

**Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting**

**BIRMINGHAM CITY COUNCIL**

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

**TUESDAY, 17 OCTOBER 2017 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.birminghamnewsroom.com](http://www.birminghamnewsroom.com)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

**2 APOLOGIES**

**3 ACTION NOTES**

**3 - 6**

To confirm the action notes of the meeting held on the 19th September 2017.

**4 DECLARATIONS OF INTERESTS**

**5 PAEDIATRIC SURGERY AT THE ROYAL ORTHOPAEDIC HOSPITAL (ROH) NHS FOUNDATION TRUST - UPDATE**

**7 - 12**

Kieren Caldwell, Head of Service and Supplier Management, NHS England; Sue Eaton, Service Specialist, NHS England; Jessamy Kinghorn, Regional Head of Communications and Engagement, NHS England; Andy Pearson, Executive Medical Director and Consultant Orthopaedic Surgeon, The Royal Orthopaedic Hospital NHS Foundation Trust; Alex Borg, Deputy Chief Operating Officer, Birmingham Women's and Children's Foundation Trust.

- 13 - 20**
- 6     **CHANGE, GROW, LIVE (CGL) BIRMINGHAM - UPDATE REPORT**
- Max Vaughan, Head of Service, Universal and Prevention, Adult Social Care; Nic Adamson, Regional Director, CGL; Sian Warmer, Head of Service, CGL.
- 21 - 28**
- 7     **PROGRESS REPORT ON IMPLEMENTATION: TACKLING CHILDHOOD OBESITY IN BIRMINGHAM INQUIRY**
- Dr Dennis Wilkes, Assistant Director of Public Health; Dr Adrian Phillips, Director of Public Health.
- 29 - 34**
- 8     **ADULT SOCIAL CARE PERFORMANCE SCORECARD - MONTH 4**
- Mike Walsh, Head of Service - Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence.
- 35 - 42**
- 9     **WORK PROGRAMME - OCTOBER 2017**
- 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 Chair jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

## **BIRMINGHAM CITY COUNCIL**

### **HEALTH AND SOCIAL CARE O&S COMMITTEE**

**1000 hours on 19<sup>th</sup> September 2017, Committee Rooms 3 & 4 – Actions**

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**Present:**

Councillor John Cotton (Chair)

Councillors Deirdre Alden, Sue Anderson, Mick Brown, Jayne Francis, Kath Hartley, Simon Jevon, Robert Pocock and Sharon Thompson

**Also Present:**

Graeme Betts, Interim Director of Adult Social Care

Paul Jennings, Interim CEO Birmingham and Solihull CCGs

Karen Richards, Associate Director, CrossCity CCG

Andrew McKirgan, Director of Partnerships, UHB

Mike Walsh, Head of Service- Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence

John Denley, Assistant Director, Commissioning Centre of Excellence

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Gail Sadler, Research & Policy 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**

Cllrs Andrew Hardie (Deputy Chair) and Karen McCarthy

**3. ACTION NOTES/ISSUES ARISING**

The action notes of the meeting held on 2<sup>nd</sup> August 2017 were noted.

#### **4. 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.

#### **5. DELAYED TRANSFERS OF CARE**

Mike Walsh (Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre of Excellence); Graeme Betts (Interim Director of Adult Social Services); Paul Jennings (Interim Chief Executive Officer, Birmingham and Solihull CCGs), Karen Richards (Associate Director, CrossCity CCG) and Andrew McKirgan (Director of Partnerships, University Hospital Birmingham) attended to present a report which set out:

- The background and current situation in Birmingham against 16 comparator local authorities.
- Short/Medium/Long Term improvements.
- The work being conducted by Newton Europe Ltd to develop an implementation plan for improving patient flow through the health and social care system.
- The forthcoming CQC review in January 2018.

#### **RESOLVED:**

That a further update report be presented to committee in November.

#### **6. SURVEY OF ADULT SOCIAL CARERS IN ENGLAND (SACE) 2016-17 BIRMINGHAM COMPARATOR REPORT AUGUST 2017**

Mike Walsh (Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre of Excellence); Graeme Betts (Interim Director of Adult Social Services) and John Denley (Assistant Director, Commissioning Centre of Excellence) introduced the report which contained findings from the biennial national survey of carers aged 18 or over caring for a person aged 18 or over.

Members raised the following issues:-

- Concern regarding deteriorating performance and satisfaction with the adult social care service.
- That a piece of qualitative work should be carried out with carers who had replied to the survey (e.g. one-to-one focus group) to ascertain what the problems are and, using demographics, where the problems have arisen?

Members were told that the Carers Strategy was currently being redeveloped working with partners/stakeholders.

**RESOLVED:**

- The draft Carers Strategy should be presented to committee after it had been shared with partners/stakeholders.
- Some qualitative work should be conducted with carers who had responded to the survey.

**7. HEALTH & SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2016-17**

The work programme was noted.

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

None

**9. OTHER URGENT BUSINESS**

None

**10. 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 11.32 hours.



## **Birmingham Health Overview & Scrutiny Committee Briefing Paper**

### **Paediatric Services at The Royal Orthopaedic Hospital (ROH) NHS Foundation Trust**

**17<sup>th</sup> October 2017**

#### **1. Introduction**

On 2<sup>nd</sup> August 2017 representatives from NHS England (Specialised Commissioning) (NHSE), The Royal Orthopaedic Hospital NHS Foundation Trust (ROH) and Birmingham Women's and Children's NHS Foundation Trust (BWC) attended the Health Overview and Scrutiny Committee to present the background to the ROH decision to cease providing paediatric surgery, and outline the plans of commissioners to both recommission services and engage with and inform patients, the public and wider stakeholders on the actions being taken to secure service delivery.

This report makes reference to the information previously provided in the stakeholder briefing of 14<sup>th</sup> July, the briefing to members of 2<sup>nd</sup> August, and the accompanying presentation given to the Health and Social Care Overview and Scrutiny Committee on 2<sup>nd</sup> August and serves to update the committee on the key elements. Recognising the pace of change associated with this programme of work, this briefing paper will be supplemented by a presentation to members on 17<sup>th</sup> October which will contain the most current information.

#### **2. Options for Alternative Provision**

NHSE has written to all providers of specialist paediatric surgery within the West Midlands to ascertain capacity and expressions of interest with regard to short-term and long-term service options. Responses were received in early September and meetings are taking place at present with providers to explore options further.

As outlined on the 2<sup>nd</sup> August, NHSE remain committed to retaining services within Birmingham where possible. In order to support this NHSE, ROH and BWC have undertaken a number of meetings to ascertain the equilibrium capacity requirements for moving paediatric activity from ROH to the Birmingham Children's Hospital (BCH) site. In order to deliver a sustainable service with sufficient capacity to meet waiting time requirements at BCH, capital work will be required to redevelop dedicated theatre and ward space

for this work. This work requires a full business case to be developed for approval by the BWCH board, it is anticipated that this will be presented in December 2017.

To support this, discussions between NHSE, ROH and BWCH are exploring what actions can be taken to continue the provision of paediatric services on the ROH site whilst this work is ongoing

Discussion is also taking place with a number of other providers including University Hospitals of North Midlands NHS Trust to explore increasing capacity within their existing services for geographically appropriate referrals.

At the time of writing, these discussions are still ongoing and the latest information will be provided in the presentation to HOSC members on 17<sup>th</sup> October.

### **3. West Birmingham Data**

At the request of the committee further data analysis has been undertaken on the basis of local authority of residence. The data tables in the briefing paper of 2<sup>nd</sup> August, along with the pyramid from the presentation have been refreshed in Appendix 1 to this paper.

