

**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, 21 NOVEMBER 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 - 6**

**3 ACTION NOTES/ISSUES ARISING**

To confirm the action notes of the meeting held on 17th October 2017.

**4 DECLARATIONS OF INTERESTS**

**7 - 50**

**5 BIRMINGHAM SAFEGUARDING ADULTS REPORT 2015-17**

Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board.

**51 - 60**

**6 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP UPDATE**

Kathryn Hudson, Birmingham and Solihull STP Programme Director; Graeme Betts, Interim Corporate Director of Adult Social Care and Health.

**61 - 64**

7 **UPDATE ON DELAYED TRANSFERS OF CARE**

Louise Collett, Service Director, Policy & Commissioning.

**65 - 92**

8 **ADULT SOCIAL CARE PERFORMANCE**

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

**93 - 100**

9 **REPORT OF THE CABINET MEMBER FOR HEALTH AND SOCIAL CARE**

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care.

**101 - 108**

10 **WORK PROGRAMME - NOVEMBER 2017**

For discussion.

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

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

12 **OTHER URGENT BUSINESS**

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

13 **AUTHORITY TO CHAIR AND OFFICERS**

Chair 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 17<sup>th</sup> October 2017, Committee Rooms 3 & 4 – Actions**

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**Present:**

Councillor John Cotton (Chair)

Councillors Deirdre Alden, Mick Brown, Andrew Hardie, Kath Hartley, Karen McCarthy and Robert Pocock.

**Also Present:**

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

Bruce Morland, Paediatric Oncologist at Birmingham Children's Hospital and Associate Medical Director at the Royal Orthopaedic Hospital

Nic Adamson, Regional Director, Change, Grow, Live Birmingham (CGL)

Sian Warmer, Head of Service, CGL

Max Vaughan, Head of Service, Universal and Prevention, Adult Social Care

Dr Dennis Wilkes, Assistant Director of Public Health

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

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office

Gail Sadler, Research & Policy Officer, Scrutiny Office

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

**2. APOLOGIES**

Councillor Sue Anderson

**3. ACTION NOTES/ISSUES ARISING**

The action notes of the meeting held on 19<sup>th</sup> September 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.

Councillor Karen McCarthy declared that she was a Governor at the Birmingham Women's and Children's NHS Hospital Trust.

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

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) and Bruce Morland (Paediatric Oncologist at Birmingham Children's Hospital and Associate Medical Director at the Royal Orthopaedic Hospital) attended to present an update report which set out:

- Short and long term service options for provision of specialist paediatric surgery within the West Midlands.
- Updated data analysis which included residents of West Birmingham.
- Communication and engagement undertaken since the previous Health & Social Care O&S meeting on 2<sup>nd</sup> August 2017.
- A timeline of the next steps.

**RESOLVED:**

That a further update report be presented to committee in January/February 2018.

**6. CHANGE, GROW, LIVE (CGL) BIRMINGHAM – UPDATE REPORT**

Nic Adamson (Regional Director, CGL); Sian Warmer (Head of Service, CGL) and Max Vaughan (Head of Service, Universal and Prevention, Adult Social Services) reported on the substance misuse service two and a half years into the contract.

**RESOLVED:**

- To provide data regarding the number of re-referrals to the service in the June cohort shown on the **Referrals received since service launch** graph.
- A breakdown of service at a locality level i.e. data on need and performance.
- An early draft of the work that CGL are conducting with Changes UK regarding transitional housing will be shared with the committee.
- Prepare a briefing note on 'Aquarius' i.e. the service that deals with children and young people.
- Provide data on the transition from the children's service to the adult service which illustrates:-
  - What form that transition takes?
  - How many people and what are their needs?
- Clarification of the current position regarding the new Drug and Alcohol Strategy and the next steps to take this forward.

**7. PROGRESS REPORT ON IMPLEMENTATION: TACKLING CHILDHOOD OBESITY IN BIRMINGHAM INQUIRY**

Dr Dennis Wilkes (Assistant Director of Public Health) was in attendance to present this report.

**RECOMMENDATION ASSESSMENTS**

There were 2 outstanding recommendations:-

Recommendation 02 – Cabinet Member Assessment 2

Recommendation 04 – Cabinet Member Assessment 2

The committee agreed to both Cabinet Member assessment ratings. Therefore, tracking of the inquiry recommendations is complete.

**RESOLVED:**

- That a further report is presented to committee on how the work on childhood obesity is being taken forward by the Early Years Service.

**8. ADULT SOCIAL CARE PERFORMANCE SCORECARD – MONTH 4**

Mike Walsh (Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre of Excellence) reported on the current status of performance indicators in the 'Adults Council Vision Scorecard 2017/18' and the 'Cabinet Member Services Scorecard 2017/18'.

**RESOLVED:**

- Members requested further information on the performance indicator 'Percentage of concluded safeguarding enquiries where the individual or representative was asked what their desired outcomes were'.

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

The Chair informed the committee that the next Birmingham/Solihull Joint Health Scrutiny Committee will take place in Birmingham on Wednesday 10<sup>th</sup> January 2018 at 5.00pm.

**RESOLVED:**

The work programme was noted.

**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 1217 hours.



## **Annual Report** **2016-2017**

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## Chairs Forward

Welcome all to our annual report for 2016-17.

As a Board, we are robustly represented by Local Authority, West Midlands Police, West Midlands Fire Service, Healthwatch Birmingham and Clinical Commissioning Groups.

We have been successful in encouraging over 120 partner organisations to join us at our Partnership Meetings that are held 4 times a year.

This year has proved that Birmingham has a wealth of knowledge, experience and skills in its third sector, faith, charity and statutory organisations and our strength as partners, has been to work closely together to find solutions and overcome barriers to make sure our most vulnerable citizens receive the best possible support.

Our collective ambition is to protect our Citizens right to live in safety and to live free from abuse, social isolation and neglect.

This last 12 months we have successfully focused on prevention, on our Safeguarding Adults Review process, on domestic abuse, hoarding, non-regulated accommodation, supporting the development of a Resource key and making safeguarding personal. We have also embedded our governance and engagement processes to make sure they are now business as usual.

The Birmingham Safeguarding Adults Board Partnership is committed to ensuring that we continue to work together to make Birmingham a city where abuse is not tolerated.

The Board wishes to thank all our partners who have led, contributed and supported the joint work towards delivering on our safeguarding agenda and ambitions for the citizens of Birmingham.

Cherry Dale  
**BSAB Acting Chair**

## **Birmingham Safeguarding Adults Strategic Board Members 2016- 2017**

<b>Alan Lotinga</b>	<b><u>BSAB Chair:</u> Adults Service Director - Birmingham City Council (up until December 2016)</b>
<b>Cherry Dale</b>	<b><u>Vice Chair:</u> Chief Operating Officer - Birmingham South Central CCG <u>BSAB Acting Chair</u> (January to March 2017)</b>
<b>Tapshum Pattni</b>	<b><u>Chair of Scrutiny &amp; Governance Committee:</u> Assistant Director – ASP - Birmingham City Council</b>
<b>Joe Martin</b>	<b><u>Vice Chair of Scrutiny &amp; Governance Committee</u> Designate Nurse Adult Safeguarding – South Central CCG</b>
<b>Michelle Carolan</b>	<b>Head of Quality Safety &amp; Risk - Sandwell &amp; West Birmingham CCG</b>
<b>Jenny Belza</b>	<b>Chief Nurse and Quality Officer - Birmingham Cross City CCG</b>
<b>Brandon Langley</b>	<b>Superintendent - West Midlands Police</b>
<b>Dave Boucher</b>	<b>Area Commander – West Midlands Fire Service</b>
<b>Andy Cave</b>	<b>CEO - Healthwatch Representative</b>
<b>David Gray</b>	<b>Head of Adult Safeguarding - Birmingham City Council</b>
<b>Maria B Gavin</b>	<b>Commissioner Representative - Birmingham City Council</b>
<b>Mary Partridge</b>	<b><u>BSAB Safeguarding Adults Review Co-ordinator</u> Lead Safeguarding Adults Nurse – Birmingham Community Healthcare Trust</b>

## **The Care Act 2014 requires us to share this report with:**

<b>Stella Manzie</b>	<b>Chief Executive Officer of Birmingham City Council</b>
<b>Councillor Ian Ward</b>	<b>Leader of Birmingham City Council</b>
<b>David Jamieson</b>	<b>West Midlands Police and Crime Commissioner</b>
<b>Dave Thompson</b>	<b>Chief Constable of West Midlands Police</b>
<b>Danielle Oum</b>	<b>Chair of Healthwatch Birmingham</b>
<b>Councillor Paulette Hamilton</b>	<b>Chair of the Health and Wellbeing Board</b>
<b>Professor Graeme Betts</b>	<b>Corporate Director, Adult Social Care and Health, Birmingham City Council</b>

## Section 1: Introduction

Birmingham Safeguarding Adults Board (BSAB) is a statutory partnership between the Council, Police, NHS, Fire Service and other organisations that work with adults with care and support needs in our city.

The job of the Board is to make sure that there are arrangements in Birmingham that work well to help protect adults with care and support needs from abuse.

In its Annual Report for 2014-15, BSAB announced its 3 year Strategic Business Plan, which detailed its 5 overarching strategic priorities and ambitions for the period 2015-2018, to help it work towards achieving its vision that:

***People with care and support needs in Birmingham are able to live their lives free from harm because we have a City that does not tolerate abuse; the community works together to prevent abuse and people know what to do when abuse happens.***

These five strategic priorities for 2015 – 2018 are:

- 1. Hearing the Voice of the People of Birmingham:** That safeguarding arrangements in the city are fully reflective of the needs and priorities of the people of Birmingham
- 2. Governance:** That Birmingham Safeguarding Adults Board is fully compliant with the requirements of the Care Act 2014.
- 3. Safer Communities:** That the city has effective preventative strategies in place, spanning across agencies and communities, to minimise the risk of abuse or neglect occurring.
- 4. Partnership Working:** That agencies work together to ensure all citizens experience a personalised and individual response when safeguarding concerns are raised.
- 5. Assurance:** To develop a suitable model of assurance, monitoring the system-wide effectiveness of safeguarding arrangements across the city.

## **Section 2: Update on Strategic Priorities**

### **Priority One – Hearing the voice of the people of Birmingham**

***“That safeguarding arrangements in the city are fully reflective of the needs and priorities of the people of Birmingham”***

**Lead Officer: David Gray – Head of Adult Safeguarding, Birmingham City Council**

The Board recognises that given the size and complexity of our city of over a million people from diverse cultures and communities, hearing the voice of the people can only be achieved through engaging with as many different groups as possible who represent their views.

In this second year the Board has been successful in building a wider participation and membership from a much broader range of organisations representing citizens of Birmingham. A total of 145 organisations have attended at least one Partnership Business Meeting with an average of 80 organisations represented at each one. 47 organisations were signed up to the partnership by March 2017 with a similar number expressing an interesting moving into 2017/2018. The types of organisations we have had attending have included: NHS Trusts – Acute and Community, Social Care, Police, Fire and Ambulance services, the DWP, the CQC, Young Adults charities, Supported Housing Trusts, Housing Associations, Community Advice charities, counselling groups, carer support, services for the elderly run by faith groups, Refugee, Asylum Seeker & Migrant support groups, sensory impairment charities, Learning Disability organisations and resident forums.

Our Partnership Business Meeting have progressed to being led and delivered by partners and supported by the Board and its statutory members.

The Meetings this year have covered:

- May 2016 - **Hoarding and Self Neglect** -led by the West Midlands Fire Service
- July 2016 - **Modern Slavery and Human Trafficking** led by the West Midlands Anti- Slavery Network and partners
- November 2016 - **Evaluation feedback session** – supported by West Midlands Anti Slavery Network, Victim Support and Birmingham Carers Hub
- February 2017 – **BSAB Future Activity Conference** to develop the big idea, mission and priorities for 2017 - 2019

There still remains much to do to achieve this strategic ambition, including engagement with additional care partners and more faith and community groups. Carer groups too will be invited and encouraged to participate inclusively with our work and newly formed partnership bond.

We have made good progress this year in communicating our key messages of: working together, making safeguarding personal and the importance of preventative working.

**Our ambition for 2016-2017:** Develop a strategy to facilitate communication between the board and people with care and support needs

**We achieved:**

- We have established, via 4 Partnership meetings a year, a broad partnership of 120 organisations representing a wide range of citizens from across the city with a range of care and support needs.
- Members who work with people with care and support needs are beginning to take on responsibility for shaping the partnership, in participating in work streams on specific topics and in taking leadership of some of those work streams.

**You Said:**

- Partners responded that reliable up to date signposting information would be very useful.

**We Did:**

- BSAB is working with Common Unity to ensure partner organisations have the opportunity to register their information on the online directory that Common Unity have created called the Waiting Room. We have been able to distribute hundreds of key fobs to partners who have been able to use these with colleagues and service users and have been received very well.

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**Our ambition for 2016-2017:** Develop a strategy to manage BSAB's communication and contact with the wider community

**We achieved:**

- We engaged an Interim Communications Manager to support us to develop a strategic and action plan to allow for two way communication with citizens including a website review to ensure smooth navigation and access to information, key links and publications
- We have set up a twitter account for communication with a wide range of individuals and organisations
- We set up a listening event in November 2016 to monitor impact so far: Positive over the first year although some partners wanted clarify of

function of the Board and reported that they couldn't yet evidence the impact

**You Said:**

- Partners said they wanted to be able to communicate with each other more effectively about Safeguarding.

**We Did:**

- BSAB set up a Yammer account

**You Said:**

- Partners said they we needed to broaden the membership of the partnership.

**We Did:**

- BSAB has made progress in engaging with frontline community organisations and faith based groups

**Next Steps**

- Regular information about Board Assurance, Learning and Development opportunities, good practice, policy and procedures via a BSAB quarterly newsletter
- More neighbourhood and faith based networking and awareness raising
- Providing clarity about what the role of a partner in keeping the Board informed of the needs and priorities of the citizens they represent
- Website to be fully updated in line with Care Act 2014 and made accessible for all users to find relevant material to support citizens and professionals on the ambitions of the board and its communities.



## **Priority 2 - GOVERNANCE**

### **A: Care Act Governance**

***“That Birmingham Safeguarding Adults Board is fully compliant with the requirements of the Care Act 2014”***

**Lead Officer: Cherry Dale – Chief Operating Officer – Birmingham South Central CCG**

The Board has produced a Strategic Business Plan 2015/2018 and continues with members to work towards its ambitions as set out. Members and partners are aware and have access to the Operating Agreement and we are actively seeking partners to sign the Memorandum of Understanding to ensure a full understanding of our collective responsibilities and to embed our commitment to the agenda we have agreed to deliver for our citizens.

#### **We have achieved all our Ambitions for 2016-2017:**

- A review and redevelopment of the Board Structure, membership, resources, priorities and work streams
- Embedded a Scrutiny and Governance Committee
- Agreement of roles and responsibilities of each member or partner in line with the Care Act 2014
- Chair and Vice Chair roles reviewed and updated in line with Care Act 2014
- Implemented and now reviewing the Strategic Business Plan
- We have published Annual Reviews for each year of the Strategic Plan

#### **You said:**

- Governance should now be business as usual

#### **We did:**

- Embedded governance into everything we do and as a responsibility in the memorandum of Understanding for Partners.

### **Next Steps**

- Monitor governance arrangements via the Board to be assured of effectiveness
- Further develop the role of the Scrutiny and Governance Committee
- 
- Develop and embed the role of the Joint adults and Children's Health safeguarding forum
- Remain updated through attendance at Regional and national meetings

## **B: Safeguarding Adults Reviews (SARs)**

***“That Birmingham Safeguarding Adults Board is fully compliant with the requirements of the Care Act 2014 regarding Safeguarding Adults Reviews”***

**Lead Officer: Mary Partridge – Lead Nurse Safeguarding Adults, Birmingham Community Healthcare NHS Foundation Trust**

### **SARs approach in Birmingham:**

The Care Act has made Safeguarding Adults Reviews (SARs) a statutory requirement. The Board has an elected SARs co-ordinator who oversees and represents the Board on any cases submitted for a review. The Care Act 2014 states that as a Board we need to undertake a Safeguarding Adults Review (SAR) where the following criteria are met:

(i) When an adult with care and support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult.

OR

(ii) When an adult with care and support needs has not died but has suffered permanent harm or has reduced capacity or quality of life as a result of the suspected abuse or neglect.

As a Board we have adopted a sensible flexible approach to choosing a proportionate methodology to examine cases as referred in line with Care Act requirements and abstracting any quality learning points from our screening for all partner agencies and practitioners in Birmingham. BSAB will consider each

case on its own merit and where appropriate will decide on the most proportionate and timely methodology as shown over.

