

# **BIRMINGHAM CITY COUNCIL**

## **HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**TUESDAY, 22 JANUARY 2019 AT 10:00 HOURS**  
**IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE,**  
**BIRMINGHAM, B1 1BB**

### **A G E N D A**

**1 NOTICE OF RECORDING/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](http://www.civico.net/birmingham)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

**2 DECLARATIONS OF INTERESTS**

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

**3 APOLOGIES**

To receive any apologies.

**3 - 10**

**4 ACTION NOTES/ISSUES ARISING**

To confirm the action notes of the meeting held on 18 December 2018.

**11 - 22**

**5 HOMELESSNESS PREVENTION: SOCIAL CARE AND HEALTH RESPONSE**

Kalvinder Kohli, Head of Service, Adult Social Care Commissioning; Carol Herity, Interim Locality Director, NHS BSol Clinical Commissioning Group.

**23 - 30**

**6 TRACKING IMPLEMENTATION OF THE 'HOMELESS HEALTH' INQUIRY**

Kalvinder Kohli, Head of Service, Adult Social Care Commissioning.

**31 - 48**

7 **DIRECT PAYMENTS IN BIRMINGHAM: MAXIMISING CHOICE, CONTROL AND FLEXIBILITY IN THE USE OF DIRECT PAYMENTS**

Andy Cave, Chief Executive; Dr Chipiliro Kalebe-Nyamongo, Policy Officer, Healthwatch Birmingham.

**49 - 58**

8 **WORK PROGRAMME - JANUARY 2019**

For discussion.

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

To consider any request for call in/councillor call for action/petitions (if received).

10 **OTHER URGENT BUSINESS**

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

11 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

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

**BIRMINGHAM CITY COUNCIL****HEALTH AND SOCIAL CARE O&S COMMITTEE****1000 hours on 18<sup>th</sup> December 2018, Committee Room 3 & 4 – Actions****Present:**

Councillor Rob Pocock (Chair)

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

**Also Present:**

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care

Becky Pollard, Interim Director of Public Health, BCC

Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board

Pauline Mugridge, Interim Assistant Director, Community Services, Adult Social Care & Health

Fiona Mould, Principal Social Worker, Adult Social Care & Health

Sonia Mais-Rose, Head of Service, Regulatory and Day Services, Adult Social Care & Health

Grace Natoli, Head of Transformation, Adult Social Care & Health

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Gail Sadler, Scrutiny Officer, Scrutiny Office

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**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 Councillor 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.

No declarations were received.

#### 4. ACTION NOTES/ISSUES ARISING

Councillor Tilsley asked that his name be recorded against the resolution under agenda item 5 requesting **a breakdown of the 600+ out of area placements by category**.

The action notes of the meeting held on 20<sup>th</sup> November 2018 were agreed.

The following matters have arisen since the committee last met:

- Under item 4 - STP/CCG boundaries with regard to West Birmingham. A meeting took place on 5<sup>th</sup> December with NHS England and representatives from Sandwell and West Birmingham CCG, Birmingham and Solihull CCG, Councillor Paulette Hamilton and Councillor Pocock. A copy of a letter received from NHS England following that discussion was tabled which recognises the concerns that the HOSC has raised and will be addressed in a review which could potentially result in the consolidation of the boundaries of Birmingham into a single Birmingham and Solihull STP by April 2020.
- Under item 5 – Substance Misuse: Birmingham’s Adult Treatment Services (CGL) - additional data requested by the committee will be circulated by the end of the week. Following analysis of this information the committee can identify any further information they may require when conducting a site visit which will be arranged in the New Year.
- Under item 8 – Councillor Pocock raised a question regarding **PI19 Fraction of mortality attributable to particulate air pollution** and why it was ‘particulate’ air pollution and not nitrogen oxides. Councillor Pocock confirmed that this has now been taken up by an Indicators Working Group of the Coordinating O&S Committee who are looking at all performance indicators and a report will be taken back to Coordinating O&S Committee in January/February 2019.

#### 5. BUDGET CONSULTATION 2019+

Councillor Paulette Hamilton (Cabinet Member for Health and Social Care) and Becky Pollard (Interim Director of Public Health) presented an overview of the budget consultation document in the wider context and, more specifically, the budget savings proposals for Adult Social Care and Health and Public Health.

Becky Pollard also provided information on the Public Health proportional spend for the April 2017-March 2018 financial year.

During discussions, members raised the following points in relation to each of the budget savings proposals listed below:-

#### **AD101A 19+ Funding of Equipment Loan Store**

- Members questioned the use of capital resources as opposed to revenue or the Better Care Fund (BCF). It was unclear if the BCF came from the capital resource budget and, if so, what was the amount of capital resources that could have been used elsewhere? The Cabinet Member said this service was currently funded through the BCF but going forward a figure had been negotiated with the Health Service to provide funding. A response to the questions on the capital resource budget was not available at the time but a written briefing would be provided by Interim Director of Adult Social Care and Health.
- It was noted that this service brought in an income of £4.479m in 2018/19 and the Cabinet Member was asked if there were other opportunities in other services where it might be possible to generate income from external funding. The Cabinet Member confirmed there were many different streams of funding and referred, in particular, to European funding that had recently been secured to support some of the non-statutory services.

#### **AD101B 19+ Funding for Assistive Equipment**

- A comment was made that delays in providing equipment can result in delayed transfers of care.
- There were two questions with regard to the Equipment Loan Service:-
  - Is equipment reclaimed when it is no longer required?
  - Does the Loan Service record what equipment is on loan and to whom in order that it can be reclaimed and redistributed?

In response, the Cabinet Member confirmed that the equipment is reclaimed but did not have the level of detail required regarding the operational process. It was agreed that the Cabinet Member would request a briefing note from the department to be circulated to the committee.

#### **AD102 19+ Bharosa Service Birmingham**

- In response to a question about the word 'assumed' in relation to the text '... it is assumed that the service will be directly funded by Public Health ...', members were told that options were being considered about how the service will be delivered in the future and this may not be through the Council. The Chairman asked for confirmation from the Cabinet Member that there is a commitment from the Council to fund the service through the Public Health budget until other options have been developed, which was agreed.

#### **AD103 19+ HIV/TB Support**

- Support was given for the decision not to discontinue the service but concern was raised that there should be on-going support for HIV/TB sufferers particularly those who were homeless, not registered with a GP or asylum seekers. Members were told that discussions were taking place with service users, the provider, NHS commissioners and voluntary sector to better

understand how else the service can be delivered. Further consultation will take place going forward.

#### **AD104 19+ Fees and Charges Review**

- Clarification was sought about the definition of the word 'necessary' when referring to the text '... allow the person to keep enough benefit to pay for necessary disability related expenditure'. It was pointed out that the Council may have one perception and service users may have a different perception. In response, members were told that consultation was taking place with service users to see what they deem is 'necessary'.