### **4. Patient & Public Engagement**

A communications and engagement group has been established to plan and deliver appropriate messages and engagement activity, ensuring key stakeholders work together proactively to deliver consistent, transparent and timely messages, and clear, reassuring information for patients. The objectives of this group are to:

- Provide communications and engagement advice, strategy and leadership to the Oversight Board and the key commissioning and provider organisations;
- Develop, agree, implement and monitor the communications and engagement strategy, including agreeing key messages;
- Provide timely information and reassurance to patients and their families around the plans;
- Ensure that stakeholders receive timely, transparent and relevant information;
- Ensure that patients and key stakeholders have the opportunity to provide their views and feedback so that their voices may inform decisions



The development of the final strategy is awaiting the outcome of discussions on the clinical model, but the group has undertaken (or committed to) the following key actions since the HOSC meeting on 2<sup>nd</sup> August:

- Clinical workshop – 17<sup>th</sup> August
- Share communications plan with Healthwatch as soon as finalised
- Further engagement with HOSCs, including attendance at Birmingham HOSC – 17<sup>th</sup> October
- October stakeholder briefing – 16<sup>th</sup> October
- October patient update – w/c 16<sup>th</sup> October, to include invitation to patients to family workshop / open event at ROH – w/c 16<sup>th</sup> Oct
- Patient event at ROH – November
- Feedback to patients following patient event
- Update on websites – w/c 16<sup>th</sup> October
- Publish latest statement on social media – 17<sup>th</sup> October
- Production of patient facing material explaining new model, change process and timeline – following agreement of model
- Develop patient stories to support communications material
- Family open days at BCH – November / December
- ROH Governor workshop / communication
- Patient survey – identify questions once proposed model finalised (mid October), issue end October 2017
- Visit patient / community groups – end of October 2017 – January 2018
- Use the Equality Impact Assessment to identify and meet targeted communication requirements to ensure those adversely affected and seldom heard receive appropriate communication and have opportunities to feed back their views
- Establish patient experience measure to monitor during and following transition

Since this decision to cease paediatric surgery was made by the Trust Board of The Royal Orthopaedic Hospital, the Trust and its partners have worked proactively to ensure that as many patients and stakeholders as possible are informed and given opportunities to ask questions. This included:

- A letter to every paediatric patient listed at the Trust (awaiting an outpatient appointment or surgical procedure), which provided information about the decision and a dedicated email address and phone number
- A dedicated webpage containing a Q and A section and space to update as information becomes available
- Information around the paediatric ward about the decision

This was supplemented by work internally to ensure staff were briefed and able to have conversations with patients and their families. This included:

- An initial walk-about by senior staff to talk face-to-face with every member of staff directly affected by this decision
- A series of ongoing briefings to the organisation
- The establishment of a weekly drop-in session for staff
- The promotion of staff side support and counselling support
- The inclusion of a standing item in the monthly team brief which informs line managers of updates and routes for their staff to find support
- A dedicated intranet site containing a Q and A section and space to update as information becomes available

As we have been proactively communicating and this decision affects a relatively small number of patients, feedback has been limited. Calls received have generally focussed on where care will be delivered in the future.

However, we have recently begun to see a slight increase in calls from people asking for more information which is to be expected as we have not yet been able to share the final model. As described above, we are planning further patient communications this month that should address this.

## **5. Next steps**

October – December 2017:	Further communications and engagement, Ensure services remain viable in the interim.
Dec 2017:	Submission of Full Business Case
January 2018:	Commissioner assurance and development of mobilisation plans.  Contract award.  Further communications and engagement re decision.
January – April 2018:	Transition plans finalised.

## Appendix 1 – Data Tables

As requested by the Health Overview and Scrutiny Committee, analysis has been undertaken on Local Authority of residence rather than CCG of residence.

The following tables outline where children being treated at the ROH during 2016/17 live based on their Local Authority of residence.

### Cancer

Cancer services for children include biopsies (to diagnose cancer), surgery and other inpatient stays relating to primary and secondary malignant bone tumours, soft tissue sarcomas. The ROH is one of only 5 centres nationally that treats primary and secondary bone tumours.

	Activity	Percentage
Birmingham	5	4%
Rest of W Mids	22	19%
Rest of England	87	76%
<b>Total</b>	<b>114</b>	<b>100%</b>

*Table 2 – Breakdown of where patients travelled from for a **biopsy** in 2016/17 (based on Local Authority of residence)*

	Activity	Percentage
Birmingham	3	6%
Rest of W Mids	4	8%
Rest of England	45	87%
<b>Total</b>	<b>52</b>	<b>100%</b>

*Table 3 – Breakdown of where patients travelled from for **cancer surgery or other related treatment** in 2016/17 (based on Local Authority of residence)*

### Spinal Surgery

Spinal services for children include surgery for spinal deformity, spinal tumours (cancerous and non-cancerous) and other spinal surgery/ procedures.

	Activity	Percentage
Birmingham	67	28%
Rest of W Mids	155	65%
Rest of England	16	7%
<b>Total</b>	<b>238</b>	<b>100%</b>

*Table 4 – Breakdown of where patients travelled from for **spinal procedures** in 2016/17 (based on Local Authority of residence)*

## **General Orthopaedics**

This includes a full spectrum of orthopaedic services for children from highly complex/ major surgery to minor procedures, on a range of joints and limbs.

	<b>Activity</b>	<b>Percentage</b>
<b>Birmingham</b>	<b>268</b>	<b>35%</b>
Rest of W Mids	419	55%
Rest of England	71	9%
<b>Total</b>	<b>758</b>	<b>100%</b>

*Table 5 – Breakdown of where patients travelled from for **orthopaedic surgery** in 2016/17 (based on Local Authority of residence)*

## **Other**

Other services for children include other day case or inpatient stays relating to an episode/ condition managed by ROH which are not included in the data above.

	<b>Activity</b>	<b>Percentage</b>
<b>Birmingham</b>	<b>110</b>	<b>32%</b>
Rest of W Mids	199	58%
Rest of England	35	10%
<b>Total</b>	<b>344</b>	<b>100%</b>

*Table 6 – Breakdown of where patients travelled from for **other treatment** at ROH in 2016/17 (based on Local Authority of residence)*

# Change, grow, live Birmingham



Briefing for Health and Social Care Overview & Scrutiny Committee – 17 October 2017

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## 1. Overview

Change, grow, live (CGL) provide substance misuse services for adults in Birmingham, a service which has been commissioned from March 2015. Birmingham City Council commissioned an integrated, city wide, adult drug and alcohol treatment system. Reducing the number of partners and agencies into a single recovery oriented treatment system to serve all adults in the city. The service offers support with substance misuse issues, including:

- Clinical and psychosocial interventions
- Management of substance misuse primary care services at GP Surgeries and Pharmacies across the city
- BME specific engagement
- Support for families
- Employment support
- A liaison team working across Birmingham's hospitals
- Housing support and workers that form the Rough Sleepers Task Force
- Mutual aid and peer support groups
- Criminal Justice employment programmes
- Residential services; inpatient detox and residential rehabilitation
- Support for community projects across the city to support community level recovery projects
- Service user voice

Every day CGL are working with 5,500 adults in Birmingham, supporting them to change their lives for the better. Since March 2015 over 3,000 people have been supported to get well from drug or alcohol misuse.