Safeguarding Adult Review (SAR) Model Options			
<b>Option 1</b>	<p>Table top review with Root Cause Analysis (RCA) model from involved agencies are:</p> <ul style="list-style-type: none"> <li>➤ clear/complete</li> <li>➤ identifying key learning</li> <li>➤ identifying key actions</li> <li>➤ assurance to BSAB on key learning and implementation of action plans</li> </ul> <p>Involving family where appropriate.</p>	<b>Option 1</b>	<p>Table top review style. All involved agencies have highlighted gaps, concerns, actions and learning:</p> <ul style="list-style-type: none"> <li>➤ consider family and next steps (meeting to share information and ascertain views/wishes/concerns)</li> <li>➤ all involved agencies to assure BSAB regarding implementation of actions/key learning key learning/outcomes inform local and wider policies and procedures and training is disseminated.</li> </ul>
<b>Option 2</b>	<p>Traditional full Individual Management Review (IMR), analysis and action plan.</p>	<b>Option 2</b>	<p>One or more agencies need to undertake fuller review/analysis of their agency involvement/learning and assure BSAB. Feedback as per <b>Option 1</b> (use own processes e.g. RCA, Serious Incident (SI) review or IMR template).</p>

### Review of SARs Multi agency Group:

The Safeguarding Adults Review (SAR) is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that may have prevented harm or a death from taking place. The aim is to promote effective learning and improvement in multi-agency practice in order to prevent future deaths or serious harm occurring again.

Within BSAB we consider that there is valuable learning within cases which do not meet the SAR criteria in addition to those that do meet the criteria.

The SAR group originally met on a monthly basis however amended this to a quarterly meeting with the provisional monthly meetings only being utilised if there is a SAR referral. This approach appears to meet the needs of BSAB and has provided a useful forum for discussion of cases

#### **SARs Case Reviews 2016-2017:**

- BSAB did not conduct any Safeguarding Adults Reviews (SARs) that met the Care Act threshold this year. We received 6 referrals from partner agencies across the city. Referrals were received from Birmingham and Solihull Mental Health Trust (BSMHT), Birmingham City Council, Birmingham Children's Hospital, West Midlands Police and General Practitioners (GP's). The cases referred reflected complex care issues involving multi-agency partners. The cases reviewed did not meet SAR criteria on the basis that the adult did not die as a result of abuse or neglect or there was no concern that partner agencies could have worked together more effectively to protect the adult.
- We found that some cases were referred to the Coroner's Court due to the unknown cause of death at the time. As an added assurance, the SARs co-coordinator does consider as necessary any Coroner findings to ensure there were no contradictory outcomes to compromise any original decisions and actions to address pertinent points of learning.
- As an outcome from all the referred cases we received in 2016/2017 the SARs co-coordinator asked the lead agency involved to present their action plan(s) and the recommendations from their agency investigation where appropriate. The outcomes were then shared with both SARs group members and the Board as an assurance mechanism to all stakeholders and partners in our communities.

## **We achieved:**

- We achieved 10 training sessions for various partners across the city on Coercive Control traits and for 2017, we will be sourcing training on report writing 'what does good look like' to enhance stakeholders' skill set and ability to be able to present reports that are succinct and specific on content for cases that need to be reviewed.
- The BSAB website is kept updated with latest SARs information and literature. Going forward we aim to have a twice yearly update in the BSAB newsletter on SARs activity that is referred to the Board.
- All SAR referrals are recoded on a BSAB SAR database, including the reason for the criteria not being met. The data also gives the SAR group the potential of any themes or trends occurring across the city.

## **Next Steps**

- The outcomes evidence and address how lessons are learnt and how learning is cascaded through the relevant organisations concerned and broader if necessary. For 2017/18 SAR business will no longer be a work stream however will form part of the Board core business and will be feed back to the Board as usual for assurance.
- We work with the Domestic Homicide Review (DHR) team on any cases that may cross both thresholds if domestic violence is considered a factor in the SAR case.
- In the next year we intend to update our website content on SARs activity and report on cases and the multi-agency recommendations and outcomes from appropriate referrals where partners could have worked better together.
- Our links with the West Midlands Regional Network Group is a good source of sharing information on work around SARs and we feed into the network to share detail on cases received as referrals, reflecting outcomes, trends, themes and common learning. BSAB feed any SAR referrals received into the Regional Repository Register.

## Priority 3 - SAFER COMMUNITIES

***“That the city has effective preventative strategies in place, spanning across agencies and communities, to minimize the risk of abuse or neglect occurring”***

**Lead Officer: Dave Boucher – Area Commander West Midlands Fire Service**

West Midlands Fire Service joined the Strategic Board in 2016 to take the lead on the Safer Communities Priority. WMFS have shared priorities and activity across its own preventative agenda and those of the Strategic Boards in the city focussing on the needs of vulnerable adults and those with care and support needs.

**Our Ambition 2017-2018:** Establish improved links with Health & Wellbeing Board, Community Safety Partnership, Birmingham Safeguarding Children’s Board and Healthwatch Birmingham

### **We achieved:**

- Established operational business agreements around core Boards calendars – avoiding duplication of diary commitments
- Data and Intelligence cooperation between BSAB and Health & Wellbeing Board Analysts to better understand the demographics of Adults in the city.
- Established joint Assurance agreement with the Community Safety Partnership and BSAB for the Supporting Adults Panels which are multi agency sign posting panels to support frontline professionals who deal with complex situations such as long term Self Neglect and Hoarding

### **Next Steps**

- More neighbourhood and faith based Consider Training and Development outcomes that may be best worked on with the Children’s Safeguarding Board

**Our Ambition 2017-2018:** Address links between adult safeguarding and related agendas such as antisocial behaviour, hate crime, prevention of violence towards vulnerable people and domestic abuse: jointly plan, work in partnership, make best use of resources and identify shared priorities and messages

**You Said:**

- Evidence in the city from DHRs (Domestic Homicide Reviews) and various key partners raised issues around safeguarding, harm and crime, indicating that there were real issues for vulnerable people in some Houses of Multiple Occupation (HMO's).

**We Did:**

- BSAB has worked with the Birmingham Community Safety Partnership to bring together over 40 agencies including, providers, commissioners and third sector organisations and agencies to start to develop city wide safeguarding, communication and multi-agency framework protocols to reduce risks to vulnerable citizens such as care leavers, those who have experienced Domestic Abuse and those leaving the criminal justice system.
  - Work streams on Supported Housing Standards, mapping referral pathways, multi agency working regarding problematic providers and data sharing have been set up with partners and work progressing well.
- 

**Our Ambition 2017-2018:** Ensure lessons learned from statutory review processes such as SAR, DHR, mental health homicide reviews are built into commissioning and strategic decision making:

**We achieved:**

- We are taking part in the city wide review led by the DHR team into more effective reviews of serious harm or death to vulnerable people in the city
- 

**Our Ambition 2017-2018:** Strengthen personalisation and personal choice in commissioning programmes, enabling people and communities to make choices about the services that best meet their needs through effective local engagement in expectations and resources:

**We achieved:**

- Key Partners on Safer Communities will be working with Domestic Abuse Strategy Coordinator and Commissioners on the Domestic Abuse Framework that is currently in progress

## Priority 4 - PARTNERSHIP

***“That the city has effective preventative strategies in place, spanning across agencies and communities, to minimize the risk of abuse or neglect occurring”***

**Lead Officer: David Gray – Head of Adult Safeguarding, Birmingham City Council**

The partnership meetings that have been held have helped inform the activity in this work stream. As the Board’s priorities interlink, progress towards this ambition has been made through the work to build a broader partnership and membership of the Board.

Over 40 Partners engaged in a workshop in December 2016 to explore how the person-centred principles of **Making Safeguarding Personal** can be best achieved in practise

Focus will now turn to working with partners to establish the ways they work inclusively with adults so that a clear view of what the good person-centred practice can be articulated in Birmingham. This would then be the standard the Board would seek assurance from partners that they met.

**Our ambition 2016-17:** To grow and empower our partner organisations to lead, challenge and participate in developments to prevent abuse, intervene early and work together to build individual and community resilience.

Partnership meetings are opportunities for us to come together as a safeguarding community in order to develop a shared understanding of the key challenges facing the most vulnerable people in our city; to plan and deliver partnership solutions to those challenges and to make the best use of all of our combined resources and experience to focus on hearing and acting on the voices of our citizens, on prevention, on high quality interventions, and on learning from and sharing best practice.



**We achieved:**

- The numbers of partner organisations have steadily increased. Partners are now leading partnership meetings and working on our priorities.

**Next steps:**

- We will empower more partners to lead the work on our priorities.
- 

**Our ambition 2016-17:** For our BSAB Partnership to co-produce the Birmingham Safeguarding priorities 2017-2019

**We achieved:**

- This was completed in February 2017 at a whole partnership away day and signed off over May/ June 2017.
- 

**Our ambition 2016-2017:**

- Agree clear local practise guidelines to underpin West Midlands safeguarding policy and procedures

**We achieved:**

- Information Sharing Protocol developed and agreed across partners. To be adopted from 2017/2018.
- Position of Trust Protocol written and shared and actively used (May 2016)

**Next Steps:**

- Scheduling the review over 2017-2018 all remaining local guidance for removal, amendment or adoption of Regional policy

**Our ambition 2016-2017:** Establish understanding across agencies of early interventions, alternative pathways and range of flexible responses to potential concerns before they meet the threshold of statutory safeguarding enquiries

**We have achieved:**

- Production of Care Act 2014 safeguarding guidance in leaflets for citizens, volunteers and staff – 5,000 distributed in 2016-2017.
  - Partnership Meetings – raising awareness of Care Act, city wide agencies and interventions, good practise and information
- 

**Our ambition 2016-2017:** Where statutory enquiries are undertaken ensure this is done in a person centred and outcome focused way, whichever agency is leading on the enquiry:

**We achieved:**

- Website reviewed and a schedule implemented to fully update content in line with Care Act 2014 and made accessible for all users to find relevant material to support citizens and professionals on the ambitions of the board and its communities
- Self-Neglect Guidance (Including Hoarding) protocol has been developed with 20 agencies involved
- Keith's story: a personal and touching film about hoarding

We produced a film to raise awareness of hoarding and to guide professionals on what kinds of interventions seem to work the best so that the people affected (both the person who hoards and other people whose lives this impacts upon) get the support that they need.

The film tells Keith's story, in his own words, describing how hoarding affected his life and, with the right support, his journey to recovery. Professionals (fire officers, social workers and mental health staff) talk about the challenges hoarding can present and approaches that can help support recovery.

The film is available to watch on the Birmingham Safeguarding Adults Board's [YouTube](#) channel

**Next Steps:**

- Partner led review of Risk Enablement guidance – commencing through 2017
- Launch the Self Neglect Guidance to frontline staff and agencies in the city

**Ambition:** Undertake ‘**Making Safeguarding Personal**’ (MSP) briefings and guidance to use within practise to cause improvement.

**We have achieved:**

- December workshop engaging 40 organisations to consider what MSP means in terms of good person-centred adult safeguarding practise look in Birmingham.

**Next Steps:**

- To produce and launch an MSP booklet outlining what we as partners consider to be the basic best practise standards for MSP to measure ourselves against
- 

**Ambition:** Update website and maintain social media to reflect MSP agenda

**Making Safeguarding Personal** (MSP) is the model and framework we will be using when working with the citizens of Birmingham. MSP will see the individual with care and support needs placed at the very heart of every safeguarding enquiry in future, with enhanced involvement in the process and greater choice and control about what happens. In this way we seek to improve individual quality of life, wellbeing and safety, to the greatest extent possible in each individual’s particular circumstances. MSP seeks to deliver person-led safeguarding, with outcomes defined by the person with care and support needs, rather than by the professionals around them.

**Next Steps:**

- Twitter plans always include MSP agenda items
- Website improvements to feature MSP information, good practise and national policy
- BSAB quarterly newsletter to include MSP as above

## Priority 5 - ASSURANCE

*“To develop a suitable model of assurance, monitoring the system wide effectiveness of safeguarding arrangements across the city”*

**Lead Officer: Joe Martin – Designate Nurse Adult Safeguarding – Birmingham South Central – Clinical Commissioning Group**

Our strategic ambition in this area is ‘to develop a suitable model of assurance, monitoring the system wide effectiveness of safeguarding arrangements across the city’.

As a Board we have moved away from the idea that assurance is primarily about the scrutiny and oversight of the safeguarding arrangements in a few key individual organisations or agencies. This is for several reasons:

- firstly, Birmingham has a huge number and variety of agencies who have contact with persons who may be in some way vulnerable, or who may have care and support needs;
- secondly, many of these agencies and organisations have their own existing governance or accountability structures in place and we do not wish to replicate or duplicate these; and
- thirdly, safeguarding is essentially about partnership - we are primarily interested in how things *fit together as a whole* across the city. We want to identify where the system wide strengths and weaknesses are, and consider how we can work better together

**Our ambition 2016-2017:** Ensure all partner organisations have arrangements in place to quality assure the effectiveness of their own safeguarding work

### **We achieved:**

Assurance statements from partners and in reports to Scrutiny & Governance Committees and Board Meetings

In 2016- 2017 these have been on:

- City wide Supporting Adults Panels – Evaluation of SAPs
- Deprivation of Liberty Safeguards (DoLS)

- Trading Standards – Financial Scamming and Adults with Care & Support Needs
  - Section 42 Enquiries
  - West Midlands Police
  - Birmingham Clinical Commissioning Groups – NHS Acute, Primary Care & Community Provision
- 

**Our ambition 2016-2017:** Capture feedback from patient, user and carer groups

**We achieved:**

- Website to be fully updated in line with Care Act 2014 and made accessible for all users to find relevant material to support citizens and professionals on the ambitions of the board and its communities.
- Citizen case studies at each Strategic Board Meeting
- Partnership Meetings shaped and led by partners representing users and patients experiences and needs
- Increasing BSAB activity at grassroots capturing patient, user and carer feedback – Presentations to frontline groups to raise awareness of BSAB and their role in Safeguarding Adults.

**Our ambition 2016-2017:** Report on the outcomes of S42 safeguarding enquiries, identifying key trends and key challenges

**We achieved:**

- Report to Scrutiny & Governance Committee in December 2016

**Next Steps:**

- Future report on citizen experience of S42 safeguarding enquiries to be scoped in 2018.
- 

**Our ambition 2016-2017:** Identifying key trends and key challenges in assurance data across the Partnership

**We achieved:**

- Starting to develop systems of data analysis and capturing of system wide safeguarding activity
- Safeguarding Intelligence Forum Terms of Reference agreed and the start of developing a dashboard for 2017/2018 annual reporting.
- Establish agreement and guidance on the boundaries and links between NHS clinical governance, incident management and reporting processes, and safeguarding
- Report received in January 2017 from BCC on their response to DoLs requests for people in bedded and community units and residences.
- Assurance reporting from commissioning bodies that they are commissioning safe services and have the means and capacity to act when a provider does not safeguard it's patients / clients
- Report on the application of the MCA across all sectors

**You Said:**

- Improve the Scrutiny Function of key partners in achieving assurances.

**We Did:**

- Implementation of Scrutiny and Governance Committee (December 2016) and work plan of Assurance Reports for year ahead. Key points of Assurance, gaps, strengths, communications and training and development activity reported to BSAB Strategic Board

**Next steps:**

- Local agreement on Large Scale Investigations (LSI) procedure
- Develop audit and peer review processes for BSAB
- Develop systems for dissemination of scrutiny findings across the partnership

## **Section 3: Learning and Training**

### **3.1 Practitioner Forums**

The Practitioner Forums take place in order to provide a range of professionals with the opportunity to meet on a regular basis and discuss complex safeguarding issues through the use of real case examples which have been anonymised as the basis for discussion; they are an opportunity to discuss challenges, reflect on practice, learn from one another and gain greater understanding of each other's professional roles.

The expectation is that lessons learned from discussions within practitioner forums will become embedded into practice and as such this process will continue to improve outcomes for all citizens.

The case material for practitioner forums is sourced from partner organisations based upon the priorities of the BSAB and its partners. These priorities are currently identified by the Scrutiny and Governance group and the individuals attending the Practitioner Forums who are given the opportunity to make suggestions for future themes when completing their evaluations.

There is a maximum of 50 places available to multi-agency practitioners at the Practitioner Forums. The minimum requirement is 20 people to make the sessions viable.

The Practitioner Forums are advertised amongst the partnership and e-mails of introduction are also sent to additional organisations that may have an interest in the theme inviting them to participate. Statutory organisations (Local Authority including Social Workers, NHS, West-Midlands Fire Service, West-Midlands Police) within the partnership are regularly represented. And in addition, the Practitioner Forums benefit from the representation and participation of a full range of frontline and voluntary organisations including and advocates, care providers, housing associations, mental health organisations and wellbeing services.



All Practitioner Forums aim to demonstrate the principles of Making Safeguarding Personal and the Mental Capacity Act 2005.

