

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, WELLBEING AND THE ENVIRONMENT OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 18 JULY 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) 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 20th June 2017.

4 DECLARATIONS OF INTERESTS

7 - 18

5 FORWARD THINKING BIRMINGHAM: ONE YEAR ON

Elaine Kirwan, Associate Director of Nursing, Forward Thinking Birmingham.

19 - 28

6 PROPOSALS FOR THE USE OF THE IMPROVED BETTER CARE FUND (IBCF)

Margaret Ashton-Gray, Head of City Finance.

29 - 30

7 **ADULTS SERVICE SCORECARD 2017/18 - MONTH 2**

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

31 - 38

8 **WORK PROGRAMME - JULY 2017**

For discussion.

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

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

10 **OTHER URGENT BUSINESS**

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

11 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

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

BIRMINGHAM CITY COUNCIL

HEALTH, WELLBEING AND THE ENVIRONMENT O&S

COMMITTEE

1000 hours on 20 June 2017, Committee Room 3 & 4 – Actions

Present:

Councillor John Cotton (Chair)

Councillors: Deirdre Alden, Sue Anderson, Jayne Francis, Andrew Hardie, Kath Hartley and Karen McCarthy

Also Present:

Jo Carney, Associate Director, Joint Mental Health Commissioning Team, CrossCity CCG

Gemma Coldicott, Senior External Communications Manager, NHS Birmingham Cross City Clinical Commissioning Group

Dr Andrew Coward, Chair, Birmingham South Central CCG

Tom Howell, Senior Strategic Mental Health Commissioner, Joint Commissioning Team

Rhod Mitchell, Chair, Birmingham and Solihull Health Commissioning Board

Natalie Penrose, NHS England

Diane Reeves, Chief Accountable Officer, South Central CCG

Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG

Dario Silvestro, Commissioning Manager, Mental Health Joint Commissioning Team

Amanda Simcox, Scrutiny Officer

Emma Williamson, Head of Scrutiny Services

1. NOTICE OF RECORDING

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

2. APPOINTMENT OF COMMITTEE AND CHAIR

RESOLVED:

- Noted the resolution of the City Council appointing the Committee, Chair and Members to serve on the Committee for the period ending with the Annual Meeting.

3. ELECTION OF DEPUTY CHAIR

RESOLVED:

- Councillor Andrew Hardie elected as Deputy Chair to substitute for the Chair if absent.

4. APOLOGIES

Apologies were submitted on behalf of Councillors: Mick Brown, Simon Jevon, Eva Phillips and Sharon Thompson.

5. ACTION NOTES/ISSUES ARISING

RESOLVED:

- The action notes of the meeting held on 25th April 2017 were noted.

6. DECLARATIONS OF INTERESTS

Members were reminded that they must declare all relevant interests relating to any items of business to be discussed at the meeting. Councillor Andrew Hardie declared an interest as a registered GP working as a locum in Birmingham.

7. TERMS OF REFERENCE

RESOLVED:

- Noted the Committee's terms of reference.

8. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEES - APPOINTMENTS

RESOLVED:

- Agreed the appointments to the Joint Health Overview and Scrutiny Committees including Councillor John Cotton as Joint Chair:
 - Birmingham and Sandwell (5 Members):
 - Labour: Cllrs: John Cotton, Jayne Francis & Kath Hartley
 - Conservative: Councillor Deirdre Alden
 - Lib Dem: Councillor Sue Anderson
 - Birmingham and Solihull (7 Members):
 - Labour: Cllrs: John Cotton, Mick Brown, Uzma Ahmed, Sharon Thompson & 1 vacancy
 - Conservative: Cllrs: Andrew Hardie and Simon Jevon

9. DATES OF MEETINGS

RESOLVED:

- (A) Noted the schedule of dates for meetings during 2017/18.
- (B) Approved Tuesday's at 1000 hours as a suitable day and time each week for any additional meetings required to consider 'request for call in' which may be lodged in respect of Executive decisions.

