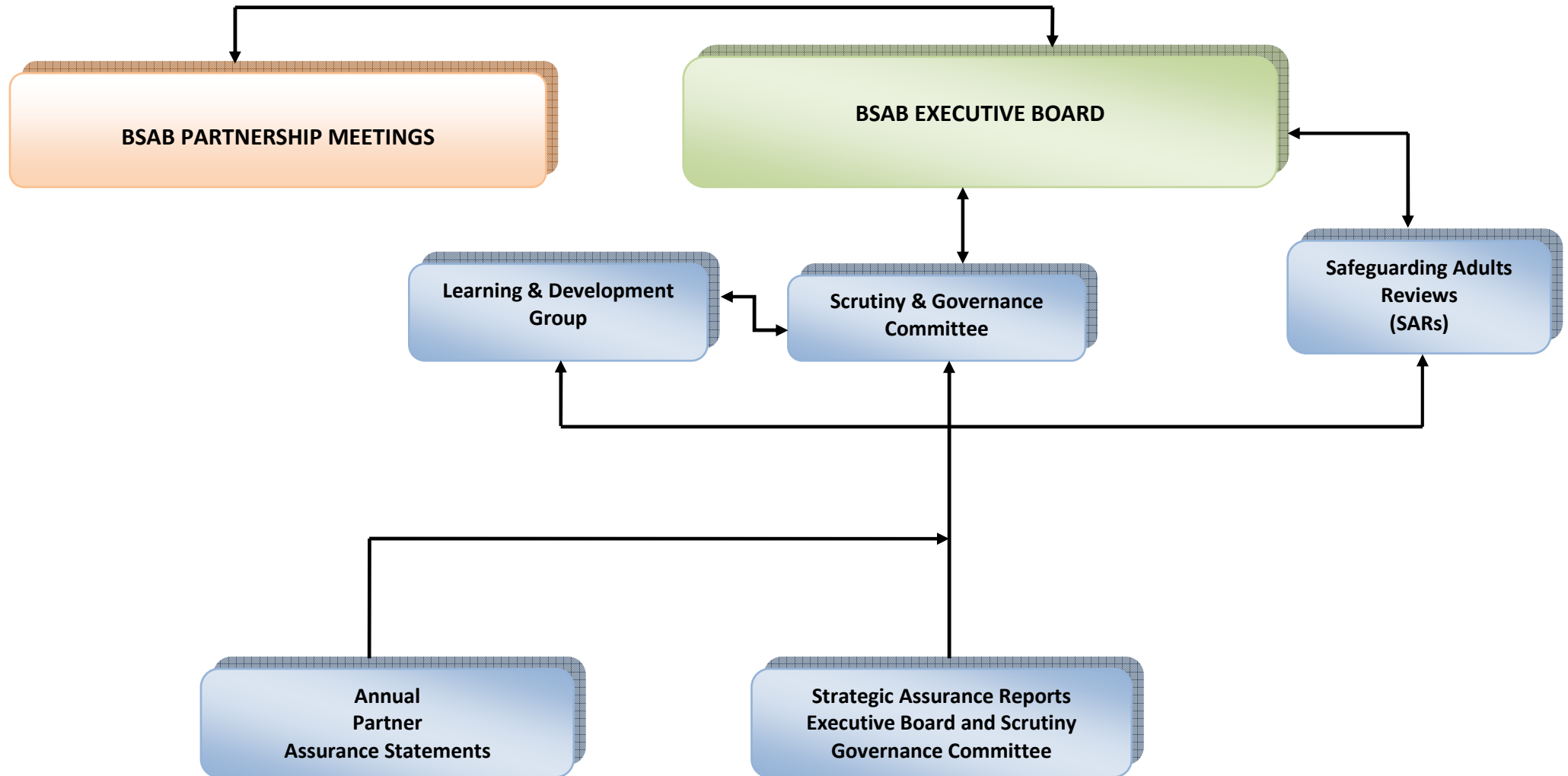
All parts of the SAB, including the wider partnership, the Executive Board and the two work groups (SARs and Learning & Development) contribute to the schedule of these requests to ensure that we are acting upon City knowledge and expertise to allow for a coherent picture in a large and diverse sector.

Each year, each partner organisation is asked to share with us their work, good practise, citizen voice and any concerns or themes they have around Adult Safeguarding. By publicising these snapshots of work across Birmingham we are able to share with citizens as well as colleagues assurances that important Safeguarding approaches are being followed.

We will be developing Peer to Peer Audit tools over the year to enhance the partner relationships and support in understanding and providing quality and citizen focussed assurances.

Learning from SARs reviews will be fed through the Learning & Development Group and the Scrutiny & Governance Committee to ensure joint working, action and assurance are priorities.

BSAB Assurance and Governance Structure



Birmingham

Safeguarding Adult Board

Action Plan – Year 2

2017/2019



About our Strategic Action Plan

This action plan is year 2 of our BSAB Strategy 2017/2019. The Board and its partners have achieved a great deal in year 1 and this action plan details the work we will focus on during 2018-19.

Please read our full BSAB Strategy, available from the Board Business Team or on line at our website.

BSAB is committed to the following overarching ambitions:

- Listening to the voice of the citizen of Birmingham
- Developing effective preventative and early intervention strategies that minimize the risk of abuse and neglect occurring
- Working to establish safer communities for people with care and support needs.
- To ensuring there is a far broader partnership of agencies going forward.
- To making Safeguarding Personal (MSP)
- To empowering communities and individuals
- To Defensible Decision making
- To understand and act on the impact of social isolation

BSAB 4 Key Priorities 2018-2019:

- 1. Hearing the Voice of the Community**
- 2. Safer Communities**
- 3. Empowering our Communities**
- 4. Governance and Assurance**

Safeguarding duties apply to any adult who:

- ☐ has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- ☐ is experiencing, or at risk of, abuse or neglect; and
- ☐ as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

What we will do in 2018-2019

PRIORITY 1 HEARING THE VOICE OF THE COMMUNITY

Lead : David Gray

Actively seeking to hear the voice of the community to ensure the work we do meets the needs of the communities we serve; communicating in a language and through channels that are accessible

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<i>1.0 - To see change because we have listened to people's experiences of safeguarding.</i>	<ul style="list-style-type: none"> a) Hearing experiences of Carers and understanding their needs against MSP principles b) Invite a Carers Organisation to be a member of the Board c) Ensure a Carers Organisation is a member of the Learning & Development Group d) Ensure a Carers Organisation is a member of Scrutiny & Governance Committee group e) Capture the direct experiences of adults who have experienced Safeguarding by making full use of Vox Pops, postcards and videos f) Share those experiences with partner member organisations and present findings on the BSAB website. 	BSAB Chair BSAB Business Manager	March 2019	<p>Carers will be considered within Board priorities and strategy planning and future guidance</p> <p>Citizens experiences will be used to influence decision making and to continually improve practice</p>

What we will do in 2018-2019

PRIORITY 1 HEARING THE VOICE OF THE COMMUNITY

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Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<u>1.1</u> – Embed Making Safeguarding Personal	<ul style="list-style-type: none"> a) Gather assurance statements that evidence MSP principles. b) Review and use case studies from partner assurance statements returns that can be used for learning and development 	Scrutiny & Governance Committee	November 2018	MSP approaches will be embedded in all safeguarding work activity with positive intervention. Adults with care and support needs will be consulted throughout the whole process so any action taken is in their best interests.
<u>1.2</u> - To gain a better understanding of the work of faith groups and faith support groups and of their needs from BSAB	<ul style="list-style-type: none"> a) Engage with umbrella faith organisations and support groups to engage in partnership work and to better understand their work and needs from BSAB. b) Invite faith leaders to Partnership Meetings. 	BSAB Business Manager	December 2018 March 2019	Improved engagement at partnership level from faith groups. Improved understanding and intelligence of assurances around safeguarding within faith groups in Birmingham
<u>1.3</u> - Ensure our information is accessible to all.	<ul style="list-style-type: none"> a) Produce summaries and easy to read information on board activity i.e. Annual Report, Action Plan, SARs learning literature and adult safeguarding information. 	BSAB Business Manager Learning & Development group	December 2018	Accessible information available for all Birmingham citizens. Increased confidence that BSAB is inclusive in considering the needs of its communities.

What we will do in 2018-2019

PRIORITY 1 HEARING THE VOICE OF THE COMMUNITY

Lead : David Gray

Actively seeking to hear the voice of the community to ensure the work we do meets the needs of the communities we serve; communicating in a language and through channels that are accessible

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<i>1.4 - Ensure our information is accessible to all.</i>	a) Redesign and launch of website with accessible material b) Develop a web based forum to showcase best practises for learning & development on the website	BSAB Chair BSAB Business Manager Learning & Development group	December 2018	All Partners and citizens can access factsheets of best practises to support change and improve the prevention and protection of adults at risk. Accessible formats and easy read guidance available.

What we will do in 2018-2019

PRIORITY 2 SAFER COMMUNITIES

Lead : Helen Baglee

Having clear protocols, prevention and early intervention strategies in place to ensure we are working to make our communities safe.

Sharing business objectives and priorities with other strategic boards and partners to ensure we work in a co-ordinated way to reduce risk to the safety of adults in Birmingham.

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<i>2.0 - Improved joint strategic planning with Birmingham Strategic Boards in the City and regionally</i>	a) To continue to raise awareness of the trauma impact and the support required for post 18 Child Sexual Exploitation victims.	BSAB Chair and BSAB Business Manager	May 2018 – March 2019	Partners recognise and engage to support action to intervene and prevent further harm to post 18 CSE victims who need safeguarding.
	b) To seek assurance that within safeguarding post 18 CSE victims services are responsive to their needs	Learning & Development Group Chair		
	c) Facilitating – information sharing, pathway mapping and multi-agency responses to concerns - around Private Rented Sector, Supported Housing & Vulnerable People Safeguarding. d) To utilise commissioned research to provide data and an action plan to the Board of the next steps regarding seeking assurance on Non - Regulated accommodation and Houses of Multiple Occupations (HMOs).	BSAB Business Manager		The Board will be satisfied that safeguarding assurance is in place and is monitored.

What we will do in 2018-2019

PRIORITY 2 SAFER COMMUNITIES

Lead : Helen Baglee

Having clear protocols, prevention and early intervention strategies in place to ensure we are working to make our communities safe.

Sharing business objectives and priorities with other strategic boards and partners to ensure we work in a co-ordinated way to reduce risk to the safety of adults in Birmingham.

<u>2.1</u> - Seek assurance to improve prevention and early intervention activity for young adults transitioning from children's services.	<ul style="list-style-type: none"> a) Explore assurances from partner agencies relating to transition issues for young adults b) Raise awareness with LSCB and CSPB to agree joint working options. 	<p>Scrutiny & Governance Committee</p> <p>BSAB Cha</p>	December 2018	Transition post 18 is recognised as a significant risk for safeguarding and assurances are in place to minimise this risk.
<u>2.2</u> - BSAB is committed to supporting the delivery of the Domestic Abuse Strategy and will seek assurance that progress is made. In particular with a focus on people with learning disabilities and/or older adults.	<ul style="list-style-type: none"> a) We will seek assurance on progress on the Domestic Abuse Strategic Action plan 4 times a year b) We will work in partnership with the other city-wide Boards to ensure learning from DHRs is translated into action. c) We will seek assurances on the accessible services and support for people with disabilities and/or older adults who suffer domestic abuse. d) We will champion and seek assurance that organisations will deliver Domestic Abuse training to the level they deem appropriate to their organisation to understand the nature 	<p>Scrutiny & Governance Committee, BSAB Chair and Board Members</p>	March 2019	BSAB will receive assurance that there is an improved co-ordinated response, early intervention and prevention of domestic abuse across the city.

What we will do in 2018-2019

PRIORITY 2 SAFER COMMUNITIES

Lead : Helen Baglee

Having clear protocols, prevention and early intervention strategies in place to ensure we are working to make our communities safe.

Sharing business objectives and priorities with other strategic boards and partners to ensure we work in a co-ordinated way to reduce risk to the safety of adults in Birmingham.

	and impact of coercive control and that they use MSP and Risk Enablement Protocols to support the individual in their decision making.			
<u>2.3. Embed and cascade wider learning from SARs or SAR table top reviews.</u>	a) Section on new website -learning and progress from SARs and DHRs. b) Learning shared via a variety of mediums. Instigate a development session for key referring partners on SAR Referrals. c) Revise SAR paperwork and flow process.	BSAB Business Manager and Learning & Development Group Chair SAR Co-Chairs	October 2018	Greater awareness and improved quality of referrals Lean process for SAR referrals

What we will do in 2018-2019

PRIORITY 3 EMPOWERING OUR COMMUNITIES

Leads : Cherry Dale
Helen Baglee

Building strong community resilience to adult abuse by offering communities the support they need to contribute to keeping adults in Birmingham safe

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<i>3.0 - Effective partnership working to empower communities through information and knowledge sharing</i>	a) Work with the Association of Directors of Adults Social Services (ADASS) and Board partners to review BSAB role in tackling the impact of social isolation and agree any potential actions for our 2019-21 strategy.	BSAB Chair	March 2019	Full Board understanding of its role in tackling social isolation through safeguarding.
	b) Carry out a joint campaign with Trading Standards focussing on reducing financial abuse of adults with care and support needs.	BSAB Business Manager	November 2018	Successful campaign to raise awareness and action required regarding financial abuse.
	c) Launch BSAB position statement for city leaders on Risk Enablement and culture change.	BSAB Chair	August 2018	BSAB position is clear.

What we will do in 2018-2019

PRIORITY 4 GOVERNANCE AND ASSURANCE

Lead : Pauline Mugridge

Seeking assurance from each other and the community that the services we provide and the approach we take, works well to keep adults safe

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<i>4.0 - Review, produce and share key safeguarding, policies, guidance and procedures.</i>	<ul style="list-style-type: none"> a) Continue to review all policies and guidance to remain Care Act compliant b) Launch and roll out Risk Enablement Guidance and position statement c) Review information sharing protocol to incorporate new GDPR guidelines d) Review Self Neglect Guidance to incorporate partner feedback. e) Planned approach to sharing guidance, policies and procedures. 	BCC Head of Safeguarding BSAB Business Manager and Scrutiny & Governance Committee	November 2018	<p>A full awareness of the BSAB position on Risk Enablement. Improvement felt by citizens being supported through safeguarding activity as their choices and decisions are considered within a risk enablement framework</p> <p>All policies and guidance are up to date and fit for purpose.</p>
<i>4.1 - Scrutiny and Governance Committee to maintain a scheduled programme of Assurance</i>	<ul style="list-style-type: none"> a) Identify key themed areas for oversights b) To commission reports as appropriate 	Scrutiny & Governance Committee Chair and Vice Chair	2018-2019	The Board will make assurance and governance decisions based on the scrutiny, challenge and

What we will do in 2018-2019

PRIORITY 4 GOVERNANCE AND ASSURANCE

Lead : Pauline Mugridge

Seeking assurance from each other and the community that the services we provide and the approach we take, works well to keep adults safe

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<i>Reports, making recommendations to the Board as appropriate.</i>	c) Ensure reports sent to Scrutiny & Governance Committee provide challenge and scrutiny d) To provide overview reports and recommendations to the Board.	BSAB Business Manager	September 2018	oversight on a range of safeguarding issues and will be regularly updated on key findings and actions.
<i>4.2 - Safeguarding Intelligence Forum in place and active in making appropriate recommendations to the Board and providing constructive and timely fact-based management information.</i>	a) Mapping demographics, data and emergency response patterns to inform the Board of strategic issues and/or gaps. b) Link to regional SAB Intelligence Group c) To provide bi-annual reports to the Scrutiny & Governance Committee who in turn will provide recommendations to the Board.	BSAB Business Manager	December 2018	Greatly improved use of intelligence and data for strategic planning and prioritising. Improved data and intelligence sharing with partner agencies
<i>4.3 - The Annual Assurance process is accessible and meaningful to our partner</i>	a) Update the assurance process b) Use MSP as a focus c) Share annual reports on line	Scrutiny & Governance Committee and Board Business Manager	November 2018	The Board will have a clear view of the imbedding of MSP principles across all

What we will do in 2018-2019

PRIORITY 4 GOVERNANCE AND ASSURANCE

Lead : Pauline Mugridge

Seeking assurance from each other and the community that the services we provide and the approach we take, works well to keep adults safe

Ambition	What we will do/what is happening	Who will make it happen	When will it happen	What difference will there be?
<i>organisations and reflects people's experiences of safeguarding in the city.</i>	d) Utilise case studies from annual reports as a means for sharing best practice			partner organisations and of any gaps that may need supporting.

Cabinet Scorecard - September 2018

Produced by AC&H Information and Analysis Team (data from various sources)

Intended to be viewed full screen - go to "View" and "Full Screen" above

Item 8 [Click for highlight view](#)

1. Use of Resources

Measure	Status	Target	Last Month	This Month	D o T	Constituencies	Benchmarkable	
1 Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)	RED	8.3 (EoY 8)	8.4	9.3	Up (Red)		✓	More detail
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)	AMBER	75%	70% (Q4)	73.7% (Q1)	Up (Green)			More detail
3 Proportion of clients reviewed, reassessed or assessed within 12 months	RED	82.5% (EoY 85%)	75.5%	74.3%	Down (Red)	✓		More detail
4 The number of long-term admissions to residential or nursing care per 100,000 over 65s	AMBER	650	615.6 (Q4)	668.4 (Q1)	Up (Red)			More detail

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%	98% (Q1)	99% (Q2)	Up (Green)			More detail
6 Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	GREEN	85%	91%	92%	Up (Green)	✓		More detail
7 Uptake of Direct Payments	AMBER	27.5% (EoY 30%)	26.6%	26.8%	Up (Green)	✓	✓	More detail
8 The percentage of people who receive Adult Social Care in their own home	GREEN	DoT Only	68.1%	68.1%	Static (Amber)		✓	More detail
9 The number of people who have Shared Lives	AMBER	78 (EoY 140)	72	76	Up (Green)			More detail

Cabinet Scorecard - September 2018

Produced by AC&H Information and Analysis Team (data from various sources)

Intended to be viewed full screen - go to "View" and "Full Screen" above

[Click for highlight view](#)

3. Prevention and Early Help

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
10 The percentage of births that receive a face-to-face new-born visit within 14 days	AMBER	90%	90% (Q4)	89% (Q1)	Down (Red)		✓ More detail
11 Proportion of eligible people receiving an NHS health check	GREEN	2.5%	2.8% (Q4)	2.7% (Q1)	Down (Red)		✓ More detail
12 Rate of positive chlamydia screens (per 100,000 young people aged 15-24)	RED	2300	1972 (Q4)	1725 (Q1)	Down (Red)		✓ More detail
13 Number of smoking quitters at 12 weeks	GREEN	168	215 (Q4)	330 (Q1)	Up (Green)		✓ More detail
14 Percentage of drugs users who are in full time employment for 10 working days following or upon discharge	RED	31% (EoY 33%)	30.8% (Q4)	28.5% (Q1)	Down (Red)		✓ More detail
15 Children under 5 attending wellbeing service	RED	13500	7496 (Q4)	11934 (Q1)	Up (Green)		✓ More detail
16 Adults over 70 attending wellbeing service	GREEN	19500	21727 (Q4)	22207 (Q1)	Up (Green)		✓ More detail
17 Number of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN		15	9	Down (Red)		More detail
18 Percentage of completed safeguarding enquiries which involved concerns about domestic abuse	GREEN		16.7%	8.5%	Down (Red)		More detail
19 Fraction of mortality attributable to particulate air pollution	N/A	DoT Only	6.2% (2016/17)	(2017/18)			✓ More detail
20 The percentage of children classed as overweight or obese at reception	N/A	DoT Only	25% (2016/17)	(2017/18)			✓ More detail
21 The percentage of children classed as overweight or obese in Year 6	N/A	DoT Only	40% (2016/17)	(2017/18)			✓ More detail

4. Community Assets

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
22 The percentage of service users aged 18-64 with learning disabilities in employment	GREEN	1% (EoY 2%)	1.1%	1.05%	Down (Red)		✓ More detail
23 The percentage of adults in contact with secondary mental health services in employment	N/A	DoT Only	4.3% (2016/17*)	(2017/18)			✓ More detail
24 The proportion of people who use services who reported that they had as much social contact as they like	N/A	DoT Only	37.3% (2016/17)	(2017/18)			✓ More detail
25 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)			✓ More detail

Featured measures

Cabinet Scorecard - September 2018

[Click for full scorecard](#)

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

Latest Month: 9.3
Aug 18

Previous Month: 8.4
Jul 18

Target: 8.3
Item 8
(EoY 8)

Performance:

RED

Direction of travel:

Up (Red)

Owner: Pauline Mugridge

Commentary:

The August DTOC has gone up slightly from its historical low in July but remains well below the position this time last year. There is increased demand going into autumn / winter and the Social Work teams are working with health partners to look at Winter plans. However, there still continues to be overall improvement and progress in this area.

Uptake of Direct Payments

Latest Month: 26.8%
Sep 18

Previous Month: 26.6%
Aug 18

Target: 27.5%
(EoY 30%)

Performance:

AMBER

Direction of travel:

Up (Green)

Owner: Pauline Mugridge

Commentary:

As anticipated we are seeing a steady incremental increase in the take up of direct payments. This has been underpinned by a range of co-production initiatives and support for workers which have included briefings, workshops, e-learning and one to one support. We have worked closely with support agencies, client financial services, commissioning, citizens and workers to develop tools which support this. Leadership from Cabinet Member and Senior Managers have supported and encouraged all the work that has been undertaken. We have a continued programme to enable us to further develop in this area.

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

Latest Month: 92%
Sep 18

Previous Month: 91%
Aug 18

Target: 85%

Performance:

GREEN

Direction of travel:

Up (Green)

Owner: David Gray

Commentary:

As previously noted, monthly results can vary above and below the target, based upon relatively small numbers. It is pleasing to note that for the fifth consecutive month we have achieved a result above the target, but the trend around the target figure of 85% is probably more representative.