### **Practitioner Forums 2016- 2017:**

#### **October 2016 - Safeguarding, Learning Disabilities and Supporting Positive Outcomes in sexual healthcare**

**Partner lead: Birmingham Community Healthcare Learning Disability Service.**

**Considerations:** recognise and explore the sexuality of people with learning disabilities, considering the importance of education, consent and support for those assessed as having capacity.

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#### **October 2016 - Financial Safeguarding**

**Partner Lead: Local Authority Appointee and Court Deputy Service.**

**Considerations:** identification of financial abuse and achieving the protection of an individual's finances and ensuring the suitability of an appointee.

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#### **February 2017 – Forced Marriage and Adults with Learning Disabilities**

**Partner lead: West Midlands Police**

**Considerations:** Understanding the difference between arranged marriages and forced marriages, the forced marriage protection order, Learning Disabilities and Mental Capacity.

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#### **March 2017 – Safeguarding LGBT Adults with Care and Support Needs from Abuse**

**Partner lead: Birmingham LGBT Centre**

**Considerations:** The increase in vulnerabilities due to discrimination where dual protected characteristics are present. Domestic abuse, coercion, sexual

exploitation and mate crime were additional themes explored in the case material.

Attendees to our Practitioner Forums have been from a wide range of organisations in the city, these have included Statutory agencies and officers from Social Care, Blue Light services, Nursing and Environmental Health, an array of Housing providers and a cross section of voluntary and community sector agencies such as faith, carers and advocacy organisations.

Event feedback shows that an average of 85% of attendees found them to be “Excellent” or “Good”.

### **3.2 Domestic Homicide Reviews (DHR) Learning Workshops**

The workshops were commissioned to share learning about Domestic Violence and Coercive Control collated from Domestic Homicide Reviews held by Birmingham's Community Safety Partnership steering group.

The Domestic Homicide workshops were a joint collaboration between The Birmingham Safeguarding Adults Board, Learning and Development Service and Community Safety Partnership and were also supported Women's Aid. The funding for the Domestic Homicide Workshops was provided by the Birmingham Safeguarding Adults Board in the 2016/2017 Partnership Budget.

The workshops were aimed at those individuals working predominantly with families; adults and children as well as those with specialist or designated safeguarding responsibilities.

Ten workshops were held and run over the duration of four months: November 2016 – March 2017. In total, 309 multi-agency colleagues attended 10 Domestic Homicide Review Workshops. Those who attended were from a range of services and organisations, including:

- Birmingham City Council: Assessment and Support Planning, Safeguarding, Place Directorate, Homeless Service, Specialist Care, Commissioning, Older Adult Services, Younger Adults Services, CYP and Families Services, 18+ Care Leavers Team.
- NHS Providers: Birmingham Community Healthcare NHS Trust, Birmingham Children's Hospital, Birmingham Women's Hospital, Birmingham and Solihull Mental Health Trust
- Birmingham CCG's
- Birmingham and Solihull Women's Aid
- Probation Services
- Housing Associations
- Disability Support organisations
- Residential care and Support agencies

Attendees were also asked to rate their confidence after the workshops. Following the sessions 76% of attendees rated themselves at 8 out of 10 and above in confidence, and increase of almost 20% on the pre attendance levels. 68% rated the training excellent.

Attendees were given the opportunity to provide additional comment regarding how they would put what they had learnt to use:

***“To potentially identify the incidence of DV sooner and being able to answer the question.”***

***“I will think deeper than presenting issues to ask why – i.e. why someone is drinking too much, what are the underlying issues.”***

***“Hopefully will recognise signs more easily and will be able to ask the appropriate questions to help to safeguard those involved”***

***“I will be more prepared to ask relevant and pertinent questions to try and ascertain potential coercive control issues”***

***“I feel more confident and informed of what to look for, especially through the coercive control side of domestic abuse.”***

***“I will ensure to be more thorough when making enquiries into potential domestic abuse and to draw on the understanding and knowledge of partner agencies.”***

***“In my capacity as manager I will ensure staff are suitably supported and supervised where there are issues of Domestic Violence”***

***“I will make sure that we dig deeper, and ask investigative questions but making sure we are a safe place for victims to go to”***

## Section 4: Key Achievements

### 4.1 Communication

We have built upon the excellent start in the first year of the plan and have increased and extended our communication across a number of platforms and audiences in 2016-2017. We have:

- Developed a Communication plan
- Increased communication and partnership working with other Strategic Boards in the city
- Partnership meetings have worked especially well as they are a face to face opportunity to jointly understand what's working well in the city and what we need to do differently and there is a much better shared knowledge of organisations and people across Safeguarding Adults and preventative sector
- Website review and initial Improvements made
- Updated in line with Care Act 2014, printed and distributed Safeguarding leaflets for professionals, carers, volunteers and citizens
- Set up a BSAB Yammer account to support professional discussions
- Increased Twitter key message campaigns and coverage of BSAB events
- SARs leaflets have been produced for professionals and for citizens which outline the statutory role of the reviews, how to refer cases to BSAB and importantly what to expect from the process

## 4.2 Policy

The Care Act 2014 brought about key changes to policy and procedures for all those involved in Safeguarding and Caring for Adults. As a result the Board has worked with the Head of Adult Safeguarding at Birmingham City Council and other lead Safeguarding professionals in Partner agencies to review and rewrite guidance. We have reviewed and published the following:

- Guidance when Safeguarding concerns People in Positions of Trust (PiPoT)
- Information Sharing Protocol (ISP) for Safeguarding Adults
- A Section 42 enquiries protocol for when the Local Authorities ask partners to undertake these
- An agreement and guidance on the boundaries and links between NHS clinical governance, incident management and reporting processes, and safeguarding

## 4.3 Awareness raising

By listening to partners along each part of the journey we are now able to say we have started to empower and enable our partners to take their responsibilities towards Adult Safeguarding on with confidence. We have taken huge steps in working through each other as partners on the ground. The following is some of the feedback partners gave to us during our November Partnership Meeting.

In summary, partners said the benefits of being part of the Safeguarding partnership have been:

Networking and connecting with people / organisations

***“The partnership meetings have been a good networking opportunity, there has been increased awareness of agencies and support that is available. They have also improved my ability as a trainer, to share information with staff regarding other agencies and groups”***

Understanding different safeguarding issues – in particular additions in the Care Act such as Modern Slavery and Domestic Abuse.

***“We have learnt a lot about what other organisations other organisations and have understood better the scale and impact of area of Safeguarding such as FGM and Modern Day Slavery”***

Understanding how to safeguard adults in accordance with the Care Act 2014 – picking up good practise and understanding process for their own setting and for clients.

***“I have greater knowledge of Safeguarding Board, the Care Act and its objectives and I can take back information to share with staff, signposting them for example to the BSAB website or partner information. What is topical at meetings is taken back to the staff group to cascade information”***

For many, there had been improved policies and procedures embedded that have facilitated improved staff awareness across partner organisations, better responses for adults they support

***“Understanding what can be raised under Safeguarding and knowing who we might refer clients to e.g. when clients have problems with Hoarding”***

Hearing the citizen’s voice; this was described as ‘eye opening’ and helping to empathise with people, approaches and sensitivities to safeguarding adults.

***“It has been a real eye opener listening to the real life stories and I would say that because we have attended some of the meetings our staff are now more experienced in recognising Safeguarding”***

Having the dedicated time to think about and reflect on safeguarding issues as staff and volunteers, more appropriate responses

***“The impact on the people we work with has been that we have improved our Safeguarding messages and systems for awareness for clients, carers, staff and volunteers”***

Making safeguarding personal was noted as being a key area of focus for partner agencies’ work.

## 4.4 Successful Year

The Board is grateful to the many organisations and agencies that have worked hard to achieve the culture shift that has improved the way we work together on behalf of our most vulnerable citizens this year.

### **As a result, we have been able to demonstrate that:**

- Organisations welcome and are committed to working in this way.
- We are stronger together
- A large partnership is achievable and successful
- Having confidence in trusting partners to know their own business really works
- Partners have been delivering their safeguarding responsibilities in a wide range of flexible and creative ways
- Effective safeguarding is about much more than just section 42 enquiries
- Empowering local organisations and our communities leads to successful prevention and early intervention opportunities
- We must continue to make safeguarding personal and everybody's business, removing bureaucracy and specialisation where possible
- Social isolation and self-neglect are big impact issues and can be tackled if we work in partnership with others but not on our own
- We are leading the drive to work in partnership with our 3 partner Boards in the city
- We are well governed and can offer assurance and transparent sensible, least restrictive decision making.
- We are courageous and intend to achieve our ambitions



## Section 5: Adult Safeguarding Referrals made to Local Authority 2016/2017

The Safeguarding Adults Collection (SAC) is a national return completed each year by all Councils with Adult Social Care Responsibilities (CASSR). The current return is an updated version of the Safeguarding Adults Return (SAR) which replaced the Abuse of Vulnerable Adults return (AVA) in 2013-14. This return looks at the Safeguarding Concerns and Enquiries dealt with in the year by the CASSR, with further information around those involved in Safeguarding, the types of abuse reported and the outcomes.

The number of adult safeguarding concerns reported to the Council has risen consistently each year since 2012/13. This may be an indication of the Birmingham Safeguarding Board's success in both raising awareness of adult abuse (such as through its "See it – report it" campaigns) and by promoting its belief that all adults have the right to live their lives free from it.

It is difficult with such data to confirm definite causation. This has been recognised by the Board and in 2016-2017 a Safeguarding Intelligence Forum has been started. The main aims of which are to look at data across the Safeguarding Partnership. In 2017-2018 we aim to bring this data together on key areas such as Self Neglect, Domestic Abuse, Financial Abuse with information from the Fire Service, Trading Standards and the Local Authority to allow us to understand vulnerability, need and potential joint activity going forward.

This section shows the number and type of Adult Safeguarding referrals received by the local authority.

**Table 1: Safeguarding Referrals Received**

	Total 2016-2017
<b>Safeguarding Referrals received</b>	<b>7523</b>
No. of concerns	5408
No. of Decision Makings	4484
No. of Enquiries	1970
No. of Plans	319
No. of Reviews	114

The total amount of referrals received has risen by 8% since the previous year (6907 referrals received) and 35% since 2013-2014 (5556 Referrals received). Just over a quarter (28% of referrals) were concluded not to be a safeguarding at concern and decision making.

The types of abuse that are recorded have changed for this year in line with the Care Act 2014 and now include:

- Self Neglect
- Domestic Violence.
- Radicalisation
- Modern Slavery
- Forced Marriage
- Sexual Exploitation
- Female Genital Mutilation

**Table 2: Types of abuse**

	2016-2017	%	2015-2016	%	2014-2015	%
Physical	1784	24.5%	1812	25.2%	1690	26.3%
Neglect	1755	24.1%	2145	29.8%	1685	26.2%
Financial	1241	17.1%	1208	16.8%	1225	19.1%
Psychological	1062	14.6%	1314	18.2%	1146	17.8%
Self-Neglect	563	7.7%				
Domestic Violence	323	4.4%				
Sexual	290	4.0%	290	4.0%	264	4.1%
Organisational /Institutional	111	1.5%	184	2.6%	180	2.8%
Sexual Exploitation	55	0.8%				
Discriminatory	45	0.6%				
FGM	2	0.0%				
Forced Marriage	23	0.3%				
Modern Slavery	12	0.2%				
Radicalisation	3	0.0%				
	<b>7269</b>		<b>7203</b>		<b>6428</b>	

The most frequent types of abuse reported have been the same for the last 3 years. (Please note that Referrals can have more than one abuse type recorded, therefore these numbers will be higher than other table totals.

As for previous years, the most significant proportion of suspected Abuse happened within adults' own homes, 42%. This is a slight decrease than 2015-2016 (49%). As organisations are expected to investigate and respond to safeguarding concerns the lowest levels were in Health settings. Other settings account for 8% of cases recorded and include all other locations, for example: the workplace, supported accommodation, educational establishments. Due to the nature of Abuse and Neglect, the exact location of suspected abuse is often not known.

**Table 3: Locations of abuse**

	2016-2017	%
Own Home	2431	41.5%
Residential Home	712	12.2%
Nursing Home	566	9.7%
Acute Hospital	71	1.2%
Community - Other	229	3.9%
Community - Service	92	1.6%
Community Hospital	47	0.8%
Mental Health Hospital	94	1.6%
Not recorded/not known	1144	19.5%
Other setting	469	8.0%
	5855	

In order to better inform preventative activity in neighbourhoods, the mapping of abuse and neglect that happens outside regulated provision will be a priority and will be shared with partners and providers to look at joint activity including communication campaigns and grassroots support.

## Making Safeguarding Personal

Listening to and working with adults to enable them to exert choice and control over their own lives is a core principle of adult social work. These values also underpin the Making Safeguarding Personal approach, and Adult Social Care and Health at Birmingham City Council has been working to build this into its practice since the introduction of the Care Act in 2015.

Making Safeguarding Personal (MSP) is an approach to working with adults that puts them at the centre of the enquiry into their safety and well-being, so they are empowered to be included and have control over the process to the greatest extent possible in their circumstances. This approach requires that where there is a safeguarding concern that the adult is spoken to as soon as it is practical to find out what their concerns are; to consider their views in deciding if an enquiry is necessary; if so, what outcomes they want to be achieved; and that at the conclusion of the enquiry the adult is asked their view about the extent that they feel their outcomes were achieved. Enquiries are only undertaken by qualified Social Workers

Adult Social Care and Health is working to support its practitioners to achieve this through:

- Working to change all its safeguarding recording systems so that these support the Enquiry business process and MSP practice, and capture MSP performance information; in addition the requirement to record the feedback given to referrers on the outcome of raising their concern was included.
- Activity and performance for adult safeguarding is compared with the 9 other West Midland local authorities. For the performance item *% of concluded enquires where the individual or representative was asked what their desired outcomes were*.

**Table 4: Whether or not MSP outcomes were requested from the person, and if outcomes were expressed**

Birmingham's MSP levels were the second highest in the 10 local authority areas.

	Total	%
Outcomes Expressed	1246	62.6%
No Outcomes	249	12.5%
Not Asked	233	11.7%
Not Recorded	261	13.1%
	Outcomes Asked	75.2%

The figures above represent the first year of the MSP recording systems and it is expected the Not Recorded figure will decrease significantly going forward.

**Table 5: Of those where outcomes were expressed, how many were fully, partially or not achieved**

	Total	%
Fully achieved	752	60.4%
Partially achieved	367	29.5%
Not achieved	107	8.6%
Not recorded	20	1.6%
	Achieved	89.8%

A small proportion of outcomes were deemed not to be achieved (9%), the consideration when looking at these figures is that the assessment of outcomes are asked very shortly after the actions have happened, so for some clients, outcomes expressed may take longer than this time scale to be achieved. For example, this could be a client waiting for a different kind of housing, or perhaps a criminal justice system action to proceed.

**Table 6: Client Feedback**

	Total
Did the client feel involved?	82.1%
Did the client feel listened to?	80.6%
Did we act on their wishes?	80.5%
Do they feel as safe as they want to be?	77.4%
Do they feel happier as a result?	75.1%

Client feedback to Social Workers were that the majority felt involved in decisions and listened to when asked what they wished to happen. It is widely appreciated that some clients may not express their full feelings to their Social Worker and also may feel differently at points during and after the Safeguarding.

Direct citizen experience of being safeguarded will be explored during the period 2017-2019 by BSAB. We aim to hear from people across the city with a range of care & support needs and from a cross section of neighbourhoods and communities.

## **Section 6: BSAB Priorities for 2017-2019**

In February 2017, we held a Partnership Conference to plan together our priorities and ambitions for the next 2 years.

On what had been our main Achievements, our Partners said:

***“Governance - the review of the Board Structure, Membership, resources, priorities and work streams is fully established operational working”***

***“It would have been really easy after the Care Act to carry on with business as usual. It hasn’t and there has been a change in access to the Board in general – less looking into a high window!”***

***“Networking has achieved a real difference – Partnership Meetings need to continue”***

***“Our staff members now feel more confident in reporting safeguarding issues”***

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On what is “Business as Usual” our Partners said:

***“Partnership working – sharing and awareness raising between partners”***

***“Networking through Meetings and joint activity like Self Neglect Guidance”***

***“Starting to review policies and procedures taking into account organisations views and peoples who have been through the process”***

***“Continuing work to connect services together”***

On what is still a priority for the next 12 months? Our Partners said:

***“Need to build clear routes for professionals to share the experiences of vulnerable people accessing services – Commissioners can hear experiences of service user difficulties”***

***“Utilising Communications – newsletter a good way to cascade round and organisation to all levels of staff can understand and learn”***

***“Assurance – early warning communication – concerns and trends –  
let us know and we can feed in”***

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**On what priorities we still need to consider? Our Partners agreed the following were important:**

**Housing**

Changes to Housing Policy and Legislation and effects on vulnerable adults

Assurance and help with issues around unregulated/lightly regulated accommodation

**Transitions**

Young Adults who have experienced Child Sexual Exploitation and other Adverse Childhood Experiences – Care and Support at 18 years old and over

Looked after children – Domestic Abuse & Mental Health Issues are particularly high for this cohort

**Strategic Boards and Reviews**

Understanding of the investigative regimes when harm or death happens. E.g. SAR, DHR and CQC – how can we understand what they do and what the criteria are for each?