10. CLINICAL COMMISSIONING GROUP TRANSITION UPDATE

Gemma Coldicott, Senior External Communications Manager, NHS Birmingham Cross City Clinical Commissioning Group; Dr Andrew Coward, Chair, Birmingham South Central CCG; Rhod Mitchell, Chair, Birmingham and Solihull Health Commissioning Board and Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG and Diane Reeves, Chief Accountable Officer, South Central CCG presented the item.

RESOLVED:

- The consultation and any associated paperwork to be sent to the committee before the consultation begins on 10th July 2017.
- Feedback on the consultation to be presented to the committee.
- Further report regarding commissioning arrangements and Accountable Care Organisations to be added to the work programme.

11. MENTAL HEALTH RECOVERY AND EMPLOYMENT CONSULTATION

Jo Carney, Associate Director, Joint Mental Health Commissioning Team, CrossCity CCG; Tom Howell, Senior Strategic Mental Health Commissioner and Dario Silvestro, Commissioning Manager, Mental Health Joint Commissioning Team presented the item.

RESOLVED:

- Noted and requested a further report regarding the outcome of the procurement process.

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

None

13. OTHER URGENT BUSINESS

Councillor Deirdre Alden submitted her apologies for the next committee meeting and requested reasons as to why the committee were not informed that Good Hope Hospital would not be continuing to provide planned C-sections, as was reported in the media. Also, if the committee retained the environment remit then the proposed strike in the waste service will need to be included in the work programme. The Chair was hopeful that the constitution would be amended with the environment remit being included within another O&S Committee at the July City Council meeting.

Cllrs Andrew Hardie and Kath Hartley raised issues with regards to council owned and private multi-storey flats in the wake of the Grenfell Tower fire in London. It was suggested that the Birmingham, Sandwell and Solihull Housing O&S Committees could be requested to explore this further.

14. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED:

- That in an urgent situation between meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

The meeting ended at 11.40 hours.

Forward Thinking Birmingham: One Year On

Elaine Kirwan
Associate Director of Nursing

Our Vision

**To be the first city where
mental health problems are
not a barrier to children,
young people and young
adults achieving their dreams.**



The care model



Operational figures

April 2016 – May 2017



46,365 calls



50% of
referrals
were made
via GPs



Total
referrals



4% were
referred to
crisis



Highlights of our first year



Key achievements

- Seven-day-a-week Access Centre in place, receiving around 3,000-4,000 calls per month
- 24/7 Urgent Care pathway in place
- Intensive Outreach Eating Disorder Service
- New Talking Therapies (IAPT) service for 14-25s
- Electronic patient record system in place with mobile devices rolled out to clinical staff enabling mobile working
- Partnership working with key stakeholders to refine pathways
- CYPYA engagement programme in place



Key challenges

- Workforce recruitment – challenging across the country
- High demand for inpatient beds and out of area admissions
- Implementation of new clinical model while continuing to operate services – organisational development resource and robust development in place
- Estates – some areas not to the standard we would like for our children, young people and families. Alternative options under review



Feedback – key themes and actions

- Communication – issues contacting community hubs, delays with patient letters
 - New phone system in hubs with call waiting
 - Review of admin systems and technology to aid patient communication
- Access to treatment
 - On-going monitoring of waiting times
 - Additional clinics for ADHD pathway
 - Actions to reduce waits for core services (see later slide)
- Support for specific groups
 - Developing service offered to local student population
 - Setting up family and carers' forum



Waiting times

Meeting and exceeding waiting time targets in a number of areas:

- 71% of children and young people accessing NICE compliant treatment of Eating Disorders within four weeks (target 70%)
- 60% of young adults accessing NICE compliant treatment for first episode Psychosis within two weeks (target 50%)
- 96% of over 16s accessing Improving Access to Psychological Therapies (IAPT) programme within six weeks (target 75%)
- Seven-day access to early intervention and support for emotional wellbeing via our Pause drop-in service



Waiting times

Activity to minimise waiting times for non-emergency core pathways includes:

- Review of capacity in line with the Choice and Partnership Approach (CAPA) and year one referral figures
- Managing overall capacity to ensure the right service is being offered at the right time and that patients are supported in the least restrictive setting

Urgent Care

- 24 hour senior leadership within the Crisis team
- Policy and processes developed to reduce length of inpatient stays and aid repatriation – accommodation liaison worker appointed
- Systems Strategy Board has reviewed urgent care systems following a commissioned review of the Birmingham-wide urgent care system
- Operations group set up to work collaboratively with Birmingham City Council, Clinical Support Unit, West Midlands Police, acute trusts, NHS England, local Clinical Commissioning Groups and Birmingham and Solihull Mental Health Foundation Trust (BSMHFT)
- Developing a collaborative pathway with BSMHFT and Birmingham City Council



What next?

- Creation of Workforce Transformation and Innovation hub at Pause
- Family and Care strategy – strengthening families
- Partnership work with schools/third sector and Local Authority
- Development of specialist perinatal mental health pathway
- On-going development of digital resources
- Research strategy in relation to future innovation
- Integration into the consultation and future homelessness strategy

Report to:	Health, Wellbeing and the Environment
Date:	18th July 2017
TITLE:	PROPOSALS FOR THE USE OF THE IMPROVED BETTER CARE FUND (iBCF)
Organisation	Birmingham City Council
Presenting Officer	Margaret Ashton-Gray

1. Purpose:

- 1.1. To outline and seek approval for the proposed use of the iBCF allocation 2017/18 (Appendix 1).

2. Implications:

BHWB Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation

It is recommended that the Board:

- 3.1 Supports and approves the proposals (outlined in Appendix 1, section 4.5)
- 3.2 Receives the implementation plan at a future meeting

4. Background

- 4.1 Through the 2017 Spring budget a significant amount of additional non-recurrent funding was made available to Councils in order to support adult social care over three years. For Birmingham, this represents a £27m in 2017/18, £16m in 2018/19 and £8m in 2019/20.
- 4.2 This additional funding is the start of the national response to a widely acknowledged crisis in social care and is recognised as being only a partial and short term 'fix' for sustained funding cuts. The funds are to be combined with the existing BCF commitment which, taken together, now represents the Improved Better Care Fund (iBCF).
- 4.3 Whilst the planning guidance is yet to be confirmed, the published policy framework outlines that the intended use of the iBCF across three priority areas;
- to meet adult social care need,
 - to provide support to the NHS (especially through application of the 8 High Impact Changes),
 - and to sustain the social care provider market.
- 4.4 Working with partners (through the BCF Executive) the attached report (Appendix 1) has been developed and provides outline proposals against the three priority areas outlined above. Following approval, a detailed project plan will be completed.

5. Compliance Issues

5.1 Strategy Implications

Health and Wellbeing Board priorities

Vulnerable people:

- Improve the wellbeing of vulnerable people
- Older people to remain independent, reducing hospital admissions

System resilience

- Common NHS and Local Authority approaches: The iBCF still remains as one of the mandatory national policies for the integration of health and social care
- Greater focus on prevention and early intervention
- Greater focus on asset based approach
- Greater focus on the contribution of communities and the third sector

5.2 Governance & Delivery

- Delivery plan will be shared with the H&WBB and regularly reported on
- BCF Commissioning Executive Board will oversee delivery with links to
- A&E delivery group and BSol STP Board

5.3 Management Responsibility

- Feedback to the H&WB Board through Greame Betts
- Delivery programme oversight through Louise Collett, Service Director, Commissioning through to the BCF Commissioning Executive

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
The wellbeing of vulnerable people decreasing	3	3	
Less older people remain independent, hospital admissions increase	3	4	
Decreased system Resilience and stability	3	4	

Appendices

Improved Better Care Fund (iBCF): Birmingham Proposals, May 2017

Signatures

**Chair of Health & Wellbeing Board
(Councillor Hamilton)**

Date:

The following people have been involved in the preparation of this board paper:

Louise Collett
John Denley

Improved Better Care Fund (iBCF): Birmingham Proposals June 2017



1. Introduction

- 1.1. Through the 2017 Spring budget a significant amount of additional non-recurrent funding was made available to Councils in order to support adult social care over three years. For Birmingham, this represents a £27m in 2017/18, £16m in 2018/19 and £8m in 2019/20.
- 1.2. This additional funding is the start of the national response to a widely acknowledged crisis in social care and is recognised as being only a partial and short term 'fix' for sustained funding cuts. The funds are to be combined with the existing BCF commitment (See table 1) which, taken together, now represents the Improved Better Care Fund (iBCF).