## 2. Making a difference - Delivering Outcomes

The CGL service commenced on the 1st March 2015, the first 12 months of delivery focused on safe and effective transformational change. Two and a half years into contract the service is now embedded within the city, the transformational change period completed and the goal is now delivering outcomes.

When compared to Public Health England averages and other CGL services, the service available in Birmingham outperforms other areas for levels of successful completions, achieving performance in the top 25% of services in 3 out of 4 drug categories in year two. The service is striving to continue this level of achievement and has targeted plans to increase performance for our opiate service users, so that all 4 categories achieve top quartile outcomes for year 3.

The service is measured against core outcomes, including a Payment by Results Framework. Outcomes for year 2 of the contract against the framework were:

Outcome	Target	Actual
Involvement of family/friends in all service users during their recovery journey	40%	40.8%
Opiate service users to maintain or find employment after completing treatment	19.3%	20.4%
Non-opiate service users to find or maintain employment after completing treatment	34%	38.1%
Completion of Drug Rehabilitation Referrals	55%	69%
Completion of Alcohol Rehabilitation Referrals	55%	86%
Successful completion of treatment for all opiate users	7.55%	6.7%
Successful completion of treatment for all non-opiate users	46.43%	46.9%
Successful completion of treatment for all alcohol users	39.5%	39.5%
Successful completion of treatment for all non-opiate and alcohol users	38.81%	39%

Nationally the service is measured against an indicator which measures the percentage of the treatment population which successfully completes and does not represent to services. Whilst our successful completion rate is high, the service is experiencing higher than average representation rates.

When comparing the services performance with other core cities, the service outperforms other cities with successful completion of treatment, but the high representation rate does lower our performance to the middle of the rank when looking at the overarching measure of completion with no return to service. The service is currently focusing on this delivery

area, with the aim of achieving the balance between encouraging completion of treatment and effectively managing the risks related to relapse.

### 3. The 3 challenges we currently face

#### 1 - Demand for our services

CGL have received over 6,000 referrals since January 2017, the most received in an 8 month period during the time we have delivered services for Birmingham. In some months, such as June, CGL received 800 referrals. Roughly twice as many, when compared with the previous year.



The challenge CGL face as a service is maintaining the outcomes currently delivered, whilst managing the numbers of people that are coming to services needing help and support.

Resources for managing telephone lines and CGL's open access service can become stretched causing waiting times to extend. At peak times we can receive 2,000 phone calls each week with footfall at the City Centre base (Scala House) reaching around 100 people per day.

CGL's goal remains to provide the best possible service that we can for adults in Birmingham at any stage of their recovery, but dealing with 5,500 in treatment as we process an additional 6,000 referrals since January 2017 means that we cannot always provide the service as quickly as needed.

The CGL Service Quality Improvement Plan is addressing the challenge of capacity and demand, CGL are implementing new processes and investing in additional technology to ensure that we can continue providing a support to every individual at the current standards whilst managing the increased demand for our services.

## *2 - New Psychoactive Substances (NPS)*

NPS use is becoming more prevalent and more visible in communities across the country. CGL have a treatment programme specifically for NPS, based on the best international evidence of what works in promoting recovery.

In Birmingham, the challenges we face are accessibility, education and communication. CGL have developed a strategy based on an event we hosted in May 2017 to address these issues. CGL is now leading on a local, multi-agency action plan to address the issue. At the core of our strategy is our national NPS Specialist who operates from our Birmingham service. Jointly with the CGL communications team a campaign will be launched to ensure that local partners, providers and elected members know what to do to help someone who may be struggling with NPS misuse. Actions within the Strategy include:

- Providing a train the trainer programme to organisations across the city, in order that they can then train the wider work force
- Working with the Children Safeguarding Board and Young Persons Providers to ensure that information and awareness is available within schools
- Working with Criminal Justice partners to ensure pathways from custody suites and prisons are robust and effective
- Targeted interventions available via the Homeless Task Force.

Working across local universities and supporting local clubs/festivals we have attended many events to engage with young people and raise the awareness of NPS. From advertising campaigns on local bus routes to awareness sessions in local children's centres we are campaigning to raise the understanding of NPS at key touch points across the city. Since launch we have worked with 173 people that have directly requested support with their NPS use. We are keen to increase these numbers further, by:

- Improving how we record NPS use, many of our service users are using NPS along with other illicit and prescribed medications and do not prioritise telling us of their specific NPS experience. Many of the highly visible and vulnerable homeless service users are experiencing challenges with multiple forms of drug use and in this cohort there is significant under reporting of NPS use as discussions often lean towards drug use which is perceived as higher risk.
- Improving how we encourage recreational and those experiencing early onset of problems related to NPS use to connect with treatment support, including strengthening our digital offer.

Our Specialist in NPS is available to deliver the latest in evidenced based practice and information anywhere that requests it across the City. We will also be making resources available via our website for anyone to access. If you would like to receive the training or know a local organisation that would, please make contact.

## *3 - Homelessness*



Homelessness, similar to NPS use has become a more visible issue across the city. CGL are supporting the Rough Sleepers Task Force with a co-located team of our highest skilled workers. The CGL team is supporting the task force by addressing the substance misuse issues that any rough sleepers may face in Birmingham alongside partner professionals.

6 weeks after launching CGL have provided 60 brief interventions to homeless clients, more importantly we have supported 30 people to come in and get help from our clinic slots across the City, a much higher level of engagement than usually received from hard to reach clients.

#### **4. Service User Led Quality Assurance**

Service Users are at the heart of supporting and shaping the services that we deliver in Birmingham and our volunteers have contributed over 10,000 hours of their time since March 2015. Volunteers and peers by experience have standing invitations to all of the management meetings and input into significant operational decisions.

All of our services have service user forums which feed into the regional service user forum and national service user council. Annually we conduct a national service user survey and locally there are ongoing opportunities for service users to have a voice and influence service developments.

CGL are currently supporting development of an independent pan Birmingham service user forum, encouraging external and independent quality assurance of the whole treatment system. Taking learning from the successful Red Rose Recovery Programme in Lancashire, we are seeking to develop a model which will eventually operate independently from CGL.

The first meeting has taken place, with 18 individuals attending. Terms of reference were discussed and agreement made that the Forum would meet quarterly, with a sub group attending strategy review meetings with the Management Team and commissioners, to thematically review elements of treatment delivery.

A work plan is being developed which will include the forum participating in:

- Quarterly forum and strategic review meetings
- Targeted focus groups
- Support for service user and carer groups
- Peer led reviews
- Invites to service user forums and management team meetings
- Conducting service user surveys and research
- Road shows promoting new service developments

The first forum meeting has highlighted:

What's already working:

- The service is supportive and helps a lot of people change their behaviours

- There are opportunities to socialise within the service
- The service is professional and the environment is friendly

What we're improving:

- Waiting times can be too long and it's hard to get through on the phones
- Detox In A Box is great, but more aftercare support is needed
- More consistency in our meet and greet system

Furthermore, our national service user survey included feedback on 1,184 service users, the majority (over 300) from Birmingham. The voices of our service users in Birmingham will therefore be used to improve the service CGL provide in the 160 other services delivered across the country.

## **5. Health & Social care benefits**

Substance misuse is rarely an isolated issue faced by an individual. Many of our service users have multiple complex needs, these may include homelessness, crime, social care, domestic abuse or family cohesion. Our holistic support services are working with some of the most vulnerable families in the city. Whilst complete abstinence can be a long term or challenging goal for many of our service users, we enable all to achieve some degree of positive change, ultimately reducing the demands on broader health and social care services and contributing to the Cities four key priorities.