Cabinet Scorecard - September 2018

Produced by AC&H Information and Analysis Team (data from various sources)

Intended to be viewed full screen - go to "View" and "Full Screen" above

[Click for highlight view](#)

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	8.3 (EoY 8)	8.4	9.3	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)	AMBER	75%	70% (Q4)	73.7% (Q1)	Up (Green)		
3 Proportion of clients reviewed, reassessed or assessed within 12 months	RED	82.5% (EoY 85%)	75.5%	74.3%	Down (Red)	✓	
4 The number of long-term admissions to residential or nursing care per 100,000 over 65s	AMBER	650	615.6 (Q4)	668.4 (Q1)	Up (Red)		

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%	98% (Q1)	99% (Q2)	Up (Green)		
6 Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	GREEN	85%	91%	92%	Up (Green)	✓	
7 Uptake of Direct Payments	AMBER	27.5% (EoY 30%)	26.6%	26.8%	Up (Green)	✓	✓
8 The percentage of people who receive Adult Social Care in their own home	GREEN	DoT Only	68.1%	68.1%	Static (Amber)		✓
9 The number of people who have Shared Lives	AMBER	78 (EoY 140)	72	76	Up (Green)		

Cabinet Scorecard - September 2018

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3. Prevention and Early Help

Measure	Status	Target	Last Month	This Month	D o T	Const.	B/mark
10 The percentage of births that receive a face-to-face new-born visit within 14 days	AMBER	90%	90% (Q4)	89% (Q1)	Down (Red)		✓
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13 Number of smoking quitters at 12 weeks	GREEN	168	215 (Q4)	330 (Q1)	Up (Green)		✓
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4. Community Assets

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25 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

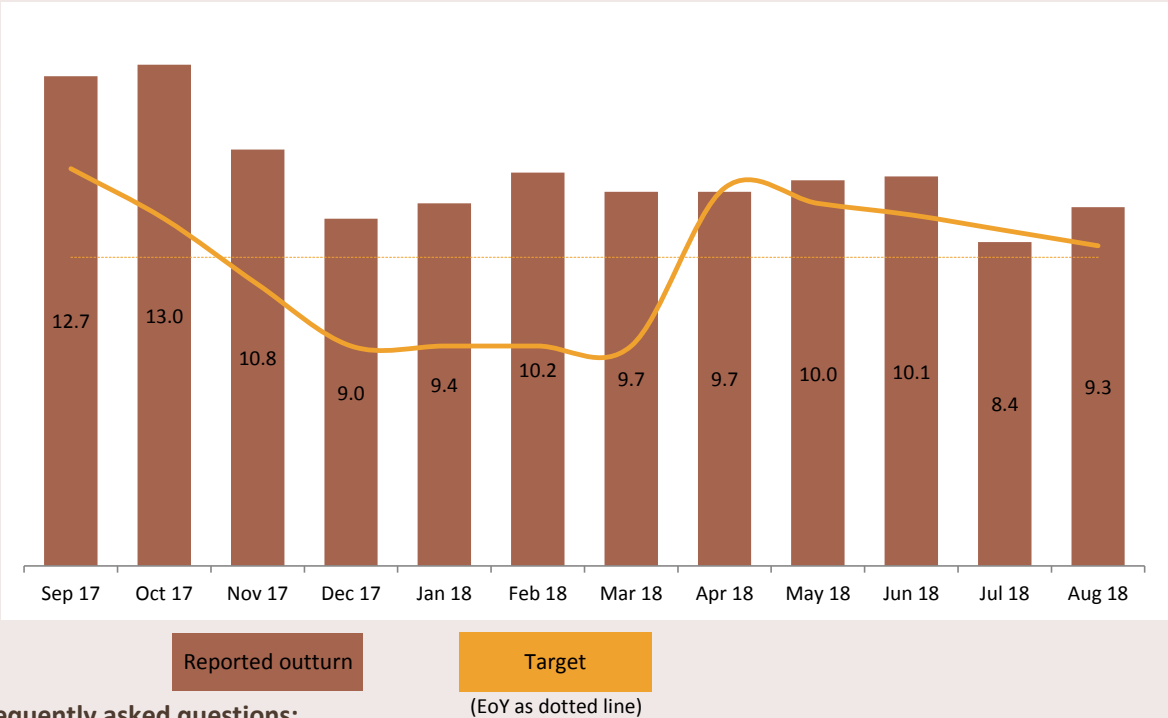
Daily Average Delay beds per day per 100,000 18+ population – combined figure (Social Care only and Joint NHS and Social Care)

RED

Change:
Up
(Red) 10%

Last Month	This Month	Target
8.4	9.3	8.3 (EoY 8)

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



Commentary:

The August DTOC has gone up slightly from its historical low in July but remains well below the position this time last year. There is increased demand going into autumn / winter and the Social Work teams are working with health partners to look at Winter plans. However, there still continues to be overall improvement and progress in this area.

Measure Owner:
Pauline Mugridge

Responsible Officer:

Frequently asked questions:

Please be advised that there has been a change to the target for this measure which was imposed by NHS England. 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: DV safeguarding proportion](#)

[Return to Scorecard](#)

[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)

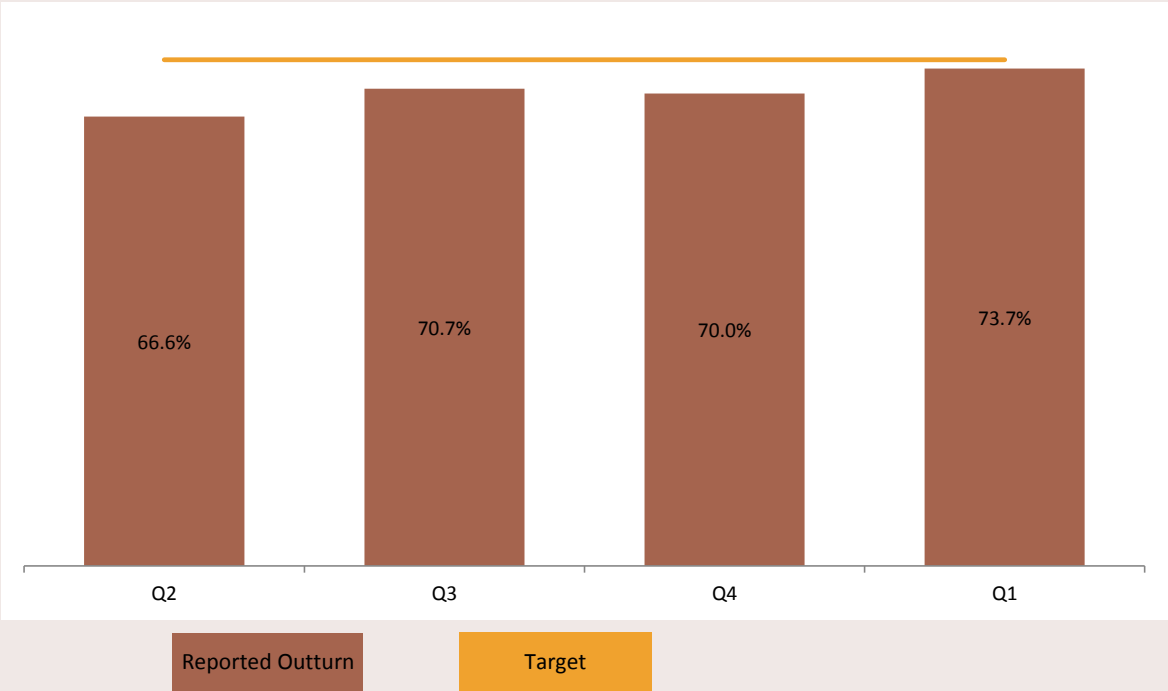
AMBER

Change:

Up
(Green) 3.7 pp

Prev. Quarter	Latest Quarter	Target
70%	73.7%	75%

Source:
Carefirst service agreements and commissioning provider assessment data



Commentary:

This is a new measure for 18/19. This measure currently includes those services supporting clients on the Council’s new adult social care contracts. These services are subject to a new Quality Framework with effect from 01 May 2018. Annual quality monitoring visits have commenced to drive up the quality of providers that are not currently rated Gold or Silver and to improve the service that clients receive. At this time, this doesn’t include home support services and these are likely to be included from Q1 of 19/20

Measure Owner:
Alison Malik

Responsible Officer:

Frequently asked questions:

[< Previous: DTOC Total](#)

[Return to Scorecard](#)

[Next: Reviews >](#)

Theme: Use of Resources

Proportion of clients reviewed, reassessed or assessed within 12 months

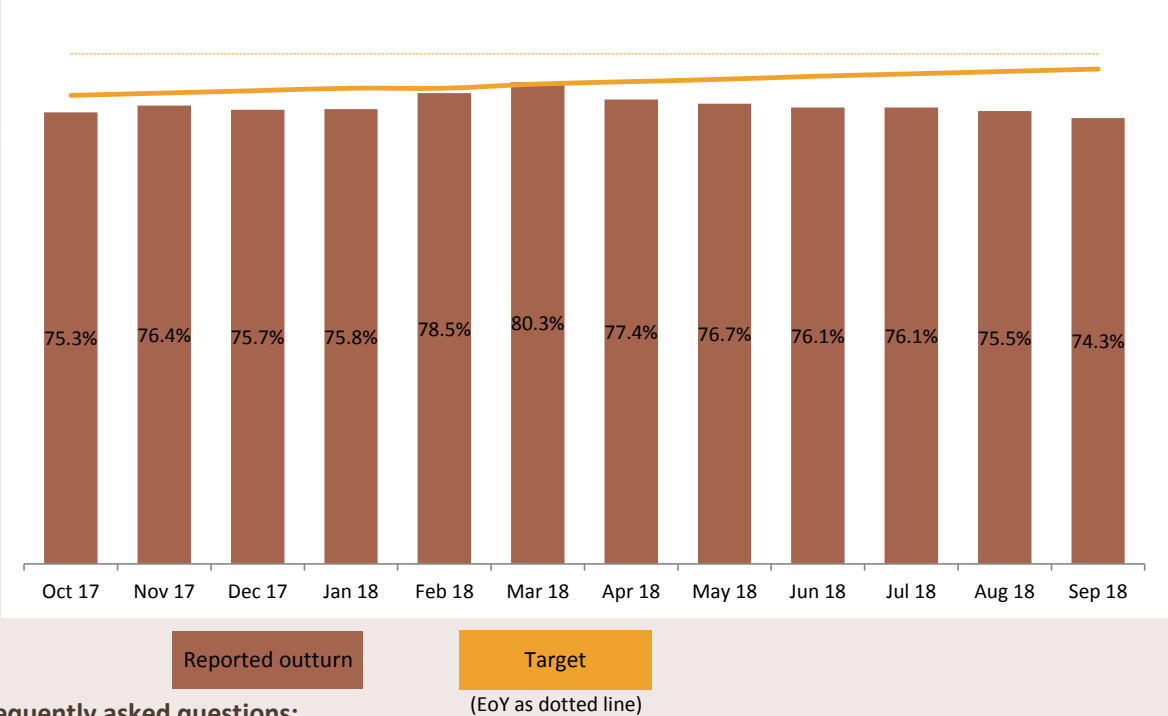
RED

Change:

Down
(Red) 1.2 pp

Last Month	This Month	Target
75.5%	74.3%	82.5% (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



Commentary:

There has been a decline in our performance this month. The recently announced city wide job freeze has had an impact. Priority allocation has to be given to safeguarding and urgent social care assessments. We are however, looking at a number of initiatives that should see an improvement in the performance against this target moving forward. These are:

- The work undertaken by the Special Impact Team and the Community Opportunity Review Team will improve the position, as their completed work with individuals is recorded on CareFirst.
- Students are now being introduced to their placements. It has been customary to allocate a number of annual reviews to students (the default position has been five) once their induction is complete.
- Team managers and Senior Practitioners are working with their teams and clusters to ensure that impromptu work that amounts to a review is recognised as such and recorded on Care First.

Measure Owner: Pauline Mugridge
Responsible Officer: Paul Hallam

Frequently asked questions:

Theme: Use of Resources

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

AMBER

Change:

Up
(Red) 8.6%

Prev. Quarter	Latest Quarter	Target
615.6	668.4	650
Recalculated: 677.3		

Source:
Carefirst



Commentary:

Work has begun with the Directorate to have 'Home First' as the first option for individuals. This option includes support in the community to develop services to meet individual's needs and '3 Conversations Model' of social work continues to be rolled out.

This is the first quarter where this has been reported a quarter in arrears in order to mitigate errors from delayed recording.

Following the stabilisation of the Q4 figure, Q1 shows an actual improvement (see "Recalculated" above).

Measure Owner:
Pauline Mugridge

Responsible Officer:
Pauline Mugridge

Frequently asked questions:

Theme: Personalised Support

Social work client satisfaction - postcard questionnaire.

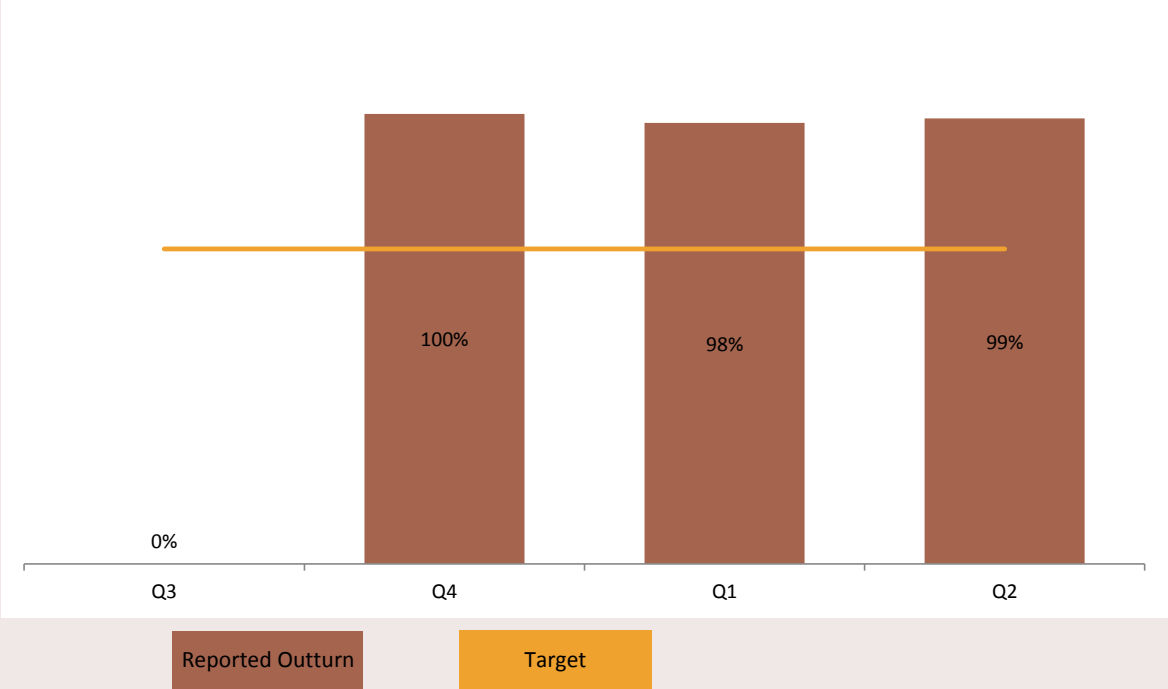
GREEN

Change:

Up
(Green) 1 pp

Prev. Quarter	Latest Quarter	Target
98%	99%	70%

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



Commentary:
We are very pleased that we are maintaining this extremely positive level of feedback. Although the numbers returned are low this has been affected by delays in printing the new co-produced postcard. All teams have now received supplies.

Measure Owner: Fiona Mould
Responsible Officer:

Frequently asked questions:

Theme: Personalised Support

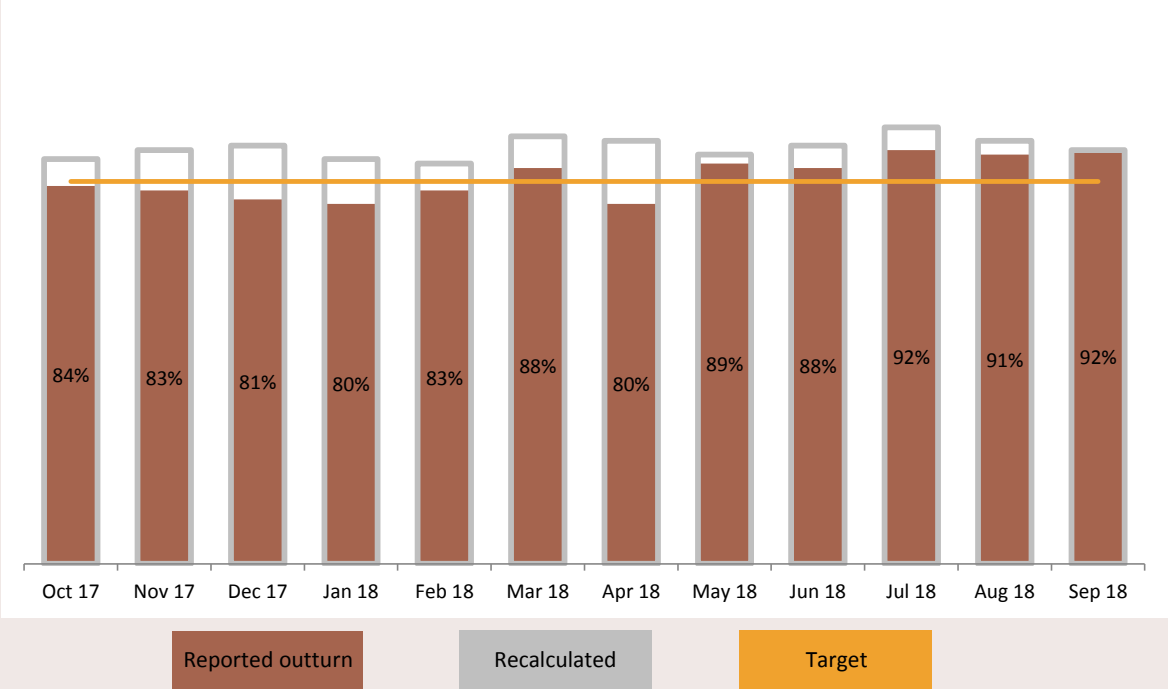
Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were

GREEN

Change:
Up
(Green) 1 pp

Last Month	This Month	Target
91%	92%	85%
Recalculated: 94%		

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:
As previously noted, monthly results can vary above and below the target, based upon relatively small numbers. It is pleasing to note that for the fifth consecutive month we have achieved a result above the target, but the trend around the target figure of 85% is probably more representative.

Measure Owner: David Gray
Responsible Officer:

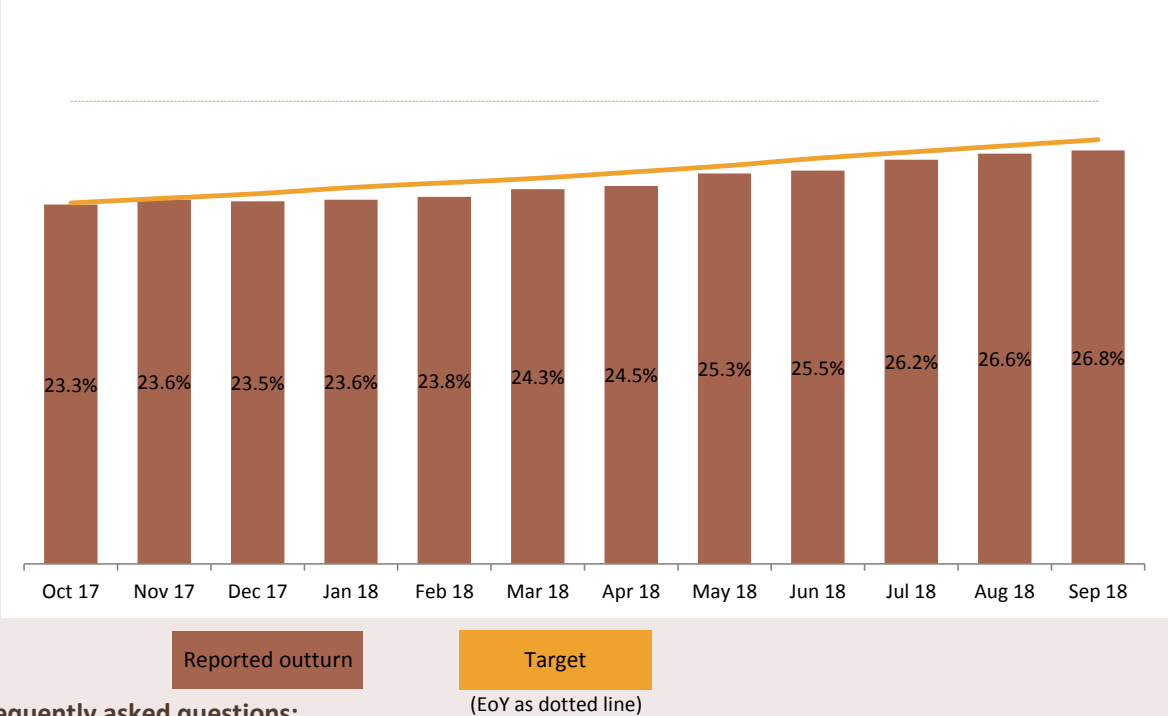
Frequently asked questions:

AMBER

Change:
Up
(Green) 0.2 pp

Last Month	This Month	Target
26.6%	26.8%	27.5% (EoY 30%)

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



Commentary:
As anticipated we are seeing a steady incremental increase in the take up of direct payments. This has been underpinned by a range of co-production initiatives and support for workers which have included briefings, workshops, e-learning and one to one support. We have worked closely with support agencies, client financial services, commissioning, citizens and workers to develop tools which support this. Leadership from Cabinet Member and Senior Managers have supported and encouraged all the work that has been undertaken. We have a continued programme to enable us to further develop in this area.

Measure Owner: Pauline Mugridge
Responsible Officer: Julia Parfitt

Frequently asked questions:

Theme: Personalised Support

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

GREEN

Change:

Static
(Amber) 0 pp

Last Month

68.1%

Recalculated:
68.5%

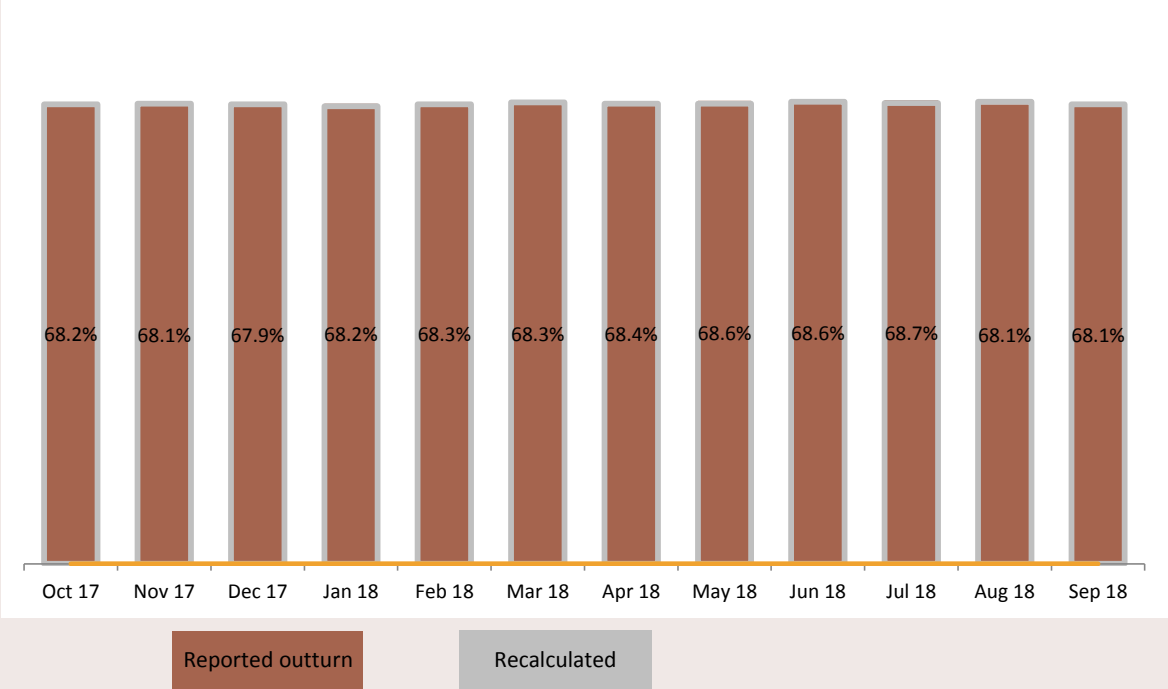
This Month

68.1%

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:

Our performance has remained the same as last month. However, the percentage of people who receive social care in their own home is likely to increase as we push for a 'home first principle from acute hospitals' and develop an enhanced wrap-around support initiative to get people home, where otherwise they would have gone into Enhanced beds and risked ending up in long term placements.

However with the 3 Conversations initiative looking at non-statutory ways of supporting citizens in the community and reducing dependency on care services, the % for this measure could equally go down, which would also be a good thing in those circumstances.

It is also worth noting that if the Council is looking at a home first policy, this would impact those who would have gone into residential care. Residual packages of care risk being high cost as many are for citizens with complex care needs requiring two carers up to 4 times a week, with need for some sitting services and sometimes night care input to support family carers.