Other issues raised included:-

- The Cabinet Member was asked what was the legal minimum amount of money that the Council must have in reserves to protect Adult Social Care and Health? The Cabinet Member did not have this information but a response would be sent to committee members.
- The timing of the public consultation, over the Christmas period, was also questioned. The Cabinet Member confirmed that there had been a lot of interest from the public. The consultation had been brought forward a month in response to complaints in previous years of it being held too late.
- Regarding the information provided on budget savings carried forward from Financial Plan 2018+, the Cabinet Member was asked to provide further detail on pension strain costs and the implications of budget cuts that are already in the system. The Cabinet Member said the pension strain costs are applicable to people who retire early and are able to access their pension and the costs associated with that. She also confirmed that some savings from previous years had not been met but mitigations had been put in place through the receipt of extra funding from government.

#### **RESOLVED:**

- The Cabinet Member agreed to provide the following information:-
  - AD101A 19+ Funding of Equipment Load Store
    - A response to the questions on the capital resource budget.
    - The legal minimum amount of money that the Council must have in reserves to protect Adult Social Care and Health?
  - AD101B 19+ Funding for Assistive Equipment
    - A briefing note from the Equipment Loan Service regarding the operational process.
- That comments raised by the committee form part of a joint Scrutiny Committees response to the budget consultation.

## **6. BIRMINGHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017-18**

Cherry Dale (Independent Chair of the Birmingham Safeguarding Adults Board) introduced the report and gave a brief overview of the purpose of the Board. Other sections highlighted from the report were:-

- Key safeguarding facts for 2017-18.
- Achievements i.e. 'What we said we'd do' and 'What we did'. For example, in response to prevention/early intervention strategy commissioned some work on non-regulated accommodation.
- Focussed on:-
  - Transition from Children's to Adult's Services.
  - Trauma Awareness and Domestic Abuse.
  - Making Safeguarding Personal and Risk Enablement.
- Commissioned The Waiting Room Directory which has up to date access to information of health and wellbeing services within the City.
- How feedback is measured through assurance reports from partners, Forums etc. and audits on impact.

### **RESOLVED:**

- Risk Enablement document to be circulated to members.
- A breakdown of geographic, demographic and socio-demographic data for each constituency is included in the next annual report.
- Information will be provided on The Waiting Room Directory.

## **7. THE NEW SOCIAL WORK MODEL IN BIRMINGHAM**

Pauline Mugridge (Interim Assistant Director, Community Services) and Fiona Mould (Principal Social Worker) presented a report which outlined the new constituency model for social work which will be rolled-out across the City over 18 months and should be in place by March 2019.

Members were told that the new model is built on 3 conversations which focus on what is important for an individual rather than completing a full eligibility assessment for everyone and, to date, 77% of referrals have been resolved in conversation 1. Work is being undertaken with the University of Birmingham to analyse data. Data for all constituencies should be available by March 2019.

### **RESOLVED:**

- A further update report to be scheduled on the work programme early in the new municipal year.
- The report was noted.

## **8. UPDATE ON DAY OPPORTUNITIES STRATEGY**

Sonia Mais-Rose (Head of Service, Regulatory and Day Services) and Grace Natoli (Head of Transformation) attended the meeting to provide an update on the current status of the decision taken by Cabinet on 31<sup>st</sup> July regarding the Day Opportunities Strategy. Also presented, were the findings of the work undertaken by the National Development Team for Inclusion.

Sonia Mais-Rose read out the following statement on behalf of Melanie Brooks (Assistant Director – Adult Social Care & Health) :-

1. The Day Opportunities Strategy that was considered by Cabinet on 31<sup>st</sup> July 2019 was subject to legal challenge.
2. The Judicial Review proceedings were compromised by consent (on Counsel's advice) such that the decision has been quashed. It was further agreed that any documents relating to support provided by National Development Team for Inclusion (NDTi) would be disclosed. This means that further consultation will now have to take place in order to fill in gaps in the consultation that was carried out prior to 31<sup>st</sup> July 2018.
3. The service was always intent on conducting formal consultation following the development of a proposed new service model for day services. The proposed model would result in the reconfiguration of BCC run internal day centres. It was these two aspects that consultation was to be based on.
4. Following the legal challenge on the Day Opportunities strategy, it would make sense to wrap up all consultation activities in one namely: Day Opportunities Strategy, Proposed Day Service Model and the configuration for the BCC operated service.
5. The consultation will run from January to March 2019. The proposal is to present the consultation findings to Cabinet in June 2019. This would then be followed by the implementation of a proposed model, based on the outcome of the consultation.

In the discussion that followed, members made the following points:-

- Reassurance was sought that the existing services will continue with referrals and staffing as it currently stands pending the consultation process and a decision being made.
- What lessons have been learnt about how consultation is undertaken with services users at the right stages of the process especially vulnerable service users?
- Referring to the Fairways Day Centre, officers were asked what plans were in place to increase the number of people using the centre and the need to increase staffing, if necessary? Was there potential for those service users who had moved to another Day Centre to move back to Fairways if they so wished? In response, it was confirmed that, if it was deemed appropriate, along with other options that may be available, there is nothing to stop social workers referring a service user to that centre. If additional service users were



to be brought back into the centre then the centre would need to be resourced appropriately in terms of staffing.

- What was the cost to the Council regarding the Judicial Review?
- It was confirmed that the NDTi PowerPoint presentation was the only document available at the moment. The NDTi final report will be part of the information presented to Cabinet in June 2019.

**RESOLVED:**

- That a copy of the statement be circulated to members of the committee following the meeting.
- It was the view of the committee that existing services should remain as they currently are pending the consultation process.
- Information regarding the cost of the Judicial Review to be provided.
- Invite a representative of the NDTi to:-
  - brief members about the engagement process that had been undertaken with service users, and
  - provide evidence on which their findings are based.
- The committee will have early sight of the draft consultation strategy proposal for comment.

**9. WORK PROGRAMME – NOVEMBER 2018**

Full Council approved a motion for this committee to undertake some work on 'Period Poverty'. A proposal setting out how the work will be taken forward will be presented to the next meeting in January.

**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.

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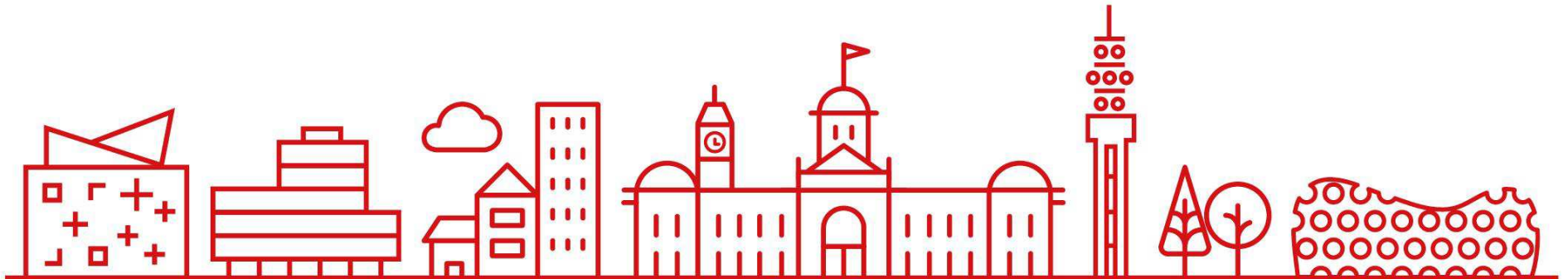
The meeting ended at 1254 hours.