### *Helping to make Birmingham a great place to grow up*

Our service delivery model prioritises family interventions, 50% of our service users now have included their friends and families in their treatment journey and recovery programme. We have supported 13,632 children by conducting parental assessments, attending over 2,500 home visits, working closely with social care partners to ensure that our families receive preventative early help support and that those families with greater need are identified earlier.

### *Helping to make Birmingham a great place to live*

Working in partnership with homeless and housing providers across the city, we ensure that those who leave our service substance free also do so having resolved their housing issues. Our residential programmes have support people by providing life skills programmes, enabling them to not only access but successfully maintain their accommodation.

To date, 80% of our service user that came to us with a housing problem when they started treatment had this resolved before they left treatment with us.

We have also worked closely with our Criminal justice partners, to ensure that those whose offending is linked to substance misuse receive targeted interventions. This has been hugely successful, with 84% of our Court ordered referrals successfully completing treatment.

### *Helping make Birmingham a great place to learn, work and invest in*

691 people have been supported to access or maintain their employment, supporting people to experience the benefits of contribution and citizenship. Our volunteers have contributed over 10,000 hours to our service, all have completed accredited learning with many progressing into full time employment in a variety of roles across the city.

As an organisation we have invested in the city, making Birmingham one of our Regional Business Units. With 12 central support posts based in the city, we have brought new jobs and £500,000 of investment to the city.

### *Helping make Birmingham a great place to grow old in*

Nationally there has been a rise in drug related deaths, caused by an aging opiate using population with multiple health issues and varying degrees of strength of drugs available. We have worked hard to reduce mortality rates and lead on a multi-agency strategic group, including Public Health and the Coroner, to ensure we are doing all we can. Our Naloxone programme (a drug that reverses an overdose situation) is nationally recognised as leading the way, delivered via our services and pharmacies across the city, we have trained 1,567 people in how to administer Naloxone and know that Naloxone has been used many times, saving many lives.

National reports produced by Public Health England continue to demonstrate drug and alcohol support provide both immediate and long term savings to the public purse, for every £1 spent on treatment, £2.50 is saved in the social cost of substance misuse.

## **6. Development of a strategy for Birmingham**

Patterns of drug and alcohol use both locally and nationally are ever changing. An example of an issue of concern for Birmingham is the adverse impact of New Psychoactive Substances NPS, (more commonly known as legal highs) on the homeless population. How ageing opiate users are best supported also raises issues regards the nature of health and social care responses.

The National Drug Strategy 2017 sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes. The three key themes include :

- Reducing Demand
- Restricting Supply
- Building Recovery

The National Alcohol Strategy was published in 2012 and outlines responses to reduce social, health and criminal justice alcohol related harms.

Birmingham has in recent times not produced a comprehensive multiagency drug strategy. In addition The Birmingham Alcohol Strategy 2012- 2016 has now expired.

It would seem now is an opportune time to develop a Birmingham multiagency drug /alcohol strategy especially as the domestic violence strategy and homeless strategy are being developed. Drug and alcohol misuse are identified as contributing factors to these issues.

## **7. Issues for Consideration**

- Support with the development of a city wide substance misuse strategy.
- Support the further development of Hospital based alcohol responses including the implementation of the 'Preventing ill health by risky behaviours – alcohol and tobacco CQUIN'. This is concerned with supporting people when in contact with services delivered from hospital settings to change their behaviour so to reduce the risk to their health from alcohol as well as tobacco.
- Support CGL to have a stronger strategic presence in the city by helping the organisation secure a seat on the Community Safety Partnership Board.
- Further develop relationships with prisons regards effectively managing prison releases.
- Promote connections regards the impact of substance misuse on broader health and social care issues.

<b>Report of:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>To:</b>	<b>Health &amp; Social Care Overview and Scrutiny Committee</b>
<b>Date:</b>	<b>17 October 2017</b>

## **Progress Report on Implementation: Tackling Childhood Obesity in Birmingham Inquiry**

### **Review Information**

Date approved at City Council:	8 <sup>th</sup> April 2014
Member who led the original review:	Councillor Susan Barnett
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	29 <sup>th</sup> September 2015

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Wellbeing, 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**

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Telephone:	07595090451
E-Mail:	dennis.wilkes@birmingham.gov.uk