Measure Owner:
Pauline Mugridge

Responsible Officer:
Gian Saini

Frequently asked questions:

[< Previous: Direct payments uptake](#)

[Return to Scorecard](#)

[Next: Shared lives uptake >](#)

Theme: Personalised Support

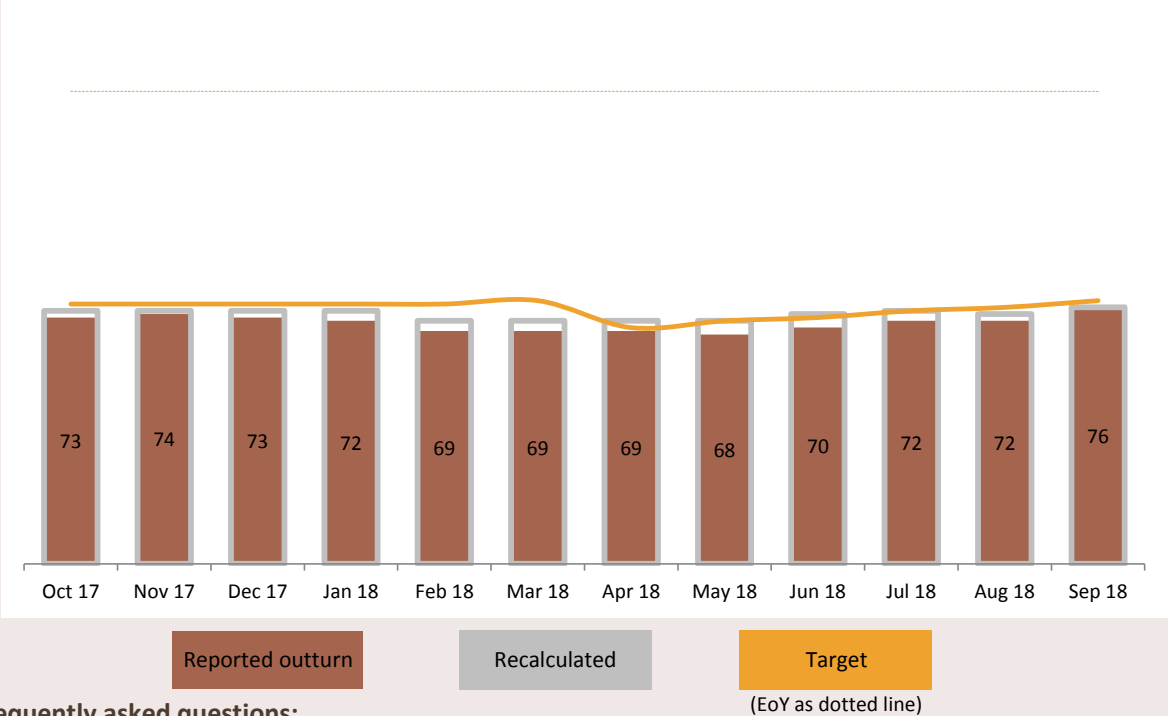
The number of people who have Shared Lives

AMBER

Change:
Up
(Green) 5.6%

Last Month	This Month	Target
72	76	78
Recalculated: 74		(EoY 140)

Source:
Carefirst service agreements



Commentary:

The targets for Shared Lives is being driven by a strategic partnership with Shared Lives Plus, PSS and the CCG. The partnership with Shared Lives is in place and the partnership with PSS and the CCG is being developed. In partnership with Shared Lives Plus the scheme is currently reviewing all aspects of the service and in particular what it will be delivering in the future ie; day opportunities, increased respite etc. The risks with regard to meeting the new targets has been escalated to Graeme Betts and the proposal is to present a business case to the Cabinet Member for health and social care with a view to amend.

With the arrangements in place I am expecting to be in a position to be much clearer about timescales for this in November. In the meantime the target remain unchanged

Measure Owner:
Melanie Brooks

Responsible Officer:
Sonia Mais-Rose

Frequently asked questions:

Theme: Prevention and Early Help

The percentage of births that receive a face-to-face new-born visit within 14 days

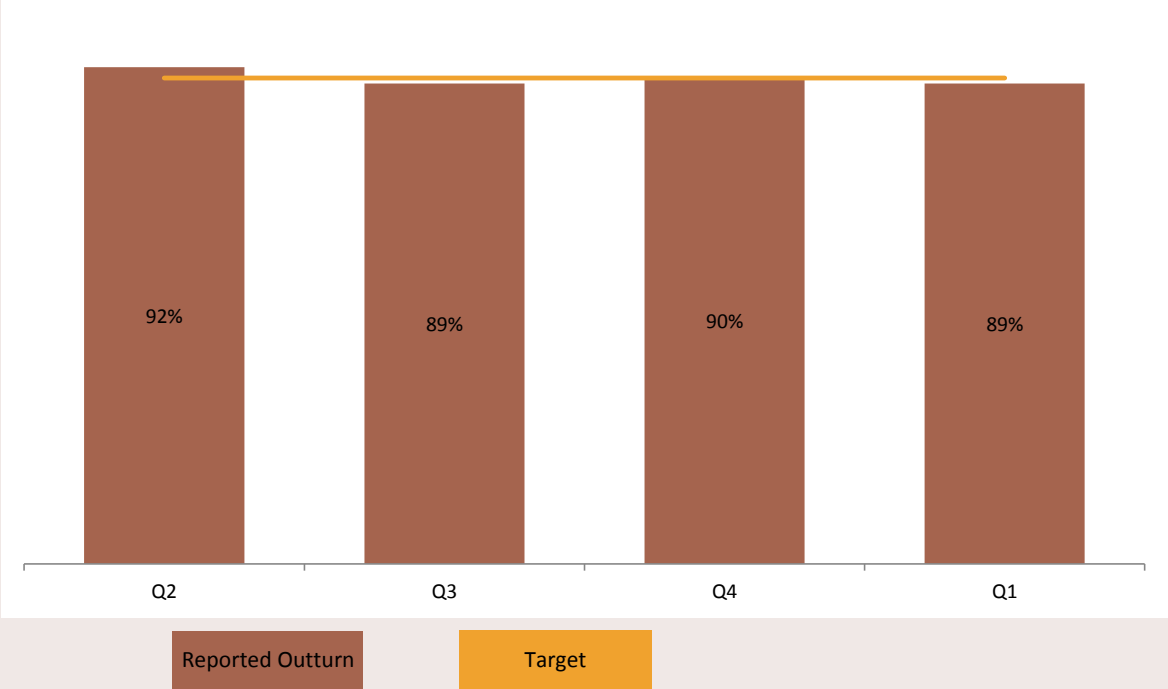
AMBER

Change:

Down
(Red) 1 pp

Prev. Quarter	Latest Quarter	Target
90%	89%	90%

Source:
Public Health



Commentary:

The percentage of births receiving a new born visit within 14 days was 89%, the target is 90%. Therefore the target has been missed by one percent, and as such is so close to achieving the target that it is not of significant concern.

Measure Owner:
Dennis Wilkes

Responsible Officer:
Fiona Grant

Frequently asked questions:

< [Previous: Shared lives uptake](#)

[Return to Scorecard](#)

[Next: NHS Health Checks](#) >

Theme: Prevention and Early Help
Proportion of eligible people receiving an NHS health check

GREEN

Change:
Down
(Red) 0.1 pp

Prev. Quarter	Latest Quarter	Target
2.8%	2.7%	2.5%

Source:
Public Health



Commentary:
We have again met the quarterly target for 2018/19 at the end of Quarter 1. However, it must be highlighted that the IT system that collated the data has been withdrawn from the BCC contract, therefore data was collected manually and will be again at Quarter 2. We are in the process of resolving the IT systems issue, but anticipate that this may not be fully resolved until Q4. Once resolved backdated validation will be undertaken on all data submitted.

Measure Owner: Dennis Wilkes
Responsible Officer: Bhavna Taank

Frequently asked questions:

Theme: Prevention and Early Help

Rate of positive chlamydia screens (per 100,000 young people aged 15-24)

RED

Change:

Down
(Red) 12.5%

Prev. Quarter

1972

Latest Quarter

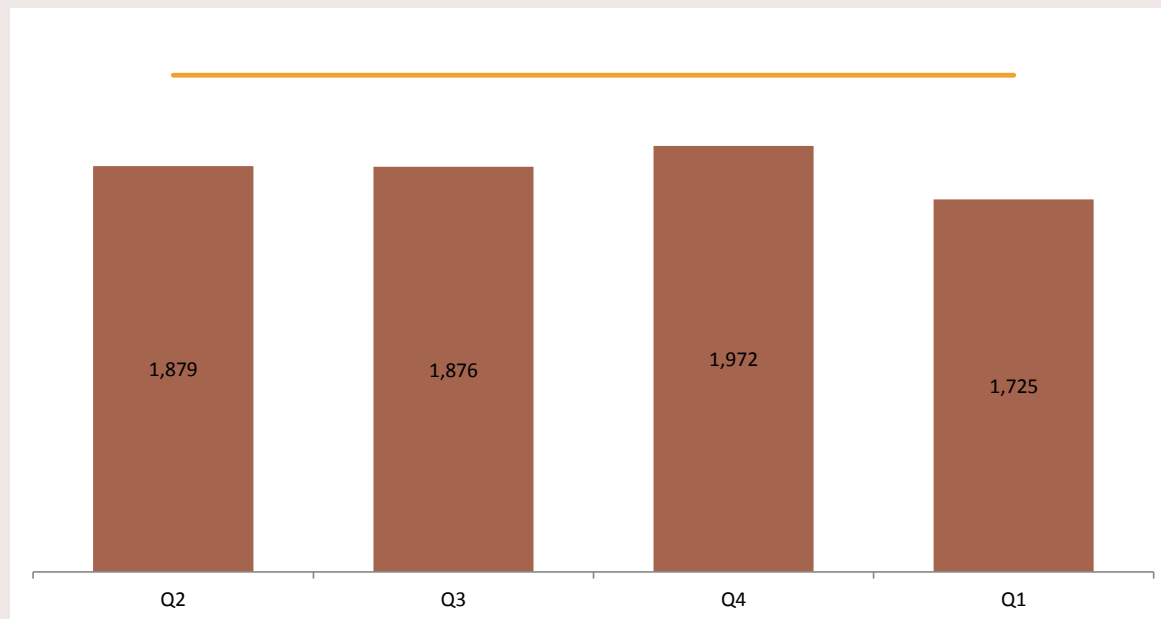
1725

Target

2300

Source:

Public Health



Reported Outturn

Target

Commentary:

The chlamydia diagnosis rate per 100,000 of the eligible population (15-24 year olds) in Birmingham increased for three consecutive quarters from 1,615 in Q2 (Jul-Sept 2017) to 1,966 in Q4 (Jan-Mar 2018).

Whilst the diagnosis rate in Birmingham fell to 1,725 in Q1 (Apr-Jun 2018), it continued to remain above the West Midlands quarterly average rate of 1,461. A reduction in the diagnosis rate was seen regionally and nationally during Q1 (Apr-Jun 2018): 1,461 in the West Midlands and 1,811 in England.

Umbrella has been working closely with GPs contracted directly with Umbrella from 1st April 2018 to increase testing.

Measure Owner:

Max Vaughan / Dennis Wilkes

Responsible Officer:

Karl Beese

Frequently asked questions:

[< Previous: NHS Health Checks](#)

[Return to Scorecard](#)

[Next: Smoking cessation >](#)

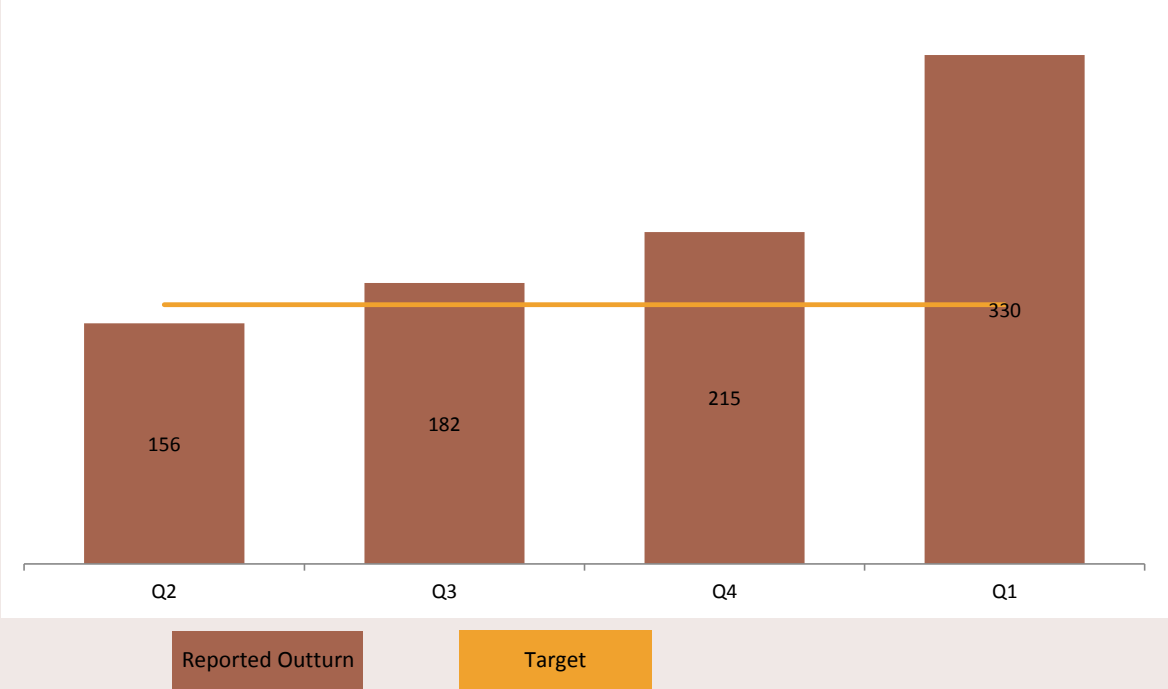
Theme: Prevention and Early Help
Number of smoking quitters at 12 weeks

GREEN

Change:
Up
(Green) 53.5%

Prev. Quarter	Latest Quarter	Target
215	330	168

Source:
Public Health



Commentary:
The IT system that collated the data has withdrawn from the BCC contract. Not all submission have been submitted and included due to system withdrawal. Manual claims will be obtained again for Quarter 2 and it is hoped that the true verification and correction of performance will be made between January and March 2019. We are in the process of resolving the IT systems issue, however, because of the how data is reported, it is anticipate that this may not be fully resolved until Q4. Once resolved backdated validation will be undertaken on all data submitted.

Measure Owner: Dennis Wilkes
Responsible Officer: Bhavna Taank

Frequently asked questions:

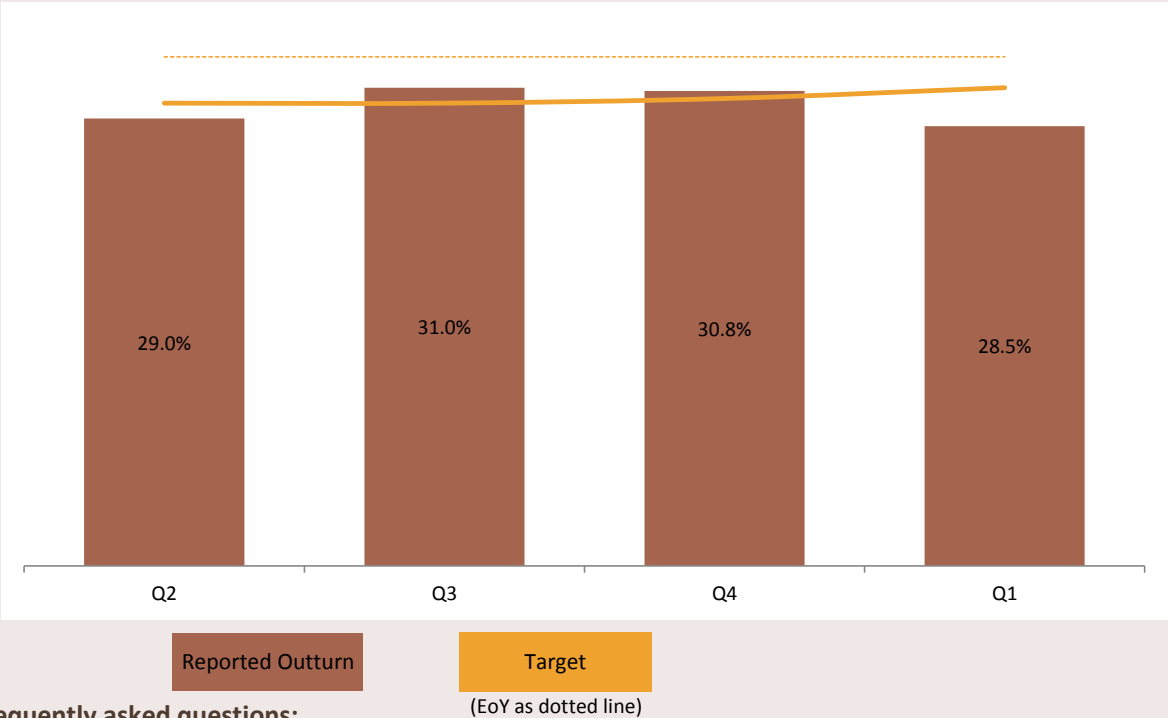
Theme: Prevention and Early Help
Percentage of drugs users who are in full time employment for 10 working days following or upon discharge

RED

Change:
Down
(Red) 2.3 pp

Prev. Quarter	Latest Quarter	Target
30.8%	28.5%	31% (EoY 33%)

Source:
Public Health



Commentary:
At Q1 28.5% of drugs users who are in full time employment for 10 working days following or upon discharge. The service has seen a slight decrease in employment Payment by Results targets during Q1. This is in line with the decrease of successful completions, yet predictions show that year end will achieve the required targets will be achieved. Performance is reviewed with the contract provider on a quarterly basis and penalties are in place in the event of performance dropping below agreed targets.

Measure Owner: Max Vaughan / Dennis Wilkes
Responsible Officer: Karl Beese

Frequently asked questions:

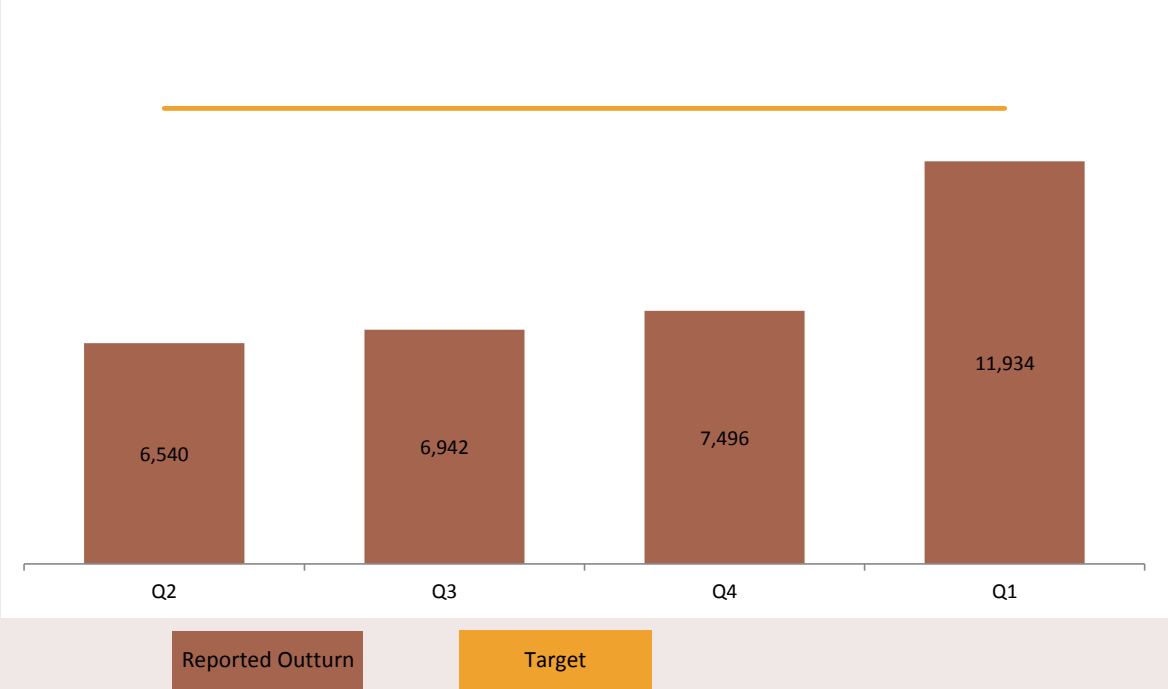
Theme: Prevention and Early Help
Children under 5 attending wellbeing service

RED

Change:
Up
(Green) 59.2%

Prev. Quarter	Latest Quarter	Target
7496	11934	13500

Source:
Public Health



Commentary:
Although we have not achieved the Q1 profile target of 13,500, we continue to improve our performance all over, with an increase of 59.2% (11,934) as at Q1 2017/2018. It should be noted that this is the fourth consecutive increase in the measure’s performance overall

Measure Owner: Max Vaughan / Dennis Wilkes
Responsible Officer: Karl Beese

Frequently asked questions:

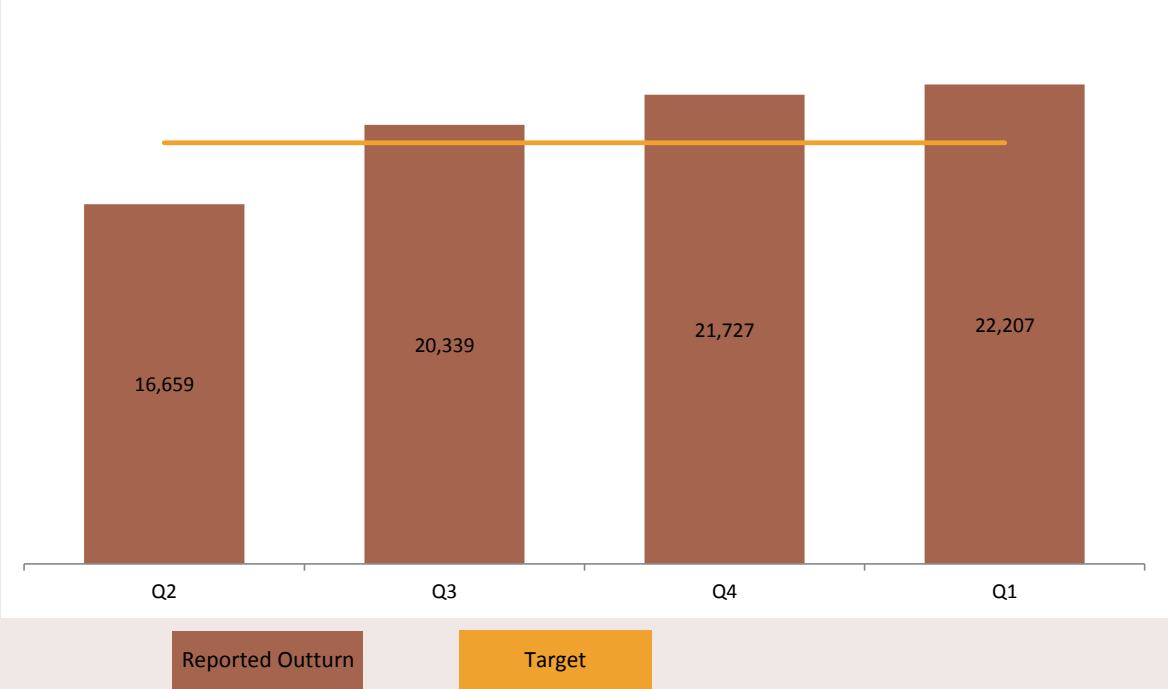
Theme: Prevention and Early Help
Adults over 70 attending wellbeing service

GREEN

Change:
Up
(Green) 2.2%

Prev. Quarter	Latest Quarter	Target
21727	22207	19500

Source:
Public Health



Commentary:
We continue to make good progress in delivering this measure and have seen a quarter on quarter increase for the last 3 reporting periods. Our Q1 2018/2019 performance of 22,207, exceeded the target of 19,500 with an increase of 2.2% on the Q4 2017/2018 results.