# Homelessness Prevention: Social Care and Health Response

**Kalvinder Kohli - Head of Service Adult Social Care Commissioning**  
**Carol Herity - Interim Locality Director NHS BSol Clinical Commissioning Group**

**#Preventionfirstbrum**



# Update to Overview and Scrutiny Committee

- Activity being undertaken to implement the priorities within the Homelessness Prevention Strategy.
- Set out the work being undertaken by Adult Social Care and Health and BSol CCG to specifically address the health implications of homelessness.

# Impacts

- Health and well being of vulnerable families particularly children.
- Life expectancy: homeless people die on average 30 years earlier than the general population.
- 50% of people sleeping rough have mental health support needs.
- Vulnerable adults above and below thresholds of care with tri-morbidity of presenting needs (mental health, substance misuse and physical health).
- Health risks to people who become homeless after leaving institutional settings such as hospital, recovery or care.
- Increased presentations at GP surgeries and A&E by people with precarious housing circumstances.
- Extreme challenges of homelessness - safeguarding, self neglect, modern day slavery.

## Our Ask

- Commitment to collaborate to prevent and relieve homelessness and consideration of what collaboration looks like at a strategic and operational level.
- Integrated or joint commissioning, with the alignment of resources between the local authority and health partners as a minimum starting point.
- Commitment to make organisational changes and contribution towards the development of clear pathways of prevention for the cohorts of population that are most likely to be at risk of homelessness ( e.g. people leaving institutional settings).

# Our Vision

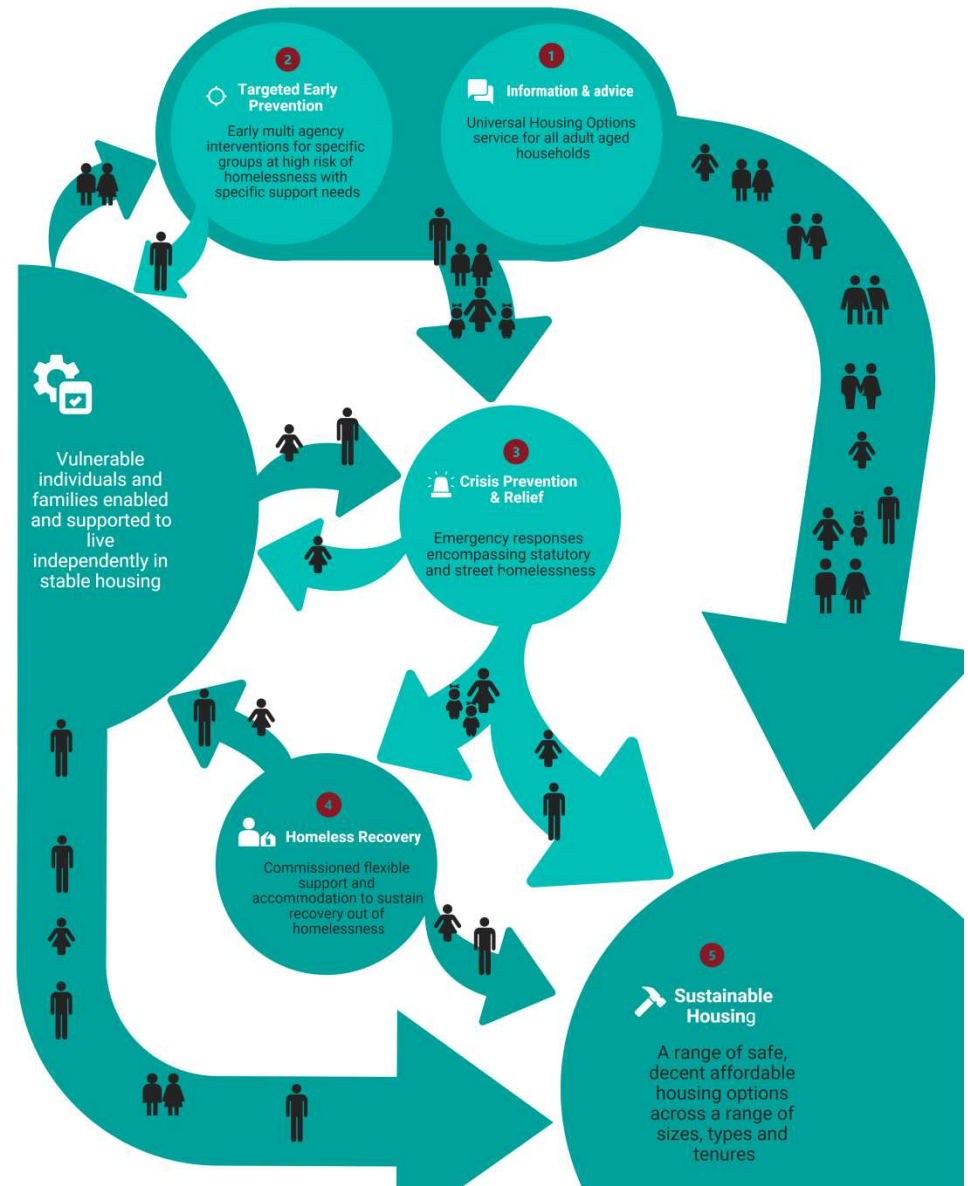
We cannot fix a national housing crisis alone. What we can do is deploy our collective assets and capacities in a different way:

**Putting prevention first and stopping people being made homeless in the first place.**

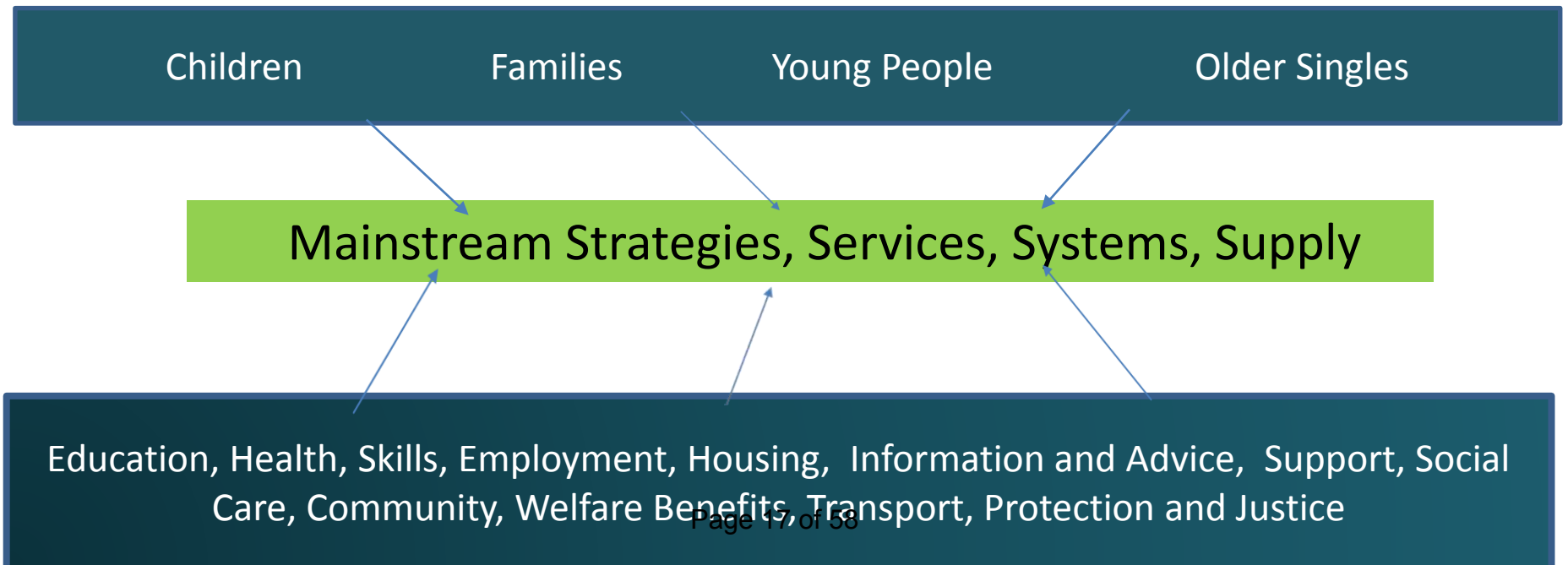
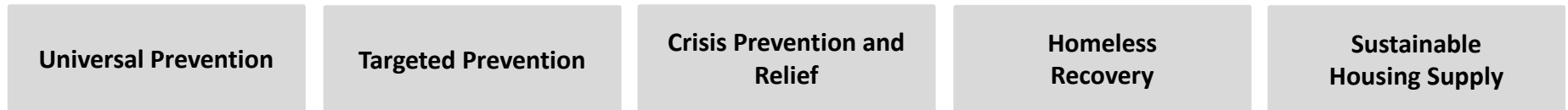
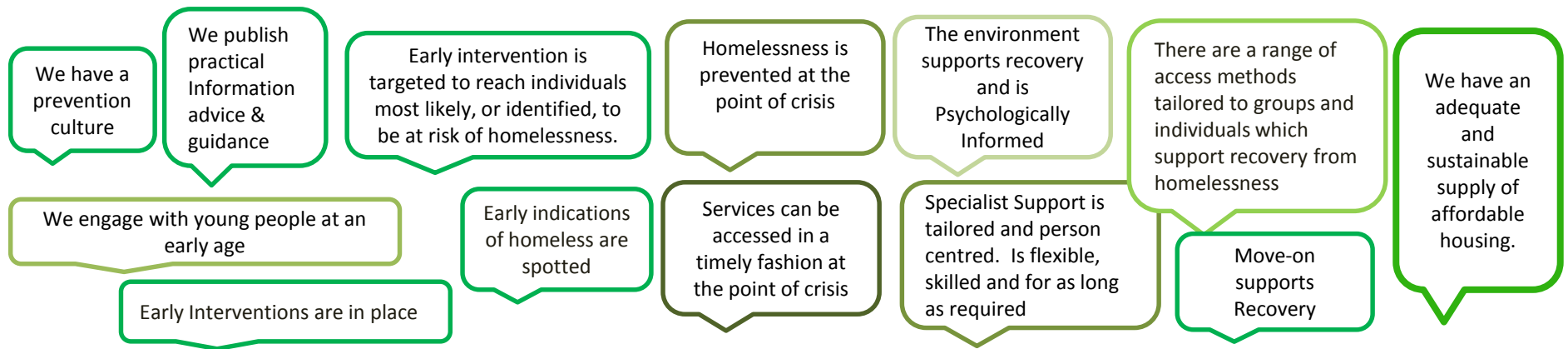


# Our Approach

- Whole system, collaborative approach based on:-
  - Best practice – Positive Pathway model for tackling youth homelessness in city
  - Integrated service provision –
  - Based on adopting this model will enable consistent approach across the life course
- Implementing this will require radical changes needed to shift responses from crisis to:-
  - preventing crises
  - Inclusive for all affected groups and households and circumstances







- Vision for Social Care and Health: includes the prevention of homelessness through the provision of good quality housing and housing support.
- Co design work led by CCG on the universal services element of the positive pathway.
- Input from the BSMHT at an operational level within the multi agency activity in relation to street intervention team support.
- Health Exchange.
- Dialogue commenced in relation to the alignment of existing resources across both health and social care to help address some of the immediate pressures facing the City.
- Strengths in partnership and experience of wider partner agencies.
- 1,759 commissioned bed spaces in supported housing assisting around 2,600 vulnerable adults, families and young people aged 16 – 25 each year.

- Established youth housing pathways service providing a range of prevention, accommodation and support accessed by over 3228 young people. 91% prevented from becoming homeless (2017-2018).
- A strong multi agency Homelessness Partnership Board driving the Homelessness Prevention Strategy.
- Housing First – Birmingham is the accountable body for the £9.6m WMCA pilot.
- Learning from local best practice models.
- Strong linkages with the Regional Homelessness Taskforce.
- Voluntary commitment to collaborate to prevent and relieve homelessness by BSHP and Housing Birmingham Partnership.

# Activity

- Co - design with partners and citizens with lived experience.
- Development of a vulnerable adults and housing vision for adult social care and health.
- Influencing the Long Term Plan for the NHS to include a response to homelessness and rough sleeping.
- Dialogue with Government departments MHCLG , DHSC and DWP to inform and influence an integrated response.
- Dialogue with City Board and Birmingham Independent Improvement Panel.
- Pathway excellence modelling.
- Quality Standards for Supported Housing to include exempt accommodation.

# Activity

- Commissioning of £16m vulnerable adults and housing support.
- Housing First Pilot delivery includes provision of health interventions.
- Rough Sleeper Initiative includes provision of mental health and substance misuse support.
- Redesign of street outreach services.
- Work between Adult Social Care, Children's Trust, Mental Health Trust and the CCG to bring in resources and expertise to address the tri-morbidity of presenting health needs for vulnerable adults.
- Domestic Abuse Prevention Strategy Action Plan.