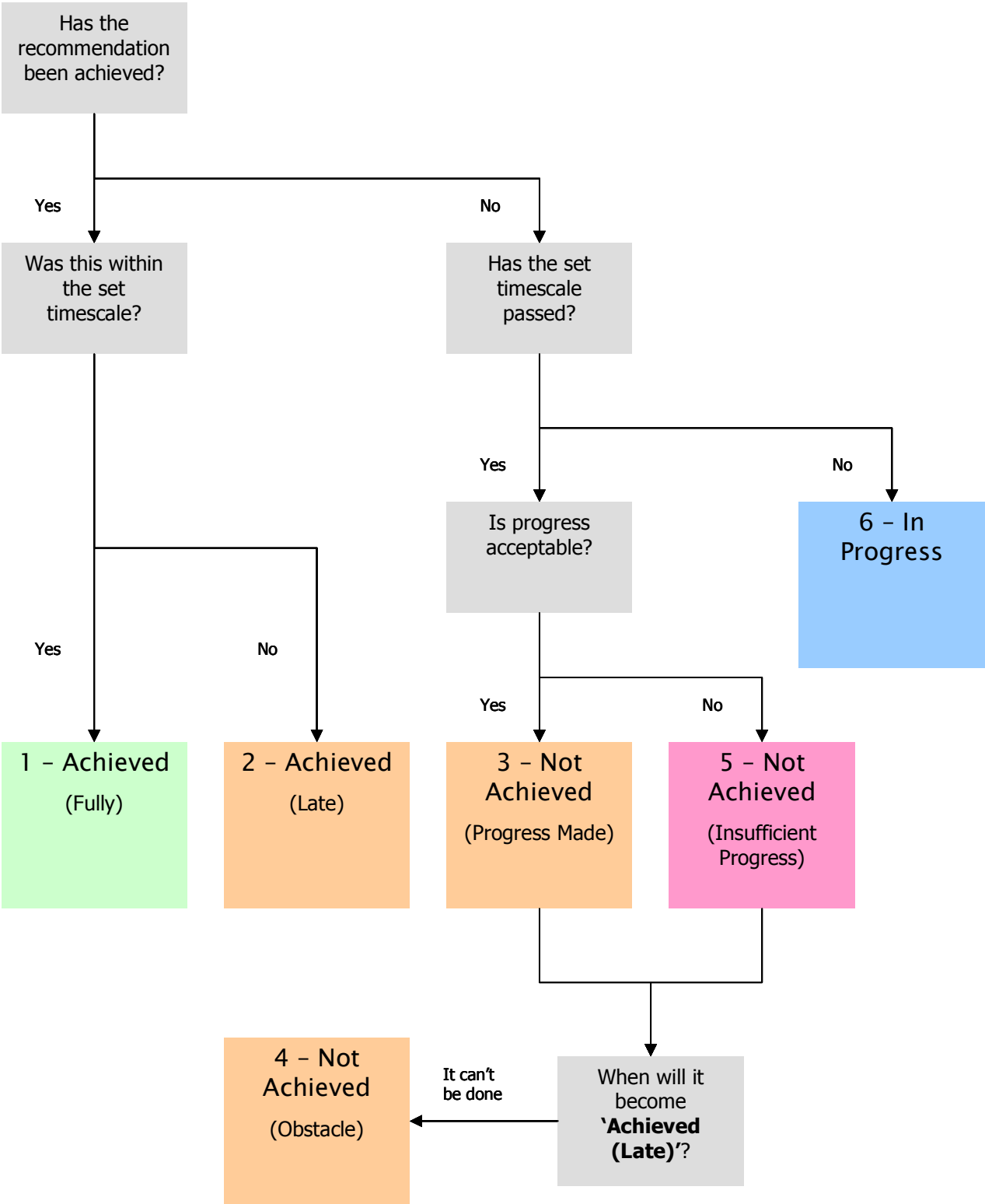
## Appendix 1: The Tracking Process

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

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

Category	Criteria
<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
R02	That the Chair of the Education and Vulnerable Children Overview and Scrutiny Committee meet with the Chair of the Birmingham Educational Partnership to explore how the recommendations of the Health and Social Care Overview & Scrutiny Committee can be supported by the School Food Plan 2013 and also to develop more systematic engagement with all schools including free schools and academies on school food standards, healthy lifestyle options such as increasing walking and other healthy eating initiatives commissioned by Public Health.	Chair of Education and Vulnerable Children Overview and Scrutiny Committee	June 2016	2 (achieved late)

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

The national School Food Plan 2013 is still in place and provides resources to support and encourage schools to address the ongoing challenge of obesity in our youngest children. OFSTED has guidance which it uses for inspection purposes based on these standards and the national nutritional guidance to schools.

Citykitchen, the Cityserve offer to Birmingham schools for catering, engage with schools and students to develop menus and products with the aim of enabling schools to be School Food Plan compliant.

Schools continue to participate in the Health for Life and Be Healthy Schools award, delivered through Services 4 Education, with increasing numbers achieving accreditation and sustaining the messages and activities to support healthy nutrition and activity behaviours in their pupils.

The enthusiasm of the schools in the Longbridge area to participate in the trial of the School Mile Run evaluation, supported by the section 106 funding, is further evidence of their commitment to this health improvement work.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That the approach described by Birmingham Children's Hospital (BCH) as a stakeholder in the wider health and wellbeing of children and in starting to build a wider commitment by provider trusts to contribute to the public health agenda including the possibility of establishing a health promoting network for hospitals in Birmingham be supported and that BCH be	Birmingham Children's Hospital Consultant in Public Health Medicine	June 2016	2 (achieved late)



	requested to update the Health and Social Care Overview and Scrutiny Committee on progress.			
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				
<p>The introduction of the NHS Sustainability and Transformation Partnership resulted in a work stream focussed on Transforming Secondary Care, namely hospital based care. Included in this was the development of their Health &amp; Wellbeing offer for staff and patients. The Birmingham Children's Hospital introduced this recommendation and embedded it into the work plan.</p> <p>Progress on the Health &amp; Wellbeing offer has been slow, due to competing priorities, but it remains an active component of the work stream. The work stream is monitored by the STP Programme Board.</p>				

## 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	<p>That letters be sent to:</p> <p>(a) the Secretary of State for Health to lobby for a stronger UK wide response towards childhood obesity with particular reference to addressing the food industry and producers, the role of education and schools and in relation to strengthening planning policy with a view to giving stronger planning powers to local Councils to enable them to deal more effectively with the proliferation of hot food takeaways;</p> <p>(b) the Secretary of State for Communities and Local Government to lobby for a change in policy guidance which would allow planning applications for inappropriate schemes to be refused on health grounds; and</p> <p>(c) Birmingham MPs to ask them to campaign in the House of Commons and lobby the Secretary of State for Health in relation to these issues.</p>	Cabinet Member for Health and Wellbeing Chair of Health and Social Care Overview and Scrutiny Committee	November 2014	2

**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
R03	<p>That the Chair of the Education and Vulnerable Children Overview and Scrutiny Committee meets with the Chair of the Birmingham Governors Network to ensure that governors:</p> <ul style="list-style-type: none"> <li>(a) are systematically engaged and well informed in relation to the resourcing and funding decisions needed to support initiatives to tackle childhood obesity; and</li> <li>(b) are aware that they have the power to object to planning applications especially in relation to proposed hot food takeaways near schools and of the appropriate planning grounds they should consider whilst recognising that an objection in itself does not necessarily lead to refusal; and</li> <li>(c) understand their responsibility as school governors around meeting the school food guidelines.</li> </ul>	Chair of Education and Vulnerable Children Overview and Scrutiny Committee	November 2014	2
R05	That through the Childhood Obesity Care Pathway, a children's service offer is developed which includes diet and behaviour, as well as physical activity, and that all services have the flexibility to offer family based interventions if appropriate.	Birmingham South Central, Birmingham Cross City and Sandwell and West Birmingham Clinical Commissioning Groups	June 2016	1
R06	That the Health and Wellbeing Board through the Third Sector Assembly and the three Birmingham Clinical Commissioning Groups examine the best way to develop stronger strategic links between GPs and the Third Sector which may have the potential to facilitate further and better engagement with, and delivery of the childhood obesity agenda.	Cabinet Member for Health and Wellbeing as Chair of Health and Wellbeing Board	June 2016	1
R07	That the Street Trading Consultation Process be amended to include the Director of Public Health as a consultee where Street Trading Consents are being sought for food outlets so that any representation made by the Director of Public Health can be taken into consideration before any decision is made.	Director of Regulation and Enforcement with Cabinet Member for Health and Wellbeing as Chair of Health and Wellbeing Board	November 2014	1

**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>
R08	That the Planning Committee start discussions with a view to adopting a policy development approach which commits to design out the obesogenic environment by following a process similar to the one that was followed when putting together Birmingham's Green Commission. Through this approach an environment can be designed that encourages physical activity, active travel and healthy lifestyle choices.	Chair of the Planning Committee	June 2016	1
R09	That the Partnerships, Engagement and Communication Group, as an integral part of their work on developing and implementing a communications strategy, establish what advertising the Council and other stakeholders have control or influence over with a view to using this influence to promote healthy eating and physical activity.	Cabinet Member for Health and Wellbeing	September 2015	1
R10	That an assessment of progress against the recommendations and suggestions made in this report should be presented to the Health and Social Care Overview and Scrutiny Committee.	Cabinet Member for Health and Wellbeing	November 2014	2

