

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 20 DECEMBER 2022 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 Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 APOLOGIES

To receive any apologies.

3 DECLARATIONS OF INTERESTS

Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If other registerable interests are declared a Member may speak on the matter only if members of the public are allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If it is a 'sensitive interest', Members do not have to disclose the nature of the interest, just that they have an interest.

Information on the Local Government Association's Model Councillor Code of Conduct is set out via <http://bit.ly/3WtGQnN>. This includes, at Appendix 1, an interests flowchart which provides a simple guide to declaring interests at meetings.

- 5 - 10**
- 4 **ACTION NOTES/MATTERS ARISING**
- To confirm the action notes of the meeting held on 22nd November 2022.
(1000-1005hrs)
- 11 - 24**
- 5 **BIRMINGHAM AND LEWISHAM AFRICAN CARIBBEAN HEALTH INEQUALITIES REVIEW (BLACHIR) PROGRESS UPDATE**
- Councillor Mariam Khan, Cabinet Member for Health and Social Care,
Deputy Chair of the BLACHIR Implementation Board.
Monika Rozanski, Service Lead - Inequalities Public Health
(1005-1050hrs)
- 25 - 58**
- 6 **BIRMINGHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021-22**
- Dr Carolyn Kus, Independent Chair of the Birmingham Safeguarding Adults Board (BSAB) and Asif Manzoor, Business Manager, BSAB.
(1050-1130hrs)
- 59 - 78**
- 7 **ADULT SOCIAL CARE QUARTERLY PERFORMANCE REPORT**
- Maria Gavin, Assistant Director Adult Social Care
(1130-1155hrs)
- 79 - 98**
- 8 **WORK PROGRAMME - DECEMBER 2022**
- For discussion
(1155-1200hrs)
- 9 **DATE AND TIME OF NEXT MEETING**
- To note that the next meeting is scheduled for Tuesday 24th January 2023 at 10.00am.
- 10 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**
- To consider any request for call in/councillor call for action/petitions (if received).
- 11 **OTHER URGENT BUSINESS**
- To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

12 **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
PUBLIC MEETING

**Tuesday 22 November 2022. Committee Rooms 3 & 4, Council House,
Victoria Square**

Action Notes

Present

Councillor Mick Brown (Chair)

Councillors: Kath Hartley, Jane Jones, Gareth Moore, Rob Pocock, Julian Pritchard and Paul Tilsley.

Also Present:

Chris Baggott, Service Lead, Partnerships, Insight and Prevention, Public Health.

Karl Beese, Commissioning Manager, Adults Public Health.

Fiona Bottrill, Senior Overview and Scrutiny Manager.

Suzanne Cleary, Chief Officer – Strategy & Partnerships, Birmingham Community Healthcare NHSFT (seconded as Senior Responsible Officer for the Ten-Year Strategy Engagement Programme).

David Lewis, Director, CGL.

Sue Longden, Deputy Director, Public Health (joined the meeting online)

Victoria Loveridge, Head of Services, CGL Birmingham.

David Melbourne, Chief Executive, Birmingham and Solihull Integrated Care Board.

Gail Sadler, Scrutiny Officer (joined the meeting online)

1. NOTICE OF RECORDING/WEBCAST

The Chair advised that the meeting would be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public could record and take photographs except where there were confidential or exempt items.

2. APOLOGIES

None

3. DECLARATIONS OF INTEREST

Councillor Gareth Moore declared is a Trustee of Birmingham LGBT which provides health services.

4. ACTION NOTES/MATTERS ARISING

Actions from 19 July informal meeting

Q4 Adult Social Care Performance Monitoring Report

Andrew Marsh agreed to try to obtain the information for a suggested new indicator which measures the length of time from when someone is discharged to assess from hospital and the wait before a care package is in place and would let Scrutiny Officer(s) know how this was being progressed.

Members were informed that an informal briefing session with Andrew Marsh had taken place on 15th November to discuss the matter. A further informal briefing session will be organised with Andrew and a representative from University Hospitals Birmingham NHS Foundation Trust.

Actions from 20 September meeting:

Tackling Period Poverty and Raising Period Awareness Tracking Report:

- In response to the issue of girls being absent from school during menstruation, the Education and Children's Social Care O&S Committee have agreed to include this in the work programme and the focus of the report will be on the learning/good practice that has been identified and how this is being shared with schools across the city.
- Monika Rozanski to provide a breakdown of male and female staff who attended the event at George Dixon Academy. This information was circulated to members of the committee on 9th November 2022.

A response and further information were circulated to committee members on 9th November 2022.

Actions from 18 October meeting:

Forward Thinking Birmingham

Further information on the age/distance of young people being placed out of area and the trajectory for reducing that and the number of weeks a patient waits before treatment was circulated to members on 25th October. As a consequence, more detailed information was requested on 8th November 2022.

Members agreed that this agenda item needed further consideration and it was suggested that this should be taken forward by the Children and Young People's Mental Health Task and Finish Group.

An Update on Futures Arrangements for Adult Social Care Performance Monitoring

Merryn Tate to provide a table that depicts the alleged type of abuse/neglect to the location where it has taken place.

This information was circulated to members of the committee on 21st November 2022.

The action notes of the meeting held on 18th October 2022 were agreed.

5. BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM TEN-YEAR STRATEGY

The committee received a presentation on the Birmingham and Solihull Integrated Care System Ten-Year Strategy from David Melbourne (Chief Executive Officer, Birmingham and Solihull Integrated Care Board), Suzanne Cleary (Chief Officer – Strategy and Partnerships, Birmingham Community Healthcare NHSFT (seconded as Senior Responsible Officer for the Ten-Year Strategy Engagement Programme)) and Sue Longden (Deputy Director, Public Health) and highlighted the following key points:-

- What an Integrated Care System (ICS) is; the organisations included in the ICS and its purpose.
- The different levels within the ICS e.g. one system; two places (Birmingham and Solihull); 5 localities in Birmingham and 1 in Solihull and many neighbourhoods with a population of 30-50,000.
- How the Strategy was developed i.e. building on information that was already known through previous consultation and engagement.
- The vision, objectives, principles and developing new ways of working.
- Metrics on a 5- and 10-year trajectory to evaluate how the Strategy is making a difference to the population of Birmingham and Solihull.

In discussion, and in response to Members' questions, the following were among the main points raised:

- Members felt that the definition of the word 'subsidiarity' needed clarification that, where possible, decisions would be made at a local level first. Also, if decisions are to be made a local level there would need to be resources delegated to that level.
- It is the intention of the ICP to open the democratic accountability, influence, and engagement at a local level. Professor Graeme Betts chairs the Place Board to make sure that below the structure of the Place Board there is a structure that best meets the City Council and the citizens of Birmingham. The Place Board has the ability to determine where to invest at a local level.
- That the role of the ICS is as a contributor towards the wider determinants of adopting a public health approach to tackling health inequalities.
- Public Health carried out a lot of work on the Joint Strategic Needs Assessment and Community Profiles to inform the Strategy.
- The role of scrutiny is crucial for holding the ICP to account. More work needs to be done to work out what will work best for both HOSCs in Birmingham and Solihull to ensure accountability to scrutiny runs through the whole system. David Melbourne, and members of his Executive Board, would prefer to be accountable to the two individual HOSCs, rather than the

Joint HOSC, as it is at that level where a more focussed discussion can take place.

- Making sure health professionals are aware of wider support that is available to tackle fuel poverty in order to signpost the service users they meet to access all the benefits advice and groups who are able to provide support.
- There is a workforce crisis in the NHS which will be exacerbated in December with the planned industrial strikes. Need to look at future workforce planning because currently reliant on international recruitment.
- Long Covid is not currently identified as a priority but needs to be considered in terms of the Strategy. The Chief Executive of the Royal Orthopaedic Hospital is the lead for developing long Covid services for Birmingham.

RESOLVED:

- That a note is provided on what long-Covid services are available in Birmingham.
- Provide a note on the membership of the ICS Partnership, ICS Board and Place Board.
- A further update to be scheduled on the work programme early in the new year.

6. SUBSTANCE USE: BIRMINGHAM'S ADULT TREATMENT SERVICES

Karl Beese (Commissioning Manager, Adults Public Health); Chris Baggott (Service Lead, Partnerships, Insight and Prevention – Public Health); Victoria Loveridge (Head of Services, CGL Birmingham) and David Lewis (Director CGL) introduced the presentation to provide the committee with an annual report on the performance of the Birmingham Adult Substance Misuse Service which is commissioned by Public Health and delivered by Change, Grow, Live (CGL) and highlighted the following:-

- An overview of the adult substance use service.
- The current position regarding drug and alcohol misuse in Birmingham.
- The Triple Zero City Strategy for substance use for the period 2020-2030.
- Data about the number of people accessing the service; in treatment; and a breakdown of the number of people in each drug category.
- Work that has been undertaken to respond to local need and partnership working.
- Workforce development and expansion.
- Feedback from people who have used the service.
- Members were invited to visit one of the 5 community hubs located across the city.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The Homeless Team did a piece of work, with other providers, to target people who were begging at traffic lights. A significant number of people were accommodated and not rough sleepers and were already in treatment. For those who are not in treatment it's about building trust and encouraging them to seek support. The Community Safety Partnership Team also did a piece of work on traffic light begging.
- Also targeted street drinkers in areas across the city but have now received more funding which will enable further outreach work.
- The correlation between people in treatment and living in houses of multiple occupation (HMOs) could well be a factor but is not an area of work that has been undertaken.
- CGL provide training to HMOs and housing providers on drug awareness and have received referrals from them.
- CGL are part of the Rough Sleeper Initiative which has a multi-agency approach who meet daily to share intelligence. Are aware of a gang culture and some service users are very vulnerable and CGL work with them to empower them to move away from that culture.
- The Triple Zero City Strategy will have focus on prevention and education and what is driving people into the substance misuse environment. There is a focus on prevention and engaging with people earlier on in life e.g. children and young people. The Strategy also mentions joint working with colleagues on the mental health agenda to support people with mental health needs to ensure they do not self-medicate with drugs or alcohol at a later point.
- As part of the re-procurement process and commissioning cycle, there will be a lot of co-production with key partners and mental health will be part of that, based on the national quality standards and linked to the 10-year drugs strategy.

RESOLVED:

- To provide information on the association between people living in HMOs and exempt accommodation and in treatment for drug and alcohol abuse by Wards.
- CGL to provide information regarding the training that has been given to housing providers.

7. WORK PROGRAMME – NOVEMBER 2022

- Scrutiny Officer(s) to circulate the Q1 Adult Social Care Performance Monitoring data.
- The Birmingham/Sandwell Joint HOSC is scheduled to take place on 29th November at 2.00pm in Birmingham.

RESOLVED:

That the work programme be noted.

8. DATE AND TIME OF NEXT MEETING

The date of the next meeting is scheduled to take place on Tuesday 20 December 2022 at 10.00am.

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

None.

10. OTHER URGENT BUSINESS

None.

11. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

The meeting ended at 1213 hours.

Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date: 20 December 2022



Subject: Progress update on the implementation of findings from the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)

Report of: Cllr Mariam Khan, Cabinet Member for Health and Social Care, Deputy Chair of the BLACHIR Implementation Board

Report author: Monika Rozanski, Service Lead – Inequalities, Public Health

1 Purpose

- 1.1 The purpose of this report is to provide an update on the progress with the implementation of the BLACHIR opportunities of action across the health and care system in Birmingham.

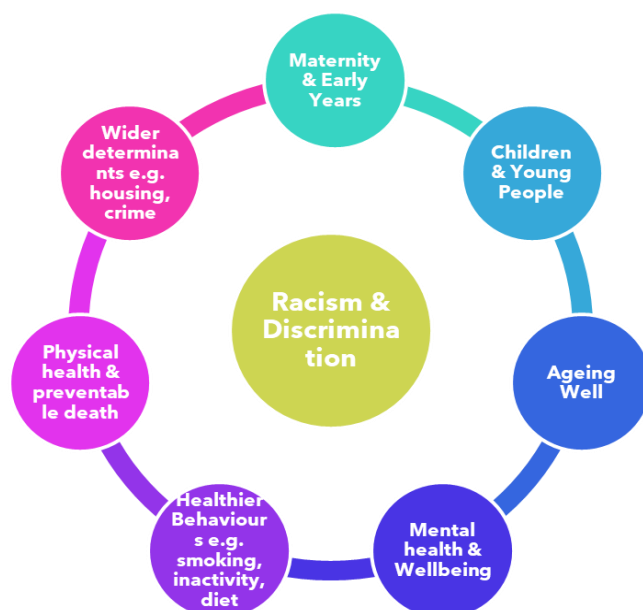
2 Recommendations

- 2.1 The Health and Social Care Overview and Scrutiny Committee are requested to note the report and progress made so far.

3 Background

- 3.1 The Birmingham and Lewisham African & Caribbean Health Inequalities Review (BLACHIR) was launched in 2020 as a partnership between Birmingham and Lewisham to explore and better understand the inequalities affecting African and Caribbean communities in our areas and co-produce with communities opportunities for action to break structural inequalities.
- 3.2 The review used a new approach of mixed methodology working with an external community advisory board and an academic advisory board to examine findings and shape recommendations. It followed a thematic approach to considering health inequalities drawing on the life-course model and the wider determinants of health – see Figure 1.

Figure 1: BLACHIR themed reviews



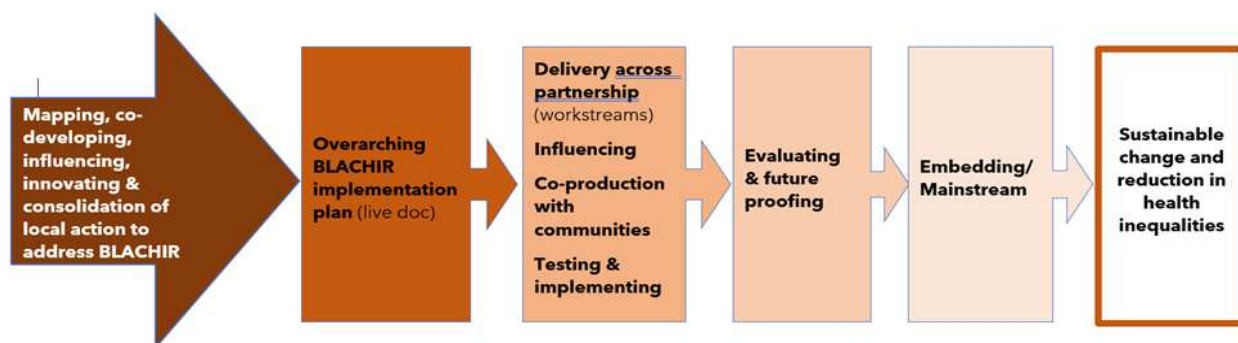
3.3 The final report from the review was published in March 2022 and officially launched at a stakeholder event in June 2022. The report identified 39 specific opportunities for action and highlighted the following key overarching areas:

- 1) Fairness, inclusion and respect: The Review calls to explicitly recognise structural racism and discrimination as drivers of ill health, systematically identify and address discrimination within systems and practices, and ensure community voice is driving this work.
- 2) Trust and transparency: The Review calls for cultural awareness training of health and social care professionals that is trauma informed, values lived experiences and embeds and delivers inclusion in practices and policies.
- 3) Better data: The Review calls to strengthen granular culturally sensitive data collection and analysis.
- 4) Early interventions: The Review calls to develop a clear action plan to provide support at critical life stages to mitigate disadvantage and address the inequalities affecting Black African and Black Caribbean children and young people.
- 5) Health checks and campaigns: The Review calls to promote health checks through public campaigns to increase the uptake of 8 community-based health checks in easy to access locations.
- 6) Healthier behaviours: The Review calls to assess current service provision and health improvement campaigns through a cultural competency lens to improve support and access for Black African and Black Caribbean communities.
- 7) Health literacy: The Review calls to develop targeted programmes on health literacy for Black African and Black Caribbean communities.

4 Progress update

- 4.1 The implementation of the BLACHIR 39 opportunities for action has been ongoing within the Public Health Division and in other service areas since the launch of the BLACHIR Report in early June 2022. An overview of the initiatives taking place is attached in Appendix I.
- 4.2 The implementation phase has been inaugurated at a wider stakeholder and community event on 19 October 2022. The event was attended by approximately 60 delegates from across different parts of the health and wellbeing partnership and community representatives. It involved an introduction of the BLACHIR Implementation Board and the overall programme governance (see Appendix II for the Terms of Reference) as well as co-production of key elements of the overarching implementation plan.
- 4.3 The first stage of the mapping of the Council's and partners' action to implement the BLACHIR findings has been completed. This also includes mapping across the Integrated Care System by the ICS BLACHIR Taskforce. The mapping will inform the overarching implementation plan which is currently in development and will be completed by the end of November 2022.
- 4.4 At the same time, the community engagement partners have started their activity and will be working together to align their activities that will form part of the overarching implementation plan.
- 4.5 The activity continues with the initial focus on developing a shared approach to ensuring cultural competence within services, starting from maternity and non-clinical setting to be confirmed. Improving health screening offer and take up by the Black African and Black Caribbean communities has been identified as the second most important priority that requires co-production across various system partners and the communities. ICS have also been accelerating their work within mental health and maternity services, the latter predominantly through the Local Maternity System's Infant Mortality Taskforce.
- 4.6 The BLACHIR report was also introduced to MPs, relevant government departments' representatives and thinktanks at its parliamentary launch on 20 October 2022 led by Paulette Hamilton, MP (Birmingham) and Janet Daby, MP (Lewisham) and prepared by the review teams in both localities. The event put a spotlight on the review findings and the opportunities for action for changes at the national level.
- 4.7 The first meeting of the BLACHIR Implementation Board took place on 8 November 2022 and involved discussions on the following:
 - Terms of Reference for the group
 - Board membership
 - Progress to date
 - The theory of change and our approach to implementation, including the implementation framework (see Appendix III).
- 4.8 See Figure 2 describing our approach to BLACHIR implementation.

Figure 2: Approach to BLACHIR implementation



- 4.9 The BLACHIRIB partners have been given a timescale before the end of November 2022 to contribute further to the implementation plan, which is a live document (still in development) consolidating plans from all parts of the local system and the activity by the core project team.

5 Planned activity

- 5.1 The following activity is planned to take place in the coming months:

- Further mapping of activity contributing to the implementation and identification of gaps until end of Nov 2022
- Community engagement plan and timeline to be finalised by end of Nov 2022
- Draft overarching implementation plan by end of Nov 2022
- Senior Public Health Officer to drive implementation starting on 5 Dec 2022
- Implementation of opportunities for action continuing.

6 Any Finance Implications

- 6.1 The BLACHIR implementation project is supported through:

- fixed-term dedicated project staff: Public Health Senior Officer (appointed with a start date of 5 December 2022) and a project support graduate post (in post) to the cost of £87,000 pa pro rata funded by Public Health (Inequalities);
- community engagement contracts with African and Caribbean community organisations to support the implementation of the BLACHIR findings and ensure co-production with communities to the total cost of £160,000 until 31 March 2024.

7 Any Legal Implications

- 7.1 None identified.

8 Any Equalities Implications

- 8.1 The BLACHIR project has been developed with an intention to reduce health inequalities affecting our Black African and Black Caribbean populations in the city.

9 Appendices

- 9.1 Appendix I – BLACHIR implementation update (October 2022)
- 9.2 Appendix II – BLACHIR Implementation Board – Terms of Reference (November 2022)
- 9.3 Appendix III – BLACHIR Implementation Framework

BLACHIR IMPLEMENTATION UPDATE FROM BIRMINGHAM

Local Context

Birmingham is home to 8% of the overall African and Caribbean population of England. Over 96,000 Birmingham citizens are from Black African, Black Caribbean and other Black communities. Local and national research shows significant health inequalities are affecting those communities, and Birmingham citizens are particularly vulnerable with 43% of the city population living in LSOAs in the 10% most deprived in England.