# Questions

#preventionfirstbrum

<b>Report of:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>To:</b>	<b>Health and Social Care Overview and Scrutiny Committee</b>
<b>Date:</b>	<b>22<sup>nd</sup> January 2019</b>

## Progress Report on Implementation: Homeless Health

### Review Information

Date approved at City Council:	7 July 2015
Member who led the original review:	Councillor Susan Barnett
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	21 <sup>st</sup> February 2017

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

### Appendices

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

### For more information about this report, please contact

Contact Officer:	Kalvinder Kohli
Title:	Head of Service, Adult Social Care Commissioning
Telephone:	0121 303 6132
E-Mail:	<a href="mailto:Kalvinder.kohli@birmingham.gov.uk">Kalvinder.kohli@birmingham.gov.uk</a>

## Appendix I: The Tracking Process

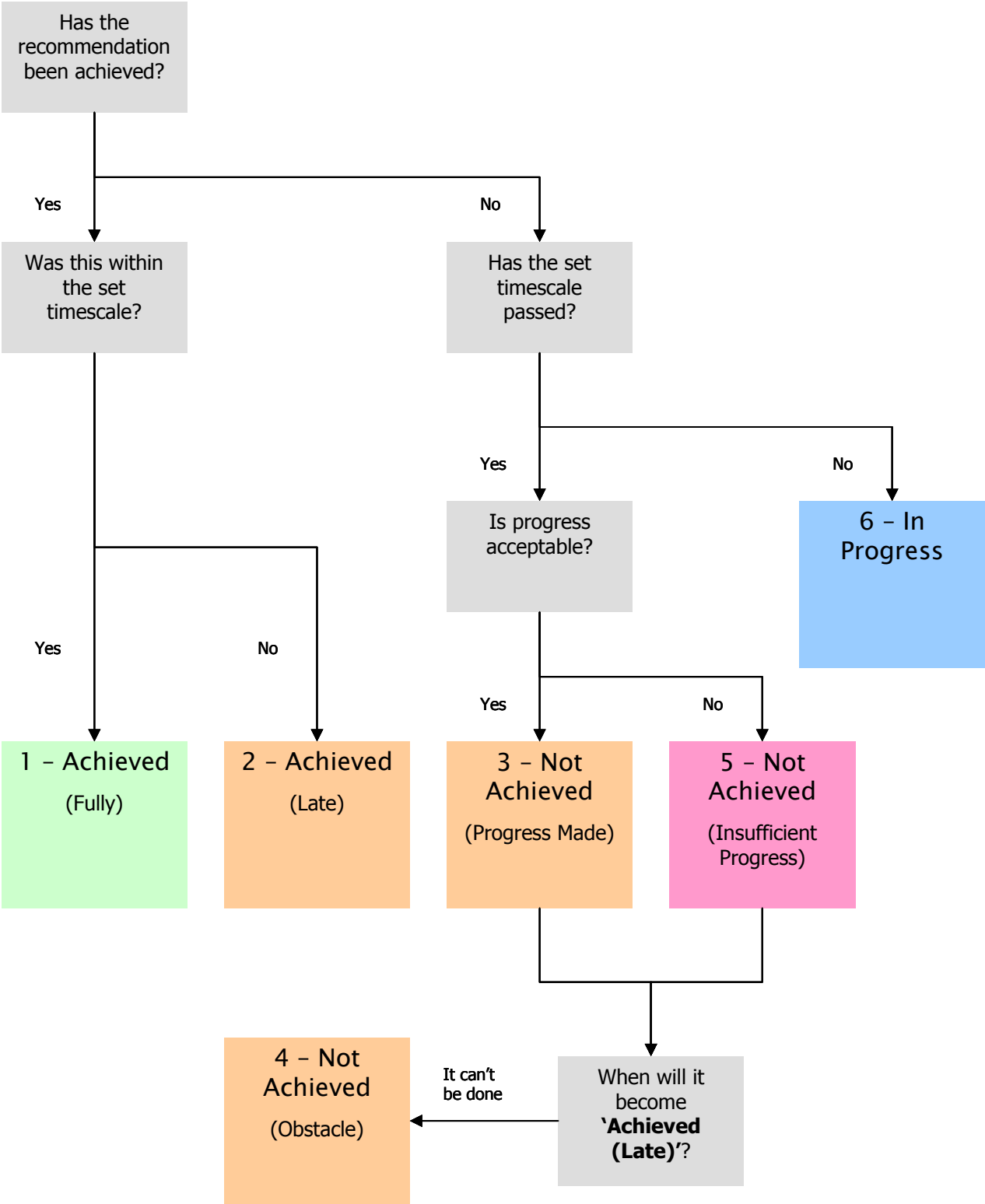
In making its assessment, the Committee may wish to consider:

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

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



The Tracking Process



## Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That services should be commissioned in a joined up way wherever possible, specifically when commissioning services for people with a dual diagnosis of either: <ol style="list-style-type: none"> <li>1. mental health and substance misuse or</li> <li>2. people with alcohol problems who also suffer from dementia,</li> </ol> where there is currently a gap in service provision.	Cabinet Member for Health and Social Care	31 January 2016	2
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>A dual diagnosis protocol was put in place at the commencement of the CGL contract by the BSMHFT. This protocol was reviewed by CGL and a revised protocol approved by CGL and the BSMHFT in place and being adhered to.</p> <p>Substance Misuse Commissioners will review the effectiveness of the Protocol to ensure it is effectively embedded.</p>				

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

Birmingham is looking to use the Youth Justice Accommodation Pathway developed by St Basils and adapt it across a wider offender cohort.

Discussions have taken place with the National Offender Management Service to ensure that homelessness and the need to ensure appropriate pathways for offenders are a key feature in their reducing reoffending strategies and plans.

BCC officers inform this agenda through being a member of the regional offender accommodation group.

National Probation Service and the Community Rehabilitation Company are a part of the Homelessness Partnership Board.

The Homelessness Reduction Act draft Code of Guidance includes a whole chapter on Offender Pathways and Criminal Justice Agencies are part of the Stakeholder Group to ensure effective implementation.

A draft protocol has been developed by CRC to ensure planned pathways into accommodation upon prison discharge which will include tenancy readiness, benefit access and awareness of services in the community

In addition there is a mental health prison in reach team who will support individuals upon discharge into appropriate pathways of care.

#### **Update**

The Pathway work for the offender's client groups has commenced as part of the delivery of the Homelessness Prevention Strategy Action Plan. This has been through dialogue with the National Probation Service and Community Rehabilitation Company. The timeline for the commissioned elements of the new services has commenced. The mobilisation of the new services will commence November 2019.