Measure Owner: Max Vaughan / Dennis Wilkes	Responsible Officer: Karl Beese
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Frequently asked questions:

Theme: Prevention and Early Help

Number of completed safeguarding enquiries which involved concerns about domestic abuse

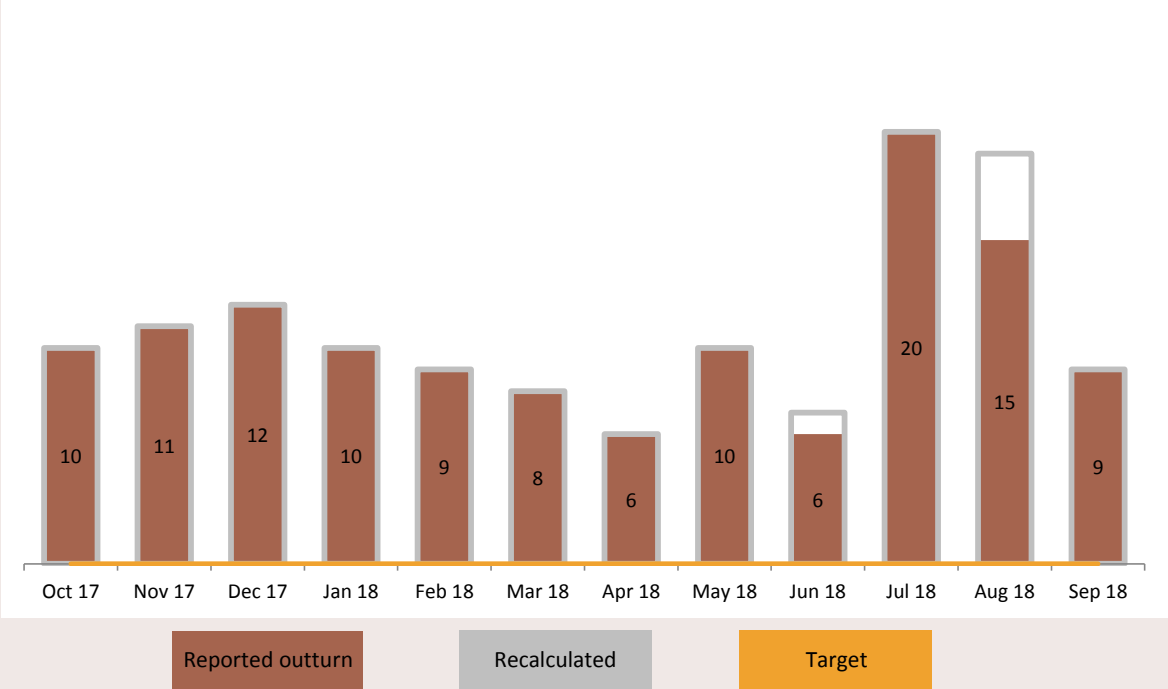
GREEN

Change:

Down (Red) 40%

Last Month	This Month	Target
15	9	N/A
Recalculated: 19		

Source:
Carefirst



Commentary:

In September there were 35 concerns raised involving allegations of Domestic Abuse, of which 10 resulted in a completed Enquiry. 8.7% of all enquiries completed in September involved allegations of Domestic Abuse. In the last 12 months there have been 132 completed enquiries relating to this. Of these 87% achieved their expressed outcomes, 92% felt that they were involved, 92% felt that they had been listened to, 89% felt we had acted on their wishes, 82% felt safer and 83% felt happier as a result of our intervention.

Measure Owner: David Gray

Responsible Officer:

Frequently asked questions:

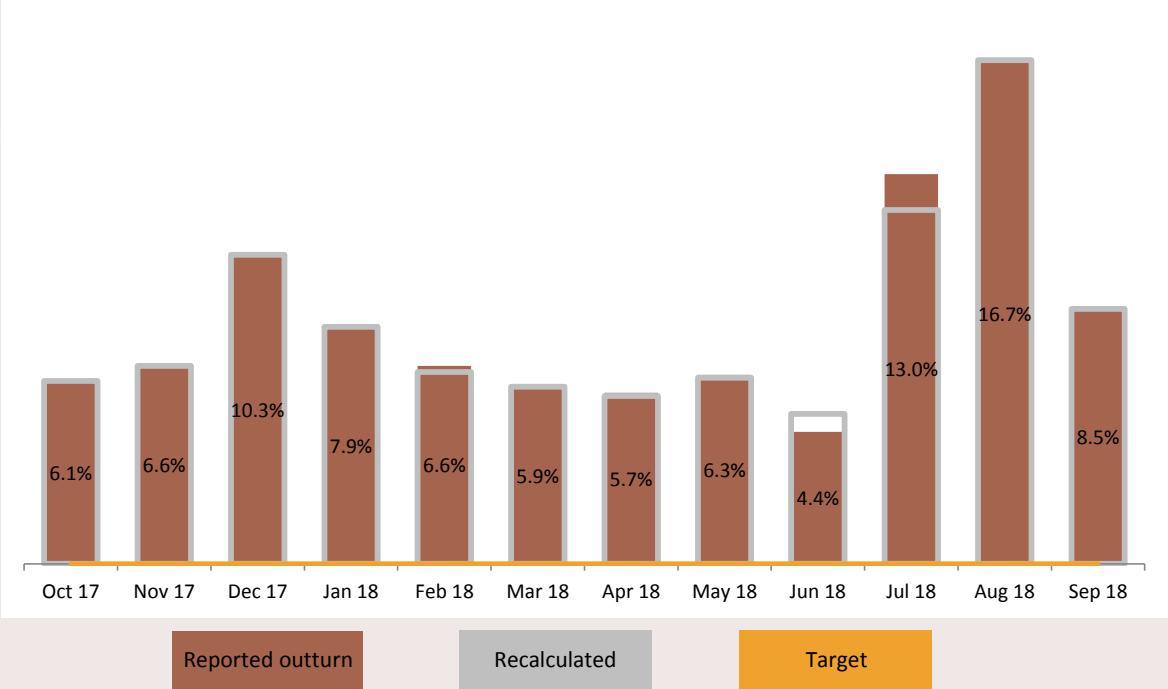
Theme: Prevention and Early Help
Percentage of completed safeguarding enquiries which involved concerns about domestic abuse

GREEN

Change:
Down
(Red) 8.2 pp

Last Month	This Month	Target
16.7%	8.5%	N/A
Recalculated: 16.8%		

Source:
Carefirst

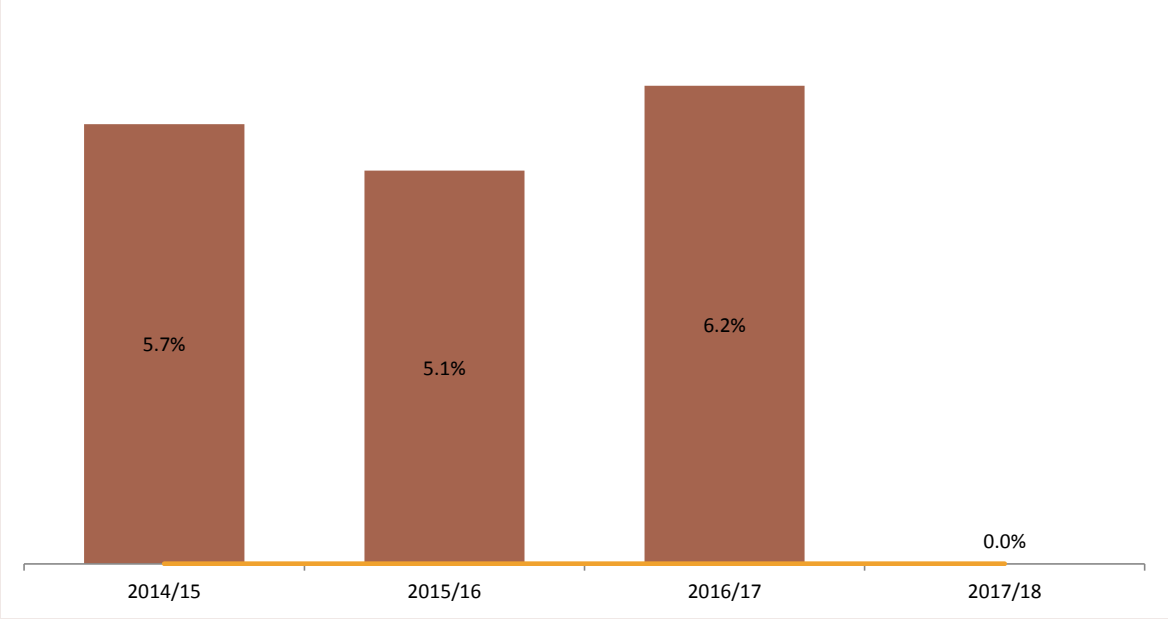


Commentary:
In September there were 35 concerns raised involving allegations of Domestic Abuse, of which 10 resulted in a completed Enquiry. 8.7% of all enquiries completed in September involved allegations of Domestic Abuse. In the last 12 months there have been 132 completed enquiries relating to this. Of these 87% achieved their expressed outcomes, 92% felt that they were involved, 92% felt that they had been listened to, 89% felt we had acted on their wishes, 82% felt safer and 83% felt happier as a result of our intervention.

Measure Owner: David Gray
Responsible Officer:

Frequently asked questions:

Source:
Public Health



Reported Outturn

Commentary:

Modelled estimate by Public Health England based on Defra data which is produced annually. There has been a decreasing trend between 2010 - 2015. However, there was an Increase in 2016. It is unknown if this the start of a new trend or single year blip. Birmingham is worse than England average figure (5.3% in 2016). Given the exposure to PM is based on models rather than local measures, the true impact of some initiatives on health may not be shown in this indicator. The 2017/2018 outturn data is due in May 2019

Measure Owner:
Duncan Vernon

Responsible Officer:
Duncan Vernon

Frequently asked questions:

Data available annually

Theme: Prevention and Early Help

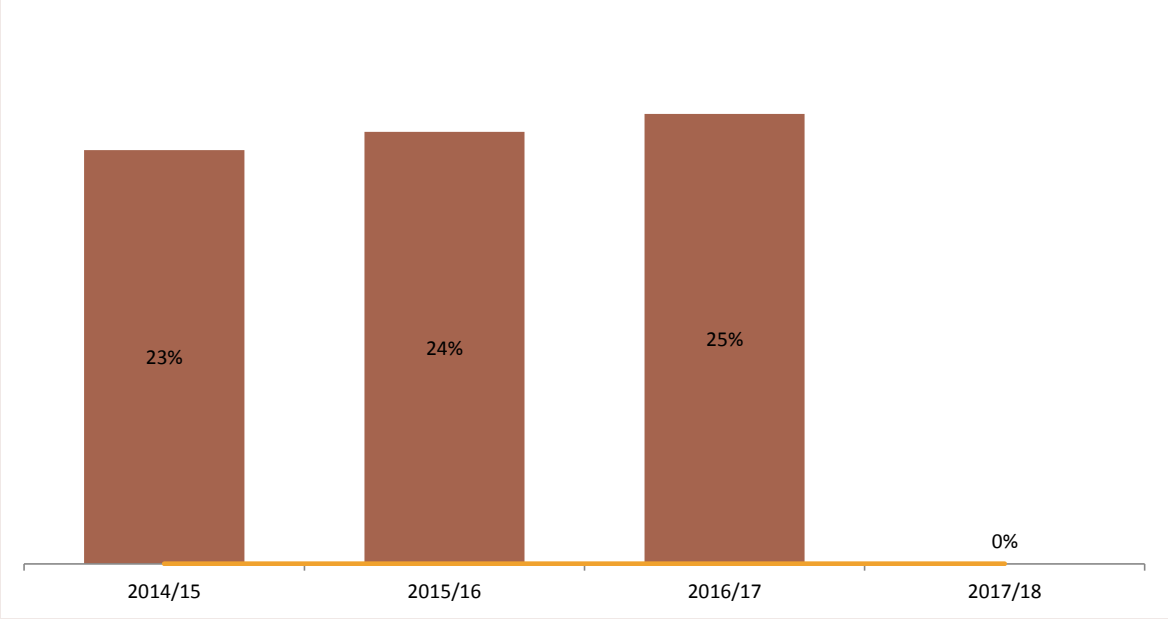
The percentage of children classed as overweight or obese at reception

N/A

Change:

Prev. Quarter 25% Latest Quarter Preferred Travel: Downwards

Source:
Public Health



Reported Outturn

Frequently asked questions:

Data available annually

Commentary:

For the 2016/17 academic year 24.7% of reception children measured were overweight or obese. This was 2.1% higher than the England Average. (22.6%).

The Council plan obesity target is to maintain or reduce the gap in childhood excess weight (at both reception and year 6) between Birmingham and England. Local and National Data for the 2017/18 academic year is anticipated to be available in December, to determine if the gap has changed – therefore we should be in a position to feedback on progress re the council plan target in December.

Measure Owner: Dennis Wilkes Responsible Officer: Fiona Grant / Jenny Riley

Theme: Prevention and Early Help

The percentage of children classed as overweight or obese in Year 6

N/A

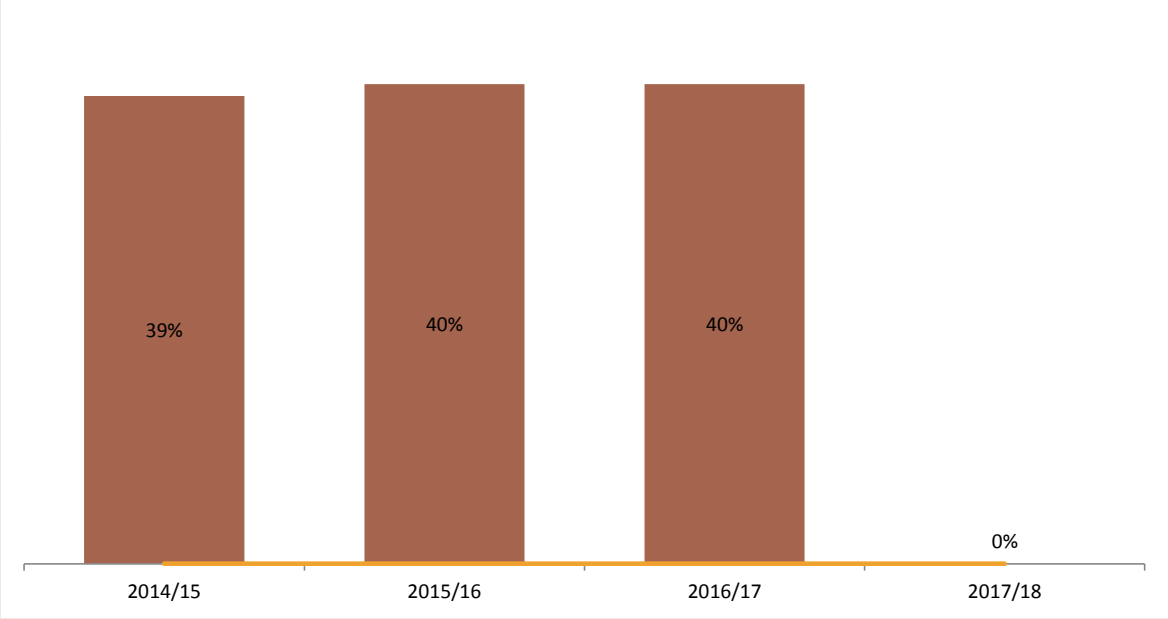
Change:

Prev. Quarter Latest Quarter Preferred

40%

Travel: Downwards

Source:
Public Health



Reported Outturn

Frequently asked questions:

Data available annually

Commentary:

For the 2016/17 academic year 40.1% of year 6 children measured were overweight or obese. This was 5.9% higher than the England Average (34.2%).

The Council plan obesity target is to maintain or reduce the gap in childhood excess weight (at both reception and year 6) between Birmingham and England. Local and National Data for the 2017/18 academic year is anticipated to be available in December, to determine if the gap has changed – therefore we should be in a position to feedback on progress re the council plan target in December.

Measure Owner: Responsible Officer:

Dennis Wilkes Fiona Grant / Jenny Riley

Theme: Community Assets

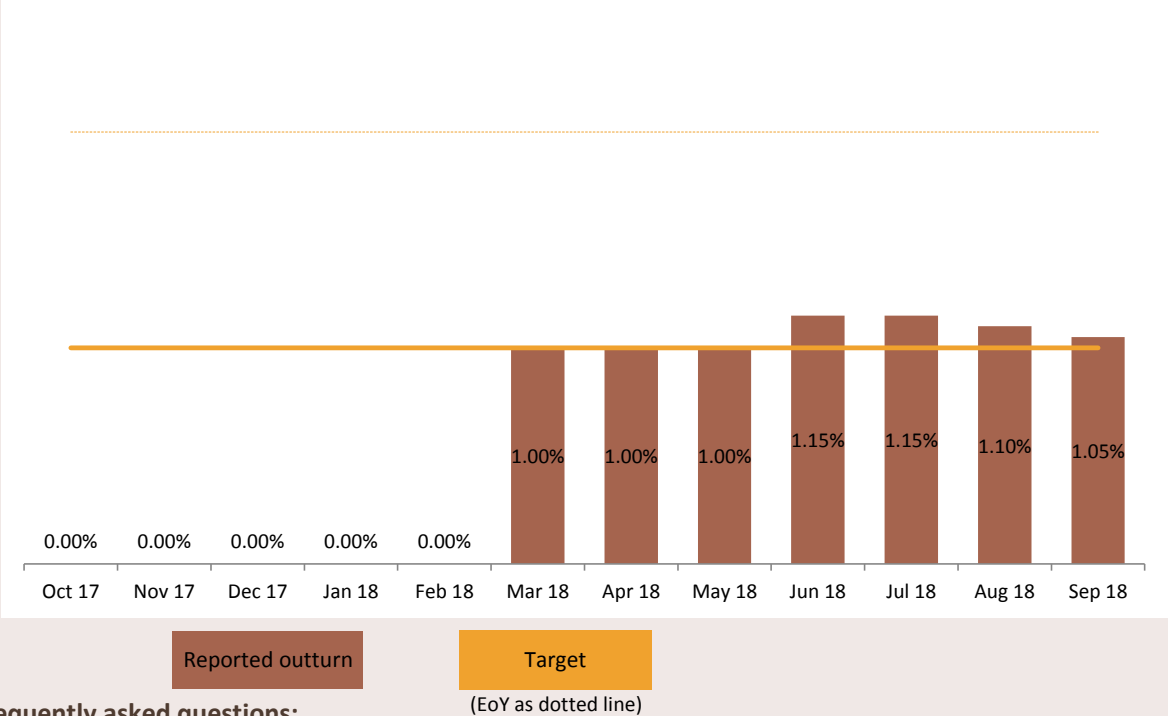
The percentage of service users aged 18-64 with learning disabilities in employment

GREEN

Change:
Down
(Red) 0.06 pp

Last Month	This Month	Target
1.1%	1.05%	1% (EoY 2%)

Source:
Carefirst classifications



Commentary:

The plan is to review the activities around this area of work to better understand the barriers. This will require a collaborative approach with Commissioning colleagues.

The Day Opportunity Strategy, which includes plans to invest in employment support and has been approved by Cabinet, has now progressed to the detailed planning stage . Targeting people with Learning Disabilities is a key plank of the strategy, and implementation is due to begin in December, with results expected in line with the target of 2% at year end.

Measure Owner:
Melanie Brooks

Responsible Officer:
Sonia Mais-Rose

Frequently asked questions:

Theme: Community Assets

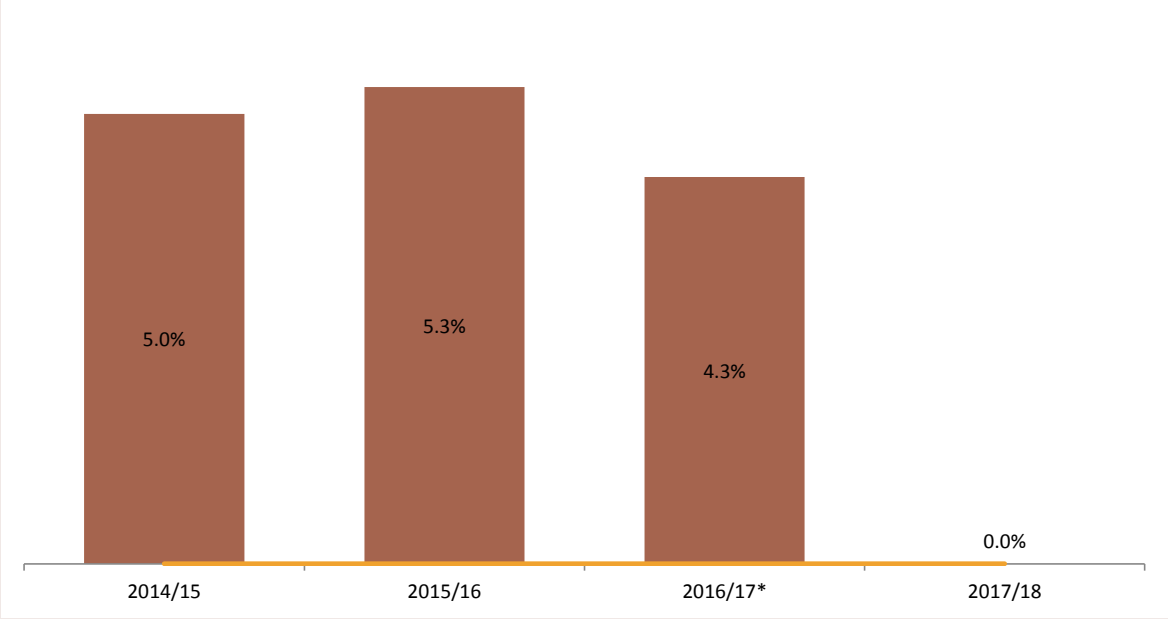
The percentage of adults in contact with secondary mental health services in employment

N/A

Change:

Prev. Quarter	Latest Quarter	Preferred
4.3%		Travel: Upwards

Source:
NHS Digital



Reported Outturn

Commentary:

This is a measure taken from the ASCOF framework, and is collected and submitted by NHS Mental Health services. “Secondary Mental Health services” are part of the NHS rather than part of the council, although a proportion of these citizens are also likely to be in contact with adult social care. A partnership approach to this issue is therefore required. Initial work will need to include mapping the cohort and current initiatives. Future commentary will reflect this.

Measure Owner:
Melanie Brooks

Responsible Officer:
Melanie Brooks

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.

Theme: Community Assets

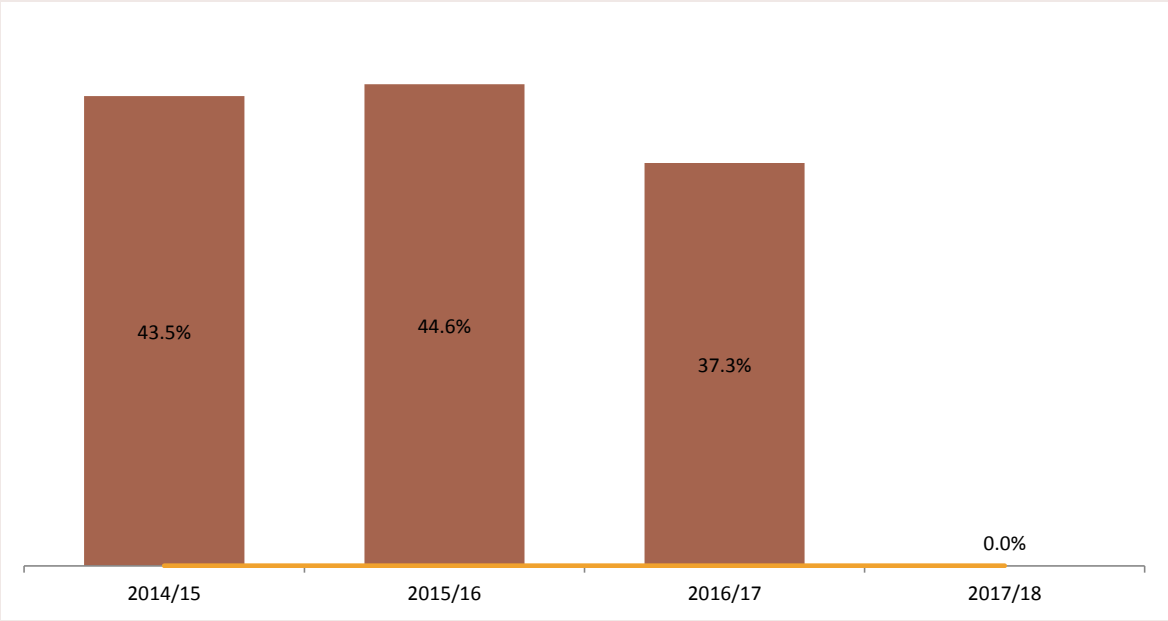
The proportion of people who use services who reported that they had as much social contact as they like

N/A

Change:

Prev. Quarter	Latest Quarter	Preferred
37.3%		Travel: Upwards

Source:
NHS Digital



Reported Outturn

Commentary:

This is issued annually as part of the Ascof set of measures. Results are due to be published in October/ November.