Greater working with the Children’s Board – greater cross fertilisation of action and campaigns

Shared activity where priorities meet such as Domestic Abuse, Adverse Childhood Experiences and social isolation

**Care Act key messages**

It is important to underpin each work stream with detail of **Making Safeguarding Personal** and include more in Scrutiny and Board requests for Assurance.

The messages and key themes from the 14<sup>th</sup> February 2017 conference were discussed and written up so that they could be considered by BSAB Strategic Board in March 2017. It was concluded that:



Governance was now 'Business as Usual' as the Board and its statutory structures had been set up and were operating successfully

The SARs group will feed in to BSAB regularly and with partners more widely

There would be a re- focus on the four other priorities to consider how they could be re-defined to ensure that:

- The outstanding outcomes from the 2015-2018 plan would be achieved
- New activity could be picked up could be progressed, for example Supported Housing & Vulnerable Adults work stream and Transitions Services
- To allow space for a wider partnership involvement in scoping and acting on Priorities

## **Priorities for 2017-2019**

### **PRIORITY ONE: HEARING THE VOICE OF THE COMMUNITY**

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

### **PRIORITY TWO: SAFER COMMUNITIES**

Having clear protocols and preventative strategies in place to ensure we are working to make our communities safe.

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

### **PRIORITY THREE: EMPOWERING OUR COMMUNITIES (PARTNERSHIP WORKING)**

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

### **PRIORITY FOUR: ASSURANCE**

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

# BIRMINGHAM & SOLIHULL STP PROGRAMME UPDATE TO BIRMINGHAM HEALTH & SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

Dame Julie Moore  
STP System Leader

21<sup>st</sup> November 2017

# RECAP OF PROGRESS



First task of STP was to stabilise under-performance in health economy

We had some strategically significant organisations providing variable quality of care and whose expenditure was far exceeding income

Unless we could stabilise these organisations, we would not have firm foundations for the sustainability and transformation agenda

# RECAP OF PROGRESS



We have now put these organisations on a sustainable footing

Major interventions leading to mergers at HEFT by UHB leadership team and at BWH by BCH leadership team

In the first national ratings of STPs, BSOL was rated as 'Advanced', the second highest on the four point scale

# NEXT STAGE OF THE JOURNEY

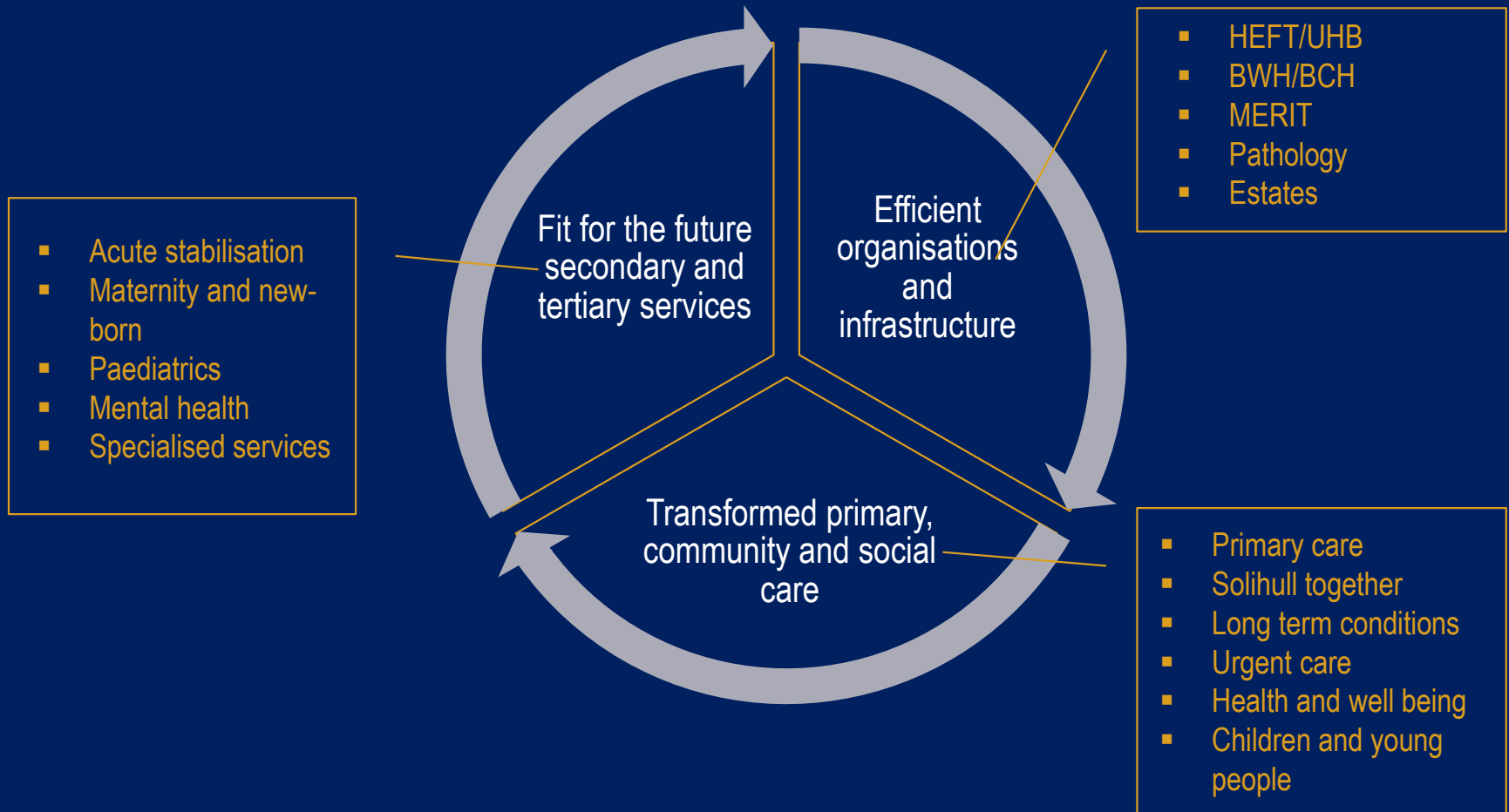


Having stabilised some major risks and made progress on organisational sustainability, the time is now right to refresh our plans for system transformation

- Significant changes at Birmingham City Council
- Reform of commissioning structures
- Increasing focus on primary and community care
- Step change in engagement with the community

# TRANSFORMATION

We have made progress on the 3 original STP objectives



# TRANSFORMATION

However, when we reviewed the STP plan, we found that

- The three original STP objectives could better reflect the three big gaps identified in the FYFV of health & well-being; quality; and finance
- The projects under each objective were not always clear and consequently there was variable success
- We had not tested our assumptions about what needed fixing with the community or a wider set of stakeholders



# TRANSFORMATION

Proposed new STP goals reflecting our system challenges



# TRANSFORMATION

We aim to achieve the 3 goals by working together to transform services for people:

- Urgent & emergency care
- Place – based integration of health and care
  - Solihull Together Partnership
  - Birmingham
- Mental health and learning disabilities
- Children and young people
- Mothers and infants (BUMP)

# TRANSFORMATION: NEXT STEPS



- Over the coming months, we will test plans and priorities with key stakeholders, such as the OSC
- We will bring people's views and comments together and adjust our plans accordingly
- We will then engage widely on our plans in through 2018

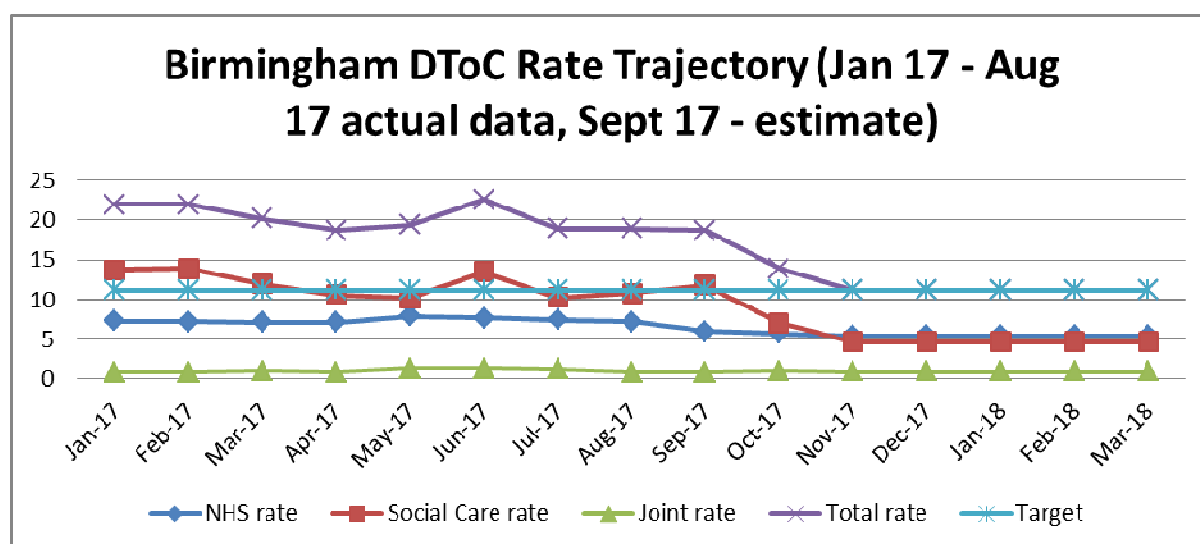


## Delayed Transfers of Care (DToC) – Briefing Note November 2017

### Purpose of Note

To provide a position statement on performance against reducing the level of DToC in the Birmingham H&WB system including an overview of trend against trajectory and a summary of progress against planned action – specifically plans for the use of iBCF resource.

### Trajectory and Trend



The target for the Birmingham H&WB is a total system rate of 11.2 delayed days per day per 100k population. The latest verified data for August 2017 shows a rate of 18.9. This represents a reduction of 22% compared to January 2017.

In terms of delays that are attributable to social care the target rate is 4.7. At August the actual rate was 10.8 – a reduction of 21% from the January position.

The H&WB system's plans for reducing DToC are set out in the BCF Plan. The plan was originally submitted in July with a trajectory showing the target being met in Spring 2018. Following local, regional and national moderation of the BCF plans submitted in July, a revised trajectory was submitted in October complying with the requirement for the target of 11.2 to be met in November. However, the narrative of the plan made clear that this is not a realistic target. Performance against the trajectory will be assessed by NHS England when the verified data for November is available in January 2018.

### Implementing Action Plans

Across the system, all partners are delivering activity to reduce the level of DToC. Within Adult Social Care – the part of the system that facing the greatest challenge in terms of the scale of the reduction that is required – action to reduce DToC, alongside other key initiatives, is being delivered through a single Improvement Plan. Key actions relating to Adult Social Care and Health DToC are summarised below:

### **System Diagnostic**

Partners have commissioned 'Newton' to undertake a system wide analysis of Recovery, Rehabilitation and Re-ablement services in Birmingham.

The outcomes of this work will be used to identify what improvements partners need to make to put in place sustainable plans to reduce DTOC on a longer term basis. The work is due to complete in December 2017.

This workstream is the starting point for the system taking a strategic approach to the underlying issues of demand, flow and integration.

### **Bed Capacity**

Increasing bed capacity is a tactical response to the immediate pressures that are apparent in the system. Action against this theme includes:

- Procurement of 15 additional interim beds and replacement of 6 interim beds that were lost – completed;
- Opportunity to procure a further 15 interim beds – ongoing negotiations;
- Block contract of 60 additional long term nursing beds to support discharge of people with complex needs – completed with first beds being mobilised from 6<sup>th</sup> November.

### **Stabilising the Care Market**

We recognise the need to be proactive to support providers in the market so that capacity is maintained. Actions include:

- Use of iBCF funding to maintain existing EAB and short-term bed capacity;
- Recruitment of additional short-term staff to work with providers who are identified as being at risk to improve quality and reduce risk of CQC suspension and market failure.

### **Delays waiting for Care at Home**

Some delays are the result of people waiting for a care package at home to commence. Actions include:

- Extending the capacity of the existing Quick Discharge Service (QDS) – ongoing negotiations with the provider;
- Developing a Night Care Service – this would be a new service to provide over-night cover for vulnerable citizens. This would enable more people to be discharged back to their own homes at an earlier point. Will also prevent admissions. Proposing to put an interim service in place through the QDS contract.
- Expand the Home from Hospital Volunteer Service that gives free practical support for up to six weeks after discharge from hospital. Discussions have progressed quickly with the provider, who has indicated a willingness to expand the service and extend availability. A procurement strategy is currently being developed.

**Workforce and Capacity:** Additional staff resources are being allocated to support winter pressures. Actions include:

- Recruit an additional 10 workers for REACT plus (front door multi-disciplinary team to avoid hospital admissions across HEFT );
- Recruit 4 Social Workers and 1 SPD for the QE Hospital to cover known gaps for the winter period;
- Recruit 10 Social Workers across the Acute Hospitals as the first phase in implementing a sustainable 7 day social work service;
- Review the need for support services to be available over a 7 day period;
- Recruit an additional 6 workers to increase capacity in the Hospital Planning & Discharge Team and Rapid Response service (3 social work facilitators and 3 Social Workers);
- Create a bank of evening workers to do planned work and add capacity over the winter period;
- Recruit a team of 5 Discharge Facilitators to support the process of arranging suitable placements and support with coordinating the process;
- Recruit additional administrative capacity across the system (5 workers in total);
- Making flu jabs available to the social care workforce and mounting an active campaign to encourage take-up.

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4-2186

10 November 2017





**Personal Social Services Adult Social Care Survey,  
2016-17  
Birmingham Comparator Report October 2017**

**DRAFT 1**

# Introduction

- This report contains findings from the Adult Social Care Survey 2016-17 (ASCS).
- This national survey takes place every year and is conducted by Councils with Adult Social Services Responsibilities (CASSRs).
- The survey seeks the opinions of service users aged 18 and over in receipt of long-term support services funded or managed by social services and is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development.

# Introduction

- The survey asks service users questions about quality of life and what impact care and support services have on their quality of life. It also collects information about self-reported general health and well-being,
- Responses collected for the Adult Social Care Survey are also used to populate five of the measures within the Adult Social Care Outcomes Framework (ASCOF),
- The value of the survey is that it provides national, regional and peer group benchmarking on the experience of service-users. As the survey is carried out annually this allows us to monitor trends in citizen experience over time. This provides a useful tool for tracking the impact of policy and service changes as well as providing insight into improvements that are required.

# Summary 2016/17 Survey

## Satisfaction



**58.6%** of service users were extremely or very satisfied with the care and support services they received. Compared to **64.7%** nationally



## Feeling Safe



**66.0%** of service users reported feeling safe as they want, compared to **70.1%** nationally.



**92.3%** of service users reported that the care and support services they receive has helped them in feeling safe, compared to **86.4%** nationally.