## Appendix ③: Concluded Recommendations

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

**concluded**

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R01	That potential locations in the city centre be explored to find the most suitable venue which can be made available to be used as a central point where homeless people can go to access information, advice and support on accommodation, benefits (including accessing a computer to start the process of registering to make a claim) and be referred to available health services without needing to make an appointment or travel to one of the customer service centres.	Cabinet Member for Neighbourhood Management and Homes  Cabinet Member for Health and Social Care as Chair of the Health and Wellbeing Board	30 September 2015 for final version of Welfare Specification and new service to start 1 April 2016.  31 July 2015 for remodelled Housing Advice Centre Options	1
R02	That the three Birmingham Clinical Commissioning Groups should explore: <ol style="list-style-type: none"> <li>How they can make it easier for homeless people to register with a GP even if they are only temporarily residing in an area and have a permanent address elsewhere or have no permanent address.</li> <li>How homeless people can be facilitated to maintain registration on a GP list once they have registered even if, due to the transient nature of their lifestyle, they subsequently move out of that area.</li> </ol>	Birmingham Cross City, Birmingham South Central and Sandwell and West Birmingham Clinical Commissioning Groups	31 March 2016  Health and Wellbeing Board Agenda 13 October 2015	1
R03	That the multi-agency working that is already starting to happen to tackle the housing and health problems of people sleeping rough in the city centre by connecting rough sleepers to local support and services is strengthened. Groups already in existence need to be reviewed to establish whether they are working together effectively with a view to building on the existing protocol and the work already being done by the StreetLink multi-agency working group, to ensure that relevant agencies are alerted before major regeneration work starts, to provide an opportunity to support homeless people squatting or sleeping rough in the area.	Cabinet Member for Neighbourhood Management and Homes  Cabinet Member for Health and Social Care	31 October 2015	2

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

**concluded**

<b>No.</b>	<b>Recommendation</b>	<b>Responsibility</b>	<b>Date Concluded by Overview and Scrutiny Committee</b>	<b>Tracking Assessment</b>
<b>R05</b>	That wherever possible services for homeless people should be designed to reach out to homeless groups who need them by moving away from a silo culture and exploring options for placing statutory services where homeless people already attend, such as the Homeless Health Exchange or SIFA Fireside, along the lines of the Inclusion Healthcare Social Enterprise Model	Cabinet Member for Health and Social Care  Cabinet Member for Neighbourhood Management and Homes	31 October 2015	2
<b>R07</b>	That the Joint Commissioning Team should examine the feasibility of commissioning an emergency and/or out of hours specialist homeless primary care service for the city.	Cabinet Member for Health and Social Care  Birmingham and Solihull Mental Health NHS Foundation Trust  Cabinet Member for Neighbourhood Management and Homes	31 December 2015	2
<b>R08</b>	That the best way to provide a direct line of communication between the City Council and people sleeping rough in the city centre who have a problem or a complaint, for example through advice surgeries in the city centre, be explored.	Cabinet Member for Neighbourhood Management and Homes	October 2015	1
<b>R09</b>	That an assessment of progress against the recommendations made in this report be presented to the Health and Social Care O&S Committee.	Cabinet Member for Neighbourhood Management and Homes	31 October 2015	1



Presentation to HOSC

Direct Payments in Birmingham: Maximising choice, control and flexibility in the use of Direct Payments

Andy Cave - Chief Executive Officer  
22 January 2019

- Direct Payments (DP) was initially prioritised as an investigation topic in 2017-18.
- Our initial report was sent to Birmingham City Council (BCC) in March 2018.
- Following discussions with BCC it was agreed to continue our investigation in 2018-19 with increased focus.

**Study Aim:** to understand if Birmingham DP users feel supported by Birmingham City Council social workers to take control over the decision making of the services they access.





# Background Information: DPs in Birmingham

- DPs are a critically important way of making social care personalised (Birmingham City Council's Market Position Statement, 2018).
- In total 2377 Birmingham citizens have a DP.
- As of the End of December 2018 28.5% of eligible citizens have a DP.
- The target for the 1<sup>st</sup> April 2019 is 30% of eligible citizens.



# Background Information: DPs in Birmingham

- BC commissioning intentions re DPs:
  - Increase the uptake of DPs to regional and national best practice levels, including to older people.
  - Continue to roll out the use of Prepayment Cards for DP users, to improve safeguarding and value for public funds.
  - Work with GPs, hospitals and other partners to increase awareness of DPs amongst potential service users and carers.
  - Work with NHS partners to join up processes and support relating to DPs and Personal Health Budgets (PHBs).
  - Develop the market for Personal Assistants (PA), and explore the development of a digital platform to support PA recruitment and choice.



# Methodology

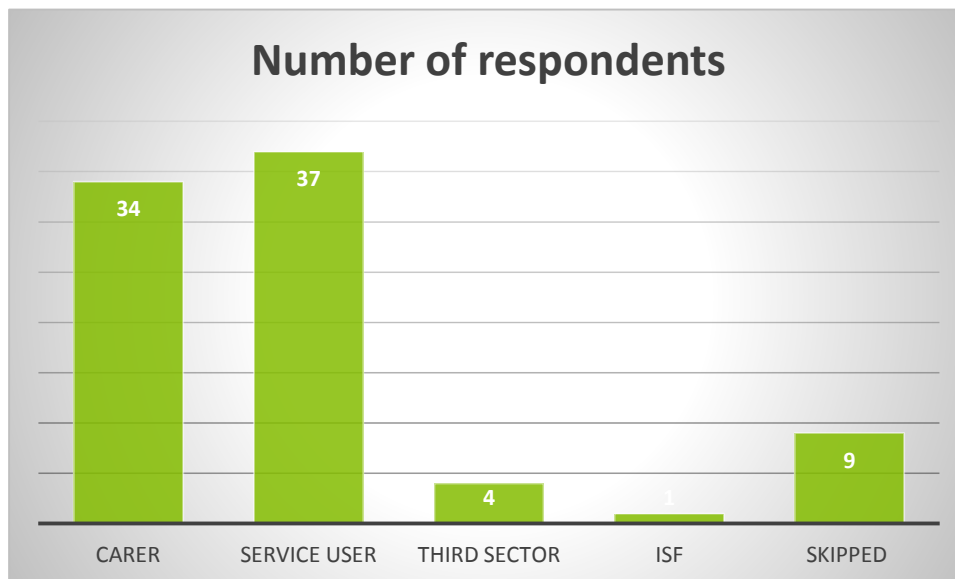
## Mixed Methods Approach

- Online questionnaires shared with DP users through BCC contact list; sent to 86 organisations on HWB stakeholder list and shared at events (Online survey run between October and December 2018)
- Interviews with service users at various engagement events
- Observations of key DP events organised by BCC (March and September 2018)
- Focus discussions with caseworkers (Anawin and Shelter)



# Methodology

We engaged with:



- 71 DP users and carers responded to the online questionnaire
- Preliminary data collection - 4 Service users and five carers engaged
- 4 third sector organisations
- One ISF Manager
- Of the total (85) people engaged over 29 individuals were interviewed



## Key Findings

- Overall, there was satisfaction with DPs and their impact on service users lives.
- However, experiences about the DP process were unsatisfactory amongst some of the respondents.