Implementation progress (since the launch of the report in June 2022)

- The Birmingham Health and Wellbeing Board endorsed the findings from the review and are actively promoting and driving their implementation across the local health and care system.
- An overarching BLACHIR implementation board has been established to lead on the implementation of all opportunities for action identified by the review. The board has a direct reporting line to the health and wellbeing board.
- The Birmingham and Solihull Integrated Care Board (ICB) established a specific taskforce to progress implementation of the opportunities for action relating specifically to NHS provision. BLACHIR recommendations have been incorporated into the Integrated Care System (ICS) inequalities strategy and action plans. The taskforce will report to the overarching implementation board.
- Three local Black African and Black Caribbean community partner organisations have been engaged to ensure implementation plans and solutions are co-produced with the communities affected by the review and the local voice of lived experience is driving this work. Detailed implementation plans are currently being co-developed and the implementation phase was formally initiated at a wider stakeholder engagement event on 19 October 2022.
- The following initiatives are taking place led by the local public health team:
 - Research to evaluate priority groups as part of targeting resources for tier 2 adult weight management is under way. This initiative is expected to provide evidence for the need to improve weight management literacy among ethnic minority groups and specifically the Black African and Black Caribbean communities.
 - Public health awareness campaigns promoting health literacy around pregnancy, mental health, diabetes and musculoskeletal disease have taken place during the Commonwealth Games focussed on Black communities. These were delivered as part of commonwealth food events celebrating the 10 commonwealth member states cultures and heritage.
 - Culturally diverse healthy eating guides are being developed covering 7 specific regions including African and Caribbean diets. More resources will be created that tailor to specific health and dietary needs, particularly focusing on culturally prevalent health conditions, such as diabetes, high blood pressure.
 - Removal of 'Black' from African and Caribbean ethnicity terms and free text based ethnic self-identification are being piloted in population surveys.
 - Commissioned and published community health profiles for a number of African ethnicities and Caribbean island communities to deepen the system's understanding of the specific issues and drivers of health inequalities affecting those populations.
 - Pilots of targeted interventions to develop the understanding of what works for addressing health needs of African and Caribbean communities, specifically in relation to weight management, mental health awareness and suicide prevention training.

Further information

www.birmingham.gov.uk/blachir

Email: BLACHIR@birmingham.gov.uk

Appendix II

BLACHIR Implementation Board

Terms of Reference

Background

Birmingham City Council and Lewisham Council completed a review of health inequalities affecting the Black African and Black Caribbean communities in Birmingham and Lewisham. The Birmingham and Lewisham African and Caribbean Health Inequalities Review (BLACHIR) has been endorsed by both Lewisham and Birmingham's health and wellbeing boards. The report was published in March 2022. Both Councils are now working with partners in their localities to implement the opportunities for action identified by the review.

1. Purpose

- 1.1 The BLACHIR Implementation Board (BLACHIRIB) is a sub-group of the Creating a City Without Inequality Forum (CCWIF), which is a subcommittee of the Birmingham Health and Wellbeing Board (HWB).
- 1.2 The BLACHIRIB will oversee and lead on the implementation of the opportunities for action identified by the review and co-produce implementation plans, as required. It will mobilise, influence, and work collaboratively with partners and agencies.

2. Objectives

The Board has the following overarching objectives:

- 2.1 To work in collaboration with partners using the 39 opportunities for action from the BLACHIR Report as a framework for effecting the required change.
- 2.2 To develop an overarching implementation plan to progress the BLACHIR opportunities for action.
- 2.3 To review and develop mechanisms for monitoring and reviewing progress against the implementation plan.
- 2.4 To influence partner organisations/partnerships to ensure their commitment, shared responsibility, and accountability towards the focus on the opportunities for action through their policy and decision making, development and redesign of services, practice and working culture development.
- 2.5 To provide an operational direction and assurance for the BLACHIR implementation programme; seek alignment with other work programmes, boards and partnerships relevant to the work.
- 2.6 To ensure an effective engagement programme to support the BLACHIRIB work to co-produce and embed best practice within organisations and communities.

3. Principles

The Board expects all partners to:

- 3.1 Support the aims and objectives of the Board to progress work focused on achieving

tangible outcomes relating to the implementation of the BLACHIR opportunities for action and prevention of further exacerbation of inequalities faced by Black African and Black Caribbean people in Birmingham.

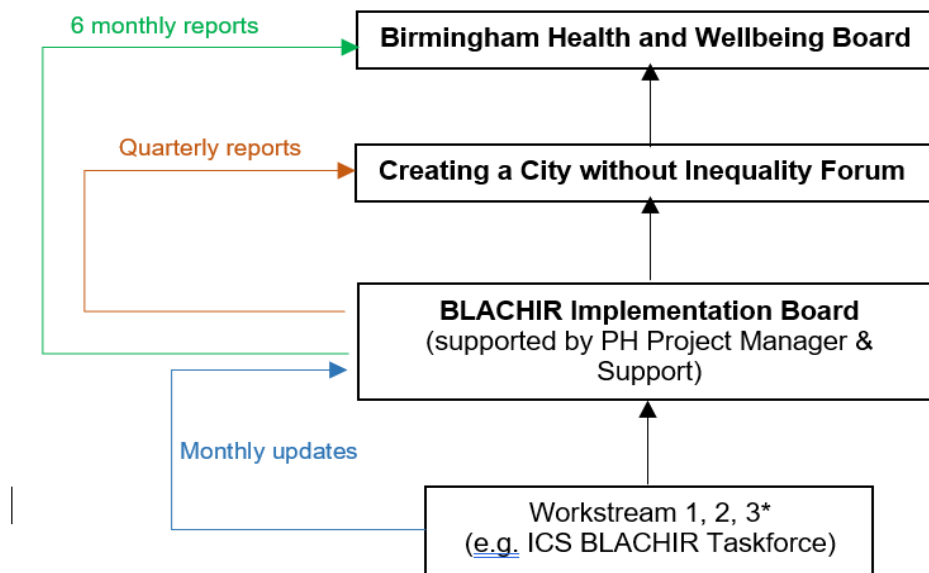
- 3.2 Consult and/or inform the Board of organisational changes (including any changes in representation) that may impact on collective working.
- 3.3 Follow and work within the performance management framework to review and monitor progress as agreed by CCWIF.
- 3.4 Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working.
- 3.5 Drive the overall BLACHIR agenda through promoting service transformation and improvement within their respective services and organisations.
- 3.6 Report on progress on allocated/ agreed actions in a timely manner.
- 3.7 Share relevant information and promote collaborative and innovative work.

4. Membership

- 4.1 The Board will have a core group of organisations that will play a key role and will have the responsibility to oversee the implementation of the opportunities for action from the BLACHIR Report.
- 4.2 The membership of the BLACHIRIB is listed in appendix 1
- 4.3 The Forum requires its members to:
 - Have Sufficient delegated authority to make decisions in relation to the BLACHIR implementation programme on behalf of their organization, as required, or be able to seek and secure them within timescales agreed by the Board.
 - Attend most meetings, or in exceptional circumstances, to arrange for a suitable named delegate to attend in his/her place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and have Sufficient delegated authority to make decisions on behalf of their organisation.
 - Represent the views of their nominating organisation, to keep their nominating organisation informed about progress and to communicate the outcomes of the Board meetings to their organisations.
- 4.4 The membership of the Board may be reviewed as necessary. New members maybe invited provided that:
 - 4.4.1 any new member can demonstrate to the satisfaction of the Board the contribution that they can make to the overriding aims and objectives; and
 - 4.4.2 in deciding whether to admit any new member, the Board shall consider the resulting size and composition were the new member to be admitted.
- 4.5 Other persons may attend Board meetings and or be invited in as expert advisors with the agreement of the Chair/ Deputy Chair.

5 Meetings (Frequency and Support)

- 5.4 The Board will meet every two months for 2 hours. Other special meetings may be held as deemed necessary at the discretion of the Chair/ Deputy Chair.
- 5.5 Partners will be requested to contribute agenda items in advance of the meetings.
- 5.6 The agenda for meetings, agreed by the Chair, and all accompanying papers will be sent to members at least 5 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair.
- 5.7 Action notes of all meetings of the Board will be circulated within 10 working days following the meeting.
- 5.8 The Board support will be provided by Public Health Inequalities team.
- 5.9 The Board will be monitored and accountable to the Creating a City without Inequality Forum, a sub forum of the Health and Wellbeing Board with reporting arrangements as follows (see overleaf):



* Groups/ plans to implement BLACHIR opportunities for action within specific parts of the system/ organisations that may also be governed through their internal structures

6 Decisions and escalation

- 6.4 Any recommendations and decisions commensurate with the Board's remit will be arrived at by consensus and recorded in the action notes.
- 6.5 Significant decisions and risks impacting on the progress of the implementation will need to be escalated to the CCWIF.

7 Conflicts of Interest

- 7.4 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Board, the representative concerned shall declare such interest at or before discussions begin on the matter, the Chair shall record the interest in the minutes

of the meeting and unless otherwise agreed by the Board that representative shall take no part in the decision making process.

8 Review

8.4 These terms of reference will be reviewed annually, considering views expressed by relevant partner agencies.

Appendix 1

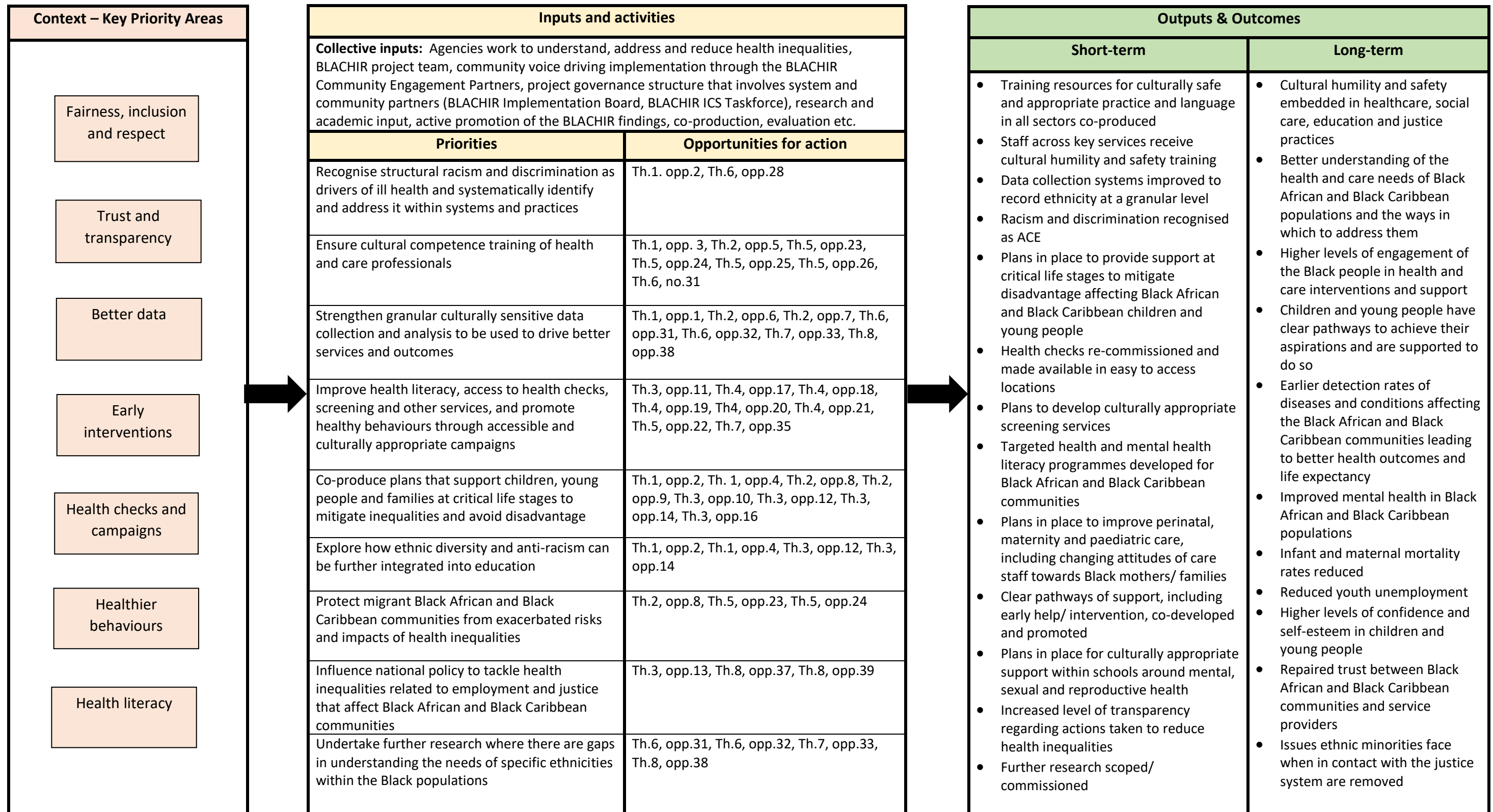
BLACHIR Implementation Board (BLACHIRIB) Membership

Representative Role/Organisation	Name
Independent Chair	TBA
Deputy Chair	Cllr Mariam Khan – Cabinet Member- Health and Social Care, Birmingham City Council
Youth Deputy Chair	Victor Agbontean – former advisory board member, CCWIF youth member
Community engagement partners: Mindseye Development CIC and partner	Simeon Moore Michael Brown
Allies Network CIC Black Heritage Support Service	Nura Ali Anika Cobblah
Academic post from Newman University in honour of Prof. Nicole Andrews	TBA
Chair of the ICS Taskforce on BLACHIR	Dr Onyinye Okonkwo
Representative from the Equalities and Cohesion Team, BCC	Kwabena Osayande – Cohesion and Equalities Service Manager
Representative from the Local Maternity System	Sylvia Owusu-Nepaul
Representative from NHS Provider organisations	Patrick Nyarumbu, MBE - Executive Director of Strategy, People and Partnerships, Birmingham & Solihull Mental Health NHS Foundation Trust Jara Phatthey - Lead Nurse/ Team, Umbrella Sexual Health, University Hospitals Birmingham NHS Foundation Trust
Representative from Adult Social Care	Kalvinder Kohli - Programme Director – Prevention and Early Intervention
Representative from the Birmingham Children's Trust	Lorraine Donovan – BCT Equality Lead
Representative from the Criminal Justice System	Sarah Tambling – Strategic Police Collaborative Partner Probation Service - TBC

Representative from Public Health, BCC	Monika Rozanski - Public Health Service Lead – Inequalities, BCC
Representative from Housing, BCC	Guy Chaundy – Head of Housing Modernisation & Partnerships Deputy: Helen Shervington - Housing Strategy & Modernisation Service Manager/ Birmingham Financial Inclusion Partnership Deputy Lead
Representative from Education	TBC
Chair of the Corporate Black Workers Group, BCC	Marcia Reid – Team Leader – Education & Skills
Project lead	Ayola Beckford – Public Health Senior Officer

Our goal

To break the cycle of inequalities and disadvantage for Black African and Black Caribbean communities and reduce health inequalities that affect them



Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date 20 December 2022



Subject: Birmingham Safeguarding Adults Board Annual Report 2021-22

Report of: Birmingham Safeguarding Adults Board

Report author: Dr Carolyn Kus and Ash Manzoor

1 Purpose

- 1.1 The Birmingham Safeguarding Adults Board Annual Report for 2020-21 is presented to the Health and Social Care Overview and Scrutiny Committee for information.

2 Recommendations

- 2.1 Members note the report.

3 Any Finance Implications

- 3.1 There are no new financial implications resulting from this report. Appendix 1 Slide 8 provides information on BSAB funding for 2021/22.

4 Any Legal Implications

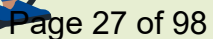
- 4.1 There are no new legal implications resulting from this report. Appendix 1 Slide 5 sets out the legal duty to for the BSAB to publish a report every year.

5 Any Equalities Implications

There are no new equalities implications resulting from this report.

6 Appendices

- 6.1 Appendix 1: [Birmingham Safeguarding Adults Board Annual Report 2021-22](#)



| Contents

1 Forward by the Independent Chair	3	14 What the Board achieved in 2021-22	11
2 Key Safeguarding Facts for 2021-2022	4	15 Partner Achievements	12
3 The Purpose of the Annual Report	5	16 Making Safeguarding Personal	17
4 What does Safeguarding Adults mean?	5	17 Safeguarding Adult Reviews	20
5 What is the Birmingham Safeguarding Adults Board?	5	18 Assurance Report 2021-2022	19
6 What is the BSAB's Vision?	5	19 How do we support learning, development, engagement and information sharing?	24
7 What do BSAB's Executive Member's do?	6	20 Future Priorities 2021-2022	25
8 Who are BSAB's Partner Organisations?	6	Appendix 1: Executive Board Attendance Record 2021-2022	26
9 Who are the members of BSAB's Executive Board?	6	Appendix 2: Partners' Feedback - What it is like working with the BSAB?	27
10 What is the BSAB's structure?	7	Appendix 3: Safeguarding Adult Concerns Data	28
11 How is the BSAB Funded	8		
12 Strategic Priorities for 2021-2022	9		
13 What the Board achieved in 2021-22	10		

| 1 Forward by the Independent Chair

I am very pleased to introduce our Birmingham Safeguarding Adults Board Annual Report for 2021-22.

This is my last Annual Report as Chair, and I am incredibly proud of the work the BSAB team and all of our partners have achieved over the last 5 years. Together we have made sure that safeguarding adults holds an essential position within the service provision of the city. This Annual Report provides you with a summary of the immense work of the Board, of our partners and of our subgroups over the last 12 months.

As a Board, we remain committed to reaching as many citizens as possible with safeguarding best practice, knowledge and guidance. To achieve this, we have worked hard to maintain and extend our adults safeguarding community, and with even more vigour as we have all sought to recover from the impact of the COVID years.

We hold a firm view that we must ensure that safeguarding activity and assurance is focussed on improving making safeguarding personal, keeping the person at the heart of

what we do, and that we include all sectors who are seen as critical partners in keeping our most vulnerable citizens free from harm and abuse.

We are stronger together and the Board has accomplished great successes through working directly with citizens, front line staff, managers and leaders within the city. We aim to continue to seek assurance, ask robust questions and not be afraid of dark corners. Thank you to all of our partners, citizens and organisations for your support and challenges, we could not do this with you.



Cherry Dale
Independent Chair

“Our vision is that people with care and support needs in Birmingham are able to live their lives free from harm.”



| 2 Key Safeguarding Facts for 2021-2022

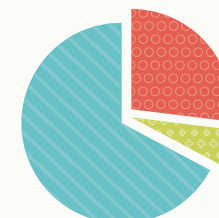
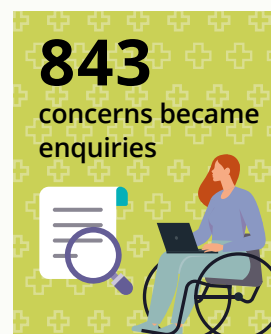
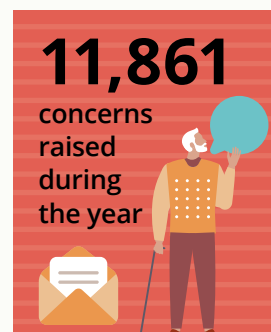
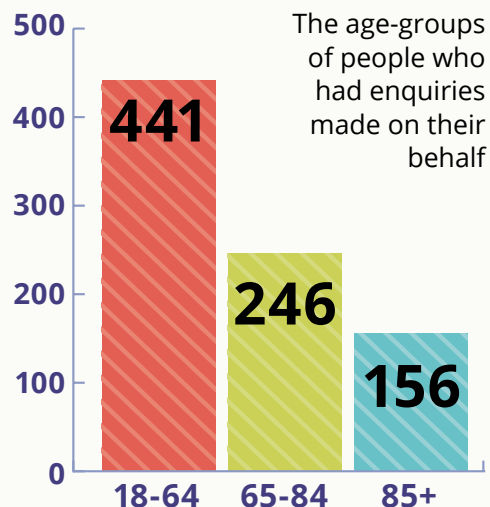
854,016

adults live in
Birmingham



149,412

are aged 65 and over



67%

372 concluded enquiries listed the source of risk as someone known to the person at risk

27%

153 concluded enquiries involved service providers

6%

32 concluded enquiries listed the source of risk as someone not known to the person at risk

3.6%

Increase in the number of concerns raised, up from **11,449** last year

39%

Decrease in the number of enquiries started, down from **1,384** last year



243
enquiries involved allegations of neglect



183
enquiries involved alleged physical abuse



333
Abuse or neglect occurred in the person at risk's home

453
White British

341
Black and Minority Ethnic

People had safeguarding enquiries made on their behalf

3 The Purpose of the Annual Report

Welcome to the Birmingham Safeguarding Adult Board (BSAB) Annual Report for 2021-2022.

The law says that we must publish a report every year to say what we have done to achieve our main goals and how our members have supported us to do this. So, this report says who we are and what we did between April 2021 and March 2022.

4 What does Safeguarding Adults mean?

Safeguarding Adults means stopping or preventing abuse or neglect of adults with care and support needs also known as looked after need.

Adults with care and support needs are aged 18 and over and may:

- have a learning disability;
- have a mental health need or dementia disorder;
- have a long or short-term illness;
- have an addiction to a substance or alcohol; and/or
- are elderly or frail due to ill health, disability or have a mental health illness.

5 What is the Birmingham Safeguarding Adults Board?

The 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 or neglect.

6 What is the BSAB's Vision?

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



7 What do BSAB's Executive Member's do?

BSAB Executive Board members are responsible for maintaining oversight of safeguarding arrangements in the city, ensuring these arrangements meet the needs of the people of Birmingham and are fully reflective of the voice of the community.