# Summary 2016/17 Survey

## Choice



**66.3%** of service users in the community reported that they have enough choice over the care and support services they receive. Compared to **67.6%** nationally

**7.4%** reported they don't want or need choice. Compared to **6.3%** nationally



## Social Contact



**37.3%** of service users reported they had as much social contact as they like. Compared to **45.4%** nationally

**24.4%** of service users reported they did not have enough or little social contact. Compared to **21.6%** nationally



# Profile of Respondents

# Profile of respondents



**37%** Very good or Good health (42%)

**23%** Bad or very bad health (18%)



**42%** not anxious or depressed (46%)

**49%** moderately anxious or depressed (46%)

**9%** extremely anxious or depressed (8%)



**53%** have difficulty moving around indoors (49%)

**54%** have difficulty or can't get out of bed (46%)

**25%** have difficulty or can't feed themselves (24%)

- The data below outlines the profile of respondents to the survey
- Birmingham's sample has a higher level of need than average, - reflecting the needs of the social care population as a whole



**84%** have difficulty or can't wash (72%)

**69%** have difficulty or can't get dressed (61%)

**47%** have difficulty or can't use toilet (8%)



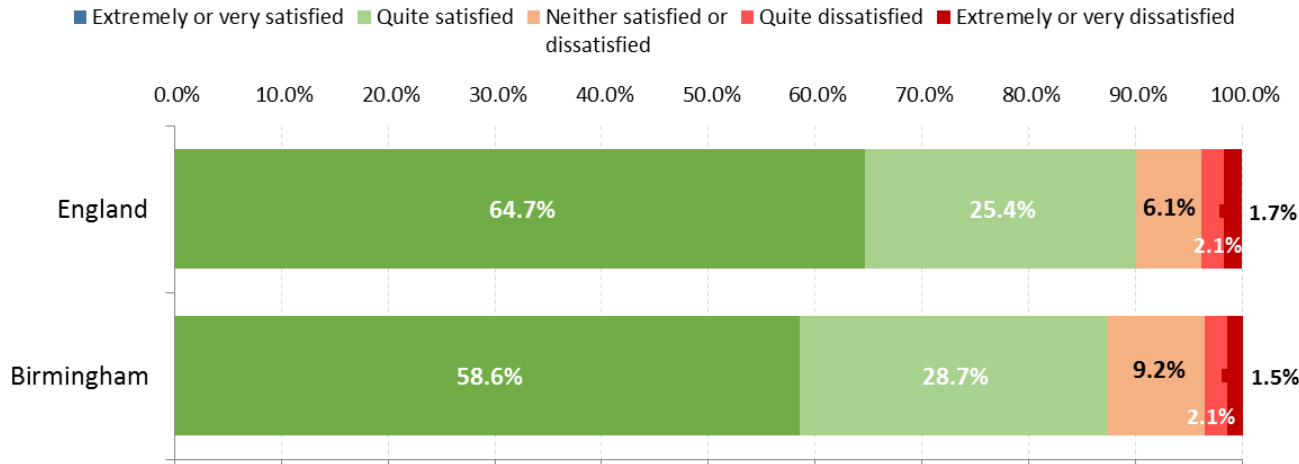
**88%** have difficulty or can't deal with finances and paperwork (82%)

# Overall Satisfaction with Care and Support



# Overall Satisfaction with the care and support services

## Overall Satisfaction 2016/17

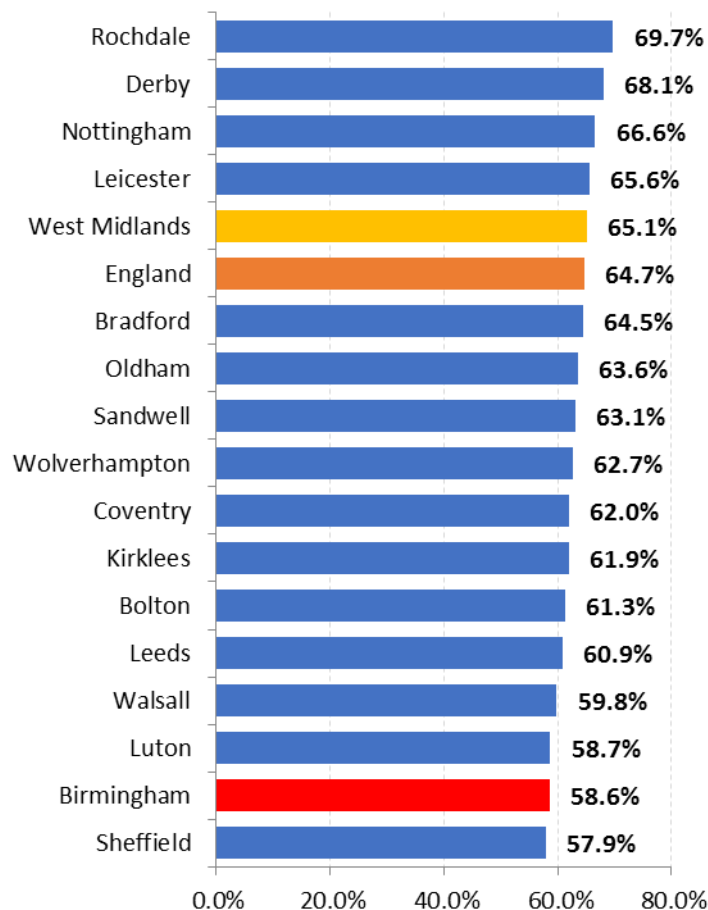


- Section 1 of survey includes a general measure of satisfaction asking service users “Overall, how satisfied or dissatisfied are you with the care and support or services you receive?”
- 58.6% of service users in Birmingham were extremely or very satisfied with the care and support services they received. Compared to 64.7% nationally

# Satisfaction Comparisons

- The chart right compares Birmingham's performance with that of our statistical neighbours
- Birmingham has a significantly lower proportion of satisfied respondents, and is the bottom but one performer compared to our comparator authorities

**Proportion of service users  
extremely or very satisfied 2016/17**

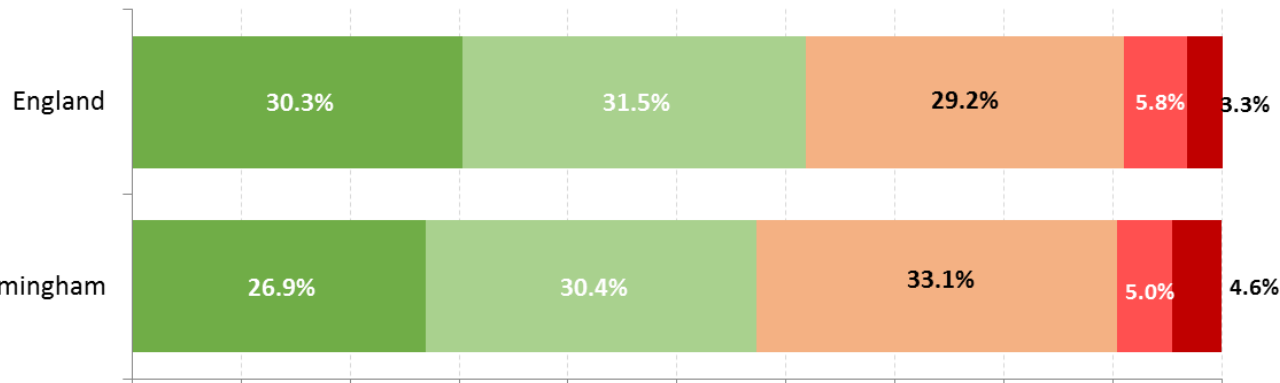


# Quality of Life

## Quality of Life 2016/17

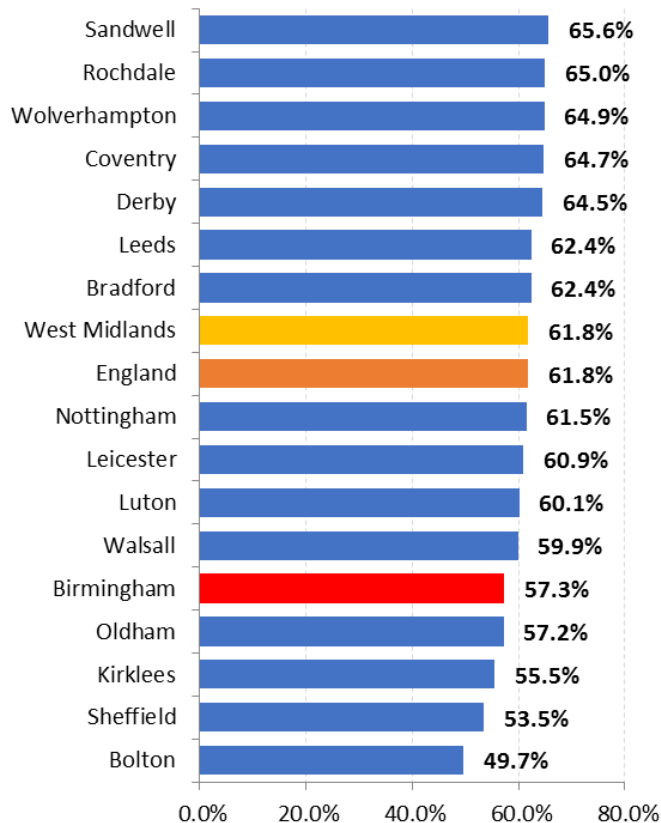
■ So good, it could not be better or very good ■ Good ■ Alright ■ Bad ■ Very bad or so bad, it could not be worse

0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0% 100.0%



- Section 2 of the survey, asks questions about aspects of quality of life that social care services are expected to impact upon.
- This section of the report highlights the responses to the new question for 2016-17 concerning service user choice (Q2c) and then focuses on some additional analysis relating to social contact (Q8a).
- Around 57% of respondents indicated their quality of life was good or could not be better – somewhat below the national average of around 62%

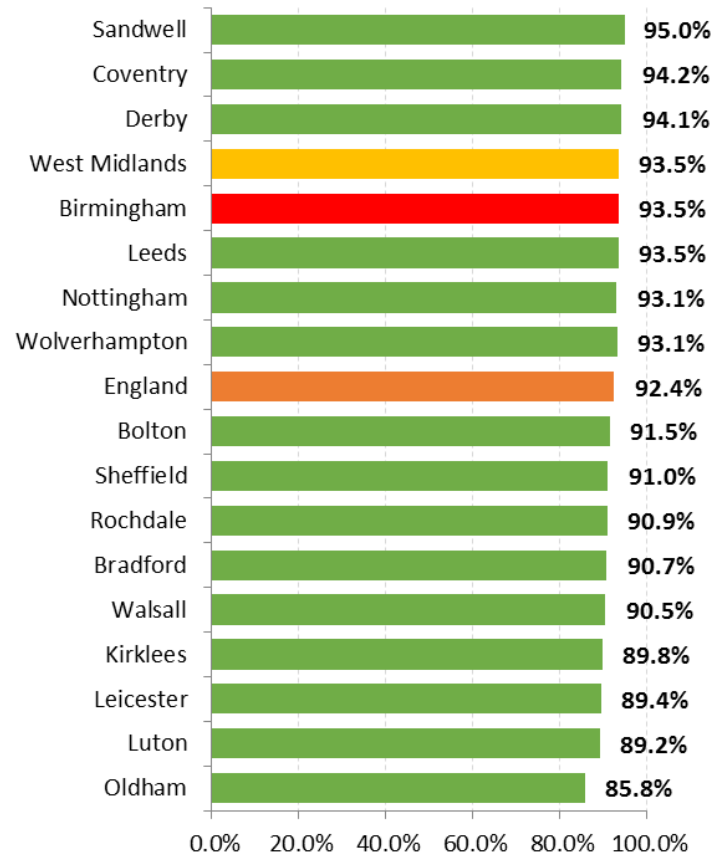
Proportion of respondents who's quality of life was "could not be better" or "good" 2016/17



# Quality of Life Comparisons

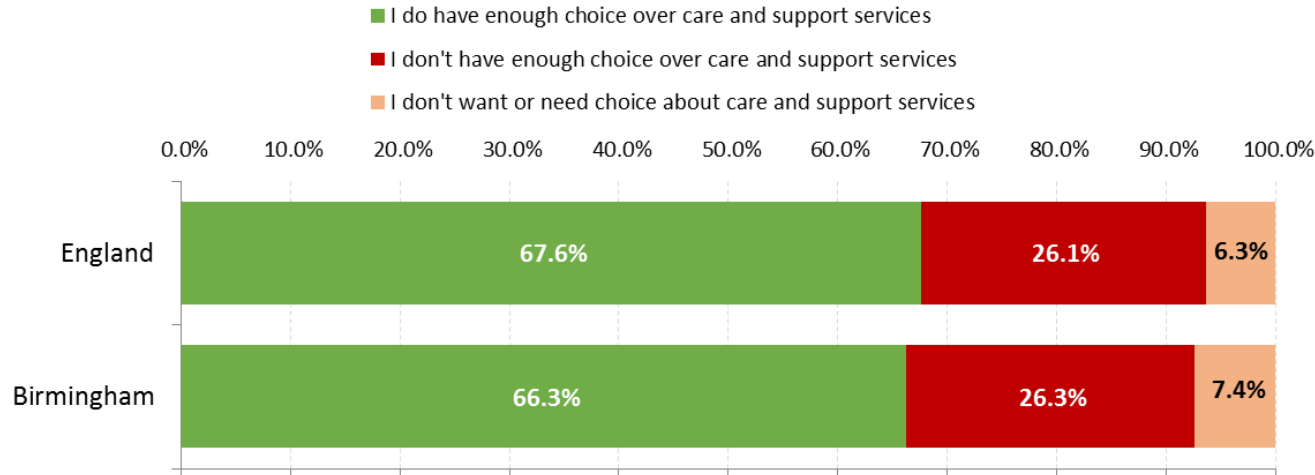
- The chart left compares Birmingham's performance on respondents overall quality of life
- Birmingham performs worse than most of its comparator authorities
- However when looking at the role of services in supporting people Birmingham performs better
- The chart right shows the proportion who indicate that support services help them achieve a higher quality of life – here Birmingham performs above average

Proportion of respondents who stated that the support services help them have a higher quality of life



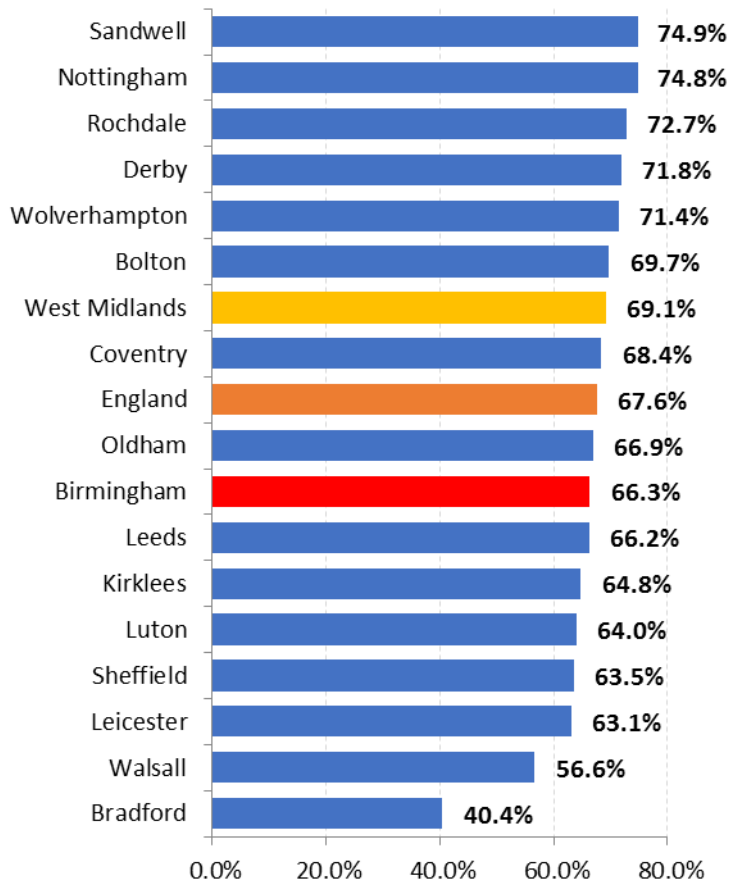
# Choice

## Perceptions on Choice 2016/17



- For 2016-17 an additional question was included in this questionnaire: “Which of the following statements best describes how much choice you have over the care and support services you receive?”
- In Birmingham **66.3%** of service users in the community reported that they have enough choice over the care and support services they receive. Compared to 67.6% nationally

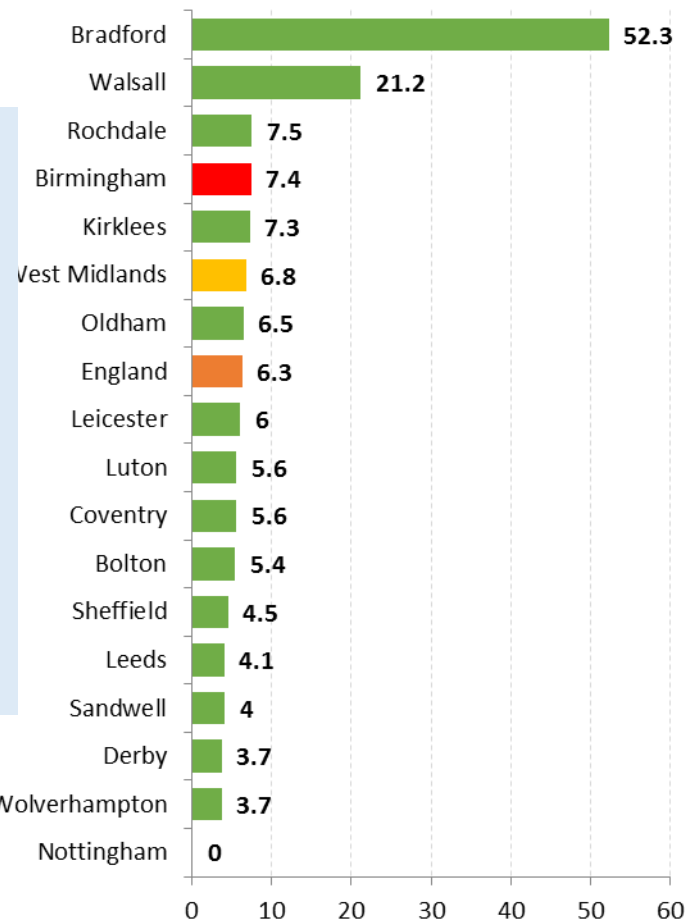
## Choice - I do have enough choice over care and support services 2016/17