Table 1. Improved Better Care resource for Birmingham

	2017/18	2018/19	2019/20
BCF Commitment (Better Care Grant)	£6.7m	£31.3m	£52.4m
Spring Budget 2017	£27.0m	£16.0m	£7.9m

- 1.3. The iBCF provides an opportunity to bring some much needed stability across the Health and Social Care system in Birmingham, creating a firm platform for transformation which will focus on improving the health and wellbeing of the city's adults and older people.
- 1.4. This paper outlines proposals for the allocation of this resource that will deliver improved outcomes for citizens; help to alleviate key system pressures and also compliment/add value to current plans.

2. Background

- 2.1. The additional funding is significantly different to the initial Better Care Fund (BCF). This is because when the initial BCF was introduced in 2015/16 it comprised largely of redirected resource from existing NHS budgets. The Kings Fund described the initial approach as 'robbing Peter to pay Paul'¹, citing the arrangement as a principle cause of tension in partnership arrangements at local level between the NHS and Local Authorities² rather than the intended purpose of promoting partnership and integration.
- 2.2. The iBCF sets a different tone, and whilst the planning guidance is yet to be confirmed, the associated policy framework for the iBCF³ does help create better conditions for the promotion of partnership working and integration. The policy framework outlines intended use of the iBCF across three priority areas;
 - to meet adult social care need,
 - to provide support to the NHS (especially through application of the 8 High Impact Changes),

¹ What now for social care. Kinds Fund, December 2016. <https://www.kingsfund.org.uk/blog/2016/12/what-now-social-care>

² Allocating social care funds: difficult decisions ahead, Kings Fund, April 2017 <https://www.kingsfund.org.uk/blog/2017/04/allocating-social-care-funds>

³ Integration and Better Care Fund Policy Framework 2017 to 2019 <https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>

- and to sustain the social care provider market.

2.3. The iBCF still remains as one of the mandatory national policies for the integration of health and social care and this will need to be reflected in decision-making processes, although the decision making relating to the iBCF is no longer subject to the NHS assurance arrangements for the main BCF.

3. Our approach

- 3.1. Similar to other areas of the country, the initial BCF programme has not had the impact that was initially hoped for. The reasons were well documented.^{3,4} These reasons seem to have been heard nationally with the iBCF having added flexibility to the conditions for its use. This offers an opportunity to consider and tackle the broader influences on the outcomes we are trying to improve. For example, considering prevention and early intervention and helping local communities to flourish.
- 3.2. In addition, the iBCF has been introduced at a time of significant change within the NHS with the introduction of Sustainability and Transformation Partnerships and consideration of an ‘accountable care approach’. The iBCF is set within this context and provides additional opportunity to ensure that the stabilisation and transformation is at a system level.
- 3.3. We also know where improvements at a population and system level need to be made. For example, the quality and outcomes of Birmingham’s Adult Social Care system (which reflects how health, social care and wider support is joined up) is poor. Birmingham is ranked in the bottom 3% in the country and has been for over 5 years. Progress made against key contributory indicators such as the reducing rates of emergency admissions and reducing Delayed Transfers of Care (DTOC) have not matched expectation; too many citizens still lose their independence and live in residential/nursing settings and the quality of care provided in those settings varies; the quality of care and support in the community again varies too much; and those families, friends and communities that care for those who need support often need better support themselves.
- 3.4. We are therefore proposing to refresh our approach through the iBCF to ensure the maximum improvements in outcomes are achieved for the people of Birmingham; and to get best value for ‘the Birmingham £’. To achieve this, the iBCF governance will be reviewed to ensure a single voice and a unified strategic commissioning approach as a platform for stabilising the current system and fostering a joint approach to transforming the current adult health and social care system in Birmingham.