The Board is led by an Independent Chair appointed by the local authority. She reports to the Director of Adult Social Care and their Cabinet Members for Health and Social Care in Birmingham City Council.

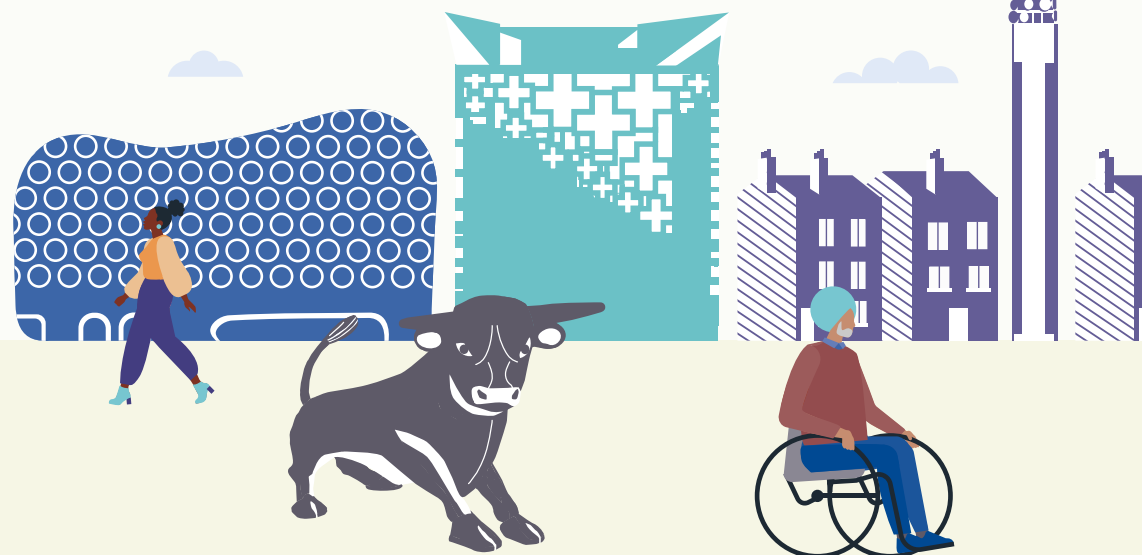
8 Who are BSAB's Partner Organisations?

The Birmingham Safeguarding Adults Board works with many partner organisations across Birmingham who support adults with care and support needs.

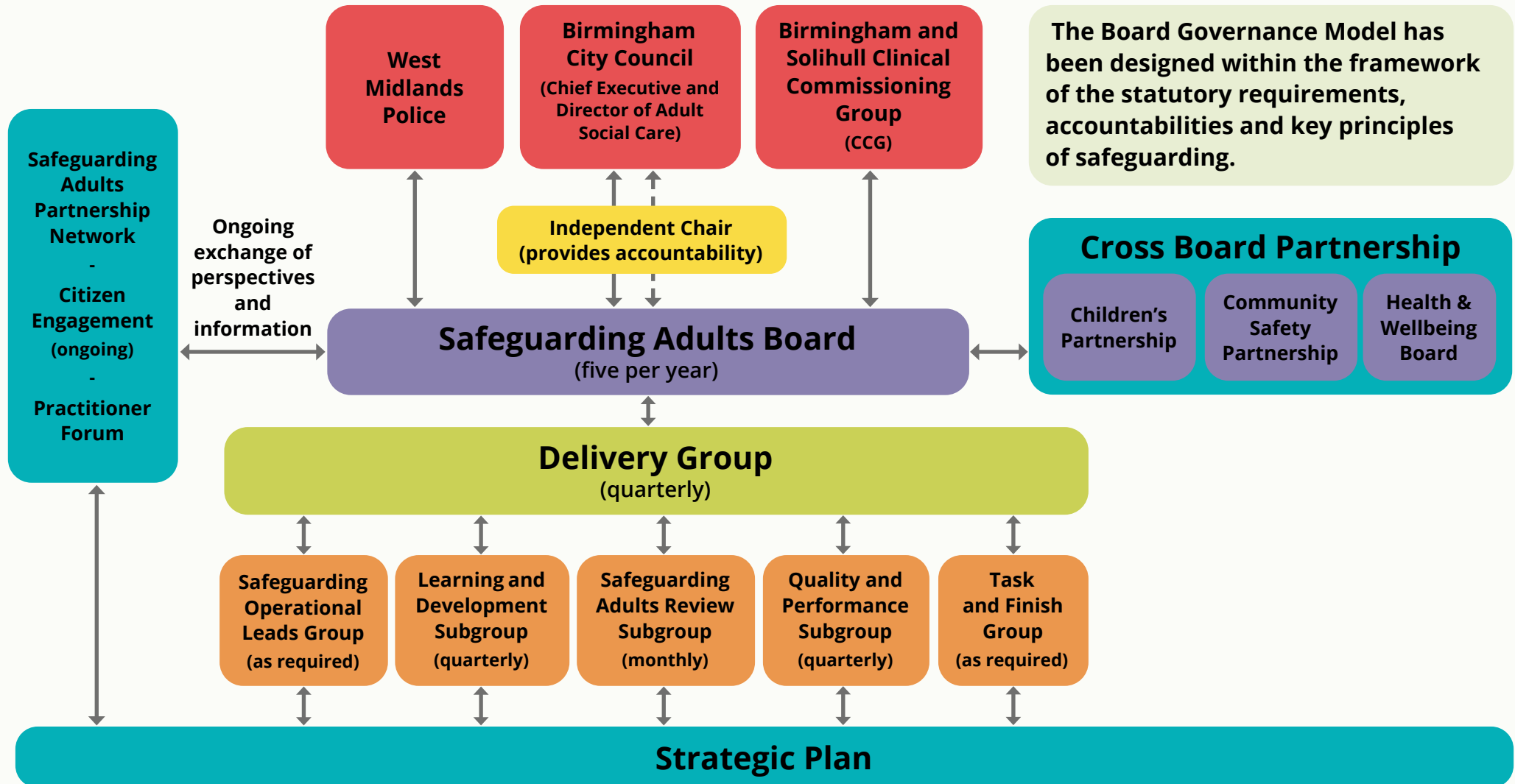
9 Who are the members of BSAB's Executive Board?

The BSAB Executive Board is made up of senior representatives from the following organisations:

- Birmingham City Council - Adult Social Care
- Birmingham City Council – City Housing
- West Midlands Police
- Birmingham and Solihull Clinical Commissioning Group
- Chief Nurses Forum - Representing Health Partners
- Healthwatch Birmingham
- West Midlands Fire Service
- Voluntary Sector Representation - WAITS
- Birmingham Community Healthcare Foundation Trust
- Birmingham & Solihull Mental Health Foundation Trust.



| 10 What is the BSAB's structure?



| 11 How is the BSAB Funded?

In 2021-22 we had **£340,340** to spend. This money represents the contributions from West Midlands Police, Birmingham City Council and combined contributions from Birmingham and Solihull Clinical Commissioning Group.

Partners also work together and provide staffing resources where needed in addition to the allocated fund. This was enough money to pay for what we planned to do, and for us to keep some reserved in case we needed to carry out any Safeguarding Adults Reviews. The Board kept close watch over how the money was spent.



| 12 Strategic Priorities for 2021-2022

We reviewed our Strategic Priorities these are:



- Recognising communication and information sharing as a means of prevention and early intervention.
- Communicating in a language, and through channels that are accessible.



- Assurance that people will be supported to make their own decisions.
- Empowering people and communities to take an active role in their own wellbeing and safeguarding.
- Providing safeguarding support and guidance to empower people and community groups they work with.


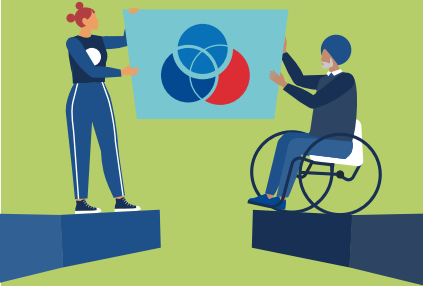


- Having clear protocols, prevention and early intervention strategies in place.
- Sharing business objective and priorities with other strategic boards and partners to ensure we work in a coordinated way to reduce risk to the safety of adults in Birmingham.




- To develop an emotionally intelligent learning culture.
- Engaging all partners with a focus on continuous improvements.

| 13 What the Board achieved in 2021-22

Priorities	What we said we'd do	What we did
STRATEGIC PRIORITY 1 Communication and Involvement 	<ul style="list-style-type: none"> • Recognising communication and information sharing as a means of prevention and early intervention. • Communicating in a language, and through channels that are accessible. 	<ul style="list-style-type: none"> • We continued to publish our newsletters to inform both citizens and professionals. • Our social media platform on Twitter (@BrumSAB) continues to share messages that support the work around safeguarding and sharing information whilst working through COVID-19, both locally and nationally. • Our website hosts publications and information relevant to safeguarding to support all partners and citizens including COVID-19 related support and prevention of abuse. We ensured partners were aware of these so they could share wider in their communities. • We have maintained front-facing engagement to professionals and citizens to inform on safeguarding and continue to promote our safeguarding workbook along with other leaflets and web-based materials on the subject.
STRATEGIC PRIORITY 2 Prevention and Early Intervention 	<ul style="list-style-type: none"> • Having clear protocols, prevention and early intervention strategies in place. • Sharing business objectives and priorities with other strategic boards and partners to ensure we work in a coordinated way to reduce risk to the safety of adults in Birmingham. 	<ul style="list-style-type: none"> • We have continued to establish and welcome key partners to drive and embed change around reducing risk for citizens with care and support needs as we continue to seek assurance on various subjects including unregulated accommodation, Preparation for Adulthood transitions and also housing partners managing vulnerable citizens. • We have ensured and strengthened our work in a coordinated way even more so during the COVID-19 period which included increased assurance seeking and working together to increase prevention awareness. • We still continue to build working relationships with the Children's Partnership, Community Safety Partnership and the Health and Wellbeing Board, and work collaboratively on linked agendas and ensured we remain part of the workstreams for example around Domestic Abuse, Homelessness, Hate Crime and Modern-Day Slavery. • We have continued to work with regional and national counterparts.

| 14 What the Board achieved in 2021-22

Priorities	What we said we'd do	What we did
STRATEGIC PRIORITY 3 Making Safeguarding Personal 	<ul style="list-style-type: none"> • Assurance that people will be supported to make their own decisions. • Empowering people and communities to take an active role in their own wellbeing and safeguarding. • Providing safeguarding support and guidance to empower people and community groups they work with. 	<ul style="list-style-type: none"> • We have held Briefing Sessions, Practitioner Forums and SAP Meetings that have included topics of Loneliness, Self-Neglect, Mental Capacity Act, Hoarding, Domestic Abuse and learning from SARs as we continue to provide assurance to the Board against our focused priorities. • Partners have given assurances that vulnerable citizens have remained supported through COVID-19. • We continue to promote the benefits of The Waiting Room directory to citizens and partners. • We email all partners with relevant safeguarding promotional information. • Our voluntary sector members continue to actively be involved in Board activity and subsequently feedback into their networks.
STRATEGIC PRIORITY 4 Learning Through Development and Assurance 	<ul style="list-style-type: none"> • To develop an emotionally intelligent learning culture. • Engaging all partners with a focus on continuous improvement. 	<ul style="list-style-type: none"> • We continue to share learning through our various communication channels. • We supported with partners development of a new Multi-Agency Self-Neglect Guidance which was launched and disseminated across the partnership. We published 7 Minute Briefings form SARs. • We have been developing a safeguarding dashboard to increase our intelligence on what is happening in relation to safeguarding concerns raised and citizen outcomes achieved. • We continue to work with several partners on Safeguarding Adults Reviews referrals and their outcomes so that any learning identified can be shared with all relevant partners, and where change is required to ensure this happens via scheduled reporting to the Board.

15 Partner Achievements

Birmingham City Council Adult Social Care

The Adult Social Care Safeguarding Team is piloting a MARAC officer role, in conjunction with Community Safety Partnerships. We have increased our support to MARAC and the intention is to develop a consistent offer across BCC.

- Adult Social Care Commissioning and the Safeguarding Team have secured funding for and are developing posts to manage the interface between quality and safeguarding concerns across provider services.
- To improve responses to safeguarding referrals coming through BCC Contact Centre (in terms of timescales and decision making) Adult Social Care has allocated significant funding to establish a Triage Service that will provide an initial response to all safeguarding referrals.
- In 2021 – 2022 the combination of high volumes of referrals and, in common with other social work teams, difficulties in recruiting and retaining staff presented great challenges for the City-Wide Safeguarding Team. A one Directorate approach, prioritising safeguarding, despite pressures in other service areas, stabilized the situation in advance of the introduction of a new electronic social care record system in March 2022.
- The structures introduced by the Customer Journey have simplified lines of communication around safeguarding and have facilitated the building of positive working relationships with a range of partner agencies.
- The citywide Safeguarding Team have continued to visit adults in person, when face to face interaction is required, in response to safeguarding situations throughout the pandemic.

University Hospitals Birmingham NHS Foundation Trust

Safeguarding is at the forefront of everything we do across our Hospitals at University Hospitals Birmingham NHS Foundation Trust. Whilst these last 12 months have presented a number of challenges and constraints, this does not mean they have been without success and progress.

Key Achievements:

- Managed to ensure that there were good safeguarding processes in place to support our frontline staff in executing their safeguarding responsibilities whilst providing extra support and guidance to areas where it was felt the safeguarding practice needed to be strengthened.
- Ensured our policies and procedures are up to date and reflect current practices and have continued to promote and raise awareness.
- Actively working towards changes from the Deprivation of Liberty Safeguards to Liberty Protection Safeguards. Created staff briefings, set up an implementation group and focus on improving the understanding and application of the Mental Capacity Act.
- Continued to promote the six principles of adult safeguarding using Making Safeguarding Personal guidance to ensure that adults are kept at the centre of all that is done to safeguard them.
- Continued to promote Safeguarding is “Everyone’s Business”.
- Continued to work in partnership with other key agencies maintaining systems to enable appropriate information sharing and escalation of concerns where necessary.
- Maintained adherence to our statutory requirements.
- We are proud to say that our Adult Safeguarding Team have remained committed to ensuring that adults with care and support needs receive a high standard of safeguarding care.
- Continued to work collaboratively with our partners to continuously improve the safeguarding systems for adults to help achieve the best possible outcomes as quickly as possible.

15 Partner Achievements

Birmingham Community Healthcare NHS Foundation Trust

The on-going impact of COVID-19 has dictated and shaped how services are delivered.

Key achievements during the year:

- **The prioritising of our Duty System:** This was maintained and supported by a robust intranet system.
- **Think family:** We have worked in partnership with the safeguarding children team, as part of our integrated family approach.
- **Training:** All training was reviewed and supported by a quality assurance training group.
- **Liberty Protection Safeguards (LPS):** LPS was introduced to staff through presentations, newsletters, Trust committees, raising staff awareness of the change in law from the MCA Amendment Act (2019) which creates new Responsible Bodies for LPS. The Safeguards of the LPS system are about good care planning which comes under our safeguarding banner.
- **Section 42 Enquiries:** The Trust has supported the Local Authority in relation to the Care Act (2014), where instructed, to ensure that safeguarding concerns are investigated with outcomes reported. Our work with the Local Authority recognises our need for co-operative, collaborative working focussed on patient need.
- **Continued Multi Agency working:** Demonstrated throughout work on, Safeguarding Adult Reviews, Domestic Homicide Reviews, Serious Incident Reviews. All of these processes aim to reduce the risks of harm to individuals.
- **Safeguarding Newsletter:** Produced quarterly to share information.
- **Audit Programme:** Focussed via our Safeguarding Annual Audit Plan.
- **Work Programme:** Focussed on key areas of concern.
- The **Team** sits at the heart of the Governance process so that safeguarding flows from Board to practitioner.

Birmingham City Council Neighbourhood Directorate

City Housing Directorate is committed to the work of the BSAB and good safeguarding practices.

Key areas of work:

- **Domestic Abuse Hub** – working in a multi-agency partnership to support victims of domestic abuse throughout the year.
- **Domestic Abuse Housing** – continued to protect and safeguard vulnerable victims who reside in council tenancies.
- **Homelessness** – significant investment to prevent homelessness and continued work with families to relieve their homelessness.
- **Rough Sleeping** – increased outreach provision mobilised working within a multi-agency partnership & mortality reviews to enable learning.
- **Private Rented Services** – promoted the services available to residents and a new Accommodation Finding Team.
- **Neighbourhood Network Schemes** – working with NNS to help shape what this should look like in future.
- **Safeguarding** – Actively listen and observe when engaging with tenants for signs and symptoms of concerns. Follow up on concerns to ensure they have been resolved and make tenants aware that we want to support them. Support Hospital discharge team to overcome accommodation barriers.

Supported 'Exempt' Housing Oversight Pilot:

Continuing to improve the quality and standard of exempt accommodation through the rollout of the Birmingham Quality Standards and a multi-disciplinary team who have introduced a regime of inspections with dedicated social work resource reviewing support and care plans. To date Adults Social Care Team in the pilot have conducted 850 support reviews and 52 safeguarding reviews with residents.

Continuing development of strategic planning, including progression of scrutiny review and recommendations, and finalising an SEA Needs Assessment to inform a draft Supported Housing Strategy to be concluded end 2022.

15 Partner Achievements

Royal Orthopaedic Hospital	Birmingham and Solihull Mental Health Trust
<ul style="list-style-type: none"> Safeguarding Adults at Risk policy reviewed and updated. Group safeguarding supervision launched and embedded within key departments. Self-Neglect and Hoarding multi-agency guidance and procedures used by our community scheme team. Home conditions tool kit designed. New Did Not Attend (DNA) Guidance launched. Level 2 & 3 training reviewed and updated in line with local and national recommendations including local and national SAR case studies. 74% rise in safeguarding referrals to the Safeguarding Team in the Trust in 2021. Safeguarding Strategy reviewed and updated with key priority areas for focused work. SG Lead and Named Nurse regularly attend multi-agency meetings such as Adults Operational Group, LPS Group, Quarterly Champions Days. Roadshow's - e.g. Human Trafficking. Virtual Clinic guidance and Standard Operating Procedure. MCA and DoLS audit completed. Safeguarding Team attend MARAC. Quarterly safeguarding newsletter for staff, highlighting key changes, areas of good practice and learning. Patient safeguarding story presented to Trust Board for wider learning and understanding and update. Domestic Abuse Policy updated in line with the Domestic Abuse Bill. Routine enquiry for domestic abuse is firmly embedded within departments and ward areas, 68 Domestic Abuse champions trained in the Trust covering clinical and non-clinical areas. Significant rise in disclosure of domestic abuse between 2020-2021. 	<p>BSMHFT continued to overcome the on-going challenges and impact of the previous year due to COVID-19. The Trust adopted 3 key priorities:</p> <ol style="list-style-type: none"> 1. Back to Basics 2. Responding to the findings from safeguarding reviews 3. Shaping the safeguarding culture within BSMHFT. <p>Key Achievements:</p> <ul style="list-style-type: none"> Continued mandatory safeguarding training virtually and the safeguarding advice line was fully maintained. Training has been refreshed and now using the Health Education England generic eLearning for Safeguarding at level 2 and an internally written programme for level 3 which is bespoke for Mental Health. Compliance fell due to unprecedented public health pressures, and this is being monitored and improved. Domestic abuse work plan is in line with Birmingham and Solihull's Domestic Abuse Strategy. Working with Birmingham & Solihull Women's Aid agreed funding for two Independent Domestic Violence advocates (IDVA's) funded for two years working specifically within targeted teams across the trust supporting female service users and female staff members who have identified domestic abuse concerns. The new Integrated Safeguarding System (ISS) fits with safeguarding changes, the model aims to improve training and practice development capacity providing tools to support competency/skills building, standards to assist outcome measurement and assurance. There is a lead for Safeguarding Quality & Assurance. The Safeguarding Team contributed to the Birmingham Safeguarding Adult Board multi - agency working group to produce the new Self Neglect & Hoarding Birmingham Multi-Agency Guidance & Procedures. This guidance with the learning from the SAR reviews formed the basis of a Trust action plan to rollout learning.

15 Partner Achievements

Birmingham and Solihull Clinical Commissioning Group

This has been a year of planning as CCGs have now moved on to be Integrated Care Systems Boards (ICS/ICB).

As a statutory member to the Safeguarding Adult Board, safeguarding adults has remained a key priority. A significant work-stream has been the reduction of violence which includes tackling Domestic Abuse. Over the last year the team has improved the overall Health engagement with MARAC and MAPPA and now have three specialist posts. Also, the IRIS Project has been working with Primary Care to recognise and report Domestic Abuse. To date 175 GP Practices are involved and trained by IRIS and over the next year this will be rolled out to all GP Practices, and we will be identifying how male victims can be supported equitably. We participated in collaborative work via the Violence Reduction Unit Boards on Domestic Abuse, Modern Day Slavery and Human Trafficking, Serious Sexual Violence and Criminal Exploitation.