Measure Owner:

Responsible Officer:

Frequently asked questions:

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

[< Previous: MH Employment](#)

[Return to Scorecard](#)

[Next: Carer social contact >](#)

Theme: Community Assets

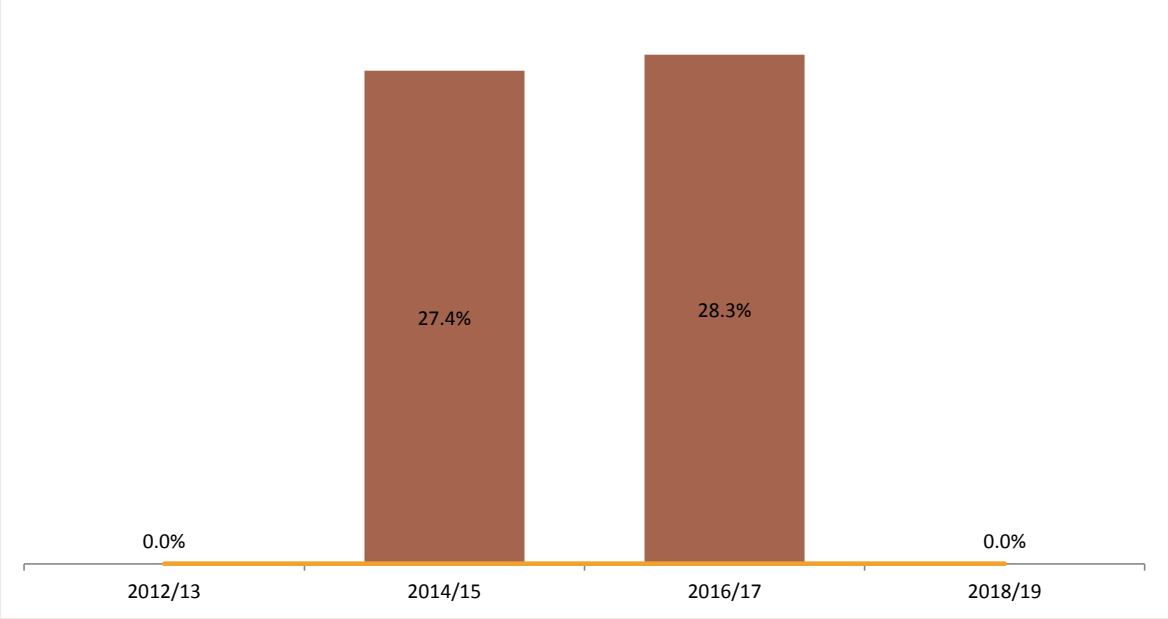
The proportion of carers who reported that they had as much social contact as they like

N/A

Change:

Prev. Quarter	Latest Quarter	Preferred
28.3%		Travel: Upwards

Source:
NHS Digital



Reported Outturn

Frequently asked questions:

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

Commentary:

This is issued every two years as part of the Ascof set of measures. Results are due to be published in October/ November 2019.

Measure Owner:

Responsible Officer:

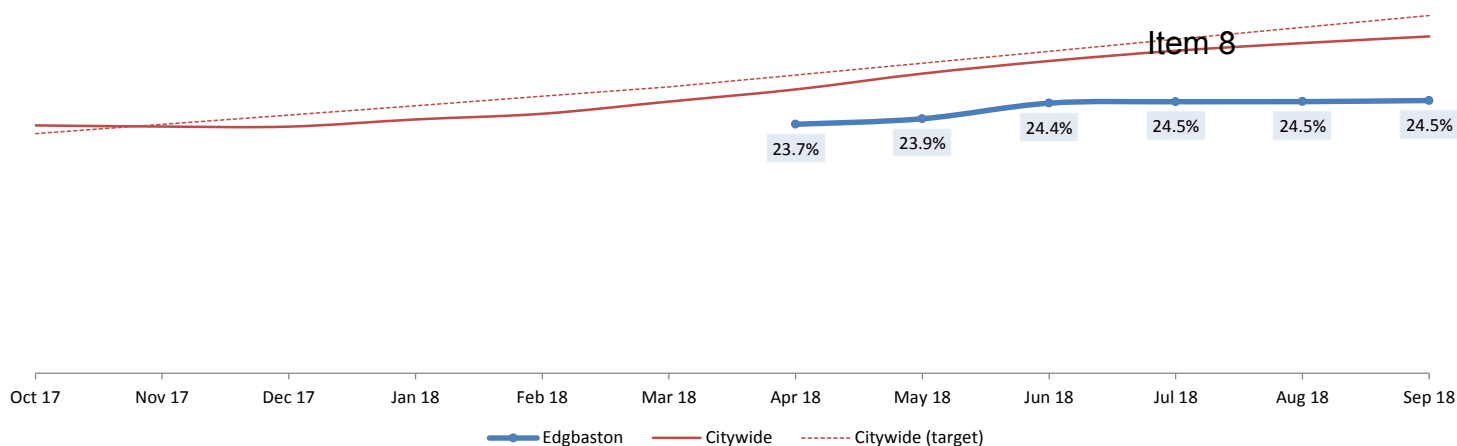
[< Previous: Client social contact](#)

[Return to Scorecard](#)

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Edgbaston

Proportion of eligible people in receipt of direct payments

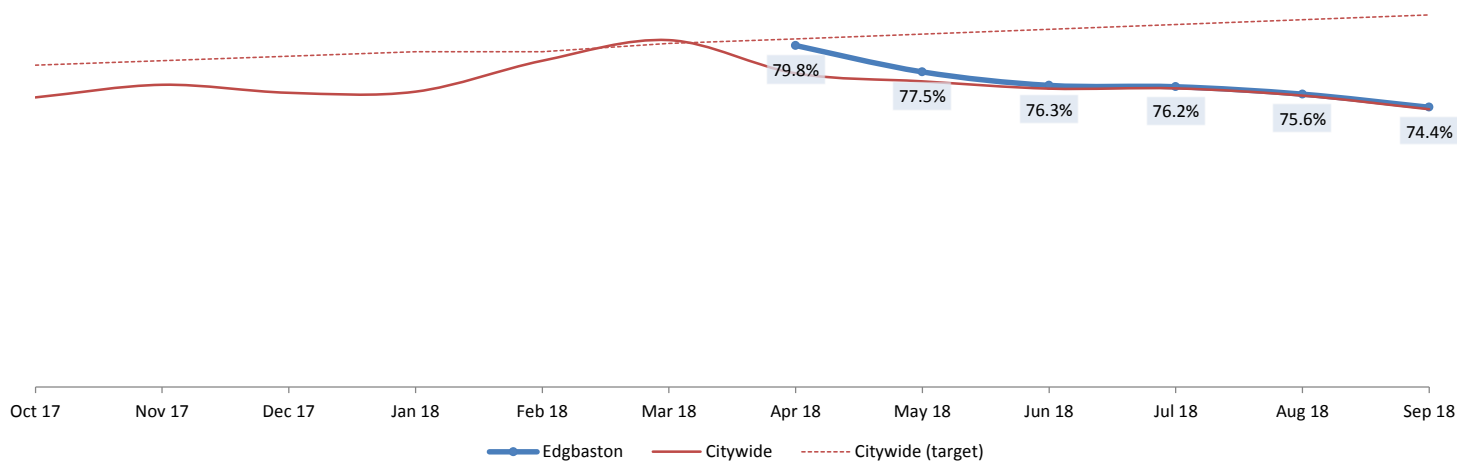


Spread of results

This month												
Lowest	Northfield	Yardley	Selly Oak	Edgbaston	Erdington	Hodge Hill	Hall Green	Citywide	Sutton	Ladywood	Perry Barr	Highest
	21.0%	21.6%	22.6%	24.5%	24.7%	25.9%	26.3%	26.8%	29.0%	33.7%	35.2%	

12 month average												
Lowest	Yardley	Selly Oak	Northfield	Erdington	Edgbaston	Hodge Hill	Citywide	Hall Green	Sutton	Ladywood	Perry Barr	Highest
	19.9%	21.3%	21.7%	24.1%	24.3%	24.7%	24.9%	26.3%	28.2%	32.0%	33.8%	

Proportion of clients reviewed or assessed in the last 12 months



Spread of results

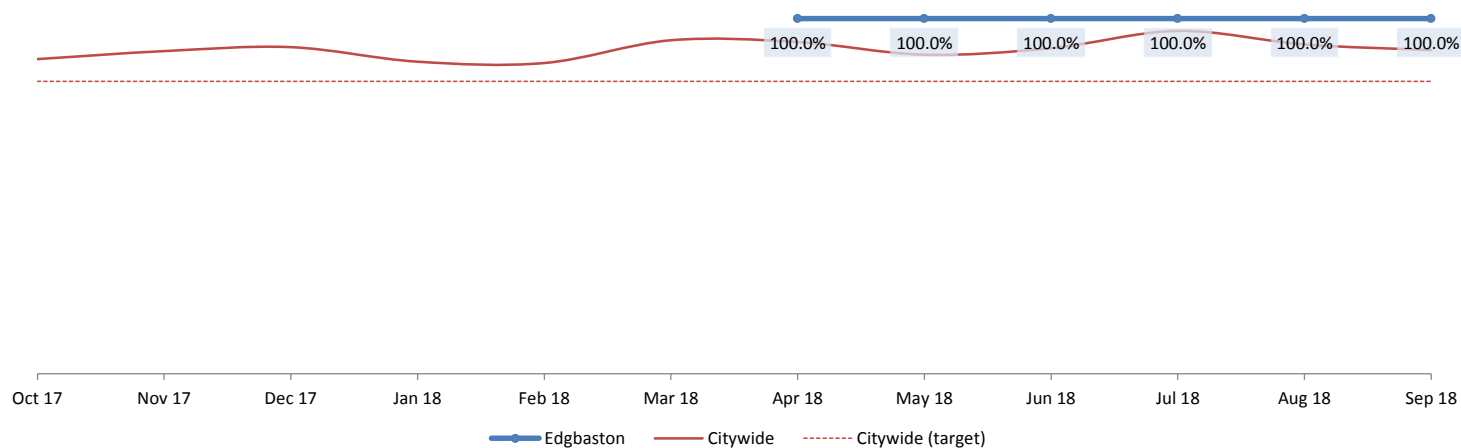
This month												
Lowest	Perry Barr	Northfield	Hall Green	Selly Oak	Hodge Hill	Citywide	Edgbaston	Ladywood	Yardley	Sutton	Erdington	Highest
	66.3%	68.3%	69.0%	71.3%	73.1%	74.3%	74.4%	76.4%	78.0%	79.8%	81.0%	

12 month average												
Lowest	Selly Oak	Perry Barr	Northfield	Hall Green	Citywide	Edgbaston	Hodge Hill	Ladywood	Sutton	Yardley	Erdington	Highest
	71.2%	72.3%	75.5%	76.1%	76.5%	77.0%	78.9%	78.9%	79.6%	80.3%	82.7%	

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Edgbaston

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	

Performance for people under non-constituency teams: 95.7%

12 month overall

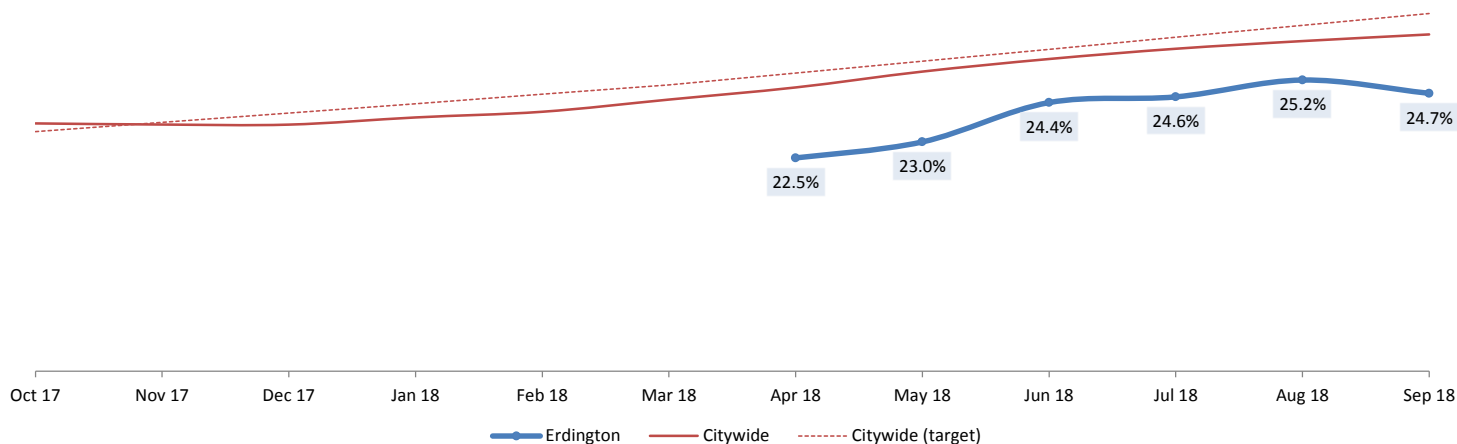
Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	

Performance for people under non-constituency teams: 82.3%

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Erdington

Proportion of eligible people in receipt of direct payments



Spread of results

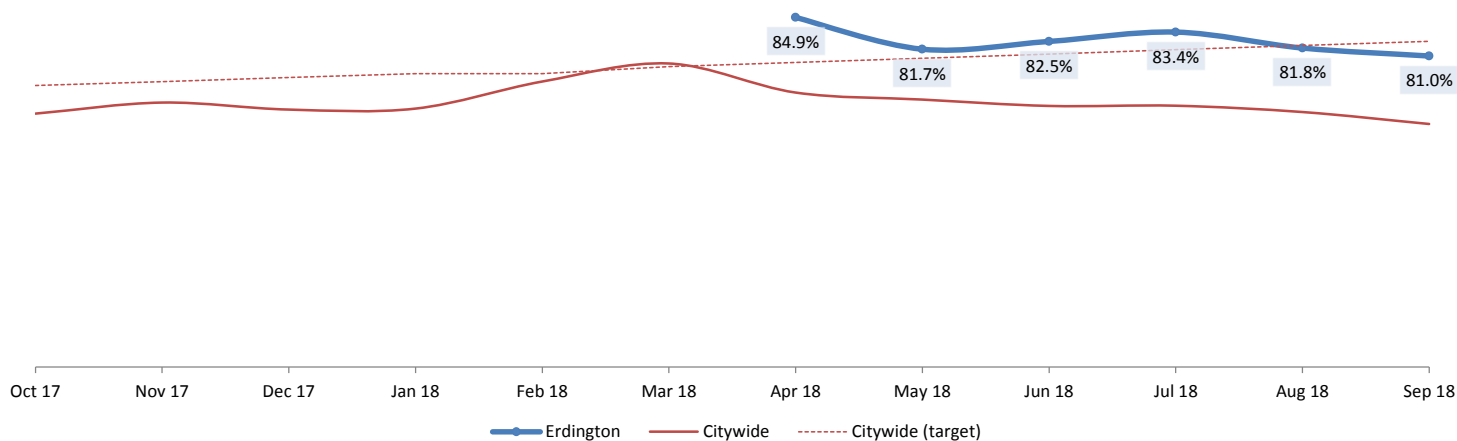
This month

Lowest	Northfield 21.0%	Yardley 21.6%	Selly Oak 22.6%	Edgbaston 24.5%	Erdington 24.7%	Hodge Hill 25.9%	Hall Green 26.3%	Citywide 26.8%	Sutton 29.0%	Ladywood 33.7%	Perry Barr 35.2%	Highest
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12 month average

Lowest	Yardley 19.9%	Selly Oak 21.3%	Northfield 21.7%	Erdington 24.1%	Edgbaston 24.3%	Hodge Hill 24.7%	Citywide 24.9%	Hall Green 26.3%	Sutton 28.2%	Ladywood 32.0%	Perry Barr 33.8%	Highest
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Proportion of clients reviewed or assessed in the last 12 months



Spread of results

This month

Lowest	Perry Barr 66.3%	Northfield 68.3%	Hall Green 69.0%	Selly Oak 71.3%	Hodge Hill 73.1%	Citywide 74.3%	Edgbaston 74.4%	Ladywood 76.4%	Yardley 78.0%	Sutton 79.8%	Erdington 81.0%	Highest
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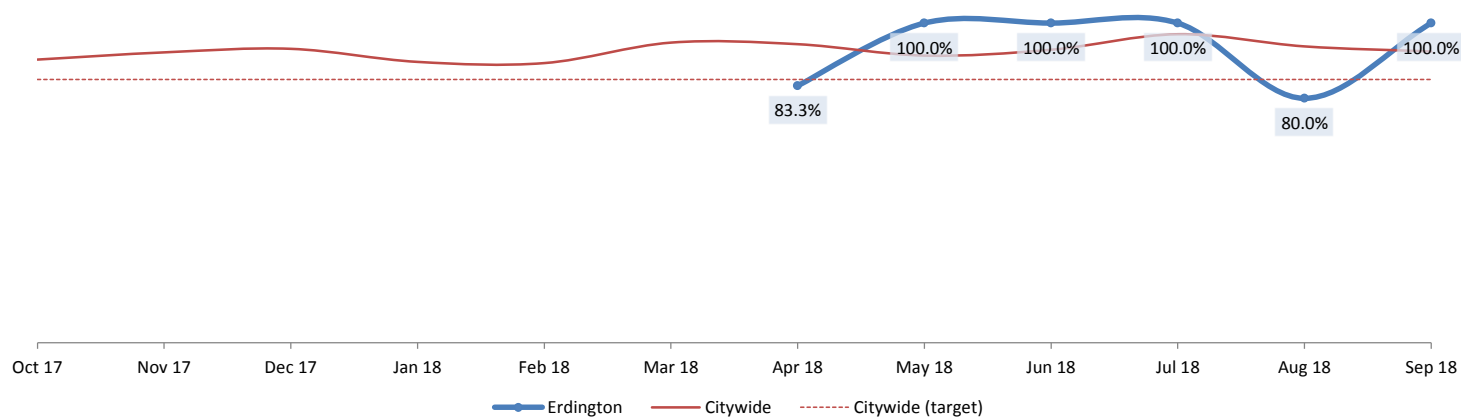
12 month average

Lowest	Selly Oak 71.2%	Perry Barr 72.3%	Northfield 75.5%	Hall Green 76.1%	Citywide 76.5%	Edgbaston 77.0%	Hodge Hill 78.9%	Ladywood 78.9%	Sutton 79.6%	Yardley 80.3%	Erdington 82.7%	Highest
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Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Erdington

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	

Performance for people under non-constituency teams: 95.7%

12 month overall

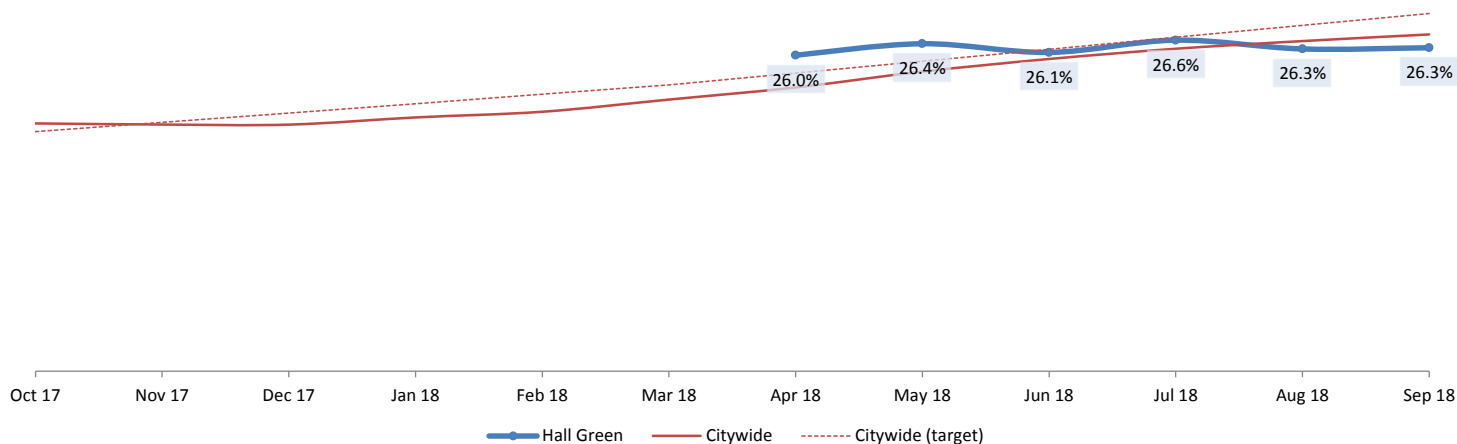
Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	

Performance for people under non-constituency teams: 82.3%

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Hall Green

Proportion of eligible people in receipt of direct payments

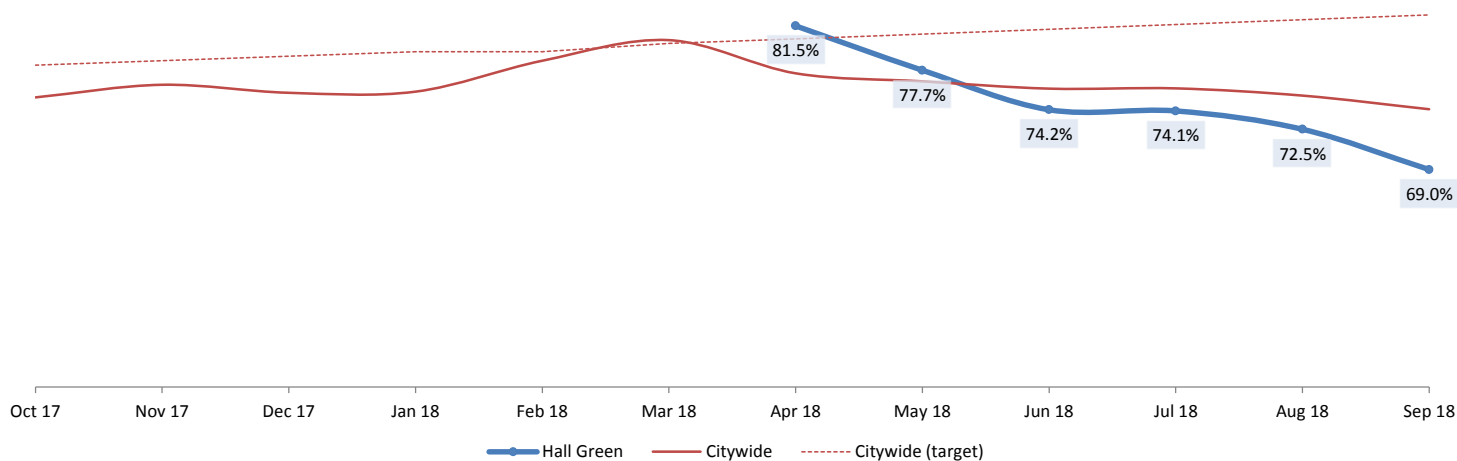


Spread of results

This month												
Lowest	Northfield	Yardley	Selly Oak	Edgbaston	Erdington	Hodge Hill	Hall Green	Citywide	Sutton	Ladywood	Perry Barr	Highest
	21.0%	21.6%	22.6%	24.5%	24.7%	25.9%	26.3%	26.8%	29.0%	33.7%	35.2%	

12 month average												
Lowest	Yardley	Selly Oak	Northfield	Erdington	Edgbaston	Hodge Hill	Citywide	Hall Green	Sutton	Ladywood	Perry Barr	Highest
	19.9%	21.3%	21.7%	24.1%	24.3%	24.7%	24.9%	26.3%	28.2%	32.0%	33.8%	