4 Focus on Outcomes

- 4.1. Our ambition is to ensure all Birmingham citizens live a good quality life. We will contribute to this by enabling citizens to live independently, and contribute to their community for as long as possible, and, if citizens need care and support to do so, we will ensure it is of high quality, and their experience of the Birmingham health and social care system is good.

⁴ Public Account Committee <https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news-parliament-2015/integrating-health-social-care-report-published-16-17/>

- 4.2. The ambition fits with the initial collective vision of the Birmingham BCF which was developed with the Experts By Experience - based around the 'Think Local, Act Personal' initiative:

By 2019 in Birmingham we will have integrated health and social care so that:

- The most vulnerable people are identified and supported to improve their health and wellbeing
- We improve the resilience of our health and care system
- We manage crises better only utilising hospitals and long term residential care when needed
- We support people to stay in control and at home for as long as possible
- We support people to effectively manage their conditions themselves but easily get help when they need it
- We support people to remain as active members of their communities for as long as possible
- We support communities to help their members to be healthy and well for as long as possible"

- 4.3. Improvements in key health and wellbeing outcomes for adults and older people will provide the evidence that we are achieving our ambition. These outcomes are well established and are outlined three key documents; Public Health Outcomes Framework⁵ (in particular the Healthcare Public Health section), the NHS Outcomes Framework⁶ and The Adult Social Care Outcomes Framework (ASCOF).

- 4.4. To keep a focus on the outcomes, we will put in place a performance framework which will ensure clear links between proposals for each of the three iBCF priority areas, the actions undertaken and the impact on outcomes .

- 4.5. The iBCF proposals for Birmingham are outlined below in Table 2.

Table 2. Initial proposals for the application of iBCF in Birmingham

Area 1: To meet adult social care need		
Proposal	Rationale	Indicative Investment 17/18 (£m)
<ul style="list-style-type: none"> • Support communities and community based organisations to develop offers that support diversion and avoidance from social care services. 	<ul style="list-style-type: none"> • Represents a focused commitment to preventing and delaying need • Supports the revised 'offer' and approach to an asset based model. • Also linked to draft BCC Commissioning Strategy for Adult Social Care. 	£8.85m (32.8%)
<ul style="list-style-type: none"> • Policy decision to channel shift all Carers assessments to community based Carers Hub, with associated support embedded within communities. 	<ul style="list-style-type: none"> • Focusing on support being provided through the community, by the community. • Assessments will be undertaken through the 3rd sector with appropriate governance and safeguarding arrangements. • Reduced reliance on social workers/ACAP to undertake assessments 	

⁵ Public Health Outcomes Framework <http://www.phoutcomes.info/>

⁶ NHS Outcomes Framework indicators - Feb 2017 release <https://www.gov.uk/government/statistics/nhs-outcomes-framework-indicators-feb-2017-release>

<ul style="list-style-type: none"> Develop a more citizen centred approach to social work which develops the community model and alleviates some of the pressure in the health economy 	<ul style="list-style-type: none"> Creating support networks within communities Reduces demand and increasing the use of community, family and individual resilience. 	
<ul style="list-style-type: none"> Reconfiguration of enablement services that focus on those with the greatest reablement potential and align care pathways for both community and out of hospital care 	<ul style="list-style-type: none"> Would align to revised out of hospital pathways, support DTOC and reducing demand for ASC Reprofile current savings to allow transformation across the wider system on a targeted basis. 	