We also continue to strengthen the Deprivation of Liberty Safeguards (DoLS)/ Liberty Protection Safeguards (LPS) work-stream, leading on a system wide approach with key partners to firstly respond to the consultation and then to agree the same processes across the city for when LPS is implemented.

Our Designated and Named professionals have continued to support Primary Care with advice, support and training, in particular the General Practice Safeguarding Network Meetings (GPSNM) provides Practice Safeguarding Leads with a two-hour bimonthly session to cover training and significant updates. Other training that is driving safeguarding awareness and knowledge includes a 50-week lunchtime session for all Primary care practitioners and an 8-week Administrator programme.

A weekday Duty System provides specialist advice.

The Learning Disabilities (LeDeR) continues to enable scrutiny and oversight of the causation behind some of Birmingham's most vulnerable citizens' deaths and drive improvement across services. Much of this has been reported through and supported by the Safeguarding Adult Board.

West Midlands Police

West Midlands Police has maintained its delivery of vulnerable portal referrals with approximately 800 per month managed by our Vulnerability and Intervention Partnerships team; whilst our CASS referrals have seen a 25% increase this year. WMP has mandated Vulnerability and Risk training for our workforce to drive the standards of protecting from harm those who are vulnerable and supporting victims. We will be continuing training by Working with Birmingham Children's Partnership so that families can be sign posted for appropriate support at the earliest opportunity, so the right help is offered at the right time.

Working with BCSP and other agencies the Local Policing Delivery Groups focus upon People and Place to provide effective, long-term intervention and prevention. Working in partnership, we will deliver our strategy to tackle violence, abuse and intimidation against women and girls, ensuring publicly accessible places where women and girls feel safe. We continue working with the Violence Reduction Unit to tackle under 25 violence.

Our Serious Organised Crime and Exploitation Hubs involve key partners to identify and disrupt criminal networks and pursue those involved in exploitation whilst also safeguarding and improving the lives of vulnerable victims. Investigation is a key function within the SOCEX model with Complex Reactive and Proactive Investigations within the Force priorities and Vulnerability teams. We continue our Modern-Day Slavery Partnership and work as part of the Birmingham MDS Group to safeguard vulnerable adults from sexual and criminal exploitation.

15 Partner Achievements

Birmingham Women's & Children's Trust

Most adults at Birmingham Women's and Children's NHS Trust (BWC) are seen at Birmingham Women's Hospital in Maternity and Gynaecology services and Forward-Thinking Birmingham (FTB) Mental Health Services that includes 0-25 years.

BWC have revised and updated the Safeguarding Adults Policy and the MCA Policy, including updating the Mental Capacity Assessments and Best Interest Decision-Making forms.

Regularly review and update the Safeguarding Training Needs Analysis (TNA) as part of quality assurance and improvement. The training packages have been refreshed and updated. The COVID pandemic had a significant impact on the way training has been delivered, BWC successfully moved safeguarding training into virtual sessions. Bespoke MCA and DoLS training sessions have been delivered in preparation for the implementation of LPS. Safeguarding Practice Educator has developed

'7 minute' briefings and newsletters that include key messages, recommendations and learning from practice reviews including SARs and DHRs.

The safeguarding adult's practitioner offers a series of safeguarding supervision drop-in sessions for staff working with adults with care and support needs.

BWC are represented at the BSAB subgroups meetings. The safeguarding adult practitioners also attend the safeguarding adults' operational groups and feedback to the wider integrated safeguarding team.

Continued to support the daily Multi-Agency Risk Assessment Conference (MARAC) agendas to address the increasing demand within Birmingham. Ensure that staff were asking routine enquiry questions at all safe opportunities by making every contact count. Domestic Abuse routine enquiry is mandatory in maternity services and compliance is monitored through the BWC safeguarding audit programme.

The BWC integrated safeguarding team has expanded to include Learning Disabilities, Difficulties, and neurodiversity's.



| 16 Making Safeguarding Personal

What is Making Safeguarding Personal?

The Care Act 2014 says that adult safeguarding is about protecting individuals, but people are all different. So, when we are worried about the safety of a person, we should talk to them to find out their views and wishes including their spiritual needs. Then we should respond to their situation in a way that involves them as much as possible, enabling them to have choice and control over what happens in their life, so they can achieve an improved quality of life, wellbeing and safety. Doing adult safeguarding this way is called **Making Safeguarding Personal (MSP)**.

We have continued to seek assurance from our partners on how they 'make safeguarding personal' in their organisations and how MSP has continued to be implemented in their services. Some examples of the way we do this are:

Citizen's Story – We now start every Safeguarding Adults Board Executive Meeting with a citizen story to ground and focus the board members to the primary reason we are here.

Learning Events – Our learning events have focussed on the adult at risk being at the centre of the support and in control of what is happening around them and their chosen outcomes to be achieved.

Challenge Event – To explore adult experiences of their journey through the safeguarding process, looking at staff training and its impact and how MSP is embedded in partner organisations.

Self-Neglect Guidance – This guidance was refreshed with multi-agency collaboration from partners to ensure and promote good practices in a multi-disciplinary arena.

| 16 Making Safeguarding Personal



Case Study 1 from our partners:

An adult was assaulted in their long-term specialist residential care placement. The assault did not result in any serious injury but left the adult shaken and worried about it happening again. Family members/representatives were also concerned for their safety.

The adult had dementia, as did the other resident who had assaulted them, and both were elderly and physically frail.

The 6 principles of safeguarding were applied to support the adult and their representatives to engage in the safeguarding process. Expressed MSP outcomes were to remain at the placement where they had been settled for some time and the support was meeting their needs well, with assurance that additional support would be put in place to manage the risk of reoccurrence. The adult did not want the other resident to have to leave the placement if this could be avoided because they had lived together happily for a long time but understood that their safety had to be prioritised.

The social worker supported the adult to remain at the placement, and worked closely with the provider, other social workers and partners to implement a risk management

plan including arranging additional support to meet the needs of the resident who had carried out the assault and minimise the risk to the safety and wellbeing of the adult and others, while assessments were undertaken to establish whether their needs could be safely met in the placement.

The other resident was eventually supported to move to a new placement following a period of assessment which established that the setting was no longer suitable to meet their needs. During this time the safety and wellbeing of the adult and other residents was maintained.

At the conclusion of the safeguarding process, the adult and their representatives expressed that their MSP outcomes had been achieved and they were satisfied that the concerns had been addressed sensitively and with compassion.



| 16 Making Safeguarding Personal



Case Study 2 from our partners:

Gerald lived alone in rented accommodation. He was unemployed and had learning disabilities. A fire crew carried out a safe and well check and identified that the property was in a very poor state of repair and very sparsely furnished and decorated having no carpets or furniture. At the safe and well check the fire crew gave advice on fire safety and fitted a smoke alarm. Gerald expressed to the fire crew he was open to receiving some extra help and support and wished to remain in his property.

Subsequently, due to identified concerns regarding the safety and wellbeing of Gerald and the condition of the property a safeguarding referral was made to Adult Social Care and a referral to the Fire Service Complex Needs Team was also raised.

The fire service's Complex Needs Officer (CNO) followed up with a visit to the property. The CNO with Gerald's agreement spoke to family members for further health and lifestyle information.

It was established the family were providing some support when they could inclusive of providing some meals but were struggling to get any concerns for more help actioned by services. Family members shared the living conditions were impacting on Gerald's health and wellbeing. The CNO contacted services

and also took responsibility for chasing repairs to the property and becoming the pivotal contact between professionals, family members and Gerald.

It was agreed that the case circumstances did not currently meet the threshold for a formal Section 42 safeguarding enquiry. However, preventative work and early intervention would stop this case from escalating at the detriment to Gerald. The housing agency were able to provide some repairs whilst the CNO continued to monitor progress. Environmental Health Services were contacted, and the vermin infestation was treated successfully too. Overall, 18 repair recommendations were raised including the removal of asbestos. On reviewing this case outcomes identified were a significant improvement in the living conditions for Gerald with noted quality of

life improvements, better engagement with family members, no further or escalated safeguarding concerns identified and better engagement with the community mental health care team and Gerald remained in his home which was more habitable.



| 17 Safeguarding Adult Reviews

What is a Safeguarding Adult Review (SAR)?

A Safeguarding Adult Review takes place when agencies who worked with an adult who suffered abuse or neglect, come together to find out how they could have done things differently to prevent harm or a death. A SAR does not seek to blame anyone; it tries to find out what can be changed so that harm is less likely to happen in the future in the way it did to other people. The law says BSAB must arrange a SAR when:

- There is reasonable cause for concern about how BSAB, its partners or others worked together to safeguard the adult; AND
- The adult died and BSAB suspects the death resulted from abuse or neglect; OR
- The adult is alive and BSAB suspects the adult has experienced abuse or neglect.

SARs are overseen by BSAB's Safeguarding Adult Review subgroup, made up of representatives from statutory partner organisations and continues to be chaired by Mat Shaer, Chief Superintendent within the West Midlands Police.

In 2021-2022, BSAB received **6 SAR** referrals in total which were reviewed by the SAR subgroup. These referrals did not meet the criteria for a review.

However, specific learning was extrapolated from one of the cases and shared with partners as part of good practice development.

In 2021-2022, we completed three reviews for which the learning was shared within our partnership and in respective agencies accordingly. We published reports for wider audiences and 7-minute briefings capturing learning which were shared with partners respectively.

We continued to work with the Birmingham Community Safety Partnership (BCSP) on an outstanding Domestic Homicide Review (DHR) case and dissemination of the learning identified is now expected to be delivered 2022.

We continue to share any learning from any regional or national reviews across our partnership. We continue to be proactive and contributory in the national discussion on Homelessness and Safeguarding with Local Government Association (LGA) and the Department of Health and helping to shape the direction and outcomes from the research work taking place in this area.



| 18 Assurance Report 2021-2022

What do we mean by assurance?

By assurance, BSAB means making sure that what we and our partners are doing in Birmingham is working so that adults with care and support needs in the city will feel safer and better protected from the risk of abuse and neglect because of what we do. This is one of BSAB's main jobs. To do this we look for lots of different bits of information to see one big picture of what is happening in Birmingham. This is so we can see what we think is working well, what needs more work, and where any key risks might lie. We will show you this picture each year in our annual report. Because Birmingham is constantly growing, changing and developing, seeking assurance has to be done all the time and not just once.

This year we have asked our partners for 'assurance on a variety of topics around the protection of citizens with care and support needs and to highlight preventative activities including outcomes for citizen experiences'. As the impact of COVID-19 was still prominent we have continued to seek or assurance of COVID-19 related practice to ensure our partners continued to work together to minimise the risk from harm and abuse for adults with care and support needs.

Our assurance model looks like this:



18 Assurance Report 2021-2022

We have sought assurance on the following:

As the management of COVID-19 situations became embedded into our normal daily business we still continued to seek robust assurances from partners on their activity with each other more so in ensuring partners were supportively engaging with each other and citizens to protect adults with care and support needs. We kept abreast of key issues and sought assurance on what was happening to deal with these.

Assurance was received on:

- Follow through Assurance from CQC Inspection on Acute Hospitals.
- Hospital Discharges - UHB.
- Learning Disabilities and Vulnerabilities Strategy Implementation.
- Learning Disability Autism Strategy.
- Quality Surveillance Group Interface.
- Transforming Care Programme including Host Commissioner.
- Winterbourne.
- Homeless Deaths Review.
- Self-Neglect Procedural Guidance.
- Prevention Strategy on for Disabilities and Mental Health.
- Prevention Strategy Commissioning Plans and Procurement.
- Care Home Assurance (through COVID-19).
- Direct Payments.
- BSAB Challenge Event – Partnership Focus on Safeguarding.
- Supported Housing and Exempt Accommodation.
- West Midlands Fire Service Oversight Assurance.
- Adult Social Care ‘Safeguarding’ Update.
- Domestic Abuse Update – New Duty.
- Care Homes and Vaccinations.
- West Midlands Ambulance Service.
- Adult Social Care & Clinical Commissioning Group - Winter Planning.
- Safeguarding Data & Dashboard.
- DoLS and LPS Updates.
- Learning & Development Competencies and Toolkit.
- Out of City Placements.

What did the Assurance tell us?

Whilst COVID-19 continued to disrupt services our assurances from partners confirmed the continued partnership working for us all as we worked together to ensure the safety of the most vulnerable citizens.

The assurances we received expanded on improved hospital discharges especially with the impact of COVID-19 and winter pressures.

Homeless Deaths Reviews assured us those recommendations from SARs had been shared and embedded into practice by frontline workers as part of wider learning.

Hospital Discharge reports evidenced good clear focus on systemwide discharges.

Health partners shared the NHS Long Term Plan to improve the outcomes for patients with a learning disability and or autism improving how intelligence is shared.

We heard on improvements of the take up of Direct Payments and will continue to receive assurance updates on this area of work.

The partnership engagement work around DoLS and LPS was evidenced promoting clear pathways.

Commissioners provided overview of good outcomes for citizens in care homes as priorities changed through the pandemic. The Board welcomed Commissioning feedback on outcomes from recommendations from Winterbourne and detail on key principles of ‘The Right Support Service Model’ that was formed.

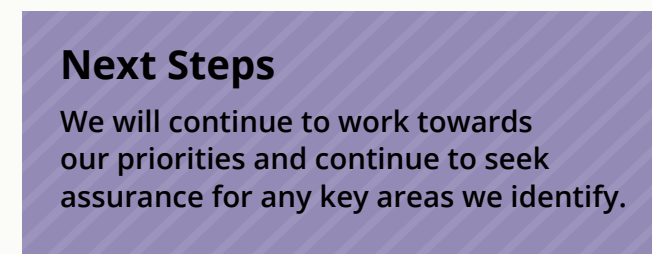
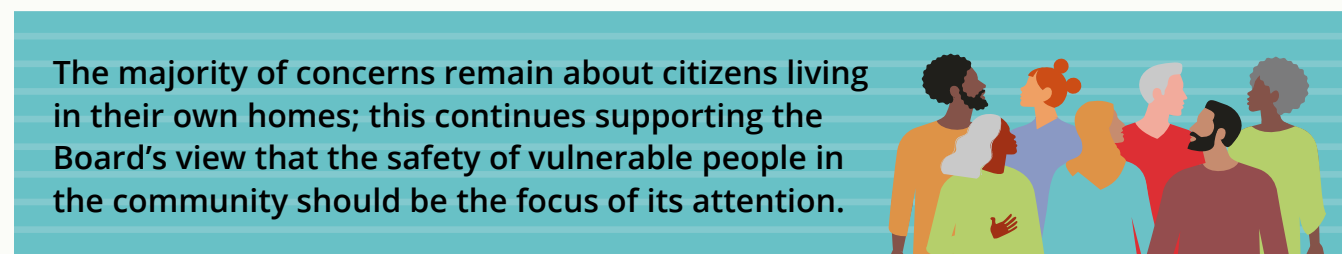
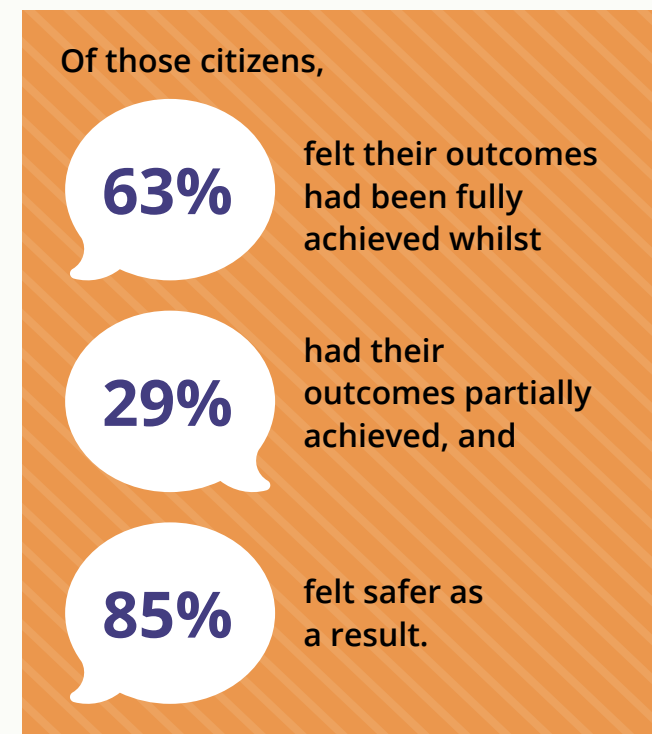
We received safeguarding dashboard data to continually inform us of the enquires operational staff were managing and to support horizon scanning. ASC gave assurances on plans for staff retention and the addressing of frontline issues when complex.

The Fire Service shared its commitment to embrace partnership working including sharing outcomes of serious incident reviews in relation to care and support needs for vulnerable citizens.

| 18 Assurance Report 2021-2022

From our data and intelligence

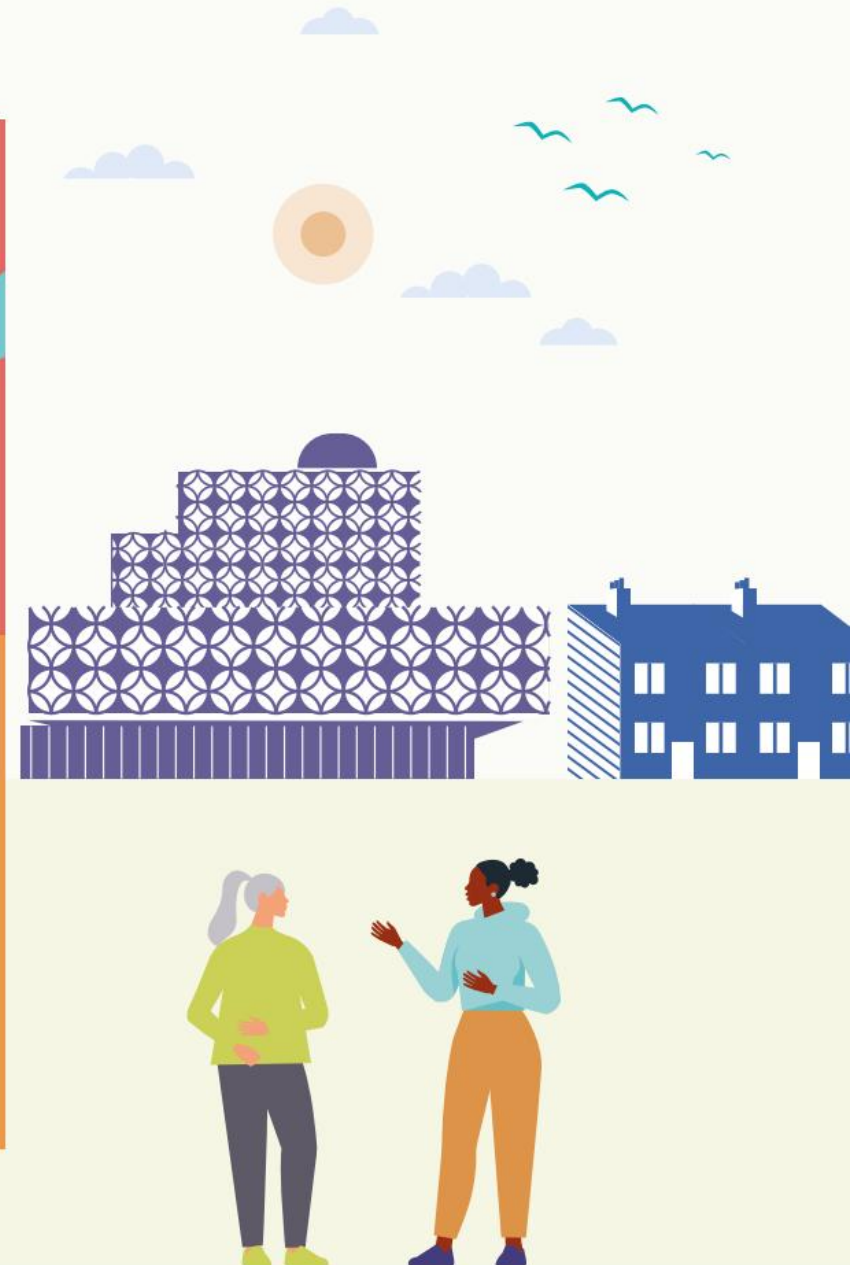
From the information collected by the Council, we know that:



19 How do we support learning, development, engagement and information sharing?

<p>Multi-Agency Practitioner Forums</p> <p>Practitioner Forums ran virtually inviting partners so learning could be shared. We also continued to share a lot of learning through our website twitter, newsletter and emails.</p> <p>We held sessions on:</p> <ul style="list-style-type: none"> • Learning from SAR 'Stephen' – capturing self-neglect, mental capacity, trauma informed practices and keeping citizens safe. • Domestic Abuse in the Context of Older People. • Steve Hoskins a 'Temperature Check' on sharing information appropriately with partners. • Hoarding - Looking at support opportunities. 	<p>Safeguarding Adult Partnership Event</p> <p>We continue to share relevant information through our website and a lot of learning through our, newsletter twitter and emails</p> <p>We held events on:</p> <ul style="list-style-type: none"> • Loneliness – Sharing information on community schemes supporting loneliness. • Learning From Reviews – sharing recommendations and learning from commissioned SARs. • Launched new Self-Neglect and Hoarding Multi Agency Guidance. • Mental Capacity Act – Focussing on understanding and embedding of the principles in practice.
<p>Multi-Agency Practitioner Forums</p> <ul style="list-style-type: none"> • Independent Management Review training sessions. • BSAB Executive Development Session. • Developed and implemented Multi Agency Self-Neglect Guidance. • Domestic Abuse Awareness sessions. • Hoarding Awareness sessions. • Briefings to disseminate learning from SARs. • Contributed on the national discussion on Homelessness and Safeguarding. • Disseminated any research findings from SCIE, LGA, DoH and other local authorities' reviews. 	<p>Safeguarding Adult Partnership Event</p> <ul style="list-style-type: none"> • We continue to share information using various communication tools. • We published regular newsletters with safeguarding information. • We have engaged with partners and citizens to understand our priorities for the new strategy. • We have shared all learning from all our reviews conducted. • We have continued to keep our website up to date and improved information on it. • We have increased our engagement with other boards and partnerships and board representatives attend regional meetings.