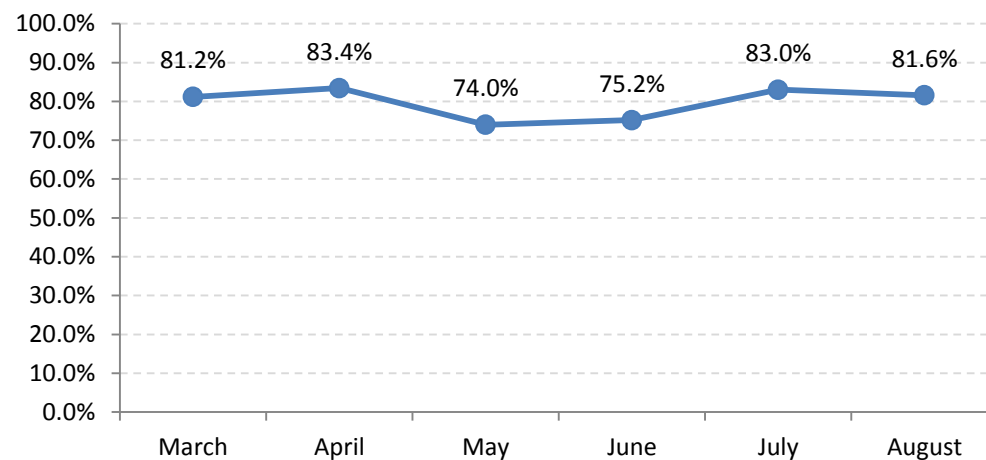


March	81.2%
April	83.4%
May	74.0%
June	75.2%
July	83.0%
August	81.6%

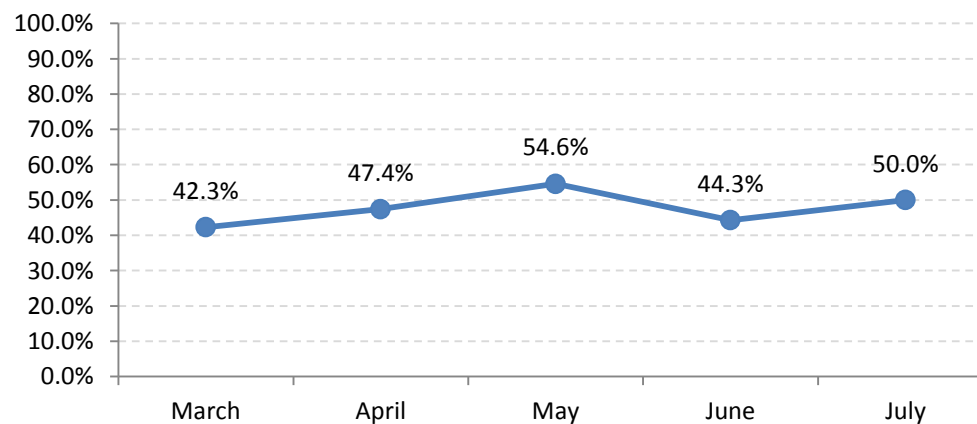
March	42.3%
April	47.4%
May	54.6%
June	44.3%
July	50.0%

March	77.0%
April	75.9%
May	75.6%
June	75.2%
July	74.3%

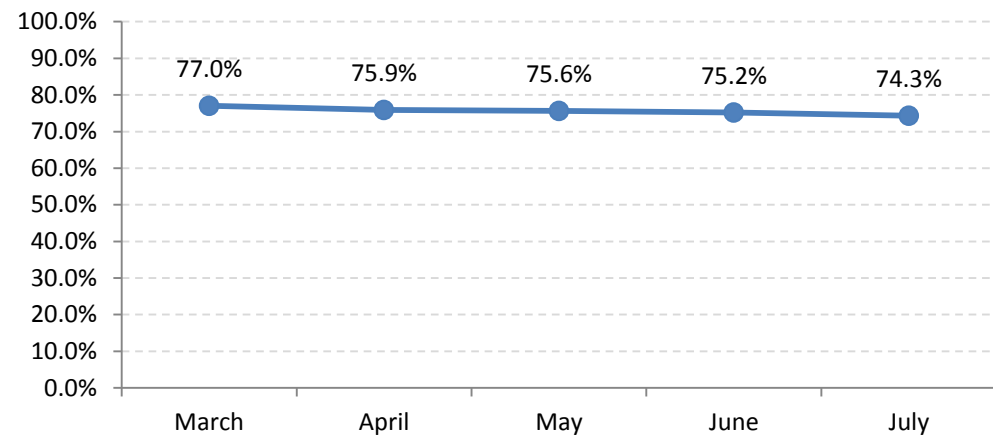
**The Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were**



**Proportion of contacts progressed to 2nd response who are referred for an assessment / enablement**



**The proportion of clients reviewed, reassessed or assessed within  
12 months**



# Adults Council Vision Scorecard 2017/18 - Month 4 (July)

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	Commentary
Scorecard										
1	Uptake of Direct Payments	Monthly	TREND	21.1%	TREND	22.8%	22.3%	G	↑	8236 clients received a service that was eligible for some form of Self Directed Support on the last day of July, of which 1874 (22.8%) received this as a Direct Payment – with 36.0% of Younger Adults receiving a Direct Payment compared to 13.8% of Older Adults. This exceeds June’s result of 22.5%. Overall numbers of direct payments have increased by 289 in the last 12 months, up from 1585. Weekly reports continue to be produced, with targets set for all areas and teams, and the Direct Payments group continues to look at all aspects of this service to improve the proportions in line with the new offer.
	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND	69.7%	TREND	69.5%	69.8%	G	↓	
	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	65.1%	75%	...	TBC	TBC	N/A	This is a quarterly measure. Q1 performance data available middle September.

Cabinet Member Service Scorecard 2017/18 - Month 4 (July)

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	Commentary
1	Uptake of Direct Payments	Monthly	25.0%	21.1%	22.4%	22.8%	22.3%	G	↑	8236 clients received a service that was eligible for some form of Self Directed Support on the last day of July, of which 1874 (22.8%) received this as a Direct Payment – with 36.0% of Younger Adults receiving a Direct Payment compared to 13.8% of Older Adults. This exceeds June’s result of 22.5%. Overall numbers of direct payments have increased by 289 in the last 12 months, up from 1585. Weekly reports continue to be produced, with targets set for all areas and teams, and the Direct Payments group continues to look at all aspects of this service to improve the proportions in line with the new offer.
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND INCREASE	69.7%	TREND INCREASE	69.5%	69.8%	A	↓	In July, 13,046 people received a service, of which 9,072 (69.5%) were living in the community rather than in a residential or nursing home. Whilst this is an increase in terms of the absolute number of clients living in the community, the proportion has reduced due to a larger increase in the total number of clients
3	The number of people who have Shared Lives	Monthly	78	72	75	72	74	R	↓	Performance has remained stable on this measure for a number of months. It is recognised that the current availability of Shared Lives opportunities requires a step change. Service leads are currently developing a robust plan to recruit the additional carers required to increase the availability of this care option and it is expected that the impact of this will be seen in the performance report of January 2018.
4	The proportion of Community Assessments completed within 28 days of referral. (Excluding Enablement)	Monthly	75%	23.0%	40.0%	43.8%	33.8%	G	↑	From a low baseline, a challenging target of 75% has been set. Incremental improvement towards this target is required over the course of the year. Current performance - at 43.8% - is ahead of the projected target of 40% for this month.
5	Daily Average Delay beds per day per 100,000 18+ population - Social Care	Monthly	5.8	12.0	10.5	13.6	10.2	R	↓	Following month-on-month reductions in the level of delayed transfers of care that are due to social care, the rate significantly increased this month. Analysis of the recorded reasons for DToC’s suggests that this increase was due to delays in accessing nursing care. In order to improve performance on these measures a great deal of activity is underway locally across the whole health and social care system. Social care activity to improve performance will primarily be driven through the use of the Improved Better Care Fund. Actions will be set out in the Better Care Fund Plan, but include: - More in-depth analysis of system issues - in particular the admission from residential and nursing care into A and E and the interfaces between Health and Social Care. This system analysis work is underway; - Establishing one consistent process between NHS providers and Social Care for counting and validating DToCs on a daily basis – currently being piloted at Heartlands Hospital; - Implementation of the Patient/Family Choice Policy to incentives providers to assess before offering choice; - Commissioning additional nursing and interim bed capacity to respond to the immediate pressure; - Working with the voluntary and community sector to support patients to be discharged home from hospital where appropriate - Longer-term activity to reduce demand in the system
6	Daily Average Delay beds per day per 100,000 18+ population - Joint NHS and Social Care	Monthly	1.0	1.1	1.0	1.3	1.3	R	=	



Cabinet Member Service Scorecard 2017/18 - Month 4 (July)

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	Commentary
7	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	65.1%	75%	...	TBC	TBC	N/A	This is a quarterly measure. Q1 performance data available middle September.
8	Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	Monthly								
9	Proportion of contacts progressed to 2nd response who are referred for an assessment / enablement	Monthly								
10	The proportion of clients reviewed, reassessed or assessed within 12 months.	Monthly	80%	76%	77.0%	74.3%	75.2%	R	↓	Performance on delivery of reviews has dropped whilst teams focus on assessment. A plan of actions to prioritise reviews to improve performance is being develop and it is expected that performance will improve to target by December 2017.