Proportion of clients reviewed or assessed in the last 12 months



Spread of results

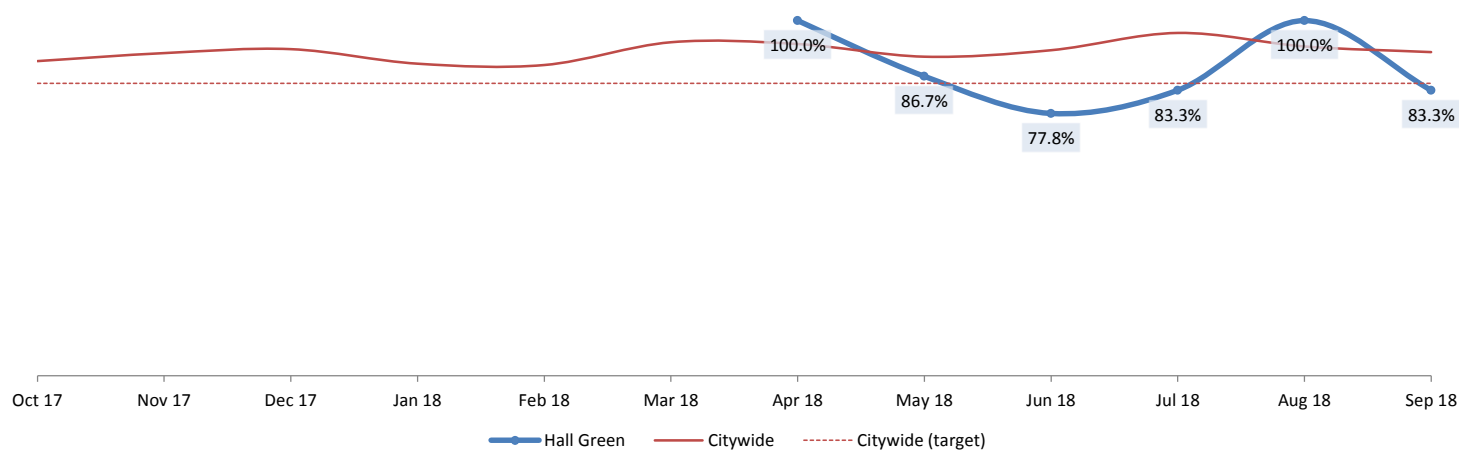
This month												
Lowest	Perry Barr	Northfield	Hall Green	Selly Oak	Hodge Hill	Citywide	Edgbaston	Ladywood	Yardley	Sutton	Erdington	Highest
	66.3%	68.3%	69.0%	71.3%	73.1%	74.3%	74.4%	76.4%	78.0%	79.8%	81.0%	

12 month average												
Lowest	Selly Oak	Perry Barr	Northfield	Hall Green	Citywide	Edgbaston	Hodge Hill	Ladywood	Sutton	Yardley	Erdington	Highest
	71.2%	72.3%	75.5%	76.1%	76.5%	77.0%	78.9%	78.9%	79.6%	80.3%	82.7%	

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Hall Green

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	

Performance for people under non-constituency teams: 95.7%

12 month overall

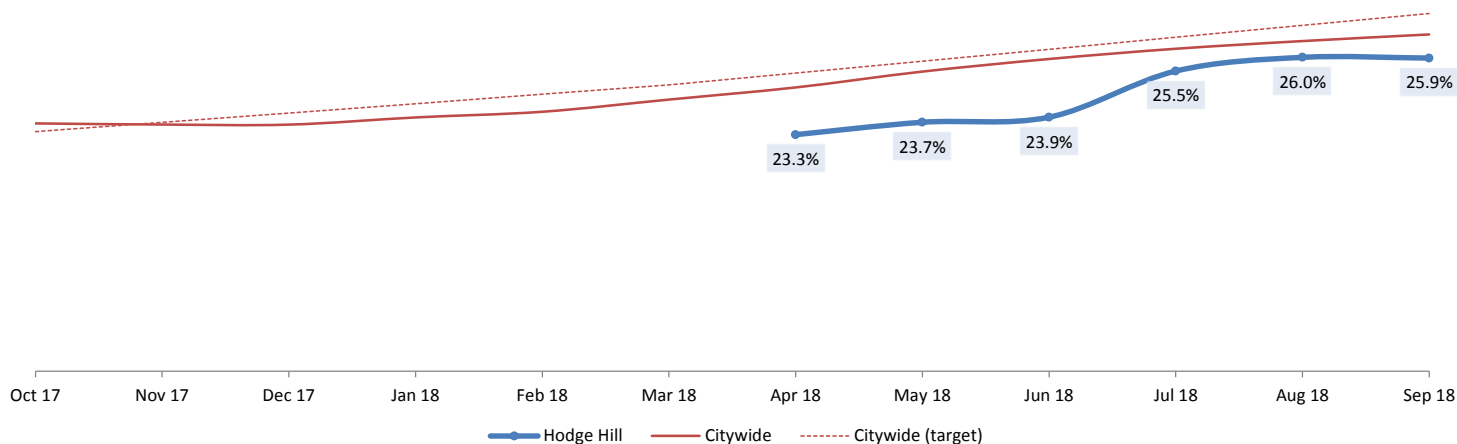
Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	

Performance for people under non-constituency teams: 82.3%

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Hodge Hill

Proportion of eligible people in receipt of direct payments

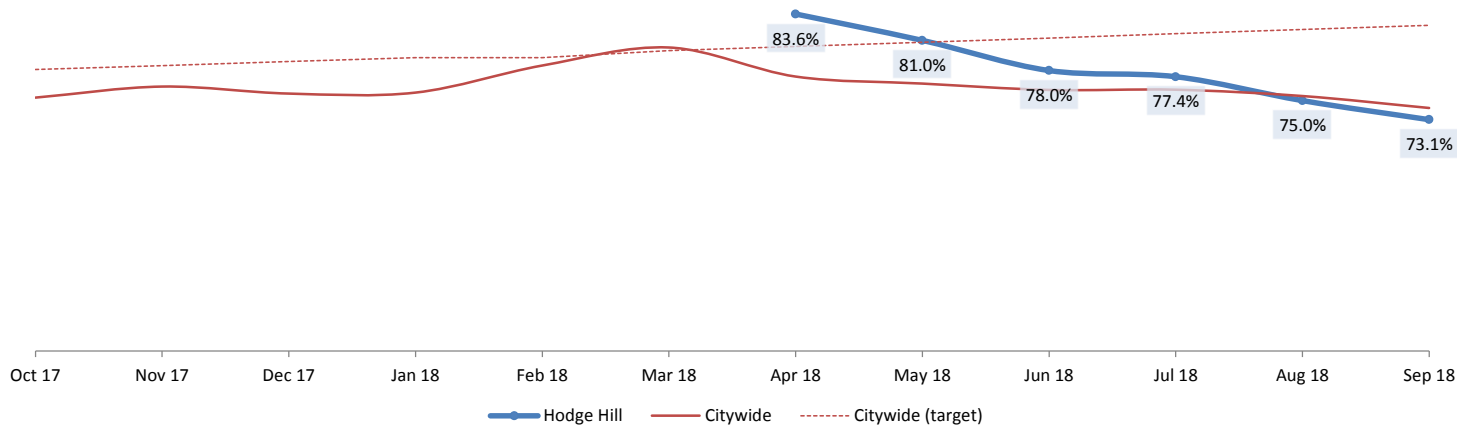


Spread of results

This month												
Lowest	Northfield	Yardley	Selly Oak	Edgbaston	Erdington	Hodge Hill	Hall Green	Citywide	Sutton	Ladywood	Perry Barr	Highest
	21.0%	21.6%	22.6%	24.5%	24.7%	25.9%	26.3%	26.8%	29.0%	33.7%	35.2%	

12 month average												
Lowest	Yardley	Selly Oak	Northfield	Erdington	Edgbaston	Hodge Hill	Citywide	Hall Green	Sutton	Ladywood	Perry Barr	Highest
	19.9%	21.3%	21.7%	24.1%	24.3%	24.7%	24.9%	26.3%	28.2%	32.0%	33.8%	

Proportion of clients reviewed or assessed in the last 12 months



Spread of results

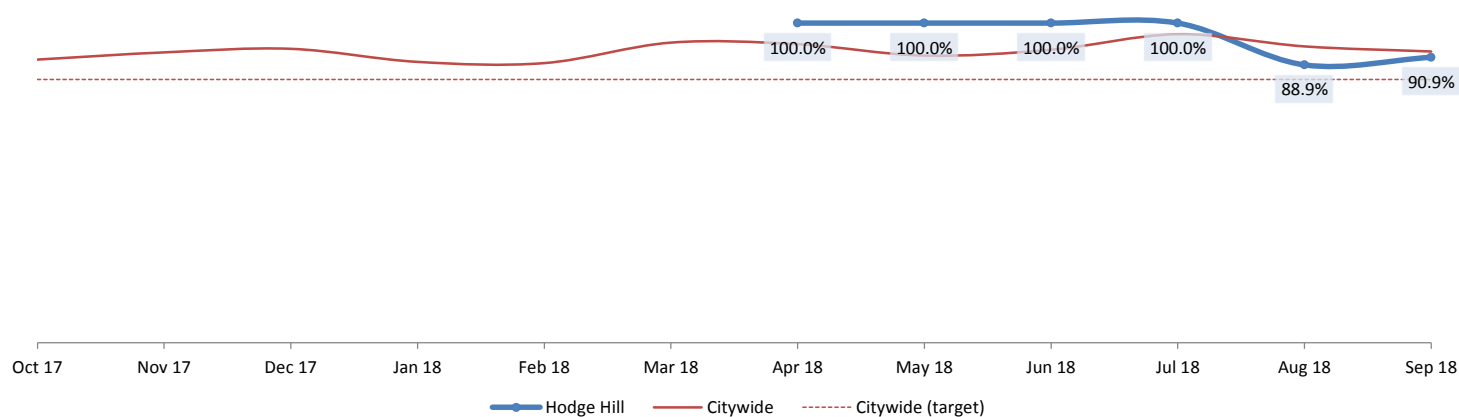
This month												
Lowest	Perry Barr	Northfield	Hall Green	Selly Oak	Hodge Hill	Citywide	Edgbaston	Ladywood	Yardley	Sutton	Erdington	Highest
	66.3%	68.3%	69.0%	71.3%	73.1%	74.3%	74.4%	76.4%	78.0%	79.8%	81.0%	

12 month average												
Lowest	Selly Oak	Perry Barr	Northfield	Hall Green	Citywide	Edgbaston	Hodge Hill	Ladywood	Sutton	Yardley	Erdington	Highest
	71.2%	72.3%	75.5%	76.1%	76.5%	77.0%	78.9%	78.9%	79.6%	80.3%	82.7%	

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Hodge Hill

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	

Performance for people under non-constituency teams: 95.7%

12 month overall

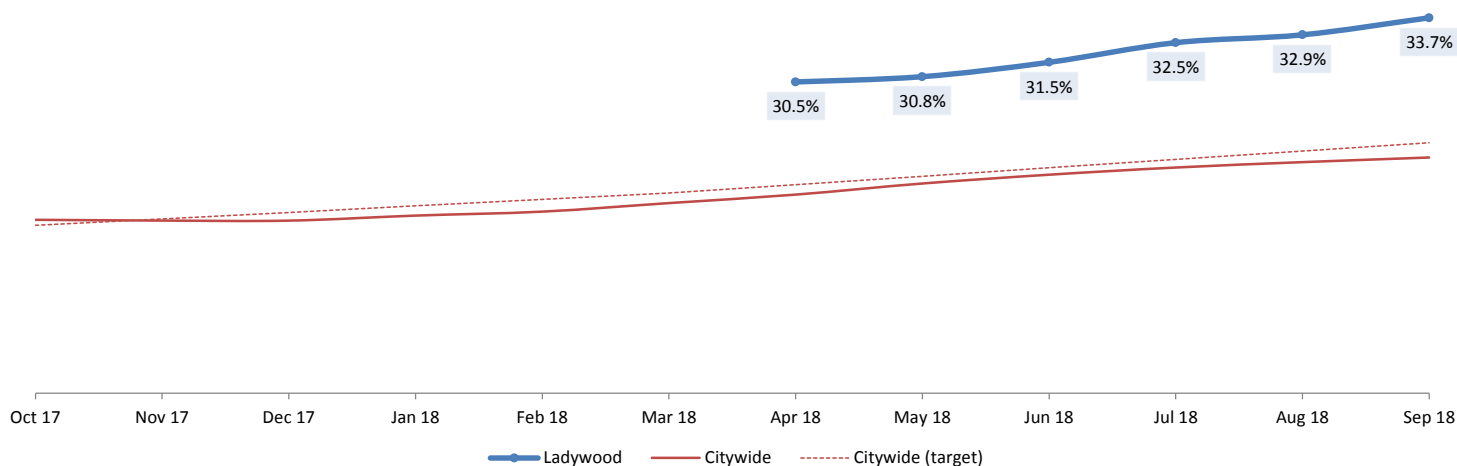
Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	

Performance for people under non-constituency teams: 82.3%

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Ladywood

Proportion of eligible people in receipt of direct payments

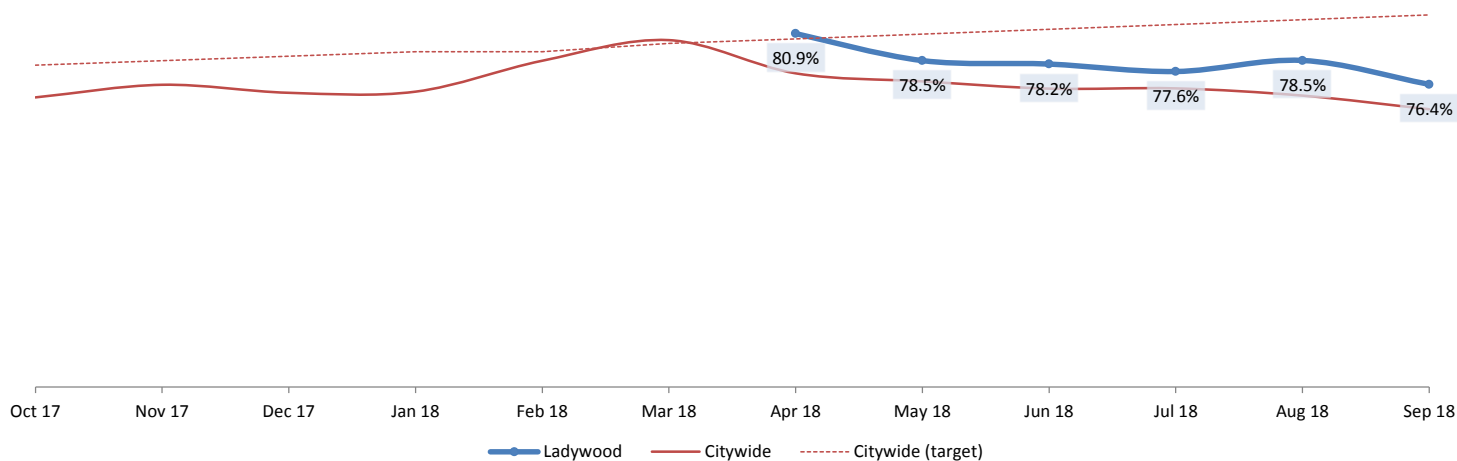


Spread of results

This month												
Lowest	Northfield	Yardley	Selly Oak	Edgbaston	Erdington	Hodge Hill	Hall Green	Citywide	Sutton	Ladywood	Perry Barr	Highest
	21.0%	21.6%	22.6%	24.5%	24.7%	25.9%	26.3%	26.8%	29.0%	33.7%	35.2%	

12 month average												
Lowest	Yardley	Selly Oak	Northfield	Erdington	Edgbaston	Hodge Hill	Citywide	Hall Green	Sutton	Ladywood	Perry Barr	Highest
	19.9%	21.3%	21.7%	24.1%	24.3%	24.7%	24.9%	26.3%	28.2%	32.0%	33.8%	

Proportion of clients reviewed or assessed in the last 12 months



Spread of results

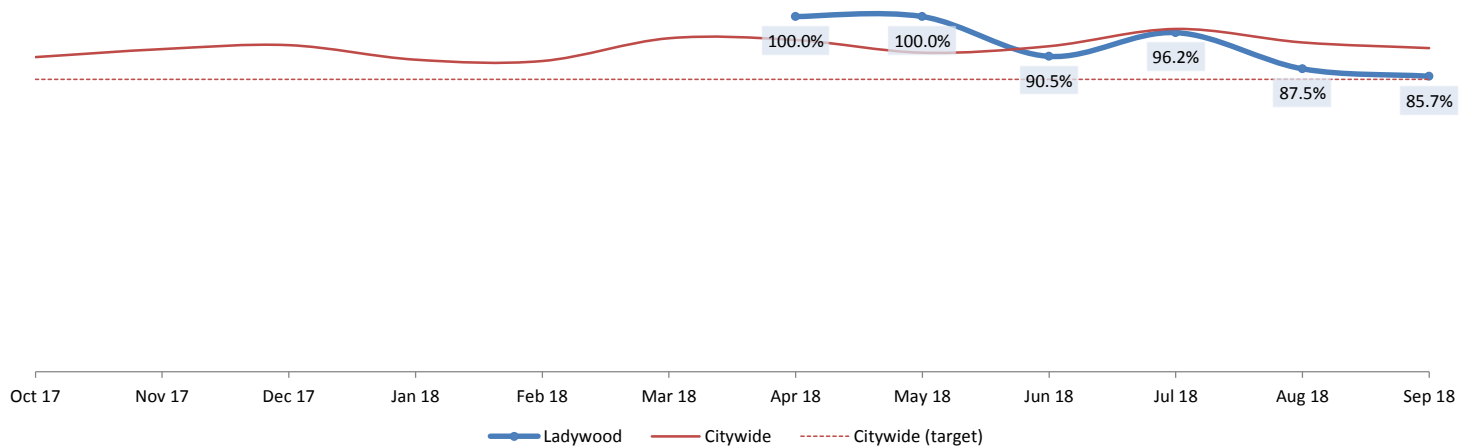
This month												
Lowest	Perry Barr	Northfield	Hall Green	Selly Oak	Hodge Hill	Citywide	Edgbaston	Ladywood	Yardley	Sutton	Erdington	Highest
	66.3%	68.3%	69.0%	71.3%	73.1%	74.3%	74.4%	76.4%	78.0%	79.8%	81.0%	

12 month average												
Lowest	Selly Oak	Perry Barr	Northfield	Hall Green	Citywide	Edgbaston	Hodge Hill	Ladywood	Sutton	Yardley	Erdington	Highest
	71.2%	72.3%	75.5%	76.1%	76.5%	77.0%	78.9%	78.9%	79.6%	80.3%	82.7%	

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Ladywood

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	

Performance for people under non-constituency teams: 95.7%

12 month overall

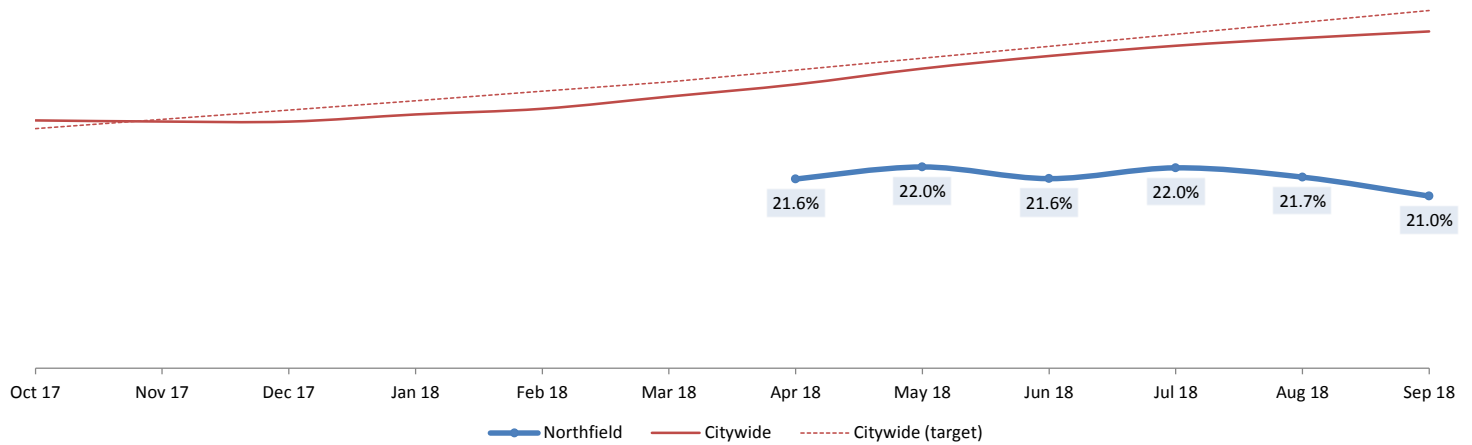
Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	

Performance for people under non-constituency teams: 82.3%

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Northfield

Proportion of eligible people in receipt of direct payments

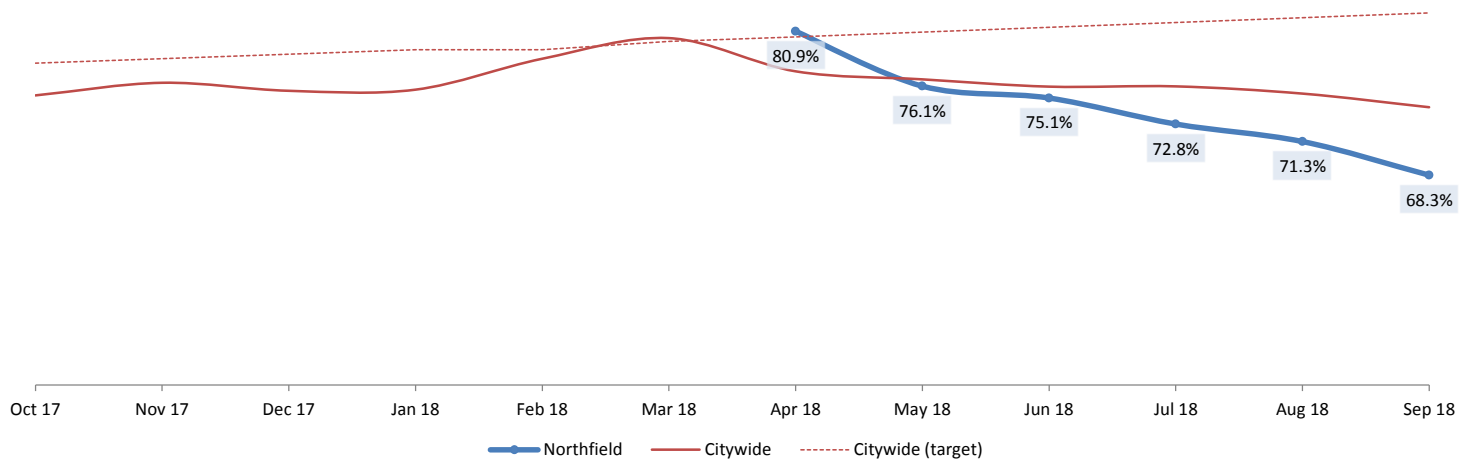


Spread of results

This month												
Lowest	Northfield 21.0%	Yardley 21.6%	Selly Oak 22.6%	Edgbaston 24.5%	Erdington 24.7%	Hodge Hill 25.9%	Hall Green 26.3%	Citywide 26.8%	Sutton 29.0%	Ladywood 33.7%	Perry Barr 35.2%	Highest

12 month average												
Lowest	Yardley	Selly Oak	Northfield	Erdington	Edgbaston	Hodge Hill	Citywide	Hall Green	Sutton	Ladywood	Perry Barr	Highest
	19.9%	21.3%	21.7%	24.1%	24.3%	24.7%	24.9%	26.3%	28.2%	32.0%	33.8%	