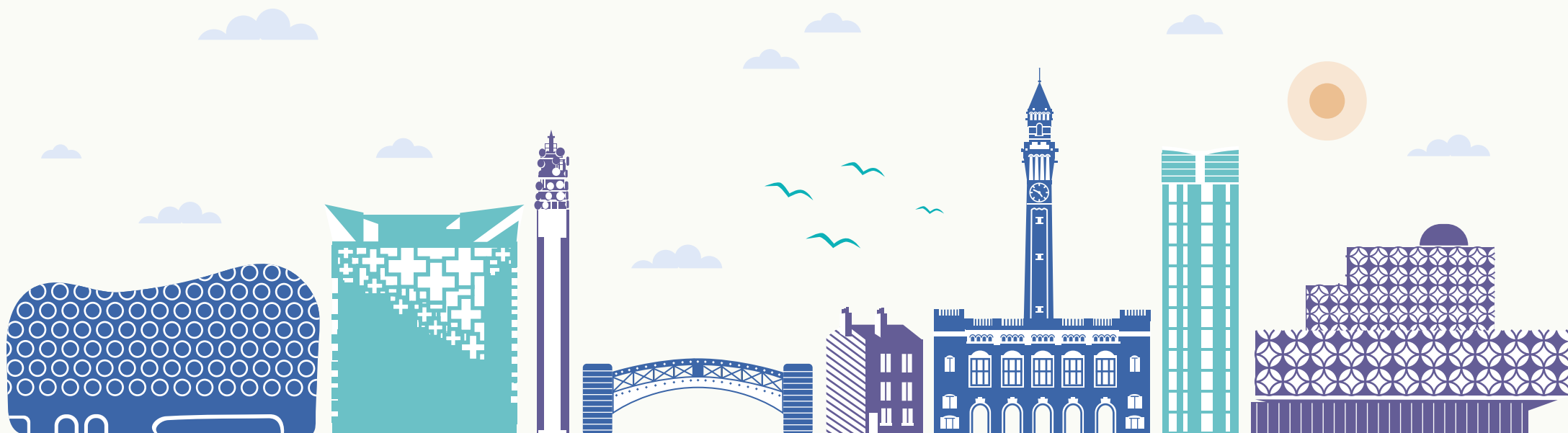
| 20 Future Priorities 2021-2022



Appendix 1: Executive Board Attendance Record 2021-2022

BSAB Executive Attendance at Board Meetings 2021/2022

4									
3									
2									
1									
	Birmingham City Council - Adult Social Care	Birmingham City Council - Housing	Birmingham Healthwatch	Birmingham and Solihull Clinical Commissioning Group	West Midlands Police	Birmingham and Solihull Mental Health Trust	Birmingham Community Heath Care Foundation Trust	West Midlands Fire Service	Women Acting in Today's Society



Appendix 2: Partners' Feedback - What it is like working with the BSAB?

“ Advocacy Matters supports the work of The Birmingham Adult Safeguarding Board.

BSAB effectively safeguards adults with care and support needs by ensuring that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance.

BSAB have always listened to and valued partner organisations and have supported Advocacy Matters in the work we do with vulnerable adults under the Care Act to make safeguarding personal. The feedback we have given has been taken seriously and acted upon. BSAB are focused on listening to and getting better outcomes for all the vulnerable citizens of Birmingham.

BSAB understand the importance of the role of independent advocates in ensuring the person is at the centre of safeguarding processes. Thereby ensuring the voice of the service user is listened to and that where possible they can achieve the outcomes that matter to them. Advocacy Matters appreciates being a partner organisation of BSAB and will continue to do so. We are grateful to BSAB for their tireless efforts to make Birmingham a safer and fairer place for the individuals that we work with’.

Advocacy Matters - CEO Elssa Keegan

“ West Midlands Police takes it statutory responsibility in respect of the safeguarding of adults seriously, this shows in our relationship with the Birmingham Safeguarding Adults Board. We are fully committed members and chair, on behalf of the board, the Safeguarding Adults Review (SAR) subgroup.

The relationships with partners of the Board are valued, demonstrated by the level of discussion, scrutiny and learning that is fundamental to the how the Board functions. The regular learning events and publications the Board provides are of a high quality, as The Care Act rightly would demand. Equally, the level of scrutiny of action plans that emerge from SARs is robust and timely.

I welcome the new independent chair and look forward to working with them to continue the important work of the Board and to ensure the partnership remains committed to this important area of business.

**West Midlands Police – Mat Shaer
- Chief Superintendent Commander
for Birmingham East NPU**

“ The Integrated Care Board (ICB) formerly CCG is a partner of the BSAB and is proud of the work progressed and completed by this Board to promote and ensure the safety of our citizens across Birmingham. The Board members work together to ensure that the citizen's voice is heard and that any lessons are learnt. The CCG will continue to work with partners to make Birmingham a place where vulnerable citizens live without the fear of harm or neglect.

**Birmingham & Solihull Integrated Care System - Diane Rhoden - Director of Nursing
– Quality and Safeguarding**

“ Clouds End CIC works with people who have hoarding behaviour issues and so the Birmingham Safeguarding Board are a natural partner.

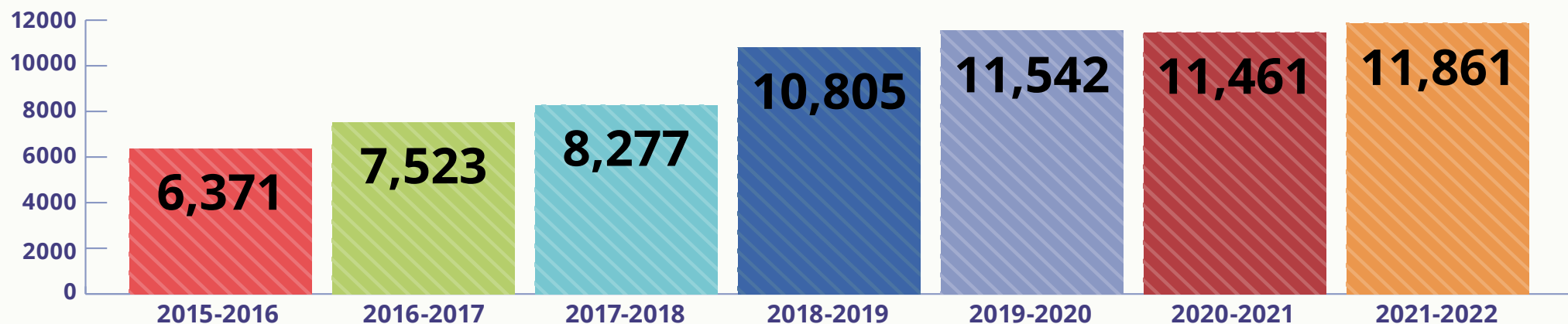
Their vision of enabling the citizens of Birmingham to live their lives free from harm and abuse ties in perfectly with the Hoarding Charter we are developing with Birmingham as a city which pledges to support citizens of Birmingham who hoard with compassion and understanding.

We have worked together to offer training and information sessions to their partners who all form the multi-agency group we hope to mentor and educate. Understanding is everything when working with people who have hoarding issues. We look forward to working together in the future to further developing our networks.

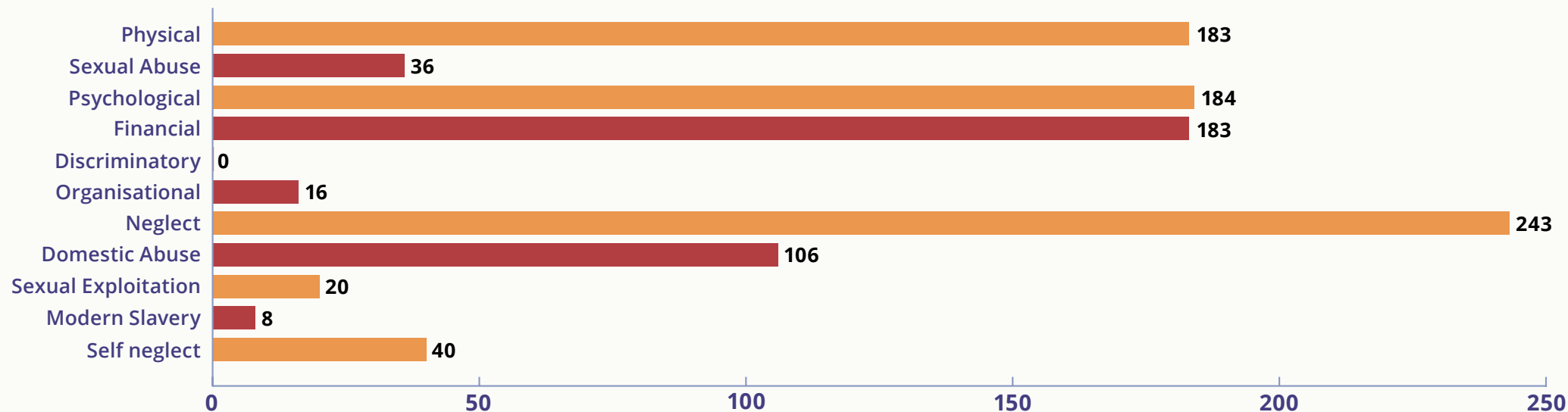
Clouds End CIC Heather Matuozzo - Director

Appendix 3: Safeguarding Adult Concerns Data

Adult safeguarding concerns reported to the council each year from 2015 - 2022

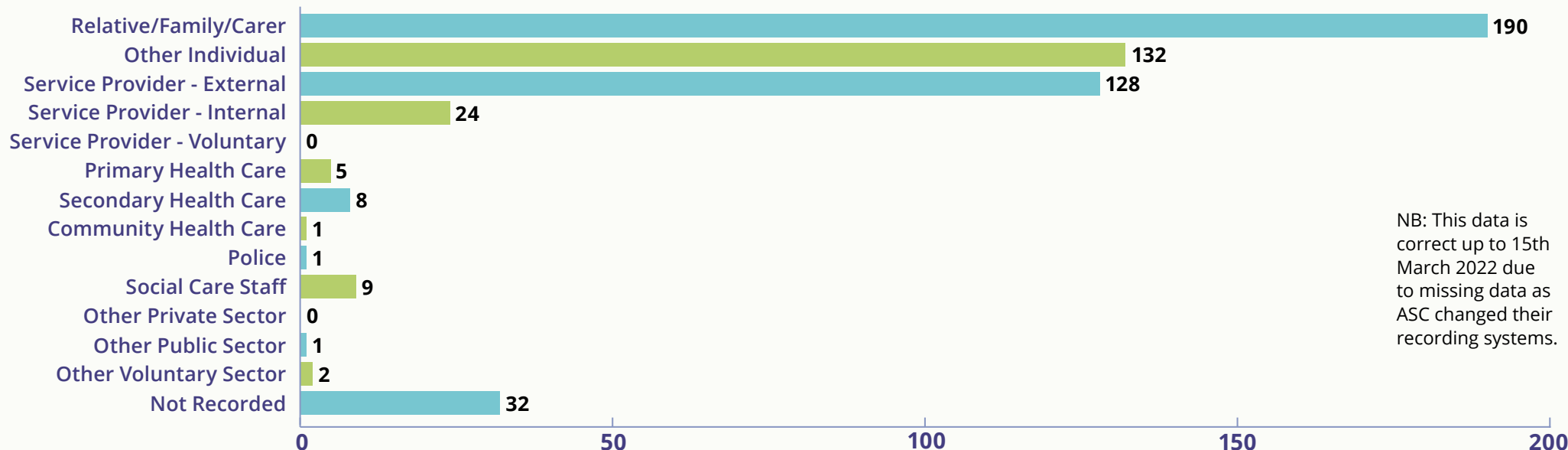


Types of abuse for all enquiries in 2021-22

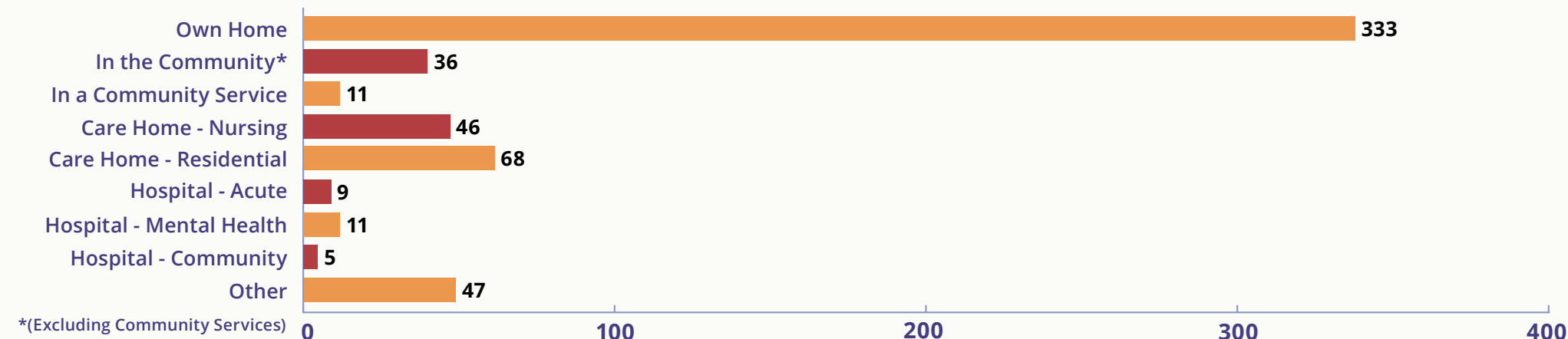


Appendix 3: Safeguarding Adult Concerns Data

Who was the source of risk to the adult at risk in conclude enquiries in 2021-2022



Location of alleged abuse or neglect in concluded enquiries 2021-2022



Appendix 3: Safeguarding Adult Concerns Data

Proportion of people who were asked the outcome they wanted for concluded enquiry in 2021-2022

% of people who told us what they wanted to achieve	87.9%
% of people who were asked but did not say what they wanted to achieve	5.4%
% of people not asked	5.4%
Not Recorded	1.3%

How people felt about whether their enquiry had achieved what they wanted

Fully achieved	62.7%
Partially achieved	29.1%
Not achieved	8.2%
Not recorded	1.1%

How people felt after their enquiry

Did the person feel involved?	91.1%
Did the person feel listened to?	88.8%
Did we act on their wishes?	88.7%
Did they feel as safe as we wanted them to be?	84.9%
Do they feel happier as a result?	81.2%





@BrumSAB



<http://bit.ly/3ao1pfB>



www.bsab.org



Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date: 20th December 2022



Subject: Adult Social Care Quarterly Performance Report
Report of: Director of Adult Social Care
Report author: Maria Gavin, Assistant Director Adult Social Care

1 Purpose

- 1.1 To provide Health and Social Care Overview and Scrutiny Committee with the Quarter 1 and 2 performance report for Adult Social Care

2 Recommendations

- 2.1 To please note the contents of the report

3 Any Finance Implications

- 3.1 There are no new financial implications resulting from this report.

4 Any Legal Implications

- 4.1 There are no new legal implications resulting from this report.

5 Any Equalities Implications

- 5.1 There are no new equalities implications resulting from this report.

6 Appendices

- 6.1 Appendix 1: Quarter 1 Performance Report for Adult Social Care
- 6.2 Appendix 2: Quarter 2 Performance Report for Adult Social Care

Cabinet Scorecard - July 2022

Produced by ASC Information and Analysis Team (data from various sources)

Note- DoT is shown relative to the profile target where relevant

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

[Click for highlight view](#)

1. Corporate Measures

Measure	Status	Target	Last Month	This Month	D o T	
1 The percentage of concluded Safeguarding enquiries where the desired outcomes were met during the enquiry	RED	85%	82%	78%	↓	More detail
2 The proportion of patients discharged from hospital into pathways 0 and 1	GREEN	95%	96%	95%	↓	More detail
3 Uptake of Direct Payments	AMBER	40%	38.5%	38.8%	↑	More detail
4 The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)	GREEN	75%	74.2% (Q4)	75.8% (Q1)	↑	More detail
5 Proportion of clients reviewed, reassessed or assessed within 12 months	RED	85%	63.6%	61.4%	↓	More detail
6 The number of long-term admissions to residential or nursing care per 100,000 over 65s	GREEN	560	523.4 (Q3)	524.7 (Q4)	↑	More detail
7 The percentage of people who receive Adult Social Care in their own home	GREEN	DoT Only	70.6%	70.7%	✦	More detail

Theme: Corporate Measures

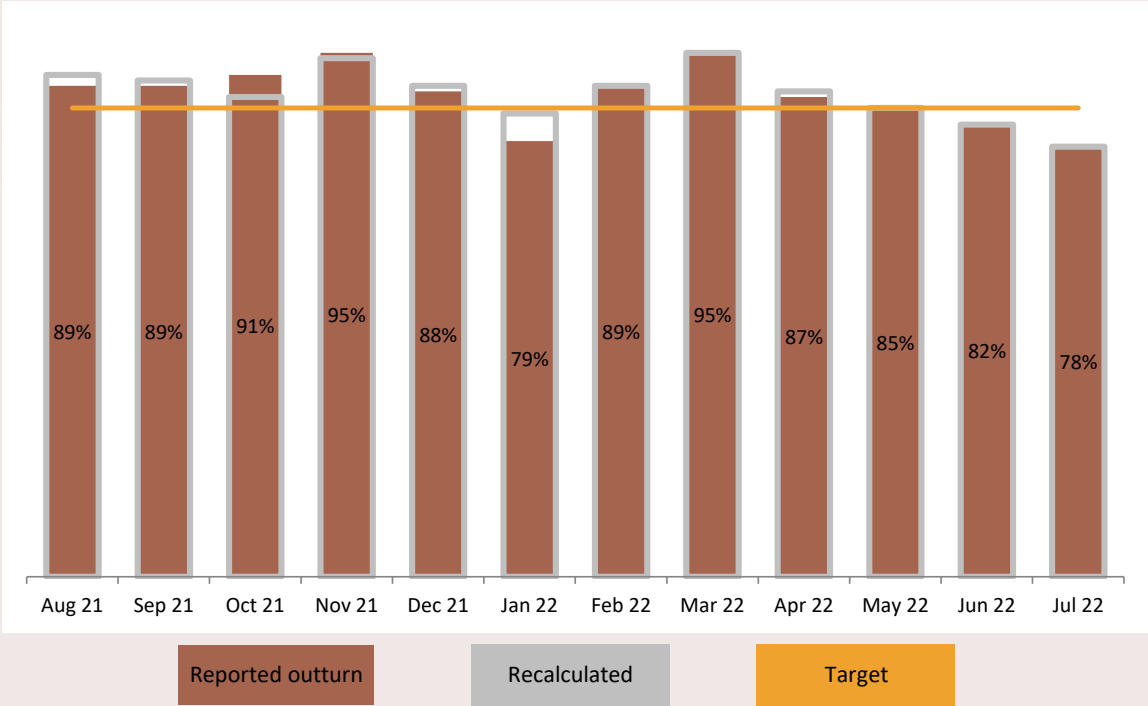
The percentage of concluded Safeguarding enquiries where the desired outcomes were met during the enquiry

RED

Change:
↓ 4 pp

Last Month	This Month	Target
82%	78%	85%
Recalculated: 82%		

Source:
Carefirst- safeguarding enquiry forms. Proportion of enquiries where the person expressed desired outcomes where at least one was partially met.