The following themes have been identified:

- Awareness of DPs
- Process and experience
- Difficulties with assessment and reviews
- Access to information, advice and support
- Capacity of social care professional in implementing DPs
- Services paid for by DPs
- Maximising choice and control



## Awareness of Direct Payments

- Majority of respondents heard about DPs from their social workers - 70% (service users) and 75% (carers)
- 5 respondents heard about DPs from local carers group or voluntary sector whilst 7 by word of mouth(i.e. Family or friends)
- 3rd Sector orgs noted that there was a lack of awareness of DPs and that they were not informed:

*“We have had clients that have had a social worker, and we’ve engaged and liaised with that social worker, and the client has had a care plan in place, and this sounds like one of those things that if you don’t ask you don’t get, if you ask about it then you’ll get it.” (Third sector caseworker)*



# Process and Experience

- Experiences varied widely - whilst some respondents were happy with the process, others faced difficulties in navigating the process
- More service users (73%) than carers (46%) felt they were informed and involved on how they receive DPs.
- Some found it easier to use a prepayment card

*It was only bank account when I started ... have since been given the choice but don't like prepayment cards so asked to stay with the bank account system that I know (Carer)*

*I have received Direct Payments for over 12 years and back then there was only one way of managing it. Now there are more options I have discussed this with them and am allowed to keep to the system I know (service user).*

- 33% carers and 15% service users = partially involved
- 13% carers and 3% Service users = not involved
  - Some respondents felt they were being steered to use a prepayment card rather than bank account
  - Expressed concern about flexibility and lack of information when using prepayment cards (limited services when using a card and lack of clarity on what you can pay for etc)



# Difficulties with assessments and reviews

## Concerns expressed around:

- Timely and accurate assessments
- Accessing ACAP over the phone to request an assessment therefore difficult for those without the means or skills to apply online.

*Original assessment never took place. Details were not accurate and confusing. Even using 3rd party to manage the payment, information was contradicting (Service User).*

*They filled out forms and rushed the process. It took 3 months to get it sorted (Service User)*

*Direct payments are a headache and often they do not match the assessment (Carer)*

- Delays in access were attributed to lack of access to social workers:

*I have not had a permanent social worker and the last one took a year to do my review. March 2017 to April / May 2018 (Service User)*

*For one and half years I had no social worker and no review (Service User)*





# Access to information, advice and support

How well did the social worker inform you about your DP package and how it can be spent?

	Service Users	Carers
Fully informed	42%	30%
Partially informed	32%	45%
Not informed	16%	20%
Do not know	10%	5%

Although some respondents felt informed, a higher percentage of service users (48%) and carers (65%) felt they were partially or not informed. Reasons for this are:

- Lack of clarity on what the DP covers
- No information on who DP users can contact in the event of a problem
- No clarity and flexibility on how underspends will be dealt with
- No information on how users get support to cover when a support worker or personal assistant is not available
- Lack of information and support for the financial and administrative side of managing DPs
- Management agencies - lack of personalisation, transparency, and independence
- Respondents suggested that BCC should develop a user manual and explain the application process and likely timelines to new applicants



# Capacity of social care professionals in implementing DPs

- Respondents have indicated that there is variability in how social workers inform and support users in the DP process
- Those that felt they were well informed and supported pointed to the following as being important:
  - Their views being listened to
  - Including their views in care plans
- Concerns:
  - Lack of ongoing support

*Social workers signed off from me before the Direct Payment was up & running  
(Service User)*

*Funding was agreed, but no other support provided since implementation and use  
of Direct Payment card (Carer)*

*Social workers didn't offer any help. I was given my budget, and it was up to me  
to sort out everything (Service User)*



# Cont...Capacity of social care professionals in implementing DPs

- Social workers have poor understanding of DPs and services available therefore unable to effectively inform or support users

*Social worker was very poorly informed herself. Current social worker is only one step ahead of us (Carer)*

*At the moment it seems I know more about Direct Payments than some social workers (Service User)*

*Because social workers have little knowledge of what's out there to use your Direct Payments on they cannot advice you (Carer)*

- The system in which social workers operate in and the constraints this places on them:

*Really my answer would be the social worker supported us 'just about adequately' but that isn't an offered response. It's not the social workers fault I believe, it's the systems (Carer)*

*Social workers are not to blame. The blame falls on those monitoring, they need to stop making it difficult for Direct Payment users who want to be innovative (Carer)*



# Services paid for by Direct Payments

- 52% of users felt that they could choose from a variety of services.
- 60% of carers felt that they could not choose from a variety of services
- Majority of respondents use their DP to pay for carers support, care agency or for a personal assistant
- A small number use DPs to pay for wider services (i.e. Assistance dog's expenses, exercise classes, befriending services)
- It was felt by some respondents that there are:
  - Issues around innovation, adaptability and flexibility
  - Issues around undeveloped market



- Some respondents found it difficult to choose some services or have their needs taken into account
- More service users (42%) compared to carers (30%) indicated that there were services that they felt met their needs; but it was not possible to pay for these using DPs

*I would like to pay for some payroll services but this would take money away from care. It does not allow me any luxuries (Service User)*

*I have mental health needs too and im exploring my options about using my Direct Payment to pay for therapy but I'm not holding out much hope (Service User).*



# Working with Birmingham City Council

- We met with colleagues at Birmingham City Council on Monday 07.01.19
- At the meeting the report was welcomed and felt to be useful for developing ongoing plans around Direct Payments.
- In Particular, it was felt that the findings of this report will be used to shape the future customer journey and support the roll out of work programmes:
  - Three Conversations
  - Neighbourhood Networks
  - Locality Models



## Next Steps

- Following the meeting on the 7.1.19 we have asked BCC a number of clarification questions to truly understand how current work programmes will address the issues raised in this report.
- Birmingham City Councils commitment and actions taken will be included in the final report. This will include measures to know that actions taken are working.
- Healthwatch Birmingham will monitor changes made by BCC and an Impact Report will be published in 2019-2020.



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## 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 <sup>th</sup> June 2018	<b><u>Formal Session</u></b>	
Send out – 7th June 2018	Appointments to Deputy Chair and JHOSCs	
	<b><u>Informal Session</u></b>	
	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 <sup>th</sup> June 2018  Send out – 7 <sup>th</sup> June 2018	Live healthy, Live happy – Strategy Overview – Birmingham and Solihull STP	Rachel O'Connor, Director of Planning and Performance, BSol CCG
17 <sup>th</sup> July 2018  Send out – 5 <sup>th</sup> 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 <sup>th</sup> August 2018  Send out – 8 <sup>th</sup> 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 <sup>th</sup> September 2018  Send out – 6 <sup>th</sup> 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 <sup>th</sup> October 2018  Send out – 4 <sup>th</sup> 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>20<sup>th</sup> November 2018</p> <p>Send out – 8<sup>th</sup> November 2018</p>	<p>Cabinet Member for Health and Social Care Update Report including</p> <ul style="list-style-type: none"> <li>Birmingham Public Health Priorities</li> </ul> <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 &amp; Health</p>
<p>18<sup>th</sup> December 2018</p> <p>Send out – 6<sup>th</sup> December 2018</p>	<p>Budget Consultation 2019+</p> <ul style="list-style-type: none"> <li>Financial breakdown of Public Health spend against priorities</li> </ul> <p>Birmingham Safeguarding Adults Board Annual Report</p> <p>The New Social Work Model in Birmingham</p> <p>Update on Day Opportunities Strategy</p>	<p>Cabinet Member for Health &amp; Social Care; Becky Pollard, Interim Director of Public Health</p> <p>Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board.</p> <p>Pauline Mugridge, Interim Assistant Director, Community Services; Fiona Mould, Principal Social Worker</p> <p>Melanie Brooks, Interim Assistant Director, Community Services</p>