# Choice

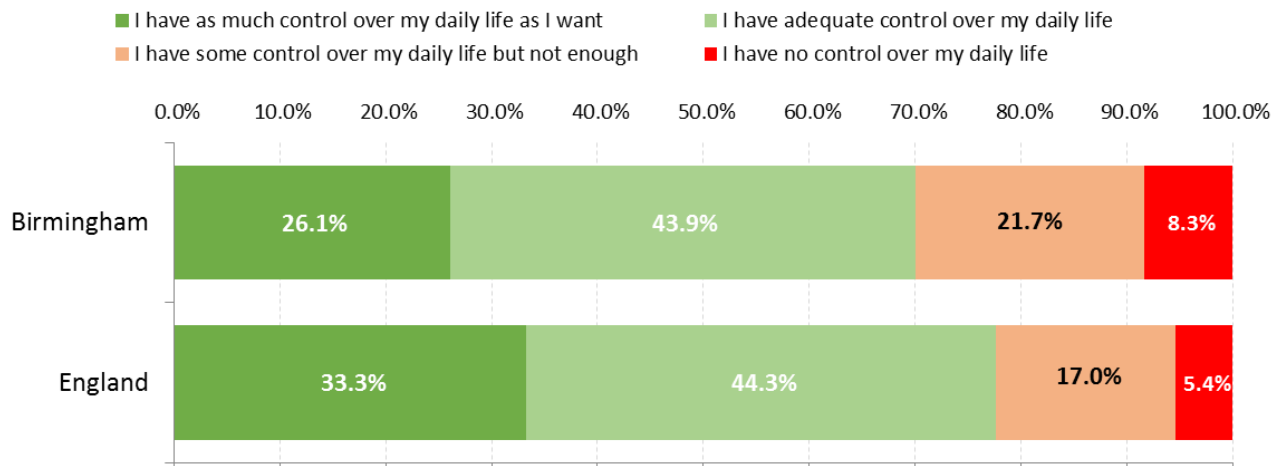
- Birmingham performed slightly below average, in terms of the level of choice service users perceive they have.
- However Birmingham also had a slightly higher proportion of service users who indicated that choice is nothing something they needed or wanted
- Bradford and Walsall were clearly outliers here

## I don't want or need choice about care and support services



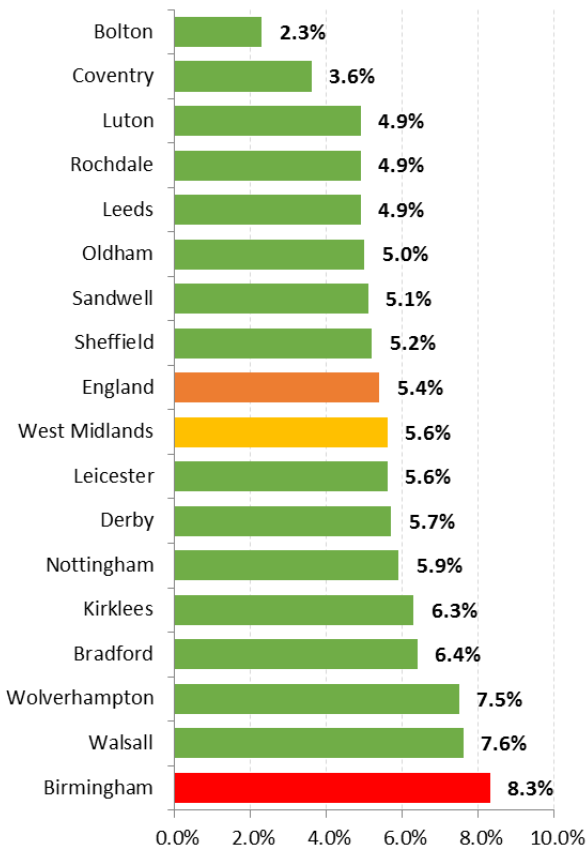
# Control

## Perceptions of Control 2016/17



- Service users are also asked to indicate which statements best describe how much control they have over their daily lives
- To assist service users in their interpretation of this question a definition of control is provided underneath the actual question and includes the following: 'By 'control over daily' we mean having the choice to do the things or have things done for you as you like and when you want.'
- On the whole Birmingham respondents indicate that they have much less control over their lives when compared to average.

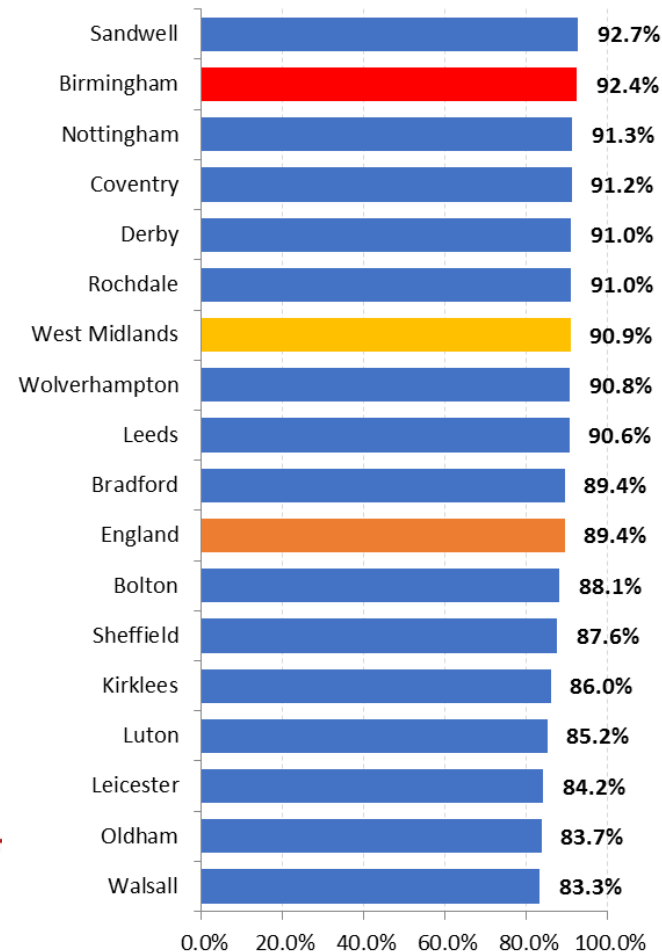
**Control - Proportion who say they have no control over their daily life 2016/17**



# Control

- The chart left shows that a much higher proportion of residents indicate that they have no control over their daily lives when compared to comparator authorities.
- However as with perceptions of quality of life – when users are asked about the involvement of services in helping them around control, Birmingham respondents are much more positive

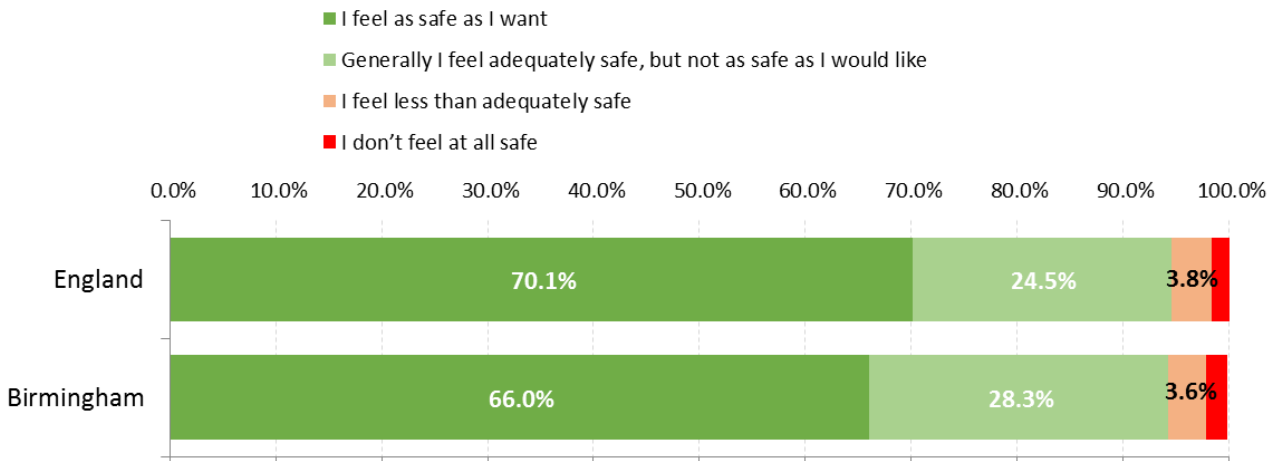
**Control - Yes care and support services help in having control over daily life 2016/17**





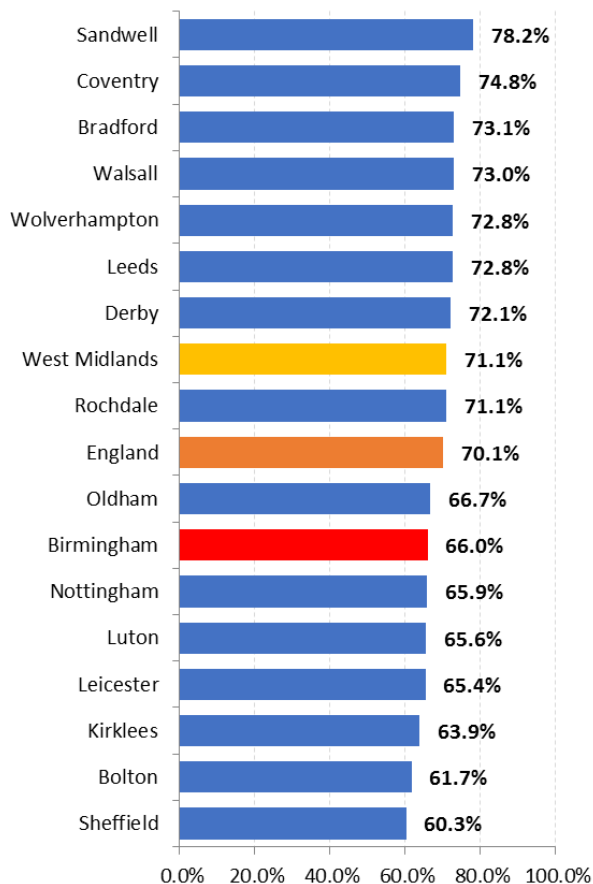
# Safety

## Perceptions on Safety 2016/17



- Service users are asked to indicate which statements best describe how safe they feel (and whether the care and support services they receive help them to feel safe)
- To assist service users in their interpretation of this question a definition of safety is provided underneath the actual question and includes the following: 'By feeling safe we mean how safe you feel both inside and outside the home. This includes fear of abuse, falling or other physical harm.'
- On the whole Birmingham service users feel safe, although slightly below average

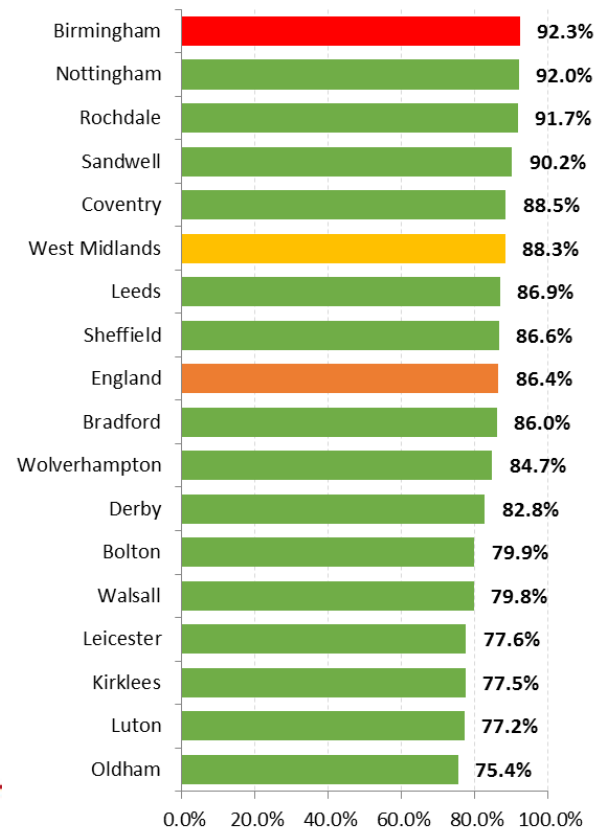
**Safety- Proportion who feel as safe as they want 2016/17**



# Safety

- Again the difference between perceptions of services, and users lives in general is displayed with the responses to safety questions.
- On the whole (left) Birmingham residents do not feel as safe as average.
- However when looking at how care and support services make individuals feel safe, Birmingham is top performer out its comparator authorities.

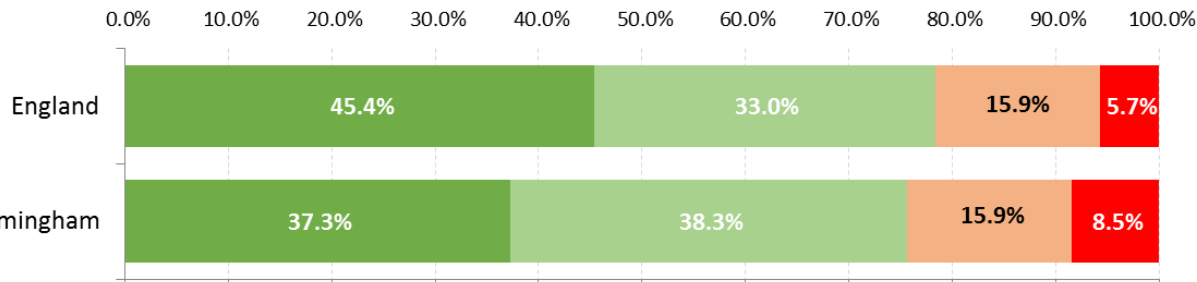
**Safety- Proportion who indicate that Care and Support Services make them feel safe - 2016/17**



# Social Contact

## Perceptions on Social Contact 2016/17

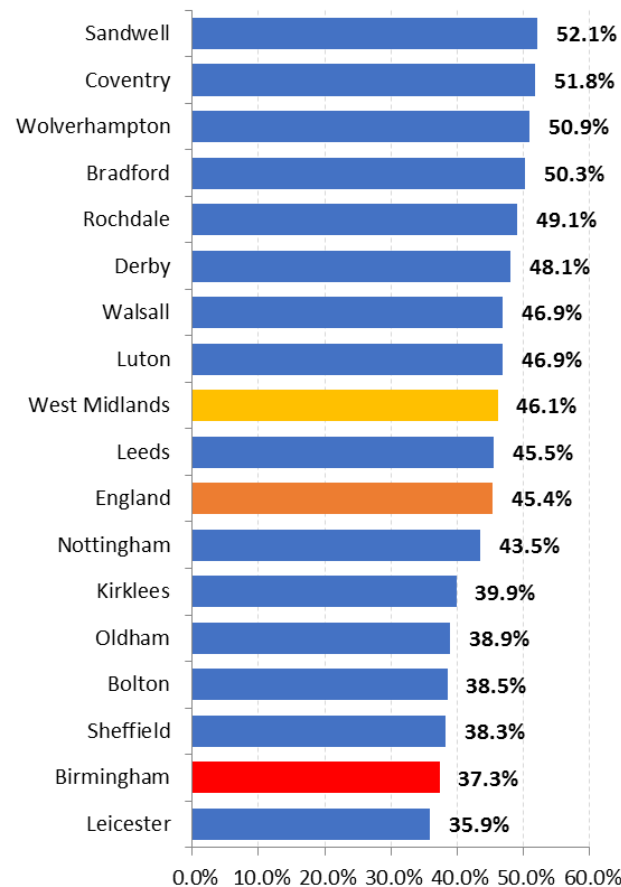
- I have as much social contact as I want with people I like
- I have adequate social contact with people
- I have some social contact with people, but not enough
- I have little social contact with people and feel socially isolated



- 37.3% of service users reported they had as much social contact as they like. Compared to 45.4% nationally, and is one of the worst performing when compared to statistical neighbours