Measure Owner:
John Williams

Responsible Officer:
Paul Hallam

Frequently asked questions:

[Return to Scorecard](#)

[Next: Hospital pathway >](#)

Theme: Corporate Measures

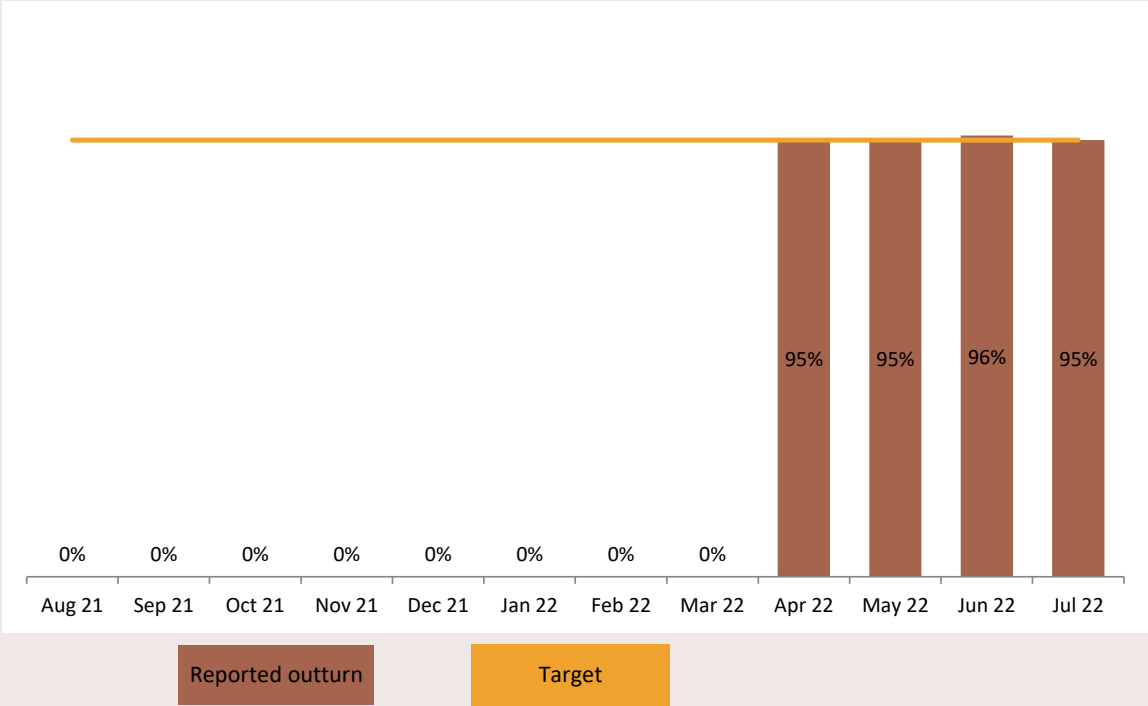
The proportion of patients discharged from hospital into pathways 0 and 1

GREEN

Change:
↓ 1 pp

Last Month	This Month	Target
96%	95%	95%

Source:
NHS Data



Measure Owner:

Responsible Officer:
Andrew Marsh

Frequently asked questions:

[< Previous: Safeguarding outcomes met](#)

[Return to Scorecard](#)

[Next: Direct payments uptake >](#)

AMBER

Change:



0.3 pp

Last Month

38.5%

Recalculated:

38.5%

This Month

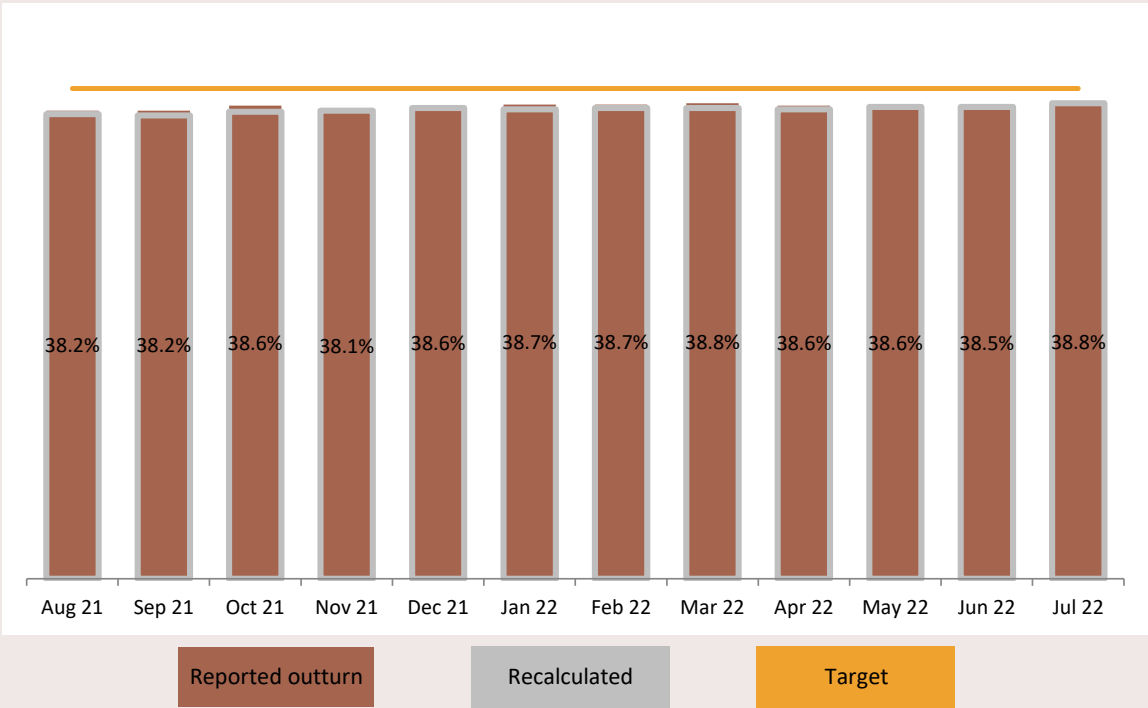
38.8%

Target

40%

Source:

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



Measure Owner:
John Williams

Responsible Officer:
Shazia Hanif

Frequently asked questions:

[< Previous: Hospital pathway](#)

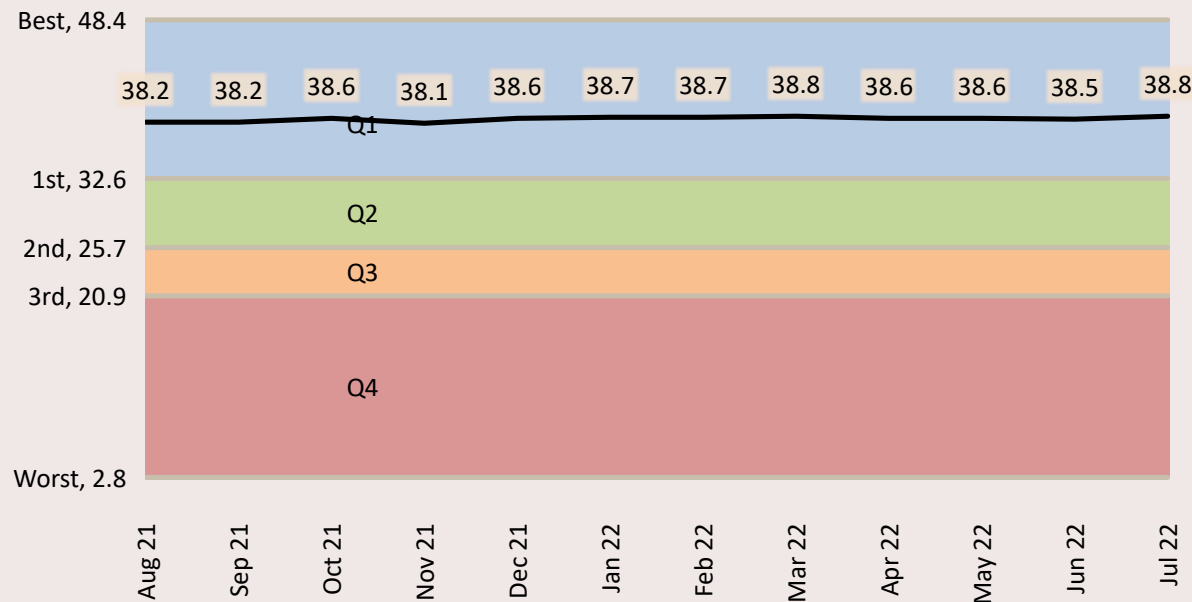
[Return to Scorecard](#)

[Next: Direct payments quartiles >](#)

Theme: Corporate Measures

Uptake of Direct Payments

Performance against national quartiles



Benchmarking data is taken from 2020/21 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Packages Difference
		Figure	%	
Worst	2.8%	-36.0	-93%	-2953
3rd	20.9%	-17.9	-46%	-1469
2nd	25.7%	-13.1	-34%	-1075
1st	32.6%	-6.2	-16%	-509
Birmingham	38.8%			
Best	48.4%	9.6	25%	788

Current Quartile	1st
Distance to next quartile	N/A
Distance to top quartile	N/A

[< Previous: Direct payments uptake](#)

[Return to Scorecard](#)

[Next: Good provider all >](#)

Theme: Corporate Measures

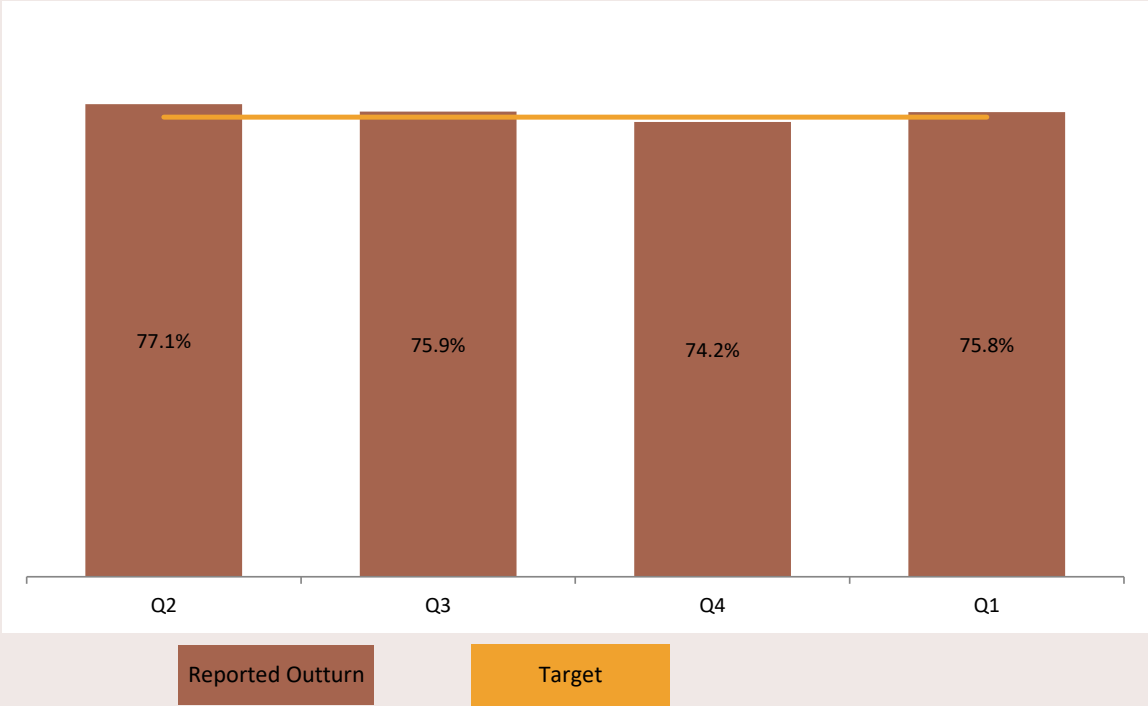
The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold (Quarterly)

Source:
Carefirst service agreements and commissioning provider assessment data

GREEN

Change:
↑ 1.5 pp

Prev. Quarter	Latest Quarter	Target
74.2%	75.8%	75%



Measure Owner:
Alison Malik

Responsible Officer:

Frequently asked questions:

Theme: Corporate Measures

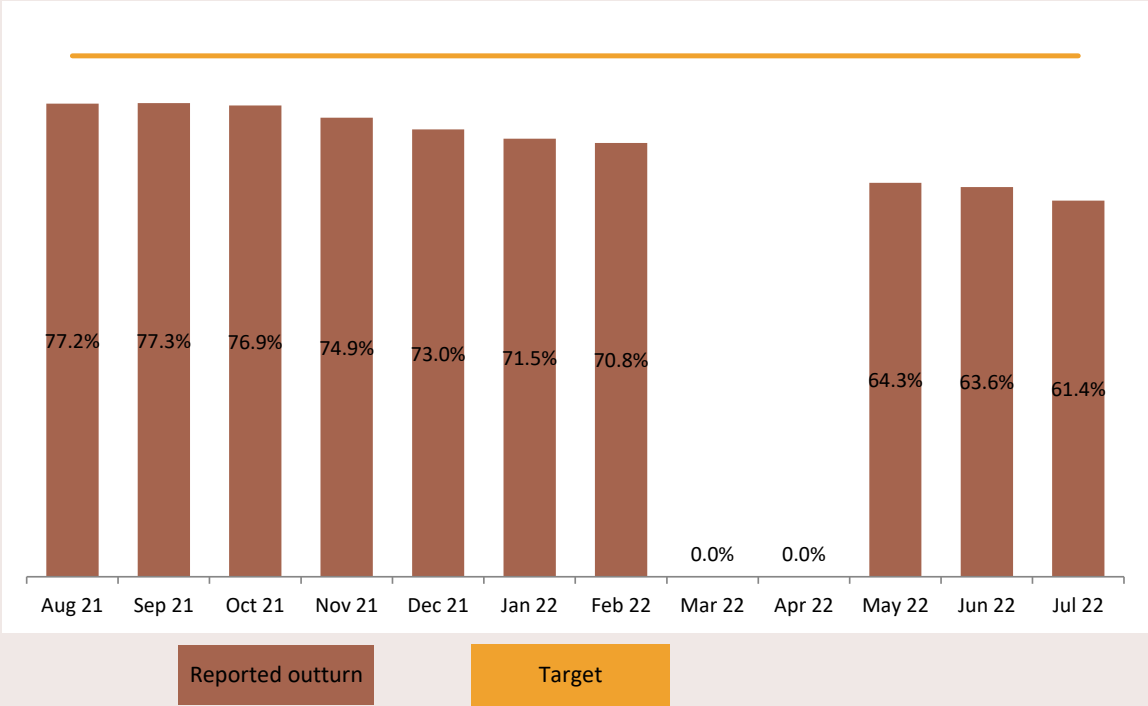
Proportion of clients reviewed, reassessed or assessed within 12 months

RED

Change:
↓ 2.2 pp

Last Month	This Month	Target
63.6%	61.4%	85%

Source:
Carefirst snapshot. The proportion of people receiving a reviewable service who have had a recorded review, assessment or reassessment in the last 12 months



Measure Owner:
John Williams

Responsible Officer:
Afsaneh Sabouri

Frequently asked questions:

[< Previous: Good provider all](#)

[Return to Scorecard](#)

[Next: Long term admissions >](#)

Theme: Corporate Measures

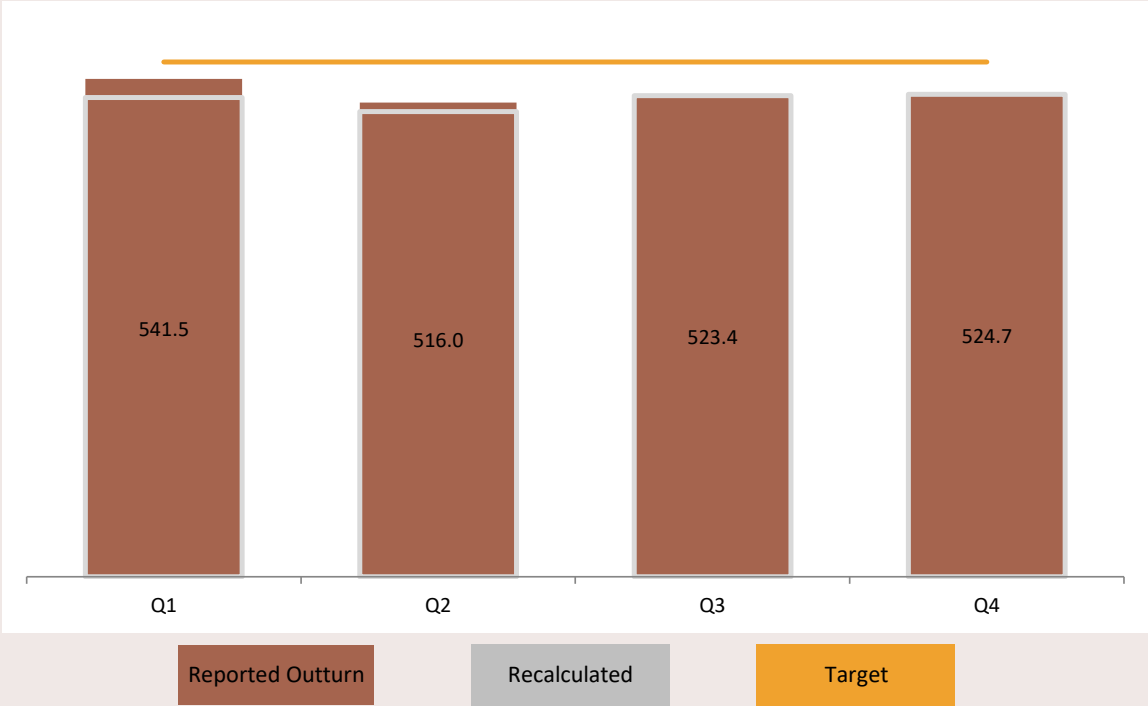
The number of long-term admissions to residential or nursing care per 100,000 over 65s

GREEN

Change:
0.2%

Prev. Quarter	Latest Quarter	Target
523.4	524.7	560
Recalculated: 0		

Source:
Carefirst



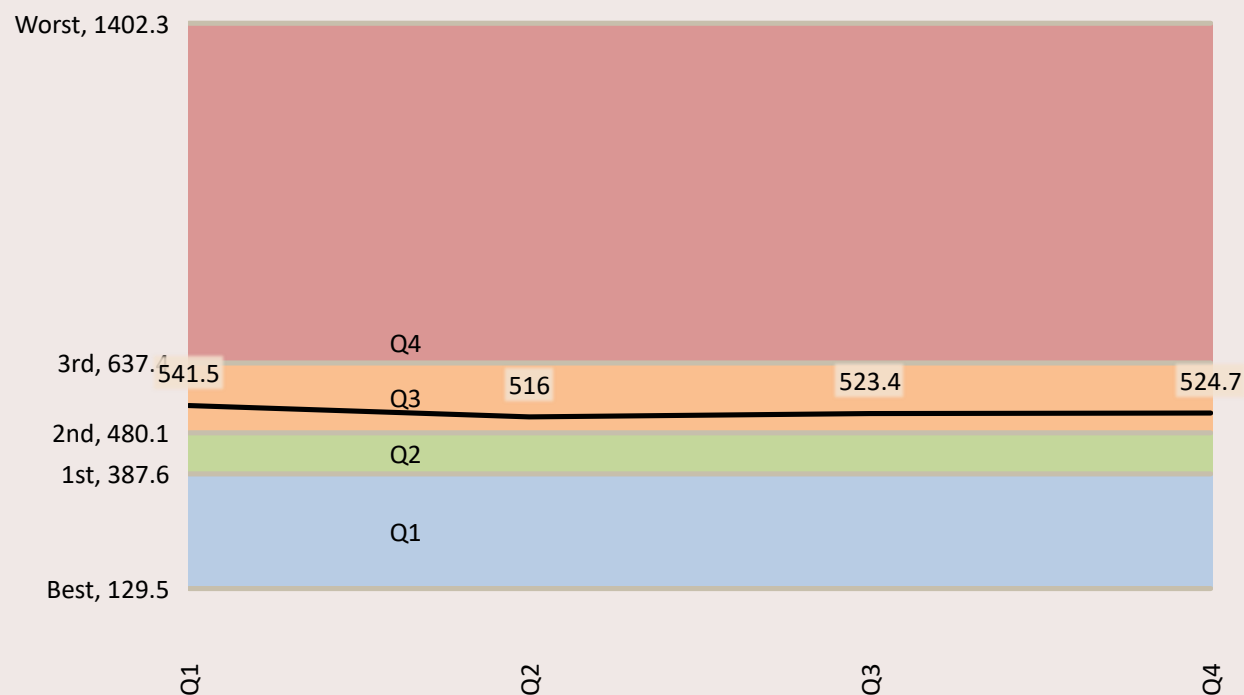
Measure Owner: Responsible Officer:

Frequently asked questions:

Theme: Corporate Measures

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

Performance against national quartiles



Benchmarking data is taken from 2020/21 Ascof
This benchmarking is against historical results- current performance by other local authorities may differ from this.