Public Health data is currently reporting Q4 2016/17

Performance Indicator		Frequency	2017/18 Target	Baseline (Annual outcome 2016/17)	Q4 2016/17 Period Target	Q4 (2016/17)	Prev Period	Status	DOT	Commentary
11	Proportion of women receiving a home visit after delivery (Percentage of births that receive a face to face new born visit with 14 days)	Quarterly	90%	91%	90%	92%	92.0%	G	=	The data reported is for Q4 2016/17. The data shows that 92% of women receive a face to face new born visit from a health visitor within 14 days of delivery, exceeding the target of 90%.
12	Proportion of eligible population receiving a NHS Health Check	Quarterly						G	↑	
13	Rate of positive Chlamydia screens	Quarterly						R	↓	
14	Number of smoking quitters at 12 weeks	Quarterly	670	674	214	181	156	A	↑	The data reported is Q4 2016/17. Data for Q1 is not available until the next reporting period given a smoker must be smoke free for 12 weeks if they are to be considered a successful quit during that period. The data shows that in Q4, 181 where quit at 12 weeks against a target of 214. Although below target there is a upwards trajectory and those quit represents 50% of citizens setting a quit date at the start of the service.  The service has undertaken a significant transformation as a result of the reduction in public health grant last year. As a result activity is lower than previous years due to a reduction in providers. That aside quit success rate continues to improve and the number progressing from a 4 week quit status to a 12 week quit status remains 15% above with national data which is 35%. It is expected that the numbers going through the service will continue to improve during 2017/18 and we will maintain success rates above the national average.  Baselines and targets will be reviewed as the new service is established and further data is received.
15	Drugs users who are in full time employment for 10 working days following or upon discharge	Quarterly	30%	30.6%	30%	31.0%	29.0%	G	↑	The data reported is for Q4 2016/17. It shows 31% of drug users were in full time employment for ≥10 days in the last 28 day period at treatment exit, exceeding the target of 30%. The target is currently being reviewed as part of the PbR element for contract year 3.

# Cabinet Member Service Scorecard 2017/18 - Month 4 (July)

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	Commentary
16	Children under 5 attending Wellbeing Service	Quarterly	54000	30185	13500	6942	6540	R	↑	The data reported is for Q4 2016/17. The under 5’s offer within the Wellbeing Service continues to be below the expected targets. In Q4, 6942 attendances was achieved against a target of 13,500; this is 51% of the expected attendances. Annually the outcome represents only 56% of their target achieved. This is a key PH priority and performance has been reported to CMB. Performance continues to be monitored and the service is seeking to address the shortfall.
17	People over 70 attending Wellbeing Service	Quarterly	78000	69950	19500	20339	16659	G	↑	



## Health and Social Care Overview & Scrutiny Committee 2017/18 Work Programme

### Committee Members:

Cllr Uzma Ahmed  
Cllr Deirdre Alden  
Cllr Sue Anderson  
Cllr Mick Brown

### Chair: Cllr John Cotton

Cllr Jayne Francis  
Cllr Andrew Hardie  
Cllr Kath Hartley  
Cllr Simon Jevon

Cllr Karen McCarthy  
Cllr Rob Pocock  
Cllr Sharon Thompson

### Committee Support:

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

Committee Manager: Paul Holden (464 4243)

### Schedule of Work

Meeting Date	Committee Agenda Items	Officers
20 <sup>th</sup> June 2017  Send out – 8 June 2017	<b>Formal Session</b>  Appointments to Deputy Chair and Joint HOSCs  CCG Transition Update        Mental Health Recovery and Employment Consultation	Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG / Rhod Mitchell, Chair, Birmingham and Solihull Health Commissioning Board / Dr Andrew Coward, Chair, Birmingham South Central CCG / Natalie Penrose, NHS England  Dario Silvestro, Commissioning Manager, Mental Health Joint Commissioning Team / Tom Howell, Senior Strategic Mental Health Commissioner, Joint Commissioning Team.



<p>20<sup>th</sup> June 2017</p>	<p><b>Informal Session</b></p> <p>Briefings and Background Documents</p>	<p>Carol Herity, Associate Director of Partnerships / Gemma Coldicott, Senior External Communications &amp; Engagement Manager, CrossCity CCG</p> <p>John Denley, Assistant Director, Commissioning Centre of Excellence</p> <p>Graeme Betts, Interim Director of Adult Social Services</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p>
<p>18<sup>th</sup> July 2017</p> <p>Send out – 6 July 2017</p>	<p>Forward Thinking Birmingham: One Year On</p> <p>Proposals for the use of the Improved Better Care Fund (IBCF)</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> <li>Adults Service Scorecard 2017/18 – Month 2</li> </ul>	<p>Elaine Kirwan, Associate Director of Nursing, Forward Thinking Birmingham</p> <p>Margaret Ashton-Gray, Head of City Finance</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p>
<p>2<sup>nd</sup> August 2017</p> <p>Send out – 25 July 2017</p>	<p>Paediatric Surgery at the Royal Orthopaedic Hospital</p>	<p>Kieren Caldwell, NHS England</p>



<p>19<sup>th</sup> September 2017</p> <p>Send out – 7 September 2017</p>	<p>Delayed Transfers of Care – Position Statement</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> <li>• Carers Survey</li> <li>• Delayed Transfers of Care (dashboard)</li> <li>• Adults Services Scorecard 2017/18</li> </ul>	<p>Graeme Betts, Interim Director of Adult Social Services; Paul Jennings, Interim CEO, CCGs; Karen Richards, Associate Director, CrossCity CCG; Andrew McKirgan, Director of Partnerships, UHB.</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p>
<p>17<sup>th</sup> October 2017</p> <p>Send out – 5 October 2017</p>	<p>Paediatric Surgery at the Royal Orthopaedic Hospital</p> <p>Birmingham Substance Misuse Recovery System (CGL)</p> <p>Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> <li>• Adult Services Scorecard 2017/18 – Month 4</li> </ul>	<p>Kieren Caldwell, NHS England</p> <p>Max Vaughan, Head of Service, Universal and Prevention</p> <p>Dennis Wilkes, Assistant Director, Public Health</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p>
<p>21<sup>st</sup> November 2017</p> <p>Send out – 9 November 2017</p>	<p>Sustainability &amp; Transformation Partnership Update</p> <p>Cabinet Member for Health and Social Care</p> <p>Update on Delayed Transfers of Care</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> <li>• Service Users Survey</li> <li>• Adult Services Scorecard 2017/18 – Month 5</li> </ul>	<p>Kathryn Hudson, BSol STP Programme Director; Graeme Betts, Interim Director of Adult Social Services.</p> <p>Suman McCartney, Cabinet Support Officer</p> <p>Louise Collett, Service Director, Policy &amp; Commissioning</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p>