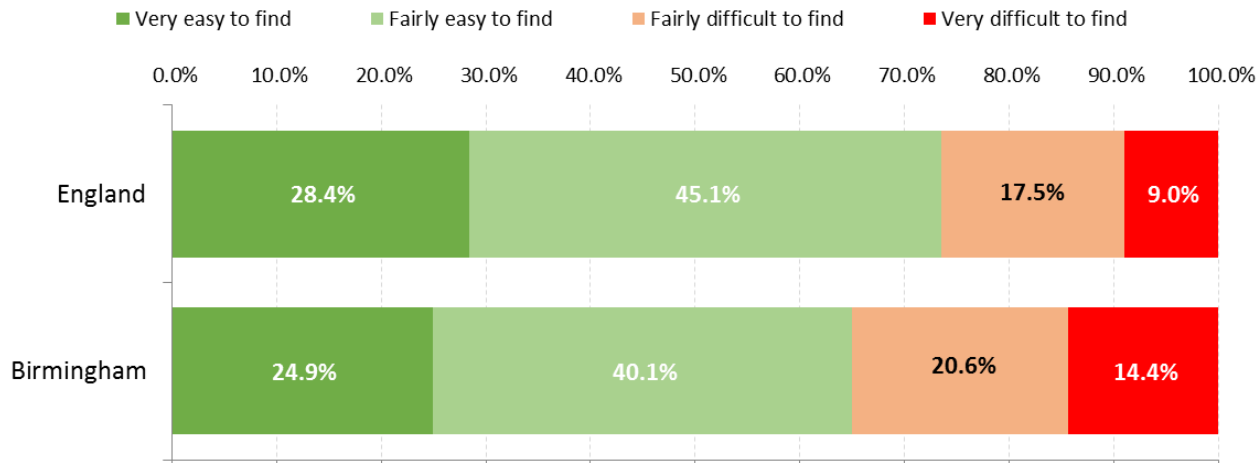
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## Social Contact - Proportion who have as much social contact as they want with people they like 2016/17



# Accessing Information

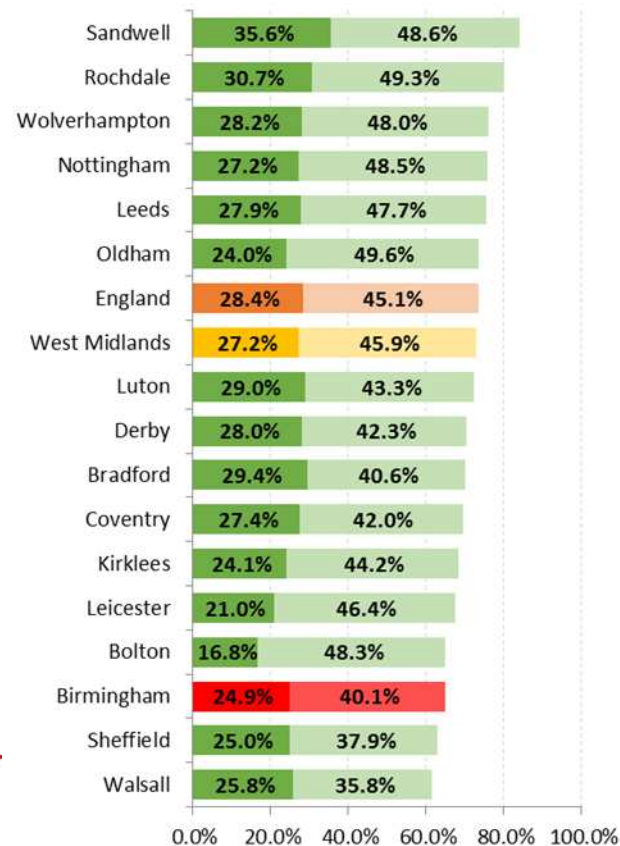
## Accessing Information - 2016/17



- Users are asked in the survey: In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?
- Overall Birmingham residents seem to indicate that they find it less easy to access information with 35% of respondents indicating it was fairly difficult or very difficult to find

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## Accessing Information - Proportion who found it very easy or fairly easy to find the information they needed 2016/17



# Summary

- Birmingham is a very diverse city with high levels of deprivation;
- Against this context we need to do better than other localities if we are to match levels of quality of life and positive outcomes for service-users;
- The survey indicates that whilst services clearly do have a positive impact, the experience of service users does not currently match our ambition.

# Improvement Actions

Key elements of our Vision and Strategy for Adult Social Care that will impact on service user experience include:

- Information, Advice and Guidance
  - Replacing MyCareinBirmingham with a new dynamic IT solution;
  - A new service delivery model for the “front door”,
  - Widening the channels for accessing information, advice and guidance.
- Use of Resources
  - Introducing a new model of commissioning for care that is based on quality.

# Improvement Actions 2

- Community Assets
  - Commissioning a Neighbourhood Networks Service to build community capacity and tackle social isolation;
  - Collaborative working with other Directorates to access existing community assets that can help meet needs or divert entry to Social Care.
- Personalised Support
  - Implement an asset based approach to assessments, moving from assessing for services to assessing for outcomes;
  - Implement a commissioning strategy that ensures the market is fully shaped to offer a range of personalised support to underpin the promotion of direct payments.

# Improvement Actions 3

- Early Help and Prevention
  - Develop and implement a new Day Opportunities Strategy for all service user groups. Moving away from a static long term model to a personalised approach aimed at keeping people independent;
  - Implement a life course approach for learning disability and mental health – focused at achieving aspirations and outcomes that change and develop with the individual.
- Co-production
  - Develop and commit to using an approach that puts co-production at the heart of future change impacting on service users.
- Partnership
  - Collaborate with system partners to deliver a more integrated experience for citizens.



# Adults Council Vision Scorecard 2017/18 - Month 5 (August)

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	23..2%	22.8%	G	↑	Positive progress on this measure is being maintained with a further 0.4% month-on-month increase.
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND	69.7%	TREND	71.8%	69.5%	G	↑	Following a negative trajectory last month, the trend of increasing the number of people receiving adult social care in their own home has resumed in this period. Initial findings from the system diagnostic work suggest further scope to prevent people being discharged from hospital into residential settings.
3	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	65.1%	75%	62%	64%	R	↓	<p>Overall there has been a decrease in the percentage of clients with providers rated as Good, with 61.8% compared to 64.0% in the last return.</p> <p>There has been a reduction in the proportion of home care clients with a provider rated as Good, from 55% to 46%. Of the providers previously rated as Good, 8 reduced to Requires Improvement, including Sevacare - Kingstanding with 261 clients. Another provider reduced to Inadequate, and 8 did not return an assessment. 17 providers did improve their performance to Good, including Mach Care and Romie Care with 248 clients between them. 10 of these were previously Requires Improvement, 2 were Inadequate and 5 had not returned the last survey.</p> <p>There has also been a reduction in the proportion of bed based clients with providers rated as Good, from 76% to 72%. The majority of these reduced to Requires Improvement, with 31 of those previously rated good falling to this (378 clients). Another 3 reduced to Inadequate (42 clients) with 14 not returning a questionnaire (96). 29 providers improved to Good in this return (204 clients), 18 from Requires Improvement, 2 from Inadequate and 9 who had not submitted a survey in the last return.</p> <p>The Council concluded consultation on a proposed revised approach to the commissioning of adult social care in July 2017. This included proposals to address the quality of services with whom Birmingham City Council contracts. A final proposal is due to be considered by Cabinet in the autumn and if approved will be implemented from 1 April 2018.</p>

Cabinet Member Service Scorecard 2017/18 - Month 5 (August) = ITEM 4.1

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	Commentary		
1	Uptake of Direct Payments	Monthly	25.0%	21.1%	22.7%	23..2%	22.8%	G	↑	Tapshum Pattni / Zakia Loughhead	Tapshum Pattni	Positive progress on this measure is being maintained with a further 0.4% month-on-month increase.		
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND INCREASE	69.7%	TREND INCREASE	71.8%	69.5%	G	↑			Tapshum Pattni	Tapshum Pattni	Following a negative trajectory last month, the trend of increasing the number of people receiving adult social care in their own home has resumed in this period. Initial findings from the system diagnostic work suggest further scope to prevent people being discharged from hospital into residential settings.
3	The number of people who have Shared Lives	Monthly	78	72	75	71	72	R	↓	Carol Davies	Melanie Brooks			A corporate Service Development Forum (SDF) has carried out a review of the service. These are led by heads of service from across the council, and commissioned by Cabinet member. (Report submitted 03/08/2017) The team conducted the review over three workshops which included observing the service, interviewing management, staff, and reviewing the service position statement. The report has highlighted key recommendations that will need to be addressed. A second review, carried out by Business Change and commissioned by the Assistant Director, looking into process and organisation of the service has also taken place. (Report submitted 07/09/2017) This involved five workshops looking in more detail at case management, processes, and organisation. Whilst this also highlighted common themes; there were additional recommendation on improving current organisational processes. The Quality and Service Development Manager will be organising the input on a task and finish programme to work with BSL service management. This is to follow through the recommendations of both the process review and the SDF reports. The group will select the recommendations they can take ownership of and progress. These will include: to look into KPI’s, moving into co-production, marketing and recruitment of direct BSL workforce. (06/10/2017). Progress will be monitored by a performance management panel on a three weekly timeframe. It is anticipated that the impact of this activity will be felt by February 2018.
4	The proportion of Community Assessments completed within 28 days of referral. (Excluding Enablement)	Monthly	75%	23.0%	42.0%	40.2%	43.8%	R	↓			Paul Hallam	Tapshum Pattni	This indicator hasn’t been measured for a number of years following withdrawal as a national indicator. However the directorate feels it is important to have a time scale for the completion of assessments and so we have introduced this indicator. We feel that there are some issues with how data is being recorded at present and are concerned that the measure is not accurately reflecting actual performance. Therefore, we are in process of reviewing the way in which activity is recorded and measured. It is anticipated that we will have an improvement in coming months.
5	Daily Average Delay beds per day per 100,000 18+ population - Social Care	Monthly						R	↑					Pauline Mugridge

Cabinet Member Service Scorecard 2017/18 - Month 5 (August) = ITEM 4.1

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	Commentary
6	Daily Average Delay beds per day per 100,000 18+ population - Joint NHS and Social Care	Monthly	1.0	1.1	1.0	1.0	1.3	G	↑	Pauline Mugridge	Tapshum Pattni	The indicator is on target but the performance has slipped this is partly due to an increase in more joint assessments in the hospitals. This has led to a drop in social care assessment delays and a reduction in overall days delayed for some individual patients.
												Overall there has been a decrease in the percentage of clients with providers rated as Good, with 61.8% compared to 64.0% in the last return.
7	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly						R	↓			There has been a reduction in the proportion of home care clients with a provider rated as Good, from 55% to 46%. Of the providers previously rated as Good, 8 reduced to Requires Improvement, including Sevacare - Kingstanding with 261 clients. Another provider reduced to Inadequate, and 8 did not return an assessment. 17 providers did improve their performance to Good, including Mach Care and Romie Care with 248 clients between them. 10 of these were previously Requires Improvement, 2 were Inadequate and 5 had not returned the last survey.
												There has also been a reduction in the proportion of bed based clients with providers rated as Good, from 76% to 72%. The majority of these reduced to Requires Improvement, with 31 of those previously rated good falling to this (378 clients). Another 3 reduced to Inadequate (42 clients) with 14 not returning a questionnaire (96). 29 providers improved to Good in this return (204 clients), 18 from Requires Improvement, 2 from Inadequate and 9 who had not submitted a survey in the last return.
8	Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	Monthly	85%	79%	85%	81.6%	83.0%	R	↓	David Gray	Tapshum Pattni	The Council concluded consultation on a proposed revised approach to the commissioning of adult social care in July 2017. This included proposals to address the quality of services with whom Birmingham City Council contracts. A final proposal is due to be considered by Cabinet in the autumn and if approved will be implemented from 1 April 2018.
9	Proportion of contacts progressed to 2nd response who are referred for an assessment / enablement	Monthly						R	↓			A file audit to analyse causes of the situation is being undertaken and the results evaluated. A report into this will available in early October. At that point this information can be shared with the actual operational heads of service who need to ensure practitioners implement any recommended changes of practice.
												The percentage figure will have dropped over the past few months. Due to staffing shortages in ACAP the backlog grew to significant levels. This work was directly passed to the Standard Team for processing, so all 400 cases will not have been screened and signposted appropriately by the ACAP team.
10	The proportion of clients reviewed, reassessed or assessed within 12 months.	Monthly	80%	76%	77.4%	74.0%	74.3%	R	↓	Yvonne Coleman	Melanie Brooks	The service area is currently experiencing difficulty in undertaking reviews within the Learning Disability team. Focus has been on safeguarding and assessment. A team is currently being developed to focus on review and to prioritise reviews. This will impact fully on performance in January. The work to improve the performance is at the analytical stage in order to provide a performance trajectory and target high risk packages to review.

Public Health data is currently reporting combined Q4 2016/17 and Q1 2017/2018

Performance Indicator		Frequency	2017/18 Target	Baseline (Annual outcome 2016/17)	Q1 2017/18 Period Target	Q4 (2016/17) & Q1 (2017/18)	Prev Period	Status	DOT	HoS (SMT Lead): Wayne Harrison	AD	Commentary - 'please update with your latest 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%	89%	92.0%	A	↓	Fiona Grant	Dennis Wilkes	The data reported is for Q1 (2017/18). The data shows that 89% of women received a face to face new born visit from a health visitor within 14 days of delivery, just below the target of 90%. Performance may have been affected by the Early Years service offer re-design creating some uncertainty among some staff. Performance may also have been affected by the cyber-attack in May which could have resulted in some lost data capture (into the Rio system). It is expected that performance will improve in Q2.
12	Proportion of eligible population receiving a NHS Health Check	Quarterly						A	↓			The data reported is for Q1 2017/18, it shows 2.1% of the eligible cohort attended for an NHS Health Check in Birmingham. The dip in Q1 activity data is likely to be a result of a technical issue which affected 16 providers. The issue is being rectified and will be reconciled in Q2 reporting.

Cabinet Member Service Scorecard 2017/18 - Month 5 (August) = ITEM 4.1

Performance Indicator		Frequency	Target	Baseline	Period Target	Current Period	Prev Period	Status	DOT	HoS/RO	AD	Commentary
13	Rate of positive Chlamydia screens	Quarterly	2300	1690	2300	1876	1879	R	↓	Max Vaughan / Clare Reardon	Maria Gavin	We are next due to report on this measure in October.
14	Number of smoking quitters at 12 weeks	Quarterly	670	674	214	182	156	A	↑			<p>The data reported is Q1 2017/18. Although below target there is a upwards trajectory .</p> <p>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. However quit success rates continue to improve resulting in the number progressing from a 4 week quit status to a 12 week quit status also increasing. It is expected that the numbers going through the service will continue to improve during 2017/18 and we will maintain quit success rates above the national average.</p> <p>Baselines and targets will be reviewed as the new service is established and further data is received. GP data is also likely to be under reported due to issues when introducing the new data management system. This has not created any Information Governance issues but the reporting of activity is likely to be higher in Q2.</p>
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	↑	Max Vaughan / Clare Reardon	Maria Gavin	We are next due to report on this measure in October.
16	Children under 5 attending Wellbeing Service	Quarterly	54000	30185	13500	6942	6540	R	↑	Mark Roscoe	Dennis Wilkes	The data reported is Q4 2016/17. Quarter 1 2017/18 has not yet been reported.
17	People over 70 attending Wellbeing Service	Quarterly	78000	69950	19500	20339	16659	G	↑	Mark Roscoe	Dennis Wilkes	The data reported is Q4 2016/17. Quarter 1 2017/18 has not yet been reported.

**HEALTH AND SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE  
21 November 2017**

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

**1. PURPOSE OF REPORT**

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

**2. ACCOUNTABILITY**

I have accountability for:

Adult Social Care and Health	Development of the Health and Wellbeing Board and relationships with the NHS and private providers. Strategic leadership of social care services and safeguarding for adults. Development of an integrated health and social care economy in Birmingham and neighbouring local authorities around the STP.
Public Health	Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities.
Healthy Communities	Healthy living through sport and leisure services.
Domestic Violence	All council activity relating to domestic violence and developing a city-wide domestic violence strategy with partners including advice to the Cabinet Member for Housing and Homes on the provision of accommodation.

**3. SUMMARY OF KEY PRIORITIES**

Over the last few months the Strategic Director has set out a new vision for Adult Social Care, improving the health and wellbeing of adults and older people in Birmingham. The vision that the City Council is seeking to achieve is for adults and older people to be resilient, live independently whenever possible and exercising choice and control so they can live good quality lives and enjoy good health and wellbeing. This vision is being shared with all elected members at briefing sessions on Monday 20<sup>th</sup> and Monday 27<sup>th</sup> November.

The vision is that on the whole we all know that people want to lead, happy, fulfilled lives within their local areas and communities. Cherishing their independence and with a strong desire to live at home or in their community with support if needed. For most of our citizens this is possible, but for those people with disabilities or who lose their abilities with age this will require some interventions from adult social care services. There are also some people where placements in residential or nursing settings are the best way in which these people can live good quality lives.