Quartile	Score	Difference		Admissions Difference
		Figure	%	
Worst	1402.3	877.6	167%	1298
3rd	637.4	112.7	21%	167
Birmingham	524.7			
2nd	480.1	-44.6	-8%	-66
1st	387.6	-137.1	-26%	-203
Best	129.5	-395.2	-75%	-585

Current Quartile	3rd
Distance to next quartile	66 Admissions
Distance to top quartile	203 Admissions

[< Previous: Long term admissions](#)

[Return to Scorecard](#)

[Next: Care in own home >](#)

Theme: Corporate Measures

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

GREEN

Change:

0 pp

Last Month

70.6%

Recalculated:
70.4%

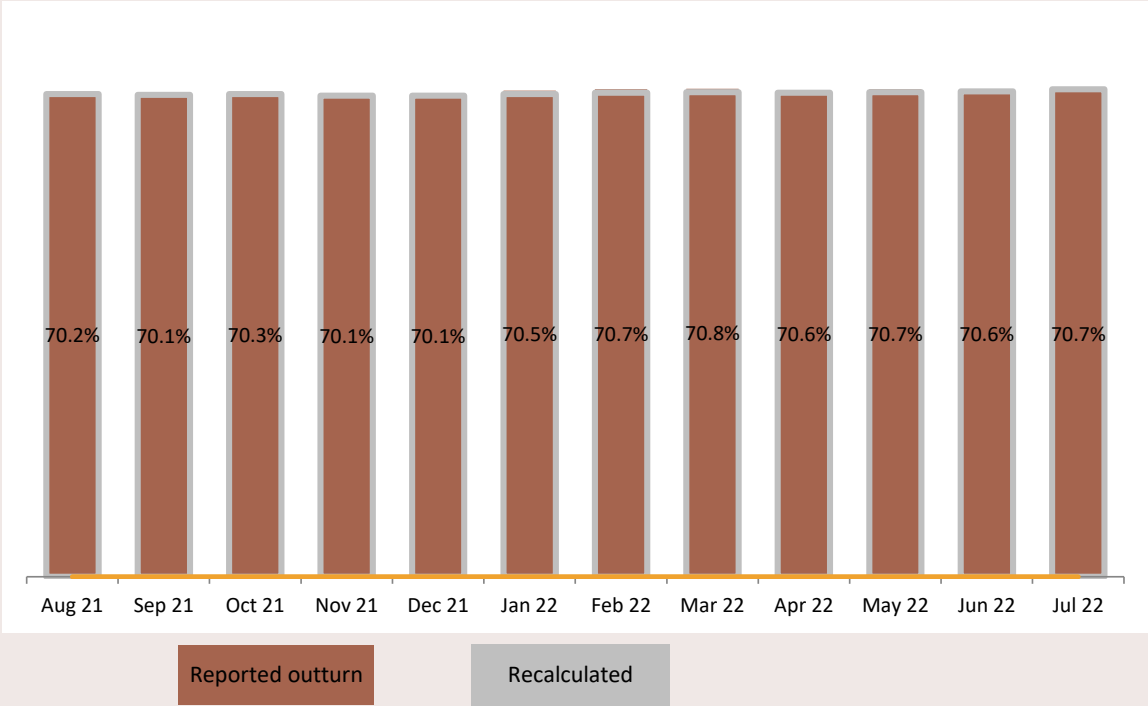
This Month

70.7%

Preferred

Travel:
Upwards

Source:
Carefirst via finance team. Snapshot proportion of people receiving long-term services who do not receive residential or nursing care



Measure Owner:

Responsible Officer:
Andrew Marsh

Frequently asked questions:

[< Previous: Long term admissions quartiles](#)

[Return to Scorecard](#)

Produced by ASC Information and Analysis Team (data from various sources)

Measure		Status	Target	Last Month	This Month	D o T	Constit- uencies	Bench- markable
1	The percentage of people who receive Adult Social Care in their own home	GREEN	DoT Only	70.6%	71%	Up (Green)		
2	Proportion of clients reviewed, reassessed or assessed within 12 months	RED	85%	61.6%	69.2%	Up (Green)	✓	
3	The percentage of concluded Safeguarding enquiries where the desired outcomes were met during the enquiry	GREEN	85%	93%	95%	Up (Green)		
4	The proportion of patients discharged from hospital into pathways 0 and 1	GREEN	95%	96%	96%	Static (Amber)		
5	Number of adults who have a vulnerability/inactive/disability aged over 25 engaged in support to help them into education, training, apprenticeships, jobs and job search activity	GREEN	207 (EoY 339)		227			
6	Total no. of domestic abuse victims supported through the Part 4 new statutory duty	GREEN	1570 (EoY 2040)		3066			

Theme: Corporate Measures

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

GREEN

Change:

Up
(Green) 0.4 pp

Last Month

70.6%

Recalculated:
70.6%

This Month

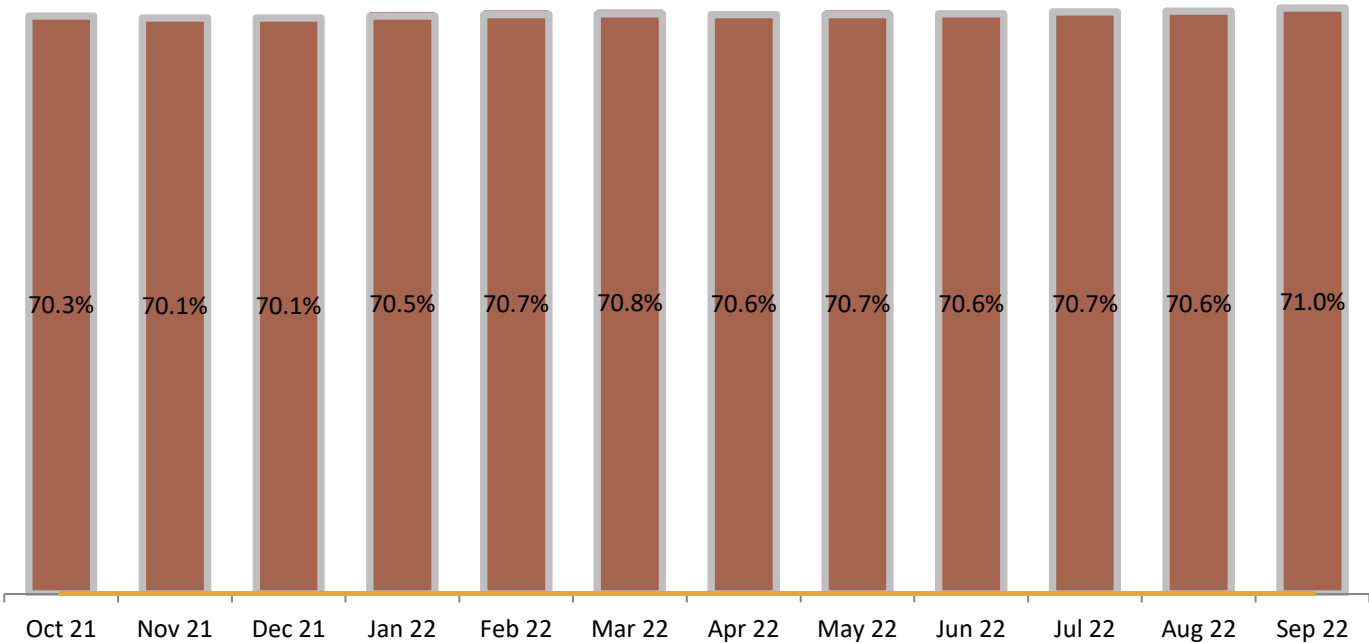
71%

Preferred

Travel:

Upwards

Source:
Carefirst via finance team. Snapshot proportion of people receiving long-term services who do not receive residential or nursing care



Reported outturn

Recalculated

Commentary:

While our long-term goal is to increase the proportion of the people we support who receive care at home, it is only possible to improve this very gradually, and any quarter-on-quarter progress may be hidden by other factors that aren't under our control.

Our social work teams in both the community and the hospital discharge-to-assess service follow a "home first" principle, which means that they support citizens to stay in their own home as long as possible. However we only do this where it is safe, and if someone's support needs are too great then we have to arrange a care home placement for them.

Measure Owner:

Responsible Officer:
Andrew Marsh

Frequently asked questions:

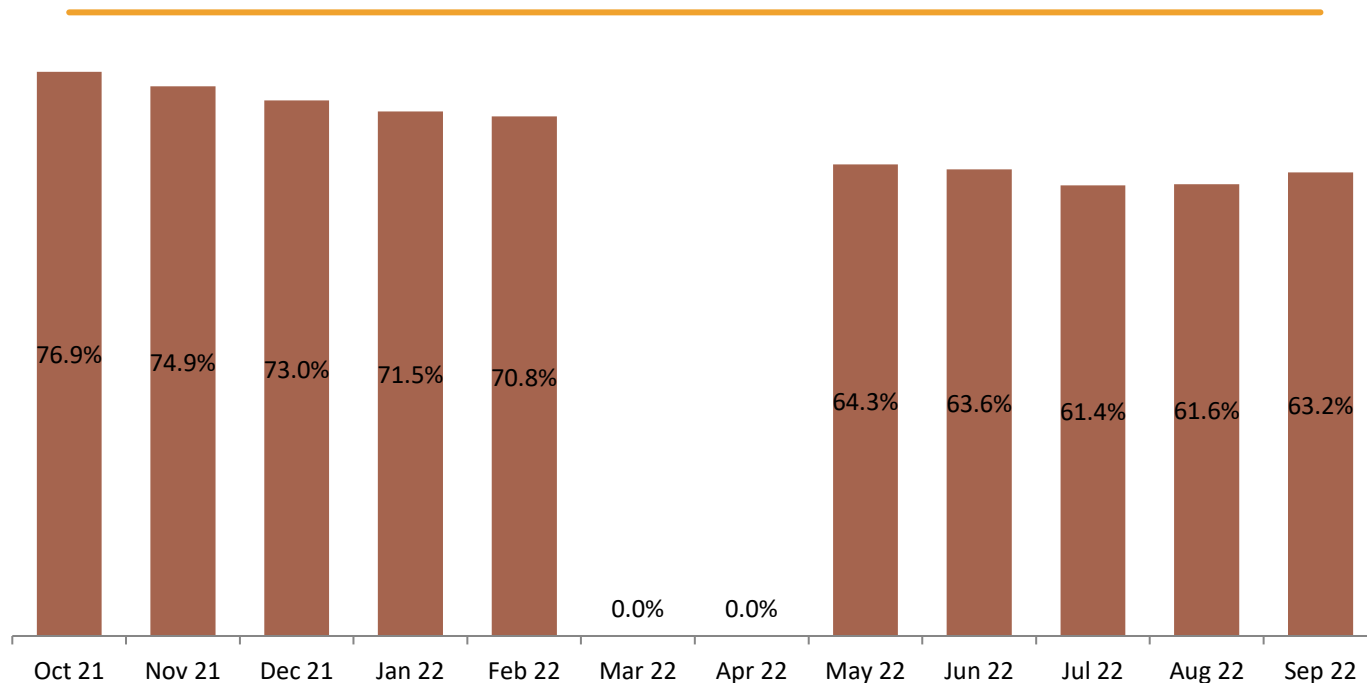
[Return to Scorecard](#)

[Next: Reviews >](#)

Theme: Corporate Measures**Proportion of clients reviewed, reassessed or assessed within 12 months****RED****Change:****Up
(Green) 1.6 pp****Last Month****61.6%****This Month****63.2%****Target****85%**

Source:

Carefirst snapshot. The proportion of people receiving a reviewable service who have had a recorded review, assessment or reassessment in the last 12 months



Reported outturn

Target

Commentary:

Our performance has dropped slightly across the quarter, but it reached its lowest point in July, and we have been improving it since.

Most teams have improved substantially, and we are putting action plans in place for the remaining teams that are pulling our overall performance down.

We have been carrying vacancies in Adult Social Care and have had issues retaining staff. We have now implemented a package of staff retention measures and we are actively recruiting to our vacancies. Because of the nature of recruitment, this process will take some time.

Our performance on this measure has turned a corner and we expect to be reporting an improvement next quarter. However, it will still be challenging to meet the 85% target, and it will be at risk from any demand resulting from the predicted 'flu and covid waves this winter, plus the effects of the cost-of-living crisis.

Measure Owner:

John Williams

Responsible Officer:

Shazia Hanif

Frequently asked questions:[< Previous: Care in own home](#)[Return to Scorecard](#)[Next: Safeguarding outcomes met >](#)

Theme: Corporate Measures

The percentage of concluded Safeguarding enquiries where the desired outcomes were met during the enquiry

GREEN**Change:**

Up
(Green) 2 pp

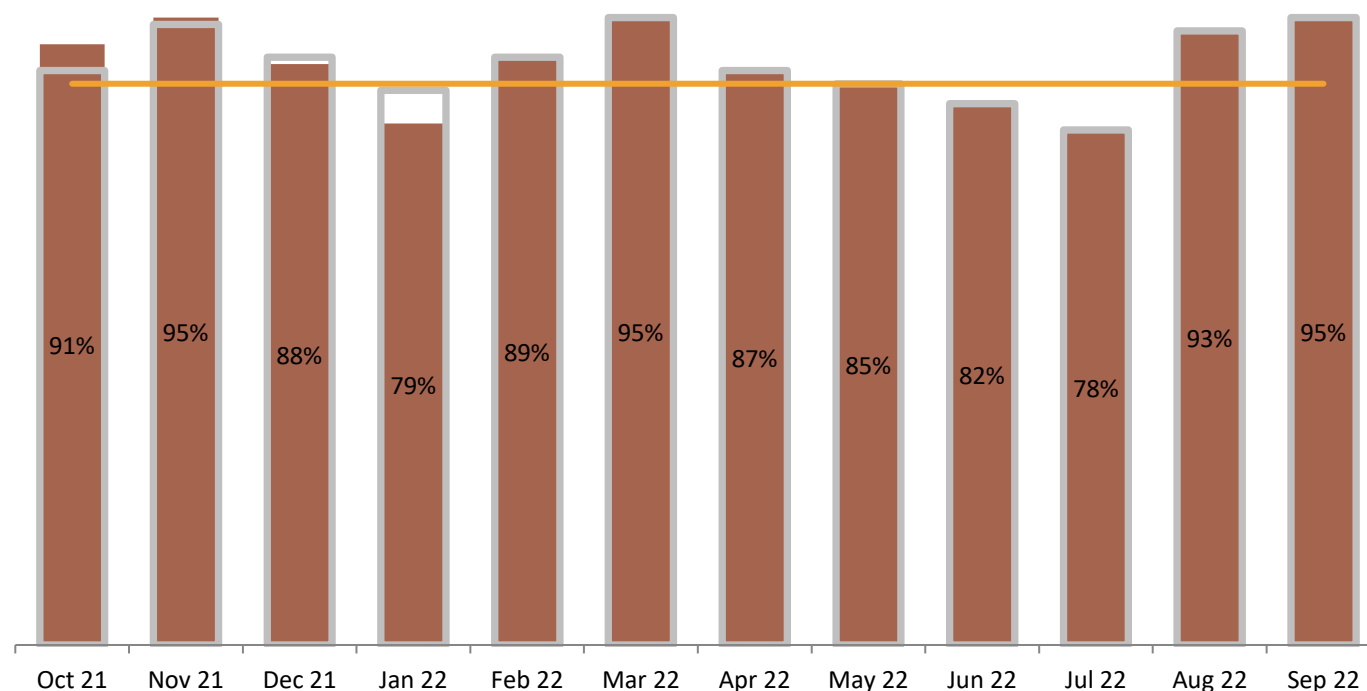
Last Month**93%**

Recalculated:
93%

This Month**95%****Target****85%**

Source:

Carefirst- safeguarding enquiry forms. Proportion of enquiries where the person expressed desired outcomes where at least one was partially met.



Reported outcome

Recalculated

Target

Commentary:

This measure is based on a small number of safeguarding enquiries, which can cause large fluctuations in our reported performance. This quarter, the 90% figure means that we helped 116 out of 129 people achieve their requested outcomes during the enquiry.

We have significantly reduced the number of outstanding cases, but we are still receiving an unusually high number of safeguarding referrals. Typically, these usually fall in September but that has not happened this year. This may mean we sometimes miss the opportunity to meet someone's desired outcomes even though we have addressed any risks to them, so we may see a higher number of unmet outcomes than usual. We have put a triage function in place so that we can redirect people who have been referred to us inappropriately without having to open a safeguarding enquiry.

Measure Owner:

John Williams

Responsible Officer:

Merryn Tate

Frequently asked questions:[< Previous: Reviews](#)[Return to Scorecard](#)[Next: Hospital pathway >](#)

Theme: Corporate Measures

The proportion of patients discharged from hospital into pathways 0 and 1

GREEN

Change:

Static
(Amber) 0 pp

Last Month

96%

This Month

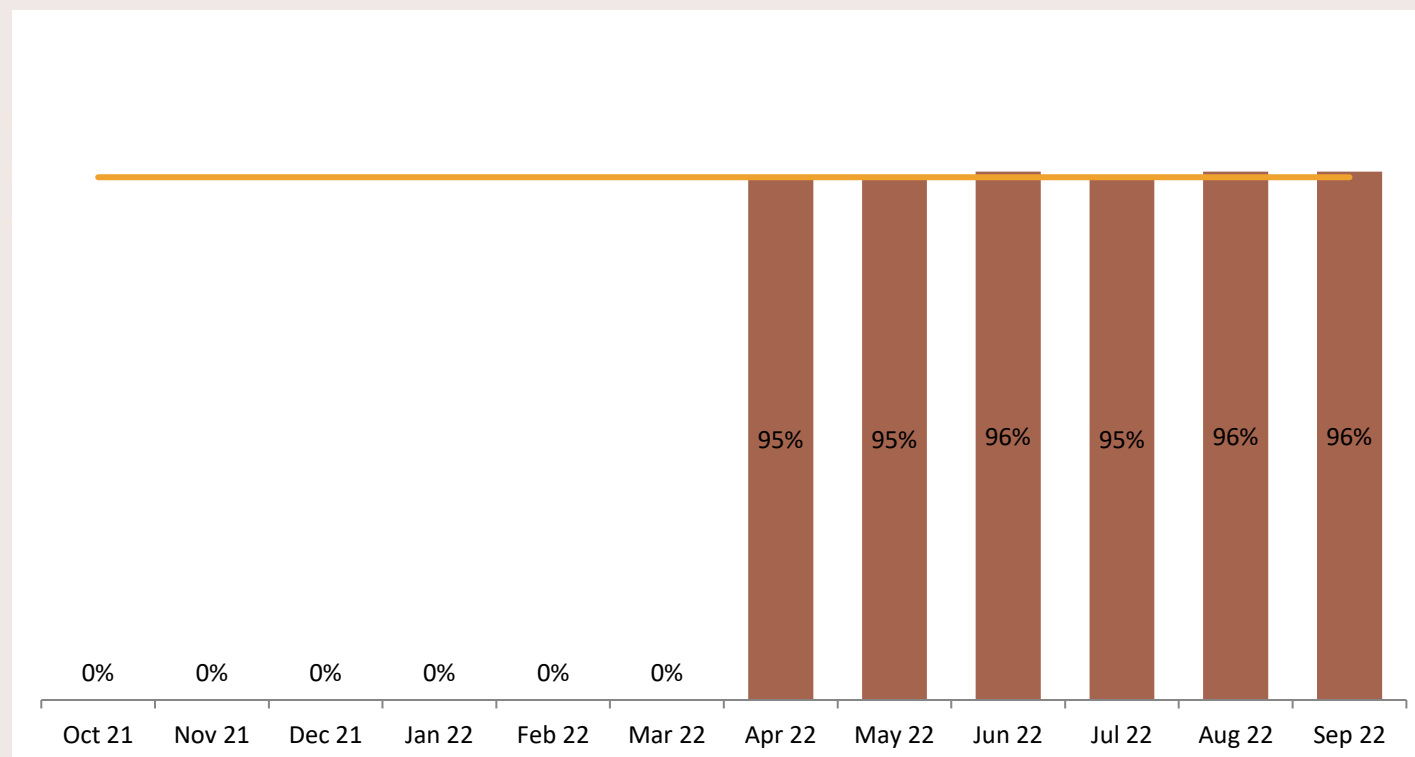
96%

Target

95%

Source:

NHS Data



Reported outturn

Target

Commentary:

We have met our target this quarter. Our hospital social work teams and our partners in the NHS focus on our “home first” principle when people are discharged from hospital. Our Early Intervention Community Team assists people who need extra support to stay at home after discharge. Our performance on this measure may be affected by how severely ill people are when they are admitted to hospital, and there is a suggestion that this is getting worse. This is beyond our control, however we are monitoring it in case it impacts our performance.