Proportion of clients reviewed or assessed in the last 12 months



Spread of results

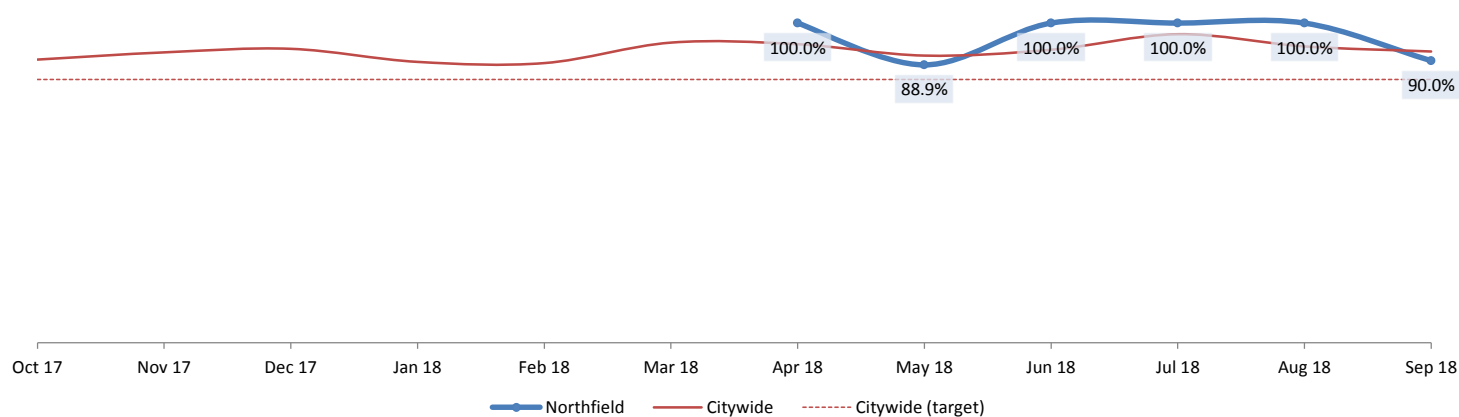
This month												
Lowest	Perry Barr	Northfield	Hall Green	Selly Oak	Hodge Hill	Citywide	Edgbaston	Ladywood	Yardley	Sutton	Erdington	Highest
	66.3%	68.3%	69.0%	71.3%	73.1%	74.3%	74.4%	76.4%	78.0%	79.8%	81.0%	

12 month average												
Lowest	Selly Oak	Perry Barr	Northfield	Hall Green	Citywide	Edgbaston	Hodge Hill	Ladywood	Sutton	Yardley	Erdington	Highest
	71.2%	72.3%	75.5%	76.1%	76.5%	77.0%	78.9%	78.9%	79.6%	80.3%	82.7%	

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Northfield

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	
Performance for people under non-constituency teams: 95.7%												

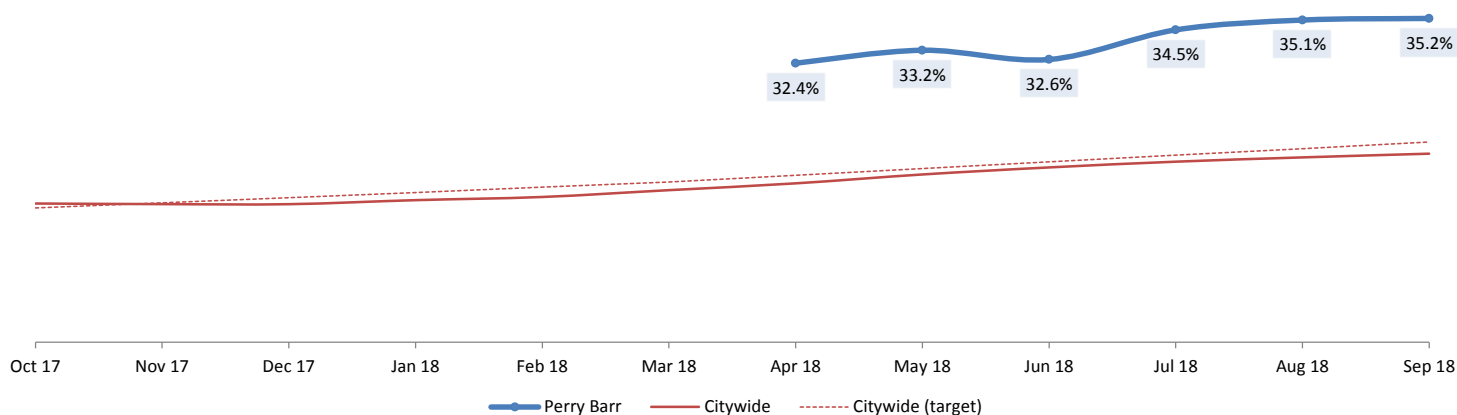
12 month overall

Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	
Performance for people under non-constituency teams: 82.3%												

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Perry Barr

Proportion of eligible people in receipt of direct payments

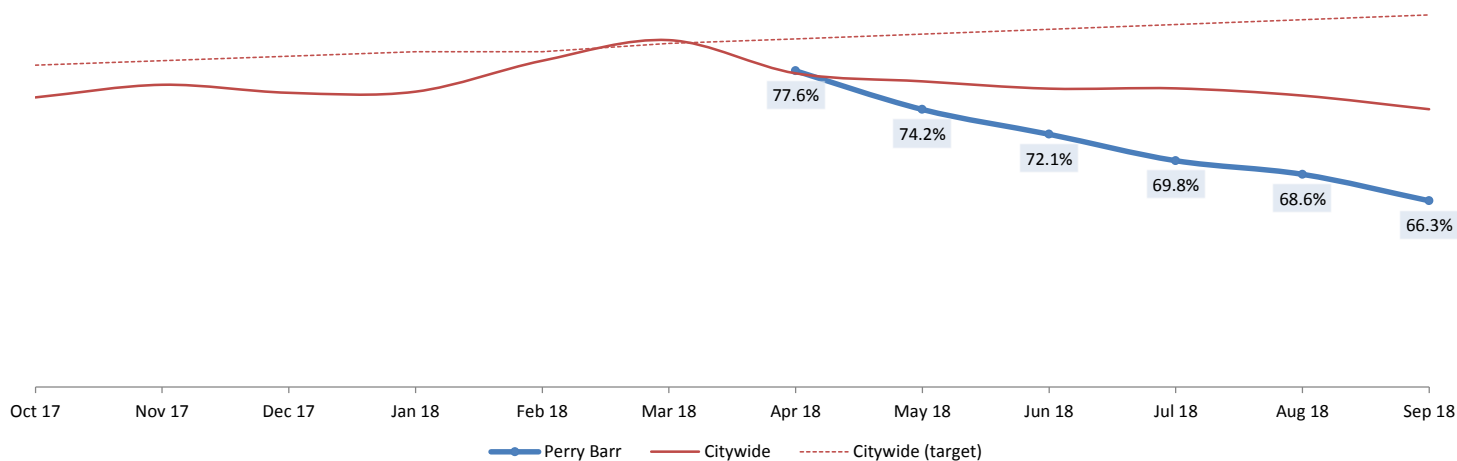


Spread of results

This month												
Lowest	Northfield	Yardley	Selly Oak	Edgbaston	Erdington	Hodge Hill	Hall Green	Citywide	Sutton	Ladywood	Perry Barr	Highest
	21.0%	21.6%	22.6%	24.5%	24.7%	25.9%	26.3%	26.8%	29.0%	33.7%	35.2%	

12 month average												
Lowest	Yardley	Selly Oak	Northfield	Erdington	Edgbaston	Hodge Hill	Citywide	Hall Green	Sutton	Ladywood	Perry Barr	Highest
	19.9%	21.3%	21.7%	24.1%	24.3%	24.7%	24.9%	26.3%	28.2%	32.0%	33.8%	

Proportion of clients reviewed or assessed in the last 12 months



Spread of results

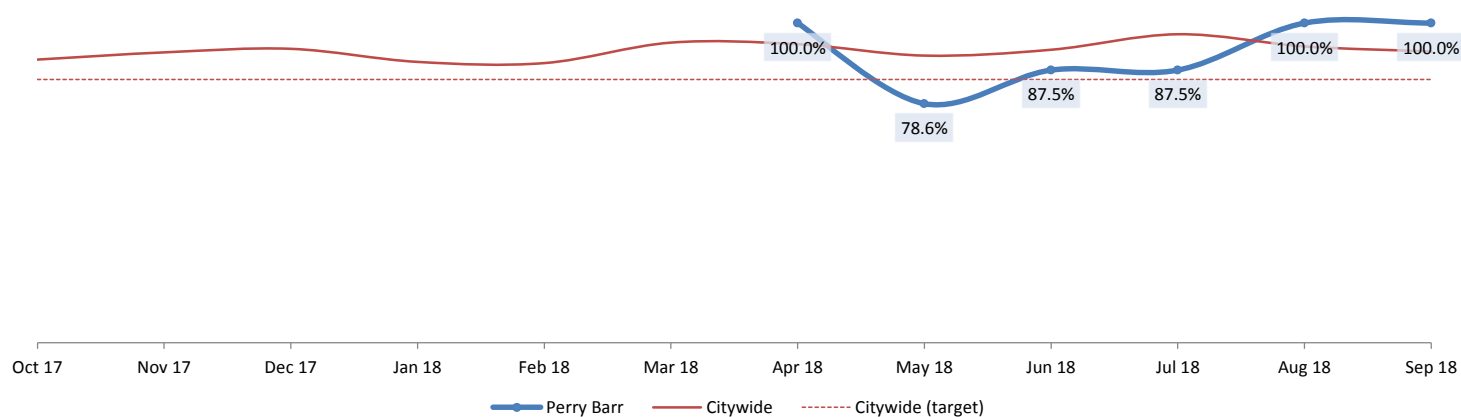
This month												
Lowest	Perry Barr	Northfield	Hall Green	Selly Oak	Hodge Hill	Citywide	Edgbaston	Ladywood	Yardley	Sutton	Erdington	Highest
	66.3%	68.3%	69.0%	71.3%	73.1%	74.3%	74.4%	76.4%	78.0%	79.8%	81.0%	

12 month average												
Lowest	Selly Oak	Perry Barr	Northfield	Hall Green	Citywide	Edgbaston	Hodge Hill	Ladywood	Sutton	Yardley	Erdington	Highest
	71.2%	72.3%	75.5%	76.1%	76.5%	77.0%	78.9%	78.9%	79.6%	80.3%	82.7%	

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Perry Barr

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	

Performance for people under non-constituency teams: 95.7%

12 month overall

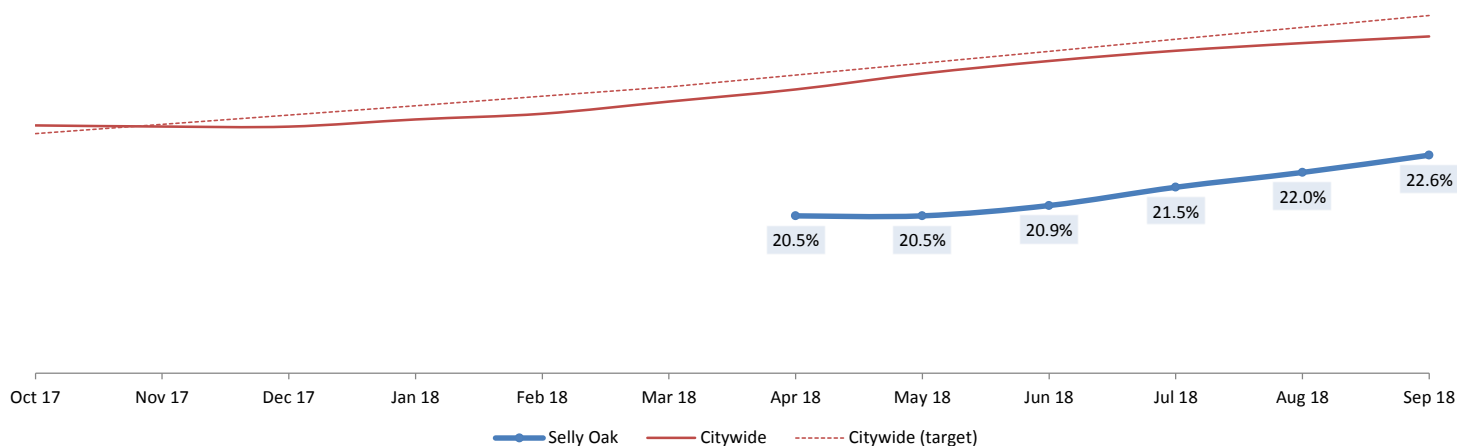
Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	

Performance for people under non-constituency teams: 82.3%

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Selly Oak

Proportion of eligible people in receipt of direct payments

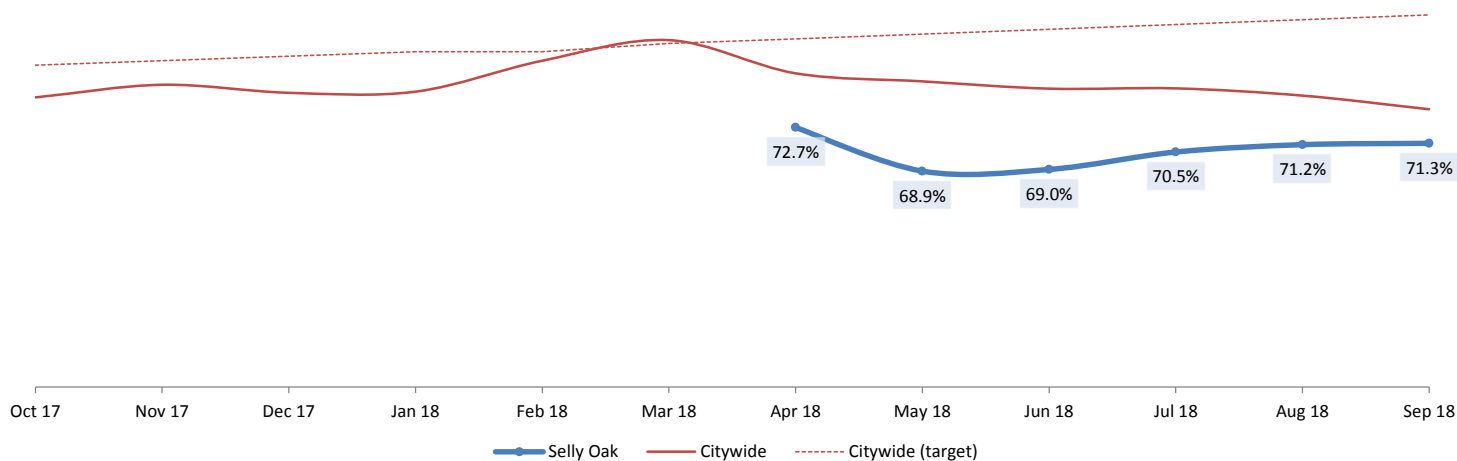


Spread of results

This month												
Lowest	Northfield	Yardley	Selly Oak	Edgbaston	Erdington	Hodge Hill	Hall Green	Citywide	Sutton	Ladywood	Perry Barr	Highest
	21.0%	21.6%	22.6%	24.5%	24.7%	25.9%	26.3%	26.8%	29.0%	33.7%	35.2%	

12 month average												
Lowest	Yardley	Selly Oak	Northfield	Erdington	Edgbaston	Hodge Hill	Citywide	Hall Green	Sutton	Ladywood	Perry Barr	Highest
	19.9%	21.3%	21.7%	24.1%	24.3%	24.7%	24.9%	26.3%	28.2%	32.0%	33.8%	

Proportion of clients reviewed or assessed in the last 12 months



Spread of results

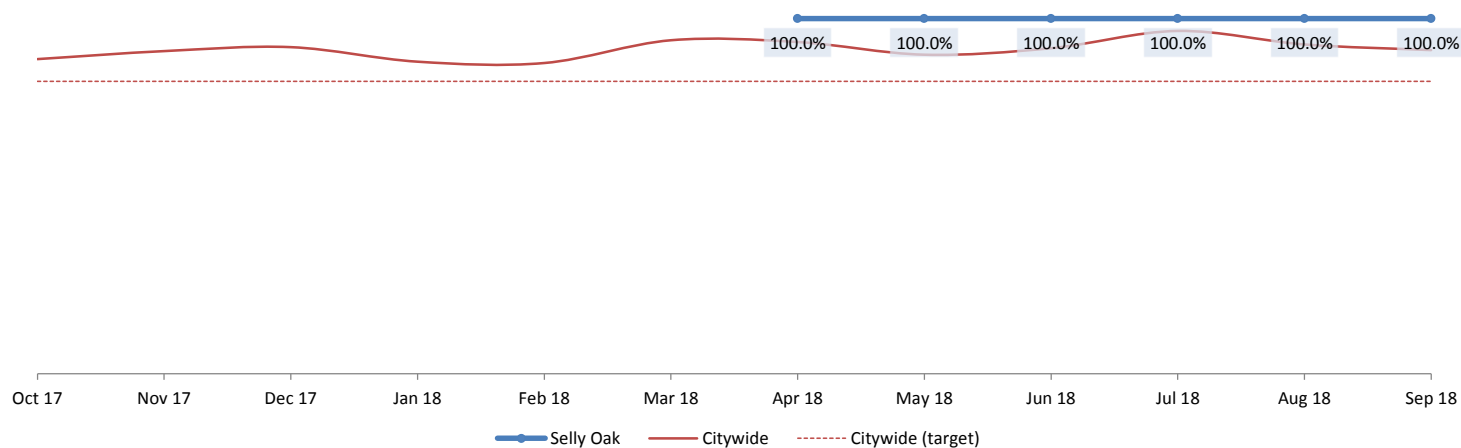
This month												
Lowest	Perry Barr	Northfield	Hall Green	Selly Oak	Hodge Hill	Citywide	Edgbaston	Ladywood	Yardley	Sutton	Erdington	Highest
	66.3%	68.3%	69.0%	71.3%	73.1%	74.3%	74.4%	76.4%	78.0%	79.8%	81.0%	

12 month average												
Lowest	Selly Oak	Perry Barr	Northfield	Hall Green	Citywide	Edgbaston	Hodge Hill	Ladywood	Sutton	Yardley	Erdington	Highest
	71.2%	72.3%	75.5%	76.1%	76.5%	77.0%	78.9%	78.9%	79.6%	80.3%	82.7%	

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Selly Oak

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	
Performance for people under non-constituency teams: 95.7%												

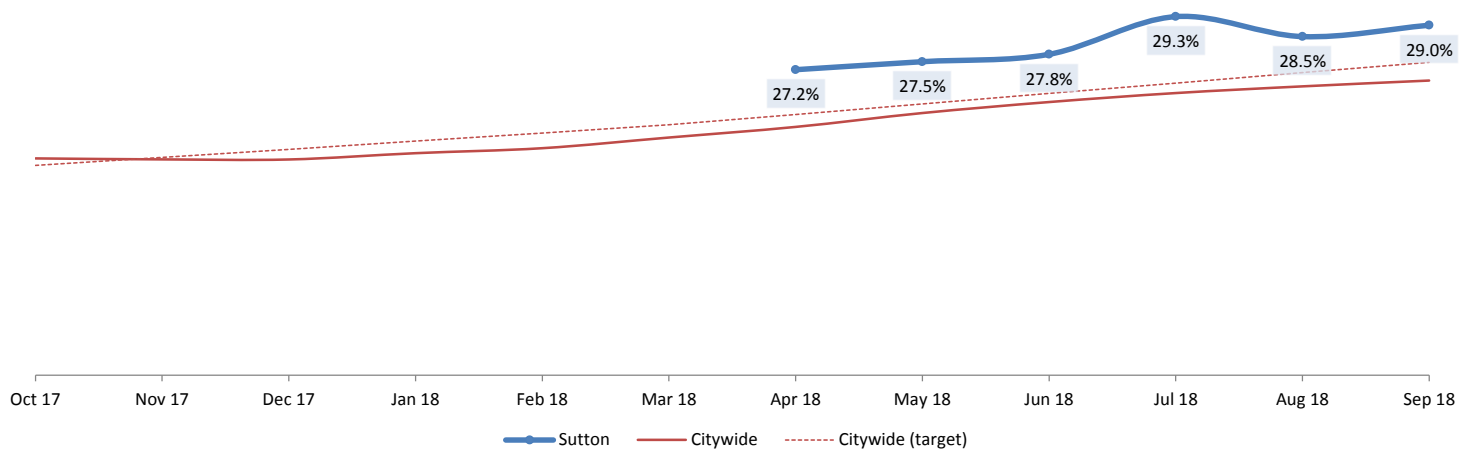
12 month overall

Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	
Performance for people under non-constituency teams: 82.3%												

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Sutton Coldfield

Proportion of eligible people in receipt of direct payments

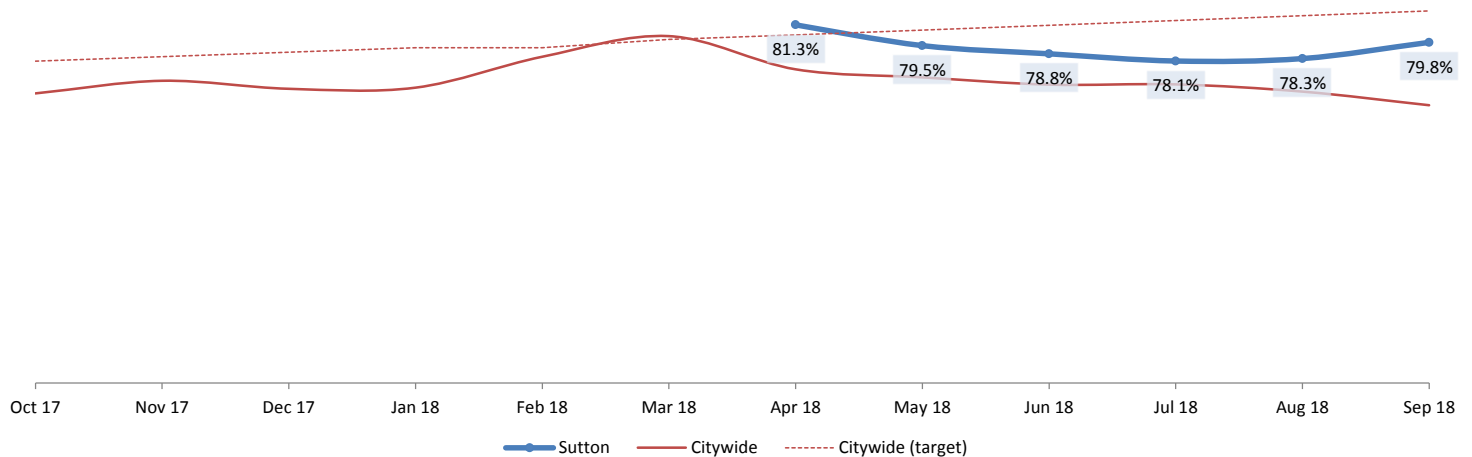


Spread of results

This month												
Lowest	Northfield	Yardley	Selly Oak	Edgbaston	Erdington	Hodge Hill	Hall Green	Citywide	Sutton	Ladywood	Perry Barr	Highest
	21.0%	21.6%	22.6%	24.5%	24.7%	25.9%	26.3%	26.8%	29.0%	33.7%	35.2%	

12 month average												
Lowest	Yardley	Selly Oak	Northfield	Erdington	Edgbaston	Hodge Hill	Citywide	Hall Green	Sutton	Ladywood	Perry Barr	Highest
	19.9%	21.3%	21.7%	24.1%	24.3%	24.7%	24.9%	26.3%	28.2%	32.0%	33.8%	