To deliver on the strategy a four year programme of change has been developed through the directorate improvement and business plan. There are eight key themes which underpin the strategy which are:

1. Information Advice and Guidance
2. Personalised Support
3. Community Assets
4. Early Health and Prevention
5. Use of resources
6. Partnership Working
7. Making Safeguarding Personal
8. Co-Production

## **4. PARTNERSHIP WORKING**

### **4.1 Birmingham and Solihull Sustainability and Transformation Plan**

This is an important time for the Partnership. A new vision is being developed based on engagement with residents and the key work streams have been refreshed. The Council has worked hard to ensure that there is a focus on locality working involving social care, primary care, community services, mental health services, third sector and community groups and appropriate interventions from acute services.

This approach will increase the preventive services available to residents, will ensure earlier interventions and will help build individual, family and community resilience. The aim is to develop a network of locally-based services which effectively contain demand in the community thus reducing pressure on acute services and making hospital stays shorter.

### **4.2 Health and Wellbeing Board**

The Board meets formally on a quarterly basis. The Board has developed its relationships with other partnerships, for example housing. These relationships are to progress key public health objectives for example the elimination of families in temporary accommodation. The Board has extensively reviewed the evidence relating to Adverse Childhood Experiences and now wants to use this as a key tool in improving wellbeing in key groups.

The Board has maintained close contact with key health and social care changes. In recent months this has been relevant with the changes to CCGs as well as the provider landscape. The development of a single CCG across the majority of Birmingham and Solihull will impact on Board membership.

We have discussed and supported the Better Care Fund but accept the challenges inherent in the targets set out by NHSE.

As chair of the Health and Wellbeing Board I also attend the West Midlands Combined Authority Health and Wellbeing Board; representing the City at a regional level.

#### **4.3 Birmingham Domestic Abuse Prevention Strategy**

We are currently seeking views on the next stage for our new Domestic Abuse Prevention Strategy 2017-2020 and the development of a detailed action plan. Tackling and preventing Domestic Abuse is an issue that is very close to my heart as the impact can be far reaching and catastrophic.

- Domestic abuse has a drastic, negative impact upon the safety, health and wider life chances of women, children and families.
- Domestic abuse drives wider crises – not least that of homelessness, where domestic abuse is now the second highest reason given by those presenting as homeless.

Tackling domestic abuse is everyone's business and the way we respond to domestic abuse as a city is a reflection of our shared values.

We need as many people as possible to provide their views working as we need to turn that vision into a clear strategy for the city as a whole. A copy of the Domestic Abuse Prevention Strategy, Consultation Summary and Questionnaire can be found on the Birmingham City Council's website as part of the Be Heard database where all the City Council's consultations are listed with links to appropriate documents. The Consultation on the strategy ends on the 30<sup>th</sup> November.

#### **4.4 Learning Disability Partnership working**

Particular effort is being made to build partnership with the community and voluntary sector to develop partnerships to enable people to have more choice in accessing services then enable them to have a good day. The Mencap Forum and Sense Touchbase offer high quality modern facilities and it is important we work to enable people to make best use of these as they develop and grow.

I have a passion for Shared Lives and keen to see an improvement of the service and to help us to grow the number of shared living arrangements that we have in the City. This will take time to build and grow, and ultimately our aim is to have a diverse range of shared living arrangements including older adults and mental health.

#### **4.5 Mental Health update**

As a member of the Mental Health Strategy Board, I oversee the work that partners in the system are delivering to improve the lives of people with mental health difficulties. A concern at the moment is the lack of local inpatient support for children and young people and often they are placed away from their families and often in crisis. The Social Work and Approved Mental Health Practitioners Service have particular pressure in this working to deliver their duties in this context. The partnership with Forward Thinking Birmingham to address this will be crucial going forward.

#### **4.6 Public Health Update**

The biggest activity in the last year has related to the Early Years system programme. This has now been awarded to Birmingham Community Heath Care

foundation trust and partners. As the Committee is aware, this will coordinate all early years' service, for example health visiting and children's centres, to provide a "single" offer to children and their parents. The aim is better wellbeing of pre-school children in line with that suggested by Marmot.

The committee has reviewed the sexual health system as well as the "recovery" based substance misuse system so I will not add further on these elements.

We continue to perform well for Health Checks as seen against national benchmarks. Our lifestyle services especially smoking cessation have been affected by national budgetary pressures but our new model, based on primary care (both pharmacists and GPs) is starting to develop and offer local services.

A particular success is the work we have done in Longbridge related to Healthy lifestyles using S106 resources linked to the major developments. This is being evaluated by the University of Birmingham.

A final mention deserves to be given to the alcohol licensing team in Public Health. The Director of Public Health is a responsible authority with regards to alcohol licensing. We have developed our expertise not only to respond to new applications but also to support the police in reviews. To date the team has had a number of major successes which has been mentioned in the local media.

## **5. UPDATE ON SOCIAL CARE AND HEALTH PERFORMANCE/SERVICE IMPROVEMENTS**

**5.1** I scrutinise performance on a range of key measures every month with a particular focus on the measures within the Vision and Priorities statement 2017/8 that fall within my remit:

- More people will exercise independence, choice and control over their care through the use of a Direct Payment;
- More people will receive the care they need in their own home;
- The quality of care provided in the city will improve so that more people receive a standard of care that meets or exceeds the quality threshold;
- Increase in the number of our most deprived citizens who have engaged with our wellbeing services;

### **5.2 Direct Payments**

I am pleased to report that there is an ongoing month on month increase in both the number and proportion of clients who are making use of a direct payment as one way of exercising choice and control over their care. We are on track to meet our end of year target. I have personally championed the uptake of direct payments and it is very pleasing to note the positive response of our teams in enabling clients in this way.

### **5.3 Remaining Independent**

More people with a care need are being enabled to receive care in their own home. The positive trend of an increasing proportion of people receiving care in their own homes has continued with 72.1% of clients receiving their care at



home (September 2017) compared to 69.7% at 1 April 2017. Furthermore, benchmarking with neighbouring authorities on the rate of new admissions into residential or nursing care shows that we are doing better than the region as a whole in providing care at home for both younger and older adults. This marks an improvement from last year where the rate of residential placements for younger adults was above the regional norm. The latest data shows a drop in the rate of younger adults being placed into a residential setting from 16.3 to 11.4 per 100k population – WM regional average is 11.5 and England average is 12.8.

#### **5.4 Quality of Care**

I recognise that there is an issue with the quality of care that some of our citizens receive. At present, commissioned providers in the city are not meeting our aspiration that at least 75% of service-users receive care that is graded as “good” or better. I am pleased to report that we are taking action to address this situation with the introduction of a new commissioning framework for care packages that will prioritise the quality of the care that we purchase. Our ambition is to work with and give support to providers to achieve sustainable improvements in the quality of care that vulnerable people in Birmingham receive. The new procurement arrangements will ensure that it will no longer be possible for providers whose services are not of a sufficient quality to secure packages on the basis of price. Whilst I anticipate that there may be difficulties ahead in terms of the capacity of the local care market to provide enough care of the right quality, I am committed to an approach that puts the quality of life for vulnerable citizens first.

#### **5.5 Wellbeing Service**

In respect of citizens engaging with wellbeing services, I have focussed my attention on the under-5’s and those over 70 in order to give children the best start in life and to help keep older citizens active and healthy. Achieving the target of 13,500 under-5’s engaging the service each quarter is proving challenging with just under 7,000 children attending in the last reported quarter. However, for older adults the target of 19,500 people a quarter has been exceeded. These are services commissioned by Public Health and delivered by teams in the Place directorate.

#### **5.6 Delays in Transfers of Care**

In addition to these measures I am also focussed on reducing delays in the transfer of care (DToC) from acute hospitals to social care settings. DToC targets have been introduced in this financial year linked to the BCF and iBCF, the BCF plan was required to say we would meet the national target by November 2017.

NHS England targets for reductions in the level of DToC for Birmingham to reduce to a rate of 11.2 delayed days per day per 100k population (or a total of 2817 delayed days) for November 2017. To put this into perspective there were 5745 delayed days in January – a rate of 24.3. The most recent nationally published data was released in October. This shows performance for August

standing at 4949 delayed days. Within this figure the number of delayed days that were attributable to adult social care had reduced by 21%.

For Birmingham this was an incredibly ambitious target, which we are working to over a period of time as a Health and Social Care system. Performance against our DToC trajectory will be assessed in January on the basis of performance in November. Across the system officers are working collaboratively to reduce unnecessary delays whilst at the same time seeking to ensure that vulnerable people are kept safe. A number of key actions are already in place to support the NHS during the winter period. This includes the commissioning of an additional 60 nursing beds and 15 interim beds. More fundamentally we are working together on a system diagnostic to put in place longer term, sustainable responses that reduce demand, improve flow through the system and most crucially put the experience of citizens at the heart of service delivery.

### **5.7 Adult Social Care Peer Challenge**

In November 2016 the ADASS network undertook a peer challenge of Adult Social Care. In July this year a progress visit by the West Midlands Association of Directors of Adult Social Services Peer Review took place. The peer review was very positive on the progress being made on the action plan and in particular welcomed the vision for adult social care developed by the Corporate Director.

## **6 UPDATE ON KEY BUDGET ISSUES/KEY FUTURE BUDGET ISSUES**

### **6.1 2017/18**

The total budget in 2017/18 for the portfolio is £335.7m. Within this allocation we have to deliver a substantial amount of savings; benefits and efficiencies internally as well as through corporate initiatives.

- 52% of the net total budget is allocated to external packages of care.
- 12% is spent on specialist care services.
- 11% is spent on assessment and support planning (Social Work).
- 7% of the budget is spent on Supporting People.
- 18% is spent on commissioning and other services.

The council budget for 2017/18 has provided additional funding for adult social care, as set out in the financial plan. However, like other local authorities nationally we are facing a real pressure in the increasing number of people requiring care and support.

The Interim Corporate Director for Adult Social Care and Health, Graeme Betts is working very closely with managers to review plans and to deliver savings proposals going forward.

The projected budget position as at Period 6 for Adult Social Care is a balanced position. There are some under achievements of savings; however these are being mitigated by usage of the iBCF funding and other mitigations within the Directorate

## 7 Challenges and Closing Summary

I am aware that in each of these reports I repeat the challenging time we face and it is going to be an incredibly challenging six months. We have significant savings to make and we need to ensure the new vision for social care is embedded into our direction of travel. All changes to services initially meet with resistance but we need to ensure collectively we share the new vision for adult social care where we are putting people and their needs first –with a focus on maintaining independence so people can live long happy lives in their own homes and communities.

In Cabinet later this year I am pleased to be taking a report setting out how we will be developing a Whole of Life Approach to commissioning services for people with a disability. This is supported by operational work between Adults, the Children's Trust and Education to improve operational processes to better manage transitions and engage with families at an earlier stage.

I was appointed earlier this year to sit on the LGA Community Wellbeing Board which has enabled me to lobby at a National level for Birmingham on a number of key areas including Social Care Funding; iBCF and the targets set around delays in transfer of care.

In January next year we have CQC (Care Quality Commission) coming to Birmingham to look at our adult social care performance with a particular focus on work we are doing to reduce delays in transfer of care.

I always like to end the report with a bit of good news and wanted to say that I am delighted that our adults social care team submitted 4 nominations to the 2017 National Social Work Awards. We were advised last month that the following 3 individuals had successfully achieved "finalist" status and will be representing the Directorate at the prestigious national awards ceremony to be held in London on Friday evening 24<sup>th</sup> November:-

- **Vidhya Biju – EAB Social Worker, Good Hope Hospital** – Finalist in the category of Adult Social Worker
- **Amanda Lewis – Senior Practitioner/Education, dedicated Student Unit** – Finalist in the category of Practice Educator.
- **Seanna Lassetter – Senior Practitioner/Safeguarding** – Finalist in the category of "Raising the Profile of Social Work".

I am so incredibly proud of the work they and other social workers are doing to improve services to some of our most vulnerable citizens.

Councillor Paulette Hamilton  
Cabinet Member for Health and Social Care





## 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.



20 <sup>th</sup> June 2017	<b>Informal Session</b>  Briefings and Background Documents	<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>
18 <sup>th</sup> July 2017  Send out – 6 July 2017	<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>
2 <sup>nd</sup> August 2017  Send out – 25 July 2017	Paediatric Surgery at the Royal Orthopaedic Hospital	Kieren Caldwell, NHS England



<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>



<p>21<sup>st</sup> November 2017</p> <p>Send out – 9 November 2017</p>	<p>Birmingham Safeguarding Adults Report 2015-17</p>	<p>Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board</p>
<p>19<sup>th</sup> December 2017</p> <p>Send out – 7 December 2017</p>	<p>Local Performance Account 16/17</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> <li>Adult Services Scorecard 2017/18 – Month 6</li> </ul> <p>Tracking of the 'Living Life to the full with Dementia' Inquiry</p> <p>Tracking of the 'Homeless Health' Inquiry</p>	<p>Clare Reardon, Intelligence Manager – Commissioning</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p> <p>Mary Latter, Joint Commissioning Manager Dementia</p> <p>John Hardy, Commissioning Manager</p>
<p>23<sup>rd</sup> January 2018</p> <p>Send out – 11 January 2018</p>	<p>Public Health in Policy Decisions: Air Quality</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> <li>Adult Services Scorecard 2017/18 – Month 7</li> </ul>	<p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p>
<p>20<sup>th</sup> February 2018</p> <p>Send out – 8 February 2018</p>	<p>Birmingham Changing Futures Together</p> <p>Birmingham Sexual Health Services, Umbrella (UHB)</p> <p>Local Authority Social Services and National Health Service Complaints Annual Report for 2016/17</p> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> <li>Adult Services Scorecard 2017/18 – Month 8</li> </ul>	<p>Natalie Allen, Programmes Director.</p> <p>Max Vaughan, Head of Service, Universal and Prevention</p> <p>Fran Zain, Commissioning Manager</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p>
<p>20<sup>th</sup> March 2018</p> <p>Send out – 8 March 2018</p>	<p>Forward Thinking Birmingham</p>	<p>Elaine Kirwan, Associate Director of Nursing, Forward Thinking Birmingham</p>





20 <sup>th</sup> March 2018  Send out – 8 March 2018	<p>West Midlands Ambulance Service</p> <ul style="list-style-type: none"> <li>• General Trust Overview</li> <li>• Operational/Clinical Performance Update</li> </ul> <p>Adult Social Care Performance</p> <ul style="list-style-type: none"> <li>• Adult Services Scorecard 2017/18 – Month 9</li> </ul>	<p>Diane Scott, Deputy CEO</p> <p>Nathan Hudson, General Manager Birmingham Division</p> <p>Mark Docherty, Director of Nursing, Quality and Clinical Commissioning</p> <p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p>
24 <sup>th</sup> April 2018  Send out – 12 April 2018	<p>Adult Social Care Performance</p> <ul style="list-style-type: none"> <li>• Adult Services Scorecard 2017/18 – Month 10</li> </ul>	<p>Mike Walsh, Head of Service – Intelligence, Strategy &amp; Prioritisation, Commissioning Centre for Excellence</p>

### Items to be scheduled in Work Programme

- Youth Promise Plus – Young People with Learning Disabilities
- Birmingham Business Charter for Social Responsibility – Employment/training offered to people with learning/physical disabilities
- 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
- Shared Lives (February/March)
- Birmingham Substance Misuse Recovery System (CGL) – Max Vaughan (October 2018)
- Early Years Update re Childhood Obesity – Dennis Wilkes (June 2018)



<b>Joint Birmingham &amp; Sandwell Health Scrutiny Committee Work</b>		
<b>Members</b>	Cllrs John Cotton, Deirdre Alden, Sue Anderson, Jayne Francis and Kath Hartley	
<b>Meeting Date</b>	<b>Key Topics</b>	<b>Contacts</b>
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
30 <sup>th</sup> November @ 2.00pm in Sandwell  Send out – 22 <sup>nd</sup> November 2017	<ul style="list-style-type: none"> <li>Oncology Services at Sandwell General Hospital</li> </ul>	Toby Lewis, Chief Executive, SWB Hospitals NHS Trust; Catherine O'Connell, Regional Director, Specialised Commissioning, NHS England
TBA	<ul style="list-style-type: none"> <li>Place Based Model of Care (Jan/Feb 2018)</li> <li>Black Country STP Update</li> <li>Update report on Midland Metropolitan Hospital (TBA)</li> </ul>	Andy Williams, Accountable Officer SWBCCG  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>
10 <sup>th</sup> January at 5.00pm in Birmingham  Send out – 2 January 2018	<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, Chief Contracting &amp; Performance Officer</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
004199/2017	Birmingham City Council's Vision and Strategy for Adult Social Care Services	Health & Social Care	24 Oct 17
004342/2017	Birmingham Homelessness Prevention Strategy 2017+	Health & Social Care	12 Dec 17
004372/2017	Putting Prevention First – Supporting the Implementation of the Vision for Adult Social Care and Health – Public	Health & Social Care	14 Nov 17
004376/2018	Day Opportunity Strategy Development	Health & Social Care	24 Jan 18