Area 2: To provide support to the NHS (especially through application of the 8 High Impact Changes)

Proposal	Rationale	Indicative Investment 17/18 (£m)
<ul style="list-style-type: none"> Review of hospital social worker allocation to ensure sufficient resource is available to meet demand. 	<ul style="list-style-type: none"> Supports better patient flows through the system Will provide great link with community development model of social care Bridged funding gap in current provision 	£9.10m (33.7%)
<ul style="list-style-type: none"> Review effectiveness, impact and scalability of the current Home from Hospital commissioned service as part of wider system 	<ul style="list-style-type: none"> Supports earlier discharge from hospital Provides lower end support to help people settle back at home after a hospital stay. Potential to scale up (through an agreed commissioned process) across the city 	
<ul style="list-style-type: none"> Fund existing EAB funding gap to ensure current EAB levels are maintained sustained in the short term to enable longer term view 	<ul style="list-style-type: none"> Provides system stability and a commitment to review This would allow the necessary transformation to take place in the out of hospital pathways whilst maintaining current capacity. 	
<ul style="list-style-type: none"> Develop a model of trusted assessors with providers to allow single assessment to take place 	<ul style="list-style-type: none"> Channel shift and reduce pressure on social work service. Potentially efficiencies across health, social care and independent provider market with single assessment, speed of discharge and placement. 	
<ul style="list-style-type: none"> Develop and implement a permanent integrated 7-day social work, brokerage and Emergency Duty Team (EDT) 	<ul style="list-style-type: none"> Support DTOC, Discharge Hubs provide sustainable cover for evenings and weekend services for the vulnerable in our society Existing business case has already been developed for social work elements but would need to be reviewed to include the cost of brokerage and EDT services. 	
<ul style="list-style-type: none"> Development of a structure for Adult Social Care that places social workers and OTs at the 'front door' of acute settings to support diversion from hospital 	<ul style="list-style-type: none"> the ADAPT model has successfully been rolled out at one of the acute providers and had diverted demand so is seen as a proven solution There is already an evidence base for this developing at City Hospital 	

<ul style="list-style-type: none"> Consider hospital social work support extending to cover under 65's in relevant hospital settings 	<ul style="list-style-type: none"> an invest to save type model, as investment in the Shared Lives services will result in savings in the long term This has some link to Transforming Care programme (TCP) 	
<ul style="list-style-type: none"> Supporting system change / diagnostic (Newton) 	<ul style="list-style-type: none"> Review of Out of Hospital system to inform transformation and improvement 	

Area 3: To sustain the social care provider market.

Proposal	Rationale	Indicative Investment 17/18 (£m)
<ul style="list-style-type: none"> Accelerate and bring forward the implementation of the new adult social care framework 	<ul style="list-style-type: none"> Greater stability to the market Better quality of services provided for citizens Reduced variation in quality Better value for Birmingham £ Attracts quality providers to work with Birmingham 	£9.05m (33.5%)
<ul style="list-style-type: none"> Commission an 'Experts by experience/ peer review' function to assist targeted monitoring of quality and safeguarding issues in the care sector. 	<ul style="list-style-type: none"> Supports an increased focus on quality and outcomes Greater transparency Increased safeguarding 	
<ul style="list-style-type: none"> Additional staff capacity to deliver the required changes at increased pace 	<ul style="list-style-type: none"> Infrastructure costs to implement the changes required in the form of additional capacity 	
<ul style="list-style-type: none"> Agree to pay 1 year of CQC registration fees for Gold rated care providers 	<ul style="list-style-type: none"> Incentivises high quality care provision and clear commitment from BCC about care quality will assist in driving up quality 	
<ul style="list-style-type: none"> Purchase additional capacity in the care market 	<ul style="list-style-type: none"> Aligns to new out of hospital pathways, would enable commissioning of long term nursing dementia capacity which is linked to over 53% of DTOC at present. 	
<ul style="list-style-type: none"> Accelerate the uptake take up Integrated Personal Commissioning (IPC) 	<ul style="list-style-type: none"> Increase and accelerate the current IPC programme (Mental Health and LD) Initiate frailty and children's disability workstream. Potential impact upon urgent care as well as long term care. 	

5 Next Steps

- 5.1. The proposals outlined will be further developed jointly with our partners via the refreshed BCF Commissioning Executive, and shared with key partners and forums for comment and endorsement. Final sign off will be through the Birmingham Health & Wellbeing Board.
- 5.2. Detailed delivery plans will be developed to support the expectation of delivery and spend in year. These will be undertaken jointly where relevant.