Proportion of clients reviewed or assessed in the last 12 months



Spread of results

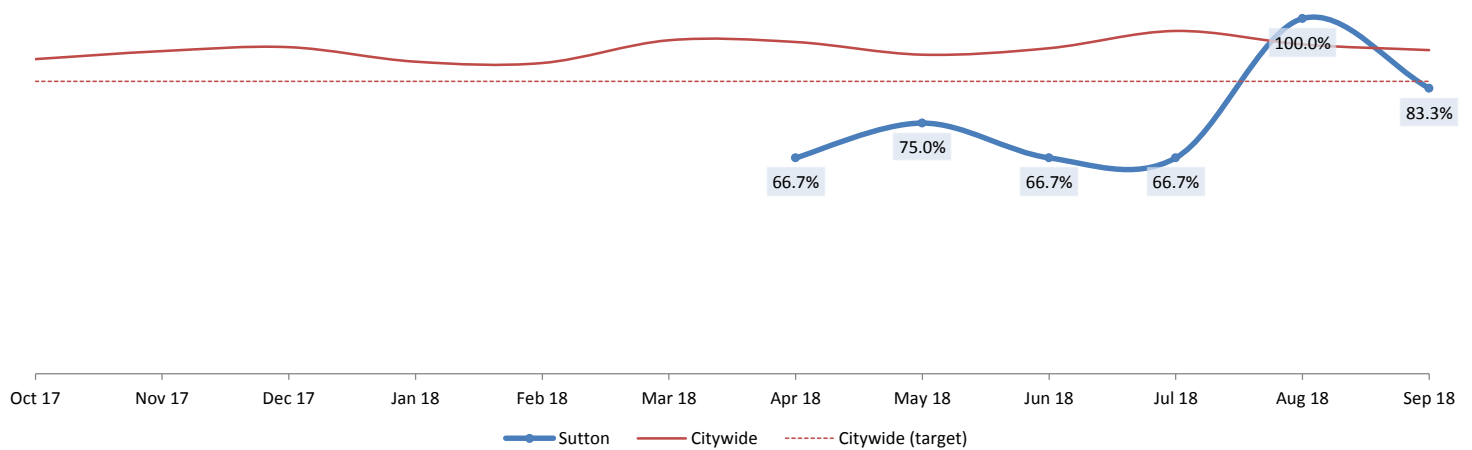
This month												
Lowest	Perry Barr	Northfield	Hall Green	Selly Oak	Hodge Hill	Citywide	Edgbaston	Ladywood	Yardley	Sutton	Erdington	Highest
	66.3%	68.3%	69.0%	71.3%	73.1%	74.3%	74.4%	76.4%	78.0%	79.8%	81.0%	

12 month average												
Lowest	Selly Oak	Perry Barr	Northfield	Hall Green	Citywide	Edgbaston	Hodge Hill	Ladywood	Sutton	Yardley	Erdington	Highest
	71.2%	72.3%	75.5%	76.1%	76.5%	77.0%	78.9%	78.9%	79.6%	80.3%	82.7%	

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Sutton Coldfield

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	

Performance for people under non-constituency teams: 95.7%

12 month overall

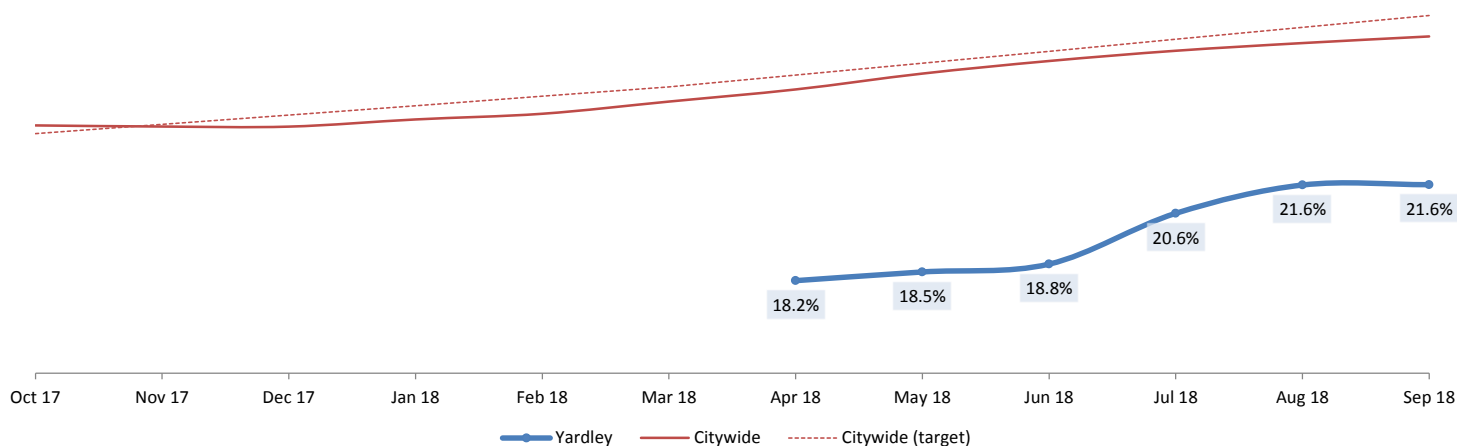
Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	

Performance for people under non-constituency teams: 82.3%

Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Yardley

Proportion of eligible people in receipt of direct payments



Spread of results

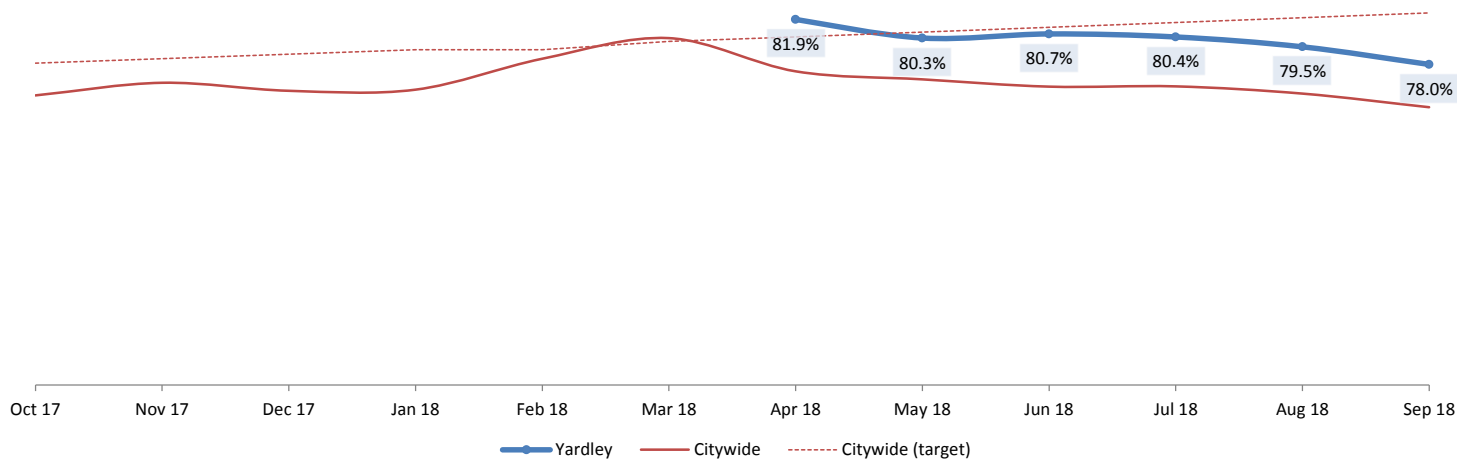
This month

Lowest	Northfield 21.0%	Yardley 21.6%	Selly Oak 22.6%	Edgbaston 24.5%	Erdington 24.7%	Hodge Hill 25.9%	Hall Green 26.3%	Citywide 26.8%	Sutton 29.0%	Ladywood 33.7%	Perry Barr 35.2%	Highest
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12 month average

Lowest	Yardley 19.9%	Selly Oak 21.3%	Northfield 21.7%	Erdington 24.1%	Edgbaston 24.3%	Hodge Hill 24.7%	Citywide 24.9%	Hall Green 26.3%	Sutton 28.2%	Ladywood 32.0%	Perry Barr 33.8%	Highest
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Proportion of clients reviewed or assessed in the last 12 months



Spread of results

This month

Lowest	Perry Barr 66.3%	Northfield 68.3%	Hall Green 69.0%	Selly Oak 71.3%	Hodge Hill 73.1%	Citywide 74.3%	Edgbaston 74.4%	Ladywood 76.4%	Yardley 78.0%	Sutton 79.8%	Erdington 81.0%	Highest
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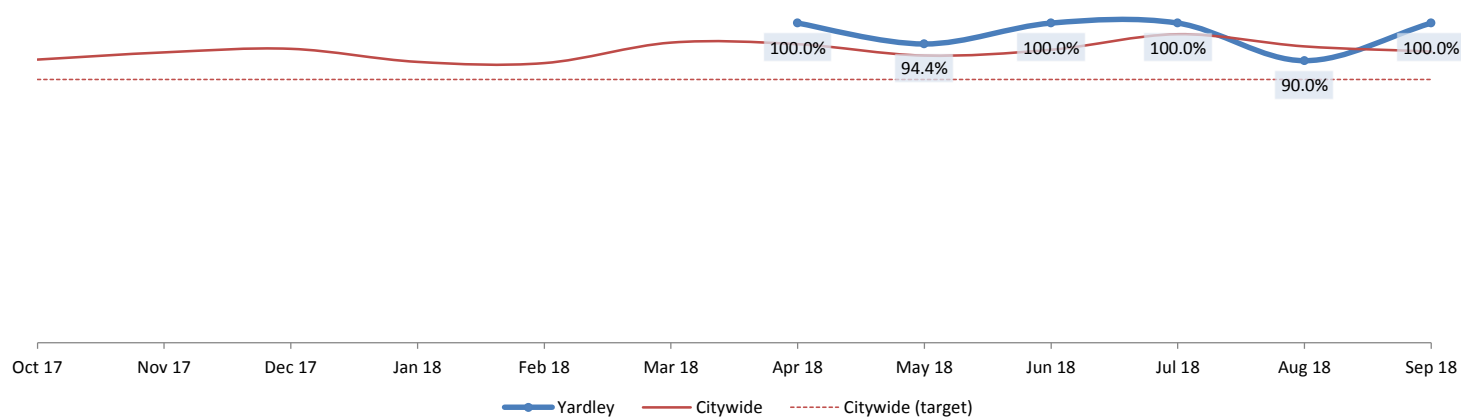
12 month average

Lowest	Selly Oak 71.2%	Perry Barr 72.3%	Northfield 75.5%	Hall Green 76.1%	Citywide 76.5%	Edgbaston 77.0%	Hodge Hill 78.9%	Ladywood 78.9%	Sutton 79.6%	Yardley 80.3%	Erdington 82.7%	Highest
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Constituency Scorecard Breakdown - September 2018

Showing results for people assigned to the team that covers Yardley

Proportion of completed safeguarding enquiries where the person was asked about their desired outcomes



Spread of results

This month

Lowest	Sutton	Hall Green	Ladywood	Northfield	Hodge Hill	Citywide	Yardley	Selly Oak	Perry Barr	Erdington	Edgbaston	Highest
	83.3%	83.3%	85.7%	90.0%	90.9%	92.5%	100.0%	100.0%	100.0%	100.0%	100.0%	
Performance for people under non-constituency teams: 95.7%												

12 month overall

Lowest	Sutton	Perry Barr	Hodge Hill	Edgbaston	Erdington	Ladywood	Citywide	Hall Green	Selly Oak	Northfield	Yardley	Highest
	75.3%	83.1%	85.5%	86.8%	87.1%	87.2%	87.3%	89.9%	90.1%	92.2%	92.7%	
Performance for people under non-constituency teams: 82.3%												



Item 9

Health and Social Care Overview & Scrutiny Committee 2018/19 Work Programme

Committee Members: Chair: Cllr Rob Pocock

Cllr Nicky Brennan
Cllr Mick Brown
Cllr Peter Fowler
Cllr Ziaul Islam

Cllr Chauhdry Rashid
Cllr Paul Tilsley
Cllr Suzanne Webb

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
19 th June 2018	<u>Formal Session</u>	
Send out – 7th June 2018	Appointments to Deputy Chair and JHOSCs	
	<u>Informal Session</u>	
	NHS Birmingham and Solihull CCG	Paul Sherriff, Director of Organisational Developments & Partnerships; Gemma Coldicott, Head of Communications & Engagement, BSol CCG
	Healthwatch Birmingham	Andy Cave, Chief Executive, Healthwatch Birmingham
	Adult Social Care and Health – Member Briefing	Melanie Brooks, Interim Assistant Director, Community Services, Adult Social Care & Health
	Public Health	Dennis Wilkes, Acting Director of Public Health
	Adult Social Care and Health – Overview of Performance Management	Mike Walsh, Service Lead – Commissioning, Adult Social Care & Health



19 th June 2018 Send out – 7 th June 2018	Live healthy, Live happy – Strategy Overview – Birmingham and Solihull STP	Rachel O'Connor, Director of Planning and Performance, BSol CCG
17 th July 2018 Send out – 5 th July 2018	Early Years Update re Childhood Obesity Younger Adults Day Service Consolidation – Lessons Learnt Adult Social Care Performance Monitoring	Dennis Wilkes, Assistant Director, Public Health Melanie Brooks, Interim Assistant Director, Social Care & Health Mike Walsh, Head of Service – Service Lead – Commissioning, Adult Social Care & Health
16 th August 2018 Send out – 8 th August 2018	Request for Call In: Younger Adults Day Care Consolidation – Adults Social Care and Health	Councillor Paulette Hamilton; Professor Graeme Betts; Melanie Brooks.
18 th September 2018 Send out – 6 th September 2018	Tracking of 'The Impact of Poor Air Quality on Health' Inquiry Tracking of the 'Living Life to the full with Dementia' Inquiry Healthwatch Birmingham Update	David Harris, Transportation Policy Manager Zoeta Manning, Senior Integration Manager - Frailty, BSol CCG Andy Cave, Chief Executive, Healthwatch Birmingham
16 th October 2018 Send out – 4 th October 2018	Forward Thinking Birmingham Update The Outcome of the STP Engagement Programme Is the STP arrangement working for West Birmingham? STP – Public Health	Elaine Kirwan, Associate Director of Nursing; Marie Crofts, Mental Health Director. Rachel O'Connor, Director of Planning & Performance, BSol CCG Paul Jennings, Chief Executive, BSol CCG Becky Pollard, Interim Director of Public Health



<p>20th November 2018</p> <p>Send out – 8th November 2018</p>	<p>Cabinet Member for Health and Social Care Update Report including</p> <ul style="list-style-type: none"> Birmingham Public Health Priorities <p>Birmingham Substance Misuse Recovery System (CGL)</p> <p>Birmingham Safeguarding Adults Board Report</p> <p>Update on Day Opportunities Strategy</p> <p>Adult Social Care Performance Monitoring</p>	<p>Councillor Paulette Hamilton; Suman McCartney, Cabinet Support Officer and Becky Pollard, Interim Director of Public Health</p> <p>Max Vaughan, Head of Service, Universal and Prevention – Commissioning</p> <p>Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board</p> <p>Melanie Brooks, Interim Assistant Director, Community Services</p> <p>Mike Walsh, Service Lead – Commissioning, Adult Social Care & Health</p>
<p>18th December 2018</p> <p>Send out – 6th December 2018</p>	<p>New Approach in Adult Social Care</p> <p>Budget Consultation</p> <ul style="list-style-type: none"> Financial breakdown of Public Health spend against priorities <p>Adult Social Care Survey 17/18 Results</p> <p>CQC Local System Review Action Plan</p>	<p>Pauline Mugridge, Acting Assistant Director, Community Services</p> <p>Cabinet Member for Health & Social Care (TBC); Becky Pollard, Interim Director of Public Health</p> <p>Mike Walsh, Service Lead – Commissioning, Adult Social Care & Health</p>



<p>22nd January 2019</p> <p>Send out – 10th January 2019</p>	<p>Healthwatch Birmingham: Direct Payments</p> <p>Tracking of the 'Homeless Health' Inquiry; and</p> <p>Implementation of the Homeless Strategy (and linkages with the healthcare system)</p> <p>Local Performance Account 17/18</p>	<p>Andy Cave, Chief Executive; Dr Chipiliro Kalebe-Nyamongo, Policy Officer, Healthwatch Birmingham</p> <p>John Hardy, Commissioning Manager</p> <p>Mike Walsh, Service Lead – Commissioning, Adult Social Care & Health</p>
<p>19th February 2019</p> <p>Send out – 7th February 2019</p>	<p>Birmingham Sexual Health Services – Umbrella (UHB)</p> <p>Draft Suicide Prevention Action Plan</p> <p>Draft Revised Role of the Health and Wellbeing Board</p> <p>Adult Social Care Performance Scorecard Monitoring</p>	<p>Max Vaughan, Head of Service, Universal and Prevention</p> <p>Becky Pollard, Interim Director of Public Health</p> <p>Mike Walsh, Service Lead – Commissioning, Adult Social Care & Health</p>
<p>19th March 2019</p> <p>Send out – 7th March 2019</p>	<p>STP Strategy – Post Consultation Report</p> <p>Birmingham Community Healthcare NHS Foundation Trust Quality Account 2018/19</p> <p>Evaluation of the HENRY and STARTWELL programmes</p>	<p>Rachel O'Connor, Director of Planning & Delivery, Bsol CCG</p> <p>Carol Herbert, Clinical Quality Assurance Manager, BCHC</p> <p>Dennis Wilkes, Assistant Director of Public Health</p>
<p>16th April 2019</p> <p>Send out – 4th April 2019</p>	<p>West Midlands Ambulance Service University NHS Foundation Trust</p> <ul style="list-style-type: none"> • General Overview • Winter 18/19 	<p>Mark Docherty, Director of Clinical Commissioning and Strategic Development/ Executive Nurse;</p> <p>Nathan Hudson, Emergency Services Operations Delivery Director.</p>



16 th April 2019 Send out – 4 th April 2019	Tracking of the 'Living Life to the Full with Dementia' Inquiry Tracking of 'The Impact of Poor Air Quality on Health' Inquiry	Zoeta Manning, Senior Integration Manager - Frailty, BSol CCG Mark Wolstencroft, Operations Manager, Environmental Protection
14 th May 2019 Send out – 2 nd May 2019	Forward Thinking Birmingham Adult Social Care Performance Monitoring	Elaine Kirwan, Associate Director of Nursing Mike Walsh, Service Lead – Commissioning, Adult Social Care & Health

Items to be scheduled in Work Programme

- Adult Social Care Commissioning Strategy (Graeme Betts)
- Enablement Service Review (Graeme Betts)
- Ageing Well Programme (Graeme Betts)
- Shared Lives Service Re-design (Graeme Betts)
- Neighbourhood Networks Programme (Graeme Betts)
- Local Authority Social Services and National Health Service Complaints Annual Report for 2017/18 (Fran Zain)
- Paediatric Surgery at the Royal Orthopaedic Hospital – (Kieren Caldwell, NHS England)
- Birmingham Public Health Priorities Green Paper (Becky Pollard/Elizabeth Griffiths)
- Tracking of the Suicide Prevention Action Plan.



Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs Rob Pocock, Mick Brown, Chauhdry Rashid, Paul Tilsley and Suzanne Webb	
Meeting Date	Key Topics	Contacts
1 st August 2018 @ 2.00pm in Birmingham	<ul style="list-style-type: none"> Terms of Reference Sandwell and West Birmingham Solid Tumour Oncology and Specialised Gynaecology Cancer Surgery Services Update Update on the Midland Metropolitan Hospital Outcome of Consultation into Proposed Changes to 2 GP Practices in Sandwell and 1 GP Practice in West Birmingham Update on Same Day Access 	<p>Catherine O'Connell, Director of Specialised Commissioning, Midlands and East; Scott Hancock, Project Lead, Head of Operational Performance and Business Management Support, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.</p> <p>Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.</p> <p>Sharon Liggins, Chief Officer for Strategic Commissioning and Redesign</p> <p>Sharon Liggins, Chief Officer for Strategic Commissioning and Redesign</p>
18 October 2018 Sandwell	<ul style="list-style-type: none"> Sandwell and West Birmingham Solid Tumour Oncology and Specialised Gynaecology Cancer Surgery Services Update 	<p>Catherine O'Connell, Director of Specialised Commissioning, Midlands and East; Scott Hancock, Project Lead, Head of Operational Performance and Business Management Support, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.</p>



18 October 2018	<ul style="list-style-type: none"> Update on the Midland Metropolitan Hospital Reconfiguration of services pending (the delayed) MMH 	Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust
24 January 2019 Birmingham	<ul style="list-style-type: none"> Sandwell and West Birmingham Solid Tumour Oncology Update Specialised Gynaecology Cancer Surgery Services Update <ul style="list-style-type: none"> Preferred Option and Final Engagement Plan Update on the Midland Metropolitan Hospital <ul style="list-style-type: none"> Written report on a financial model, clinical flows and redefined service. Progress Report on Measures to Reduce A & E Waiting Times at Sandwell and West Birmingham Hospitals 	<p>Catherine O'Connell, Director of Specialised Commissioning, Midlands and East; Scott Hancock, Project Lead, Head of Operational Performance and Business Management Support, UHB; Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust.</p> <p>Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust</p> <p>Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust</p>
11 April 2019 Sandwell		
TO BE SCHEDULED	<ul style="list-style-type: none"> Healthwatch Birmingham: City Hospital/Midland Metropolitan Hospital Changes in Primary Care Communication and Information to Patients regarding Changes in Primary Care Outcome of Consultation into Improving Access to Local Healthcare Services 	<p>Andy Cave, Chief Executive; Dr Jane Upton, Head of Evidence, Healthwatch Birmingham</p> <p>Jayne Salter-Scott, Head of Engagement and Communications, SWB CCG</p> <p>Sharon Liggins, Chief Officer for Strategic Commissioning and Redesign, SWB CCG</p>



Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs Rob Pocock, Nicky Brennan, Mick Brown, Peter Fowler, Ziaul Islam, Chauhdry Rashid and Suzanne Webb	
Meeting Date	Key Topics	Contacts
18 July 2018 at 5.00pm Birmingham	<ul style="list-style-type: none"> BSol CCG – Urgent Treatment Centres in Birmingham and Solihull BSol CCG – Quality, Innovation, Productivity and Prevention (QIPP) Programme 	Paul Jennings, CEO, BSol CCG Phil Johns, Chief Finance Officer
29 th November at 6.00pm Solihull	<ul style="list-style-type: none"> Treatment Policies Clinical Development Group Progress Report BSol CCG - Financial Plan 2018/19 Update – Latest figures NHS England (West Midlands) Community Dental Services Review – Update on Engagement and Consultation Provision of General Anaesthetic Services in the NHS England (West Midlands) – Update Report on Feedback from Consultation 	Rhona Woosey, Network & Commissioning Manager; Ben Panton, Transformation Project Manager, Transformation & Innovation – Arden & GEM CSU; Cherry Shaw, Senior Communications Lead, Arden & GEM CSU. Phil Johns, Chief Finance Officer Howard Thompson, Supplier Manager – Dental NHS England – West Midlands Nuala Woodman, Deputy Head of Commissioning (dental), NHS West Midlands
December 2018/ January 2019	<ul style="list-style-type: none"> BSol CCG - Primary Care Access Transformation Programme: Urgent Treatment Centres <ul style="list-style-type: none"> Outcome of communication and engagement activities Intentions regarding procurement 	Karen Helliwell, Director of Integration; Helen Kelly, Associate Director of Integration



Joint Birmingham & Solihull Health Scrutiny Committee Work

TO BE SCHEDULED	<ul style="list-style-type: none"> BSol CCG - Primary Care Access Transformation Programme: Urgent Treatment Centres <ul style="list-style-type: none"> Performance Indicators/improvement metrics report 	Karen Helliwell, Director of Integration; Helen Kelly, Associate Director of Integration
	<ul style="list-style-type: none"> Healthwatch Birmingham & Healthwatch Solihull: Birmingham and Solihull Mental Health NHS Foundation Trust - PPI 	Andy Cave, Chief Executive; Dr Jane Upton, Head of Evidence, Healthwatch Birmingham.

CHAIR & COMMITTEE VISITS

Date	Organisation	Contact
TBC	Visit to Pause/Forward Thinking Birmingham Services	Elaine Kirwan
TBC	Visit to CGL, Scala House	Russell Booth

INQUIRY:

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

Councillor Call for Action requests

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

Item no.	Item Name	Proposed date
005327/2018	PURE: Placing Vulnerable Adult Residents into Employment and Training	13 November 18
005730/2018	A Sustainable Solution for the Future of Wellbeing Services and Hubs	11 December 18
005759/2018	Tender Strategy for the School Health Support Service	11 December 18