<p>22<sup>nd</sup> January 2019</p> <p>Send out – 10<sup>th</sup> January 2019</p>	<p>Homelessness Prevention: Social Care and Health Response</p> <p>Tracking of the 'Homeless Health' Inquiry</p> <p>Direct Payments in Birmingham: Maximising choice, control and flexibility in the use of Direct Payments</p>	<p>Kalvinder Kohli, Head of Service, Adult Social Care Commissioning; Carol Herity, Interim Locality Director, NHS BSol CCG.</p> <p>Kalvinder Kohli, Head of Service, Adult Social Care Commissioning</p> <p>Andy Cave, Chief Executive; Dr Chipiliro Kalebe-Nyamongo, Policy Officer, Healthwatch Birmingham</p>
<p>19<sup>th</sup> February 2019</p> <p>Send out – 7<sup>th</sup> 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>Birmingham City Health and Wellbeing Board, Healthwatch Birmingham and Health Scrutiny - Draft Ways of Working Agreement</p> <p>Adult Social Care Survey 17/18 Results</p> <p>Local Performance Account 17/18</p> <p>CQC Local System Review Action Plan</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>Councillor Rob Pocock, Chair, HOSC</p> <p>Mike Walsh, Service Lead – Commissioning, Adult Social Care &amp; Health</p>
<p>19<sup>th</sup> March 2019</p> <p>Send out – 7<sup>th</sup> March 2019</p>	<p>STP Outcomes Framework</p> <p>STP – West Birmingham Update</p> <p>Healthwatch: Hospital Waiting Room Investigation</p>	<p>Rachel O'Connor, Director of Planning &amp; Delivery, BSol CCG</p> <p>Paul Jennings, Chief Executive, BSol CCG; Paul Sherriff, Director of Organisational Developments &amp; Partnerships</p> <p>Andy Cave, Chief Executive, Healthwatch</p>



19 <sup>th</sup> March 2019  Send out – 7 <sup>th</sup> March 2019	Day Opportunities Consultation Strategy  Evaluation of the HENRY and STARTWELL programmes	Linda Harper, Interim Assistant Director, Community Services  Dennis Wilkes, Assistant Director of Public Health
16 <sup>th</sup> April 2019  Send out – 4 <sup>th</sup> April 2019	West Midlands Ambulance Service University NHS Foundation Trust <ul style="list-style-type: none"> <li>• General Overview</li> <li>• Winter 18/19</li> </ul> Tracking of the 'Living Life to the Full with Dementia' Inquiry  Tracking of 'The Impact of Poor Air Quality on Health' Inquiry	Mark Docherty, Director of Clinical Commissioning and Strategic Development/ Executive Nurse; Nathan Hudson, Emergency Services Operations Delivery Director.  Zoeta Manning, Senior Integration Manager - Frailty, BSol CCG  Mark Wolstencroft, Operations Manager, Environmental Protection
14 <sup>th</sup> May 2019  Send out – 2 <sup>nd</sup> May 2019	Forward Thinking Birmingham  Mental Health – CCG Commissioning Strategy  Adult Social Care Performance Monitoring	Elaine Kirwan, Associate Director of Nursing  Jo Carney, Associate Director of Joint Commissioning, BSol CCG  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) (Early 2019)
- Tracking of the Suicide Prevention Action Plan.
- GP Practice Delivery – (Late 2019)
  - Partnerships (e.g. Modality)
  - Universal Patient Officer (Karen Helliwell)
- STP Strategy – Post Engagement Report (Rachel O'Connor)
- Quality of Mental Health Services provided by General Practice (Andy Cave, Healthwatch)
- Update on the New Social Work Model in Birmingham (Pauline Mugridge) (Early new municipal year)
- Birmingham Community Healthcare NHS Foundation Trust Quality Account 2018/19 (Carol Herbert)



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 <sup>st</sup> August 2018 @ 2.00pm in Birmingham	<ul style="list-style-type: none"> <li>Terms of Reference</li> <li>Sandwell and West Birmingham Solid Tumour Oncology and Specialised Gynaecology Cancer Surgery Services Update</li> <li>Update on the Midland Metropolitan Hospital</li> <li>Outcome of Consultation into Proposed Changes to 2 GP Practices in Sandwell and 1 GP Practice in West Birmingham</li> <li>Update on Same Day Access</li> </ul>	<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 &amp; West Birmingham NHS Trust.</p> <p>Toby Lewis, Chief Executive, Sandwell &amp; 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"> <li>Sandwell and West Birmingham Solid Tumour Oncology and Specialised Gynaecology Cancer Surgery Services Update</li> </ul>	<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 &amp; West Birmingham NHS Trust.</p>



18 October 2018	<ul style="list-style-type: none"> <li>Update on the Midland Metropolitan Hospital</li> <li>Reconfiguration of services pending (the delayed) MMH</li> </ul>	Toby Lewis, Chief Executive, Sandwell & West Birmingham NHS Trust
24 January 2019 Birmingham at 2.00pm.	<ul style="list-style-type: none"> <li>Proposed service model for the delivery of a gynae-oncology service for Sandwell and West Birmingham</li> <li>Further update on the Midland Metropolitan Hospital               <ul style="list-style-type: none"> <li>Written report on future service configurations upon opening of the new hospital and any interim reconfigurations as a result of the delay.</li> </ul> </li> <li>Progress Report on Measures to Reduce A &amp; E Waiting Times at Sandwell and West Birmingham Hospitals</li> </ul>	<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 &amp; West Birmingham NHS Trust.</p> <p>Toby Lewis, Chief Executive, Sandwell &amp; West Birmingham NHS Trust</p> <p>Toby Lewis, Chief Executive, Sandwell &amp; West Birmingham NHS Trust</p>
11 April 2019 Sandwell		
<b>TO BE SCHEDULED</b>	<ul style="list-style-type: none"> <li>Changes in Primary Care</li> <li>Communication and Information to Patients regarding Changes in Primary Care</li> <li>Outcome of Consultation into Improving Access to Local Healthcare Services</li> </ul>	<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>





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



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

CHAIR & COMMITTEE VISITS		
Date	Organisation	Contact
12 <sup>th</sup> February 2019 1015-1215hrs	Visit to CGL, Scala House	Russell Booth
TBC	Visit to Umbrella (Birmingham Sexual Health Services)	Natalie Slayman-Broom

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	22 January 19
005759/2018	School Health Support Service	11 December 18
005920/2019	Adult Social Care and Health – Day Opportunity Strategy	25 June 19