Adults Council Vision Scorecard 2017/18 - Month 2

Performance Indicator		Frequency	Target	Period Target	Current Period	Prev Period	Status	DOT	Commentary
Scorecard									
1	Uptake of Direct Payments	Monthly	TREND	TREND	21.9%	21.4%	G	↑	8270 clients received a service that was eligible for some form of Self Directed Support on the last day of May, of which 1813 (21.9%) received this as a Direct Payment – with 35.5% of Younger Adults receiving a Direct Payment compared to 12.9% of Older Adults. This exceeds April’s result of 21.6%. Overall numbers of direct payments have increased over the last 12 months, up from 1562. Weekly reports continue to be produced, with targets set for all areas and teams, and the Direct Payments group continues to look at all aspects of this service to improve the proportions in line with the new offer.
2	The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND	TREND	69.9%	69.5%	G	↑	
3	The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	75%	TBC	TBC	TBC	N/A	This is a quarterly measue. Data is avialible 5 to 6 weeks after the quarter end

Adults Care and Health Service Scorecard 2017/18 - Month 2

Performance Indicator	Frequency	Target	Period Target	Current Period	Prev Period	Status	DOT
Uptake of Direct Payments	Monthly	25.0%	21.7%	21.9%	21.4%	G	↑
The percentage of people who receive Adult Social Care in their own home.	Monthly	TREND INCREASE	TREND INCREASE	69.9%	69.5%	G	↑
The number of people who have Shared Lives	Monthly	78	73	74	74	G	=
The proportion of Community Assessments completed within 28 days of referral.	Monthly	75%	22.1%	16.8%	21.4%	R	↓
Delayed transfers of care from hospital per 100,000 population (ASCOF 2ci)	Monthly	17.8	TBC	N/A	22.1	TBC	N/A
Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population (ASCOF 2Cii)	Monthly	10.4	TBC	N/A	14.4	TBC	N/A
The proportion of clients receiving Residential, Nursing or Home Care from a provider that is rated as Good	Quarterly	75%	75%	TBC	TBC	TBC	N/A
Percentage of concluded Safeguarding enquiries where the individual or representative was asked what their desired outcomes were	Monthly	85%	85%	74.8%	82.8%	R	↓
Percentage of Safeguarding Cases audited judged as Good	Quarterly	90%	90%	TBC	TBC	TBC	N/A
Proportion of contacts progressed to 2nd response who are referred for an assessment / enablement	Monthly	50%	50%	54.6%	47.4%	G	↑
The proportion of clients reviewed, reassessed or assessed within 12 months.	Monthly	80%	76.3%	75.6%	75.9%	R	↓
Proportion of women receiving a home visit after delivery	Quarterly	90%	90.0%	TBC	TBC	TBC	N/A
Proportion of eligible population receiving a NHS Health Check	Quarterly	10%	2.5%	TBC	TBC	TBC	N/A
Rate of positive Chlamydia screens	Quarterly	2300	2300	TBC	TBC	TBC	N/A
Number of smoking quitters at 12 weeks	Quarterly	670	168	TBC	TBC	TBC	N/A
Drugs users who are in full time employment for 10 working days following or upon discharge	Quarterly	30%	30.0%	TBC	TBC	TBC	N/A
Children under 5 attending Wellbeing Service	Quarterly	54000	13500	TBC	TBC	TBC	N/A
People over 70 attending Wellbeing Service	Quarterly	78000	19500.0	TBC	TBC	TBC	N/A



20 th June 2017	Informal Session Briefings and Background Documents	<p>Carol Herity, Associate Director of Partnerships / Gemma Coldicott, Senior External Communications & 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 & Prioritisation, Commissioning Centre for Excellence</p>
18 th 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"> Adults Service Scorecard 2017/18 – Month 2 	<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 & Prioritisation, Commissioning Centre for Excellence</p>
19 th September 2017	<p>Birmingham Adult Safeguarding Annual Report 2015-17</p> <p>Birmingham Substance Misuse Recovery System (CGL)</p>	<p>Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board</p> <p>Max Vaughan, Head of Service, Universal and Prevention</p>