21 <sup>st</sup> November 2017  Send out – 9 November 2017	Birmingham Adult Safeguarding Annual Report 2015-17	Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board
19 <sup>th</sup> December 2017  Send out – 7 December 2017	Adult Social Care Performance <ul style="list-style-type: none"> <li>Adult Services Scorecard 2017/18 – Month 6</li> </ul> Tracking of the 'Living Life to the full with Dementia' Inquiry	Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence  Mary Latter, Joint Commissioning Manager Dementia
23 <sup>rd</sup> January 2018  Send out – 11 January 2018	Adult Social Care Performance <ul style="list-style-type: none"> <li>Adult Services Scorecard 2017/18 – Month 7</li> </ul>	Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence
20 <sup>th</sup> February 2018  Send out – 8 February 2018	Adult Social Care Performance <ul style="list-style-type: none"> <li>Adult Services Scorecard 2017/18 – Month 8</li> </ul>	Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence
20 <sup>th</sup> March 2018  Send out – 8 March 2018	Forward Thinking Birmingham  Adult Social Care Performance <ul style="list-style-type: none"> <li>Adult Services Scorecard 2017/18 – Month 9</li> </ul>	Elaine Kirwan, Associate Director of Nursing, Forward Thinking Birmingham  Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence
24 <sup>th</sup> April 2018  Send out – 12 April 2018	Adult Social Care Performance <ul style="list-style-type: none"> <li>Adult Services Scorecard 2017/18 – Month 10</li> </ul>	Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence



## Items to be scheduled in Work Programme

- Framework Agreement with Domiciliary Care Providers
- Progress report against the West Midlands ADASS Peer Challenge Action Plan (Mike Walsh/John Denley)
- Performance Monitoring and the Impact of Budget Savings Report (Mike Walsh/John Denley)
- Youth Promise Plus – Young People with Learning Disabilities
- Birmingham Business Charter for Social Responsibility – Employment/training offered to people with learning/physical disabilities
- Tracking Report on Homeless Health (John Hardy)
- Joint Commissioning arrangements and Accountable Care Organisations
- Outcomes from Mental Health Recovery and Employment procurement process (Sept/Oct 2017)
- Wellbeing Services – Steve Hollingworth
- Social Work Community Model
- Spit Guards – West Midlands Police
- Re-commissioning of Advocacy Services – Charles Ashton-Gray

## Joint Birmingham & Sandwell Health Scrutiny Committee Work

Members	Cllrs John Cotton, Deirdre Alden, Sue Anderson, Jayne Francis and Kath Hartley	
Meeting Date	Key Topics	Contacts
12 <sup>th</sup> July @ 2.00pm in Sandwell	<ul style="list-style-type: none"> <li>• Prescriptions and Medicines Consultation</li> </ul>	Dr Gwyn Harris, Clinical Lead for Medicines Quality; Liz Walker, Head of Medicines Quality, SWBCCG
28 <sup>th</sup> September@ 2.00pm in Birmingham  Send out – 20 September 2017	<ul style="list-style-type: none"> <li>• Update Report on the Midland Metropolitan Hospital</li> <li>• Place Based Model of Care</li> <li>• Oncology Services at Sandwell General Hospital</li> </ul>	Alan Kenny, Director of Estates and New Hospitals, Sandwell and West Birmingham Hospitals  Andy Williams, Accountable Officer, SWBCCG  Toby Lewis, Chief Executive, SWB Hospitals NHS Trust
October/November date TBC	<ul style="list-style-type: none"> <li>• Oncology Services at Sandwell General Hospital</li> </ul>	NHS England
TBA	<ul style="list-style-type: none"> <li>• Place Based Model of Care (Jan/Feb 2018)</li> <li>• Update report on Midland Metropolitan Hospital (TBA)</li> </ul>	Andy Williams, Accountable Officer SWBCCG Alan Kenny, Director of Estates and New Hospitals, SWB Hospitals NHS Trust



<b>Joint Birmingham &amp; Solihull Health Scrutiny Committee Work</b>		
<b>Members</b>	Cllrs John Cotton, Uzma Ahmed, Mick Brown, Andrew Hardie, Simon Jevon, Rob Pocock and Sharon Thompson	
<b>Meeting Date</b>	<b>Key Topics</b>	<b>Contacts</b>
27 <sup>th</sup> July at 5.00pm in Birmingham	<ul style="list-style-type: none"> <li>University Hospital Birmingham/HoEFT Merger</li> <li>Birmingham and Solihull CCGs: Proposed Merger Update:-               <ul style="list-style-type: none"> <li>Risk Register for the merger</li> <li>Transparency and clarity around the budget implications for Birmingham and Solihull</li> </ul> </li> </ul>	<p>Dame Julie Moore, Interim Chief Executive, HoEFT / Jacqui Smith, Chair, HoEFT</p> <p>Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG</p>
30 <sup>th</sup> August at 6.00pm in Solihull	<ul style="list-style-type: none"> <li>Birmingham and Solihull CCGs Proposed Transition Post Consultation Outcomes</li> <li>Birmingham and Solihull Mental Health Trust performance and planned service changes – feedback from CQC Inspection</li> </ul>	<p>Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG</p> <p>John Short, Chief Executive, BSMHFT</p>
November/ December in Birmingham	<ul style="list-style-type: none"> <li>University Hospitals Birmingham/Heart of England NHS Foundation Trust Merger Update</li> <li>Birmingham and Solihull CCGs Proposed Transition Update</li> <li>NHS Procedures of Lower Clinical Value – next suite of indicators</li> </ul>	<p>Dame Julie Moore, Interim chief Executive, Heart of England NHS Foundation Trust (HoEFT); Jacqui Smith, Chair, HoEFT</p> <p>Paul Jennings, Interim CEO, BSol CCGs; Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG</p> <p>Neil Walker</p>
TBA	<ul style="list-style-type: none"> <li>Sustainability &amp; Transformation Plan Update:-               <ul style="list-style-type: none"> <li>Public engagement and involvement</li> <li>Multi-Speciality Providers</li> <li>Governance and leadership</li> </ul> </li> <li>Birmingham and Solihull Mental Health Trust – Update from CQC Inspection</li> </ul>	<p>Kathryn Hudson, BSol STP Programme Director</p> <p>John Short, Chief Executive, BSMHFT</p>





<b>CHAIR &amp; COMMITTEE VISITS</b>		
<b>Date</b>	<b>Organisation</b>	<b>Contact</b>
6 <sup>TH</sup> September 2017 @ 10.30am – CANCELLED To be rearranged	Modality Partnership – GP led NHS vanguard site developing a new Multi-speciality Community Provider (MCP) model of care	Dr Naresh Rati, Executive Director, Modality
TBA	District Neighbourhood Challenge – Dementia. Visit to Sutton Coldfield District.	John Mole, District Community Support and Development Unit

<b>INQUIRY:</b>	
Key Question:	
Lead Member:	
Lead Officer:	
Inquiry Members:	
Evidence Gathering:	
Drafting of Report:	
Report to Council:	
<b>Councillor Call for Action requests</b>	

<b>Cabinet Forward Plan - Items in the Cabinet Forward Plan that may be of interest to the Committee</b>			
<b>Item no.</b>	<b>Item Name</b>	<b>Portfolio</b>	<b>Proposed date</b>
003259/2017	Birmingham Domestic Abuse Prevention Strategy 2017-2020	Health & Social Care	12 Dec 17
004084/2017	Carers' Grants Consultation Feedback 13 Sep 17	Health & Social Care	13 Sep 17
004199/2017	Birmingham City Council's Vision and Strategy for Adult Social Care Services	Health & Social Care	24 Oct 17