19 th September 2017	<p>Adult Social Care Performance</p> <ul style="list-style-type: none"> • Service Users Survey • Carers Survey • Delayed Transfers of Care (dashboard) <p>Report back on outcomes of proposed CCG merger consultation</p>	<p>Mike Walsh, Head of Service – Intelligence, Strategy & Prioritisation, Commissioning Centre for Excellence</p> <p>TBC</p>
17 th October 2017	<p>Tracking of the 'Tackling Childhood Obesity in Birmingham' Inquiry</p> <p>Tracking of the 'Living Life to the full with Dementia' Inquiry</p>	<p>Andrea Walker-Kay, Senior Officer Public Health</p> <p>Mary Latter, Joint Commissioning Manager Dementia</p>
21 st November 2017		
19 th December 2017		
23 rd January 2017		
20 th February 2017		
20 th March 2017		
24 th April 2017		



Items to be scheduled in Work Programme

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



Joint Birmingham & Sandwell Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Deirdre Alden, Sue Anderson, Jayne Francis and Kath Hartley	
Meeting Date	Key Topics	Contacts
12 th July @ 2.00pm in Sandwell	<ul style="list-style-type: none"> Prescriptions and Medicines Consultation 	Dr Gwyn Harris, Clinical Lead for Medicines Quality; Liz Walker, Head of Medicines Quality, SWBCCG
TBA	<ul style="list-style-type: none"> Update Report on the Midland Metropolitan Hospital <p>Commissioning New Models of Care</p> <ul style="list-style-type: none"> Evaluation of the outcomes analysis on modality work Outcome of the Engagement Process 	<p>Alan Kenny, Director of Estates and New Hospitals, Sandwell and West Birmingham Hospitals</p> <p>Angela Poulton, Programme Director, SWBCCG</p> <p>Jayne Salter-Scott, Head of Engagement, SWBCCG</p>



Joint Birmingham & Solihull Health Scrutiny Committee Work		
Members	Cllrs John Cotton, Uzma Ahmed, Mick Brown, Andrew Hardie, Simon Jevon, Sharon Thompson and 1 vacancy	
Meeting Date	Key Topics	Contacts
27 th July at 5.00pm in Birmingham	<ul style="list-style-type: none"> University Hospital Birmingham/HoEFT Merger Birmingham and Solihull CCGs: Proposed Merger Update:- <ul style="list-style-type: none"> Risk Register for the merger Transparency and clarity around the budget implications for Birmingham and Solihull 	<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>
21 st August at 6.00pm in Solihull	<ul style="list-style-type: none"> Birmingham and Solihull CCGs Proposed Transition Post Consultation Outcomes Birmingham and Solihull Mental Health Trust performance and planned service changes – feedback from CQC Inspection 	Paul Sherriff, Director of Operations and Corporate Development, Birmingham CrossCity CCG
TBA	<ul style="list-style-type: none"> NHS Procedures of Lower Clinical Value – next suite of indicators Sustainability & Transformation Plan Update:- <ul style="list-style-type: none"> Public engagement and involvement Multi-Speciality Providers Governance and leadership 	



CHAIR & COMMITTEE VISITS

Date	Organisation	Contact
TBA	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

INQUIRY:

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

Councillor Call for Action requests

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

Item no.	Item Name	Portfolio	Proposed date
002820/2016	Personal Budget Allocation System	Health & Social Care	25 Jul 17
003259/2017	Birmingham Domestic Abuse Prevention Strategy 2017-2020	Health & Social Care	17 Oct 17
003467/2017	MIA – Internal Care Reviews – Care Centres	Health & Social Care	27 Jun 17
003697/2017	Budget Savings Application to the Supporting People Contracts and Third Sector Grant funded Organisations	Health & Social Care	27 Jun 17