Measure Owner:

Responsible Officer:

Andrew Marsh

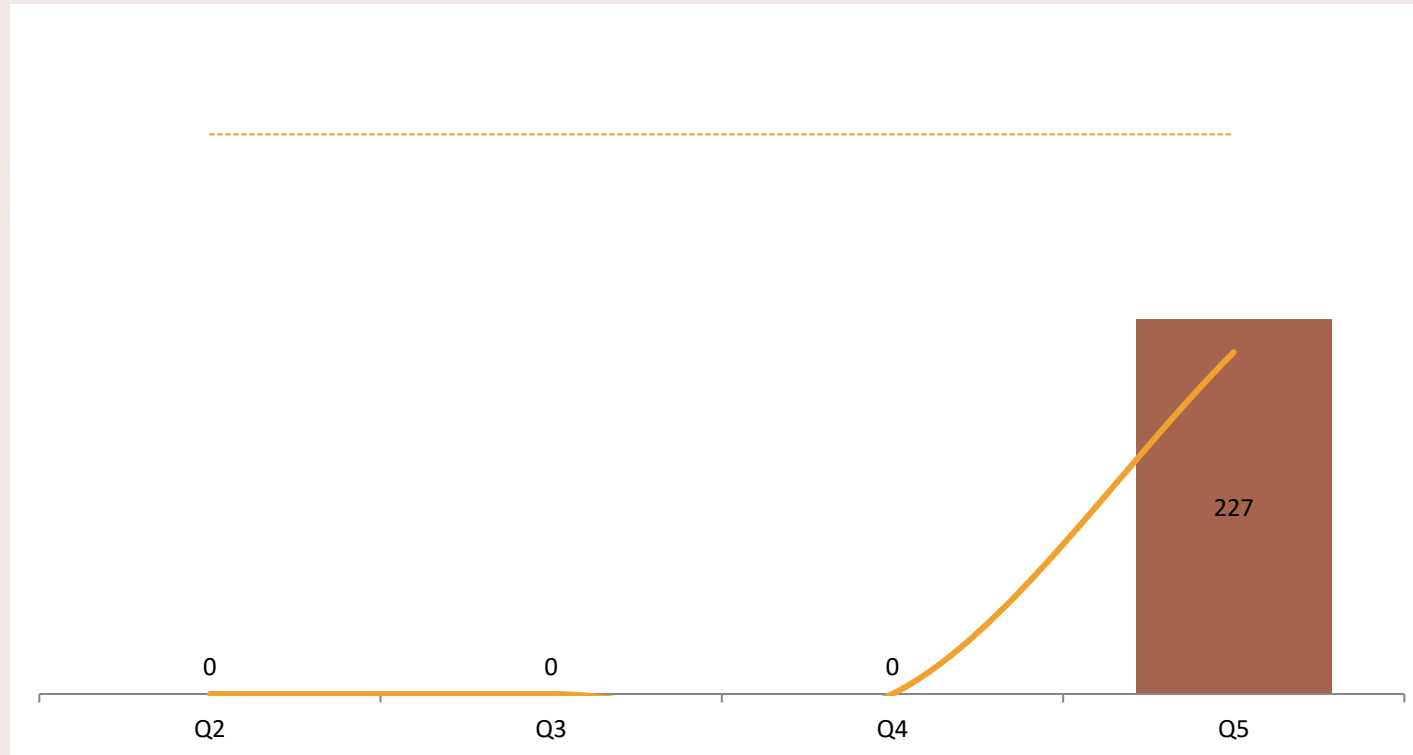
Frequently asked questions:
[< Previous: Safeguarding outcomes met](#)
[Return to Scorecard](#)
[Next: Pure project >](#)

Theme: Corporate Plan

Number of adults who have a vulnerability/inactive/disability aged over 25 engaged in support to help them into education, training, apprenticeships, jobs and job search activity

Source:

Pure Project

GREEN**Change:****Prev. Quarter****Latest Quarter****Target****227****207****(EoY 339)**

Reported Outturn

Target

(EoY as dotted line)

Frequently asked questions:

Placeholder- active from Q2

Commentary:

This is a new measure this quarter. Over the quarter, 227 people have engaged with support from the Pure Project, which is in line with our targets for the rest of the year.

The project has begun loaning laptops from its Digital Inclusion Lending Library to citizens who require them, and providing devices to support job clubs that have been set up by providers working with the project. We will also be launching an incentive scheme aimed at increasing the number of people engaging with the service, which will offer them retail vouchers.

Measure Owner:

John Williams

Responsible Officer:

Tabriz Hussain

[< Previous: Hospital pathway](#)
[Return to Scorecard](#)
[Next: Domestic abuse >](#)

Theme: Corporate Plan

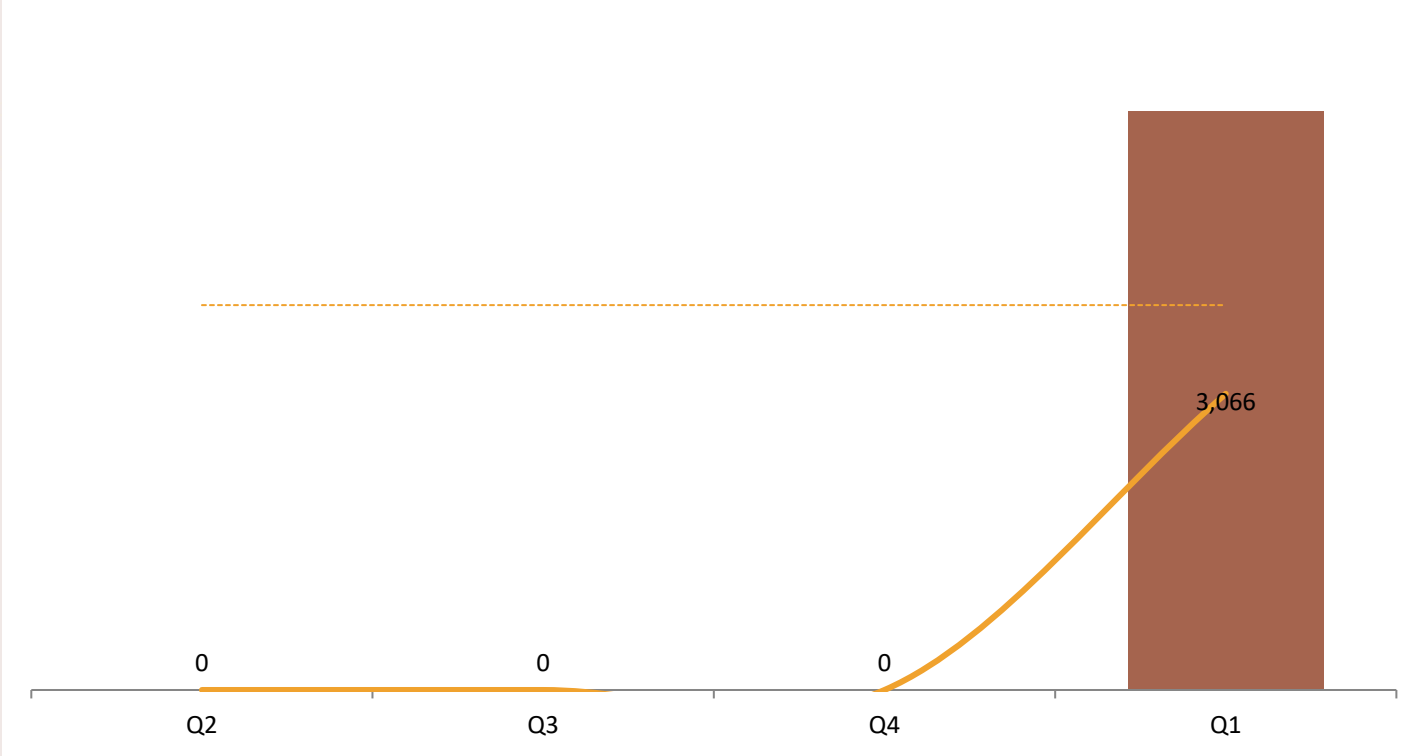
Total no. of domestic abuse victims supported through the Part 4 new statutory duty

GREEN

Change:

Prev. Quarter	Latest Quarter	Target
	3066	1570 (EoY 2040)

Source:
Commissioning



Reported Outturn

Target
(EoY as dotted line)

Frequently asked questions:

Placeholder- active from Q2

Commentary:

The provision of domestic abuse support captured is a mixture of face-to-face support, including counselling and therapy sessions and support through helplines and webchat. It can include repeat calls as a victim may call several times , to seek support and validation ,only when it is safe to do so. These services are commissioned across the City to the specialist domestic abuse sector.

These services continue to see a high level of demand from victims of domestic abuse seeking help, particularly through the helplines and webchats. As highlighted above the target for the quarter was to provide 1,570 instances of support and in April – June there were 3,066 instances of support given of which 2,837 were through the helpline and webchat. To meet the demand the Council have funded additional helpline workers both at the Domestic Abuse Hub, and at Trident Reach who run domestic abuse helplines on our behalf.

Measure Owner:

Responsible Officer:



Health and Social Care O&S Committee: Work Programme 2022/23

Chair:	Cllr Mick Brown
Deputy Chair:	Cllr Rob Pocock
Committee Members:	Cllrs: Kath Hartley, Jane Jones, Kirsten Kurt-Elli, Gareth Moore, Julian Pritchard and Paul Tilsley.
Officer Support:	Senior Overview and Scrutiny Manager: Fiona Bottrill (07395 884487) Scrutiny Officer: Gail Sadler (303 1901) Committee Manager: Sofia Mirza (675 0216)

1 Introduction

- 1.1 The Health and Social Care Overview and Scrutiny Committee's remit is to fulfil the functions of an Overview and Scrutiny Committee as they relate to any policies, services and activities concerning adult safeguarding, social care and public health; and to discharge the relevant overview and scrutiny role set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012, including: The appointment of Joint Overview and Scrutiny Committees with neighbouring authorities; and the exercise of the power to make referrals of contested service reconfigurations to the Secretary of State as previously delegated to the Health and Social Care Overview and Scrutiny Committee by the Council.
- 1.2 This report provides details of the proposed scrutiny work programme for 2022/23.

2 Recommendation

- 2.1 That the Committee considers its work programme, attached at Appendix 1, and agrees any amendments required.

3 Background

- 3.1 *"Scrutiny is based on the principle that someone who makes a decision...should not be the only one to review or challenge it. Overview is founded on the belief that an open, inclusive, member-led approach to policy review...results in better policies in the long run."* (Jessica Crowe, former Executive Director, Centre for Governance and Scrutiny).
- 3.2 Developing an effective work programme is the bedrock of an effective scrutiny function. Done well, it can help lay the foundations for targeted, inclusive and timely work on issues of local



importance, where scrutiny can add value. Done poorly, scrutiny can end up wasting time and resources on issues where the impact of any scrutiny work done is likely to be minimal.

- 3.3 As a result, the careful selection and prioritisation of work is essential if the scrutiny function is to be successful, add value and retain credibility.

4 Work Programme

- 4.1 Appendix 1 sets out the future work programme for this Committee. This provides information on the aims and objectives, together with lead officers and witnesses, for each item. The attached work programme also includes items to be programmed where dates are still to be confirmed, and any outstanding items including the tracking of previous recommendations.

5 Joint Working Across Committee Work Programmes 2022/23

- 5.1 As the work programmes for the Committees have developed a number of cross cutting issues have been identified. To avoid duplication Members will be invited to attend different Overview and Scrutiny Committee meetings for relevant reports as set out below:-

Lead Committee	Meeting and Agenda Item	Members to be invited and reason
Education and Children's Social Care O&SC	22 February 2023 Report from Birmingham Safeguarding Children's Partnership (BSCP)	Members of the CYP Mental Health Inquiry from the Health and Adult Care O&SC Information from the BSCP will inform the CYP mental health inquiry.
Commonwealth Games, Culture and Physical Activity O&SC	Meeting: TBC Report on employment and skills Legacy of the Commonwealth Games	Members of the Economy and Skills OSC At the meeting on the 8 th July Co-ordinating O&SC decided that this issue falls within the remit of the CWG, Culture and Physical Activity OSC, and as it has been identified during the work planning for the Economy and Skills O&SC as an issue of interest Members of this Committee would be invited to the relevant meeting.



6 Inquiry

- 6.1 Evidence gathering meetings for the Inquiry on children and young people's mental health have been arranged during December 2022, January and February 2023.

7 Other Meetings

Call in Meetings:

None scheduled

Petitions

None scheduled

Councillor Call for Action requests

None scheduled

The Committee approved Tuesday at 10.00am as a suitable day and time each week for any additional meetings required to consider 'requests for call in' which may be lodged in respect of Executive decisions

8 Forward Plan for Cabinet Decisions

- 8.1 Since the implementation of the Local Government Act and the introduction of the Forward Plan, scrutiny members have found the Plan to be a useful tool in identifying potential agenda items.
- 8.2 The following decisions, extracted from the CMIS Forward Plan of Decisions, are likely to be relevant to the Health and Social Care O&S Committee's remit. The Panel may wish to consider whether any of these issues require further investigation or monitoring via scrutiny. The Forward Plan can be viewed in full via Forward Plans (cmis.uk.com).

ID Number	Title	Proposed Date of Decision
010624/2022	Covid Recovery Support for Sport and Leisure Contracts (S0034a)	13 December 2022
010717/2022	Regulated Adult Social Care Commissioning Strategy – Care Homes, Supported Living and Home Support Sensory Loss	13 December 2022



9 Legal Implications

9.1 There are no immediate legal implications arising from this report.

10 Financial Implications

10.1 There are no financial implications arising from the recommendations set out in this report.

11 Public Sector Equality Duty

11.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

11.2 The Committee should ensure that it addresses these duties by considering them during work programme development, the scoping of work, evidence gathering and making recommendations. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within Birmingham; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

11.3 The Committee should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

12 Use of Appendices

12.1 Appendix 1 – Work Programme for 2022/2023

APPENDIX 1

HEALTH & SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE 2022-23 WORK PROGRAMME

Date of Meeting: 19th July 2022

Item/ Topic	Type of Scrutiny	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information (Including joint working / links with other O&S Committees)
<i>Q4 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	<i>Maria to include any performance information on Delayed Transfers of Care.</i>
<i>Healthwatch Birmingham Annual Report 2021/22</i>	<i>Agenda item</i>	<i>Reporting on investigations completed in the previous year.</i>	<i>Andy Cave, CEO, Healthwatch Birmingham</i>	<i>N/A</i>	<i>None identified</i>	<ul style="list-style-type: none"> • Access to NHS Dentistry • Investigation about people's experiences of Day Services • Access to GP Services

Final Deadline: Thursday 7th July 2022

Publication: Monday 11th July 2022

Date of Meeting: Tuesday 20th September 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Election of Deputy Chair</i>	<i>Agenda item</i>	<i>To elect a Deputy Chair. Deferred from 19th July informal meeting.</i>				
<i>Action Notes/ Matters Arising</i>	<i>Agenda item</i>	<i>To approve the action notes of the meeting held on 29th March 2022. To note the action notes of the informal meeting held on 19th July 2022.</i>				
<i>Report of the Cabinet Member for Health and Social Care</i>	<i>Agenda Item</i>	<i>To set out the Cabinet Member's priorities for the coming year.</i>	<i>Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor Mariam Khan</i>
<i>Period Poverty and Raising Period Awareness</i>	<i>Tracking Recommendations</i>	<i>To track progress against implementation of recommendations.</i>	<i>Monika Rozanski Rokneddin Shariat</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 8th September 2022

Publication: Monday 12th September 2022

Date of Meeting: Tuesday 18th October 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Forward Thinking Birmingham</i>	<i>Agenda item</i>	<i>To present the annual report.</i>	<i>Fiona Reynolds Chief Medical Officer Birmingham Women's and Children's NHS Foundation Trust (FTB)</i>	<i>N/A</i>	<i>None identified</i>	It was agreed at Co-ordinating OSC on the 8 July 2022 that the Health and Social Care O&SC undertakes scrutiny of children's mental health (under the overview and scrutiny role set out in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012) and members of the Education and Children's Social Care Committee will be invited to attend as mental health is included within the Committee's terms of reference.
<i>Infant Mortality – Tracking Report</i>	<i>Tracking Recommendations</i>	<i>To track progress against implementation of recommendations.</i>	<i>Dr Marion Gibbon</i>	<i>N/A</i>	<i>None identified</i>	

<i>Q1 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.(Deferred to 20 December 2022)</i>	<i>Maria Gavin John Williams Merryn Tate</i>	<i>N/A</i>	<i>None identified</i>	<i>The Q1 Performance data had been deferred to the meeting on 20 December. An update will be provided to the October meeting on the future arrangements for Adult Social Care Performance Monitoring data.</i>
<i>Children and Young People's Mental Health Inquiry</i>	<i>Agenda item</i>	<i>Terms of Reference</i>	<i>Fiona Bottrill</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 6th October 2022

Publication: Monday 10th October 2022

Date of Meeting: Tuesday 22nd November 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Substance Misuse Recovery System (CGL)</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Karl Beese</i>	<i>N/A</i>	<i>None identified</i>	
<i>Birmingham and Solihull Integrated Care System Ten-Year Strategy</i>	<i>Agenda item</i>	<i>Report setting out the plan for health and care services for Birmingham and Solihull</i>	<i>David Melbourne Chief Executive, Birmingham and Solihull ICS</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 10th November 2022

Publication: Monday 14th November 2022

Date of Meeting: Tuesday 20th December 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Safeguarding Adults Board Annual Report</i>	<i>Agenda item</i>	<i>Reporting on outcomes against priorities in the previous year.</i>	<i>Asif Manzoor Dr Carolyn Kus, Independent Chair</i>	<i>N/A</i>	<i>None identified</i>	
<i>Birmingham and Lewisham African Health Inequalities Review (BLACHIR)</i>	<i>Agenda item</i>	<i>Reporting on progress against actions in the report</i>	<i>Monika Rozanski; Jo Tonkin; Modupe Omonijo; Marcia Wynter; Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor Mariam Khan, Cabinet Member for Health and Social Care.</i>
<i>Q2 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	<i>Reporting Q1 and Q2.</i>

Final Deadline: Thursday 8th December 2022

Publication: Monday 12th December 2022

Date of Meeting: Tuesday 24th January 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Day Opportunities Co-Production Review</i>	<i>Agenda item</i>	<i>Findings of the independent co-produced review of day opportunity services.</i>	<i>John Williams / Saba Rai / John Freeman</i>	<i>N/A</i>	<i>None identified</i>	
<i>Adult Social Care Reforms</i>	<i>Agenda item</i>	<i>To inform the committee on reforms to Adult Social Care.</i>	<i>John Williams</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 12th January 2023

Publication: Monday 16th January 2023

Date of Meeting: Tuesday 21st February 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Birmingham Sexual Health Services – Umbrella (UHB)</i>	<i>Agenda item</i>	<i>Annual report on performance against public health contract.</i>	<i>Karl Beese</i>	<i>N/A</i>	<i>None identified</i>	
<i>Immunisation</i>	<i>Agenda item</i>	<i>Report to set out the challenges with the take up of immunisations.</i>	<i>Mary Orhewere / Kate Woolley, Director of Immunisation and Vaccinations</i>	<i>N/A</i>	<i>None identified</i>	<i>Report to be presented as a scoping paper for a possible future inquiry based on previous scoping paper for Infant Mortality.</i>

Final Deadline: Thursday 9th February 2023

Publication: Monday 13th February 2023

Date of Meeting: Tuesday 14th March 2023

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Cabinet Member Update Report</i>	<i>Agenda item</i>	<i>Cabinet Member to report progress against portfolio priorities</i>	<i>Ceri Saunders</i>	<i>N/A</i>	<i>None identified</i>	<i>Councillor Mariam Khan, Cabinet Member for Health and Social Care.</i>
<i>Q3 Adult Social Care Performance Monitoring</i>	<i>Agenda item</i>	<i>Report on red rated performance indicators; 5 performance indicators chosen by HOSC for in-depth examination and the complete set of Adult Social Care performance indicators.</i>	<i>Maria Gavin</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: Thursday 2nd March 2023

Publication: Monday 6th March 2023

Date of Meeting: Tuesday 18th April 2022

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>ICB Update</i>	<i>Agenda item</i>		<i>Paul Sherriff and Karen Kelly</i>	<i>N/A</i>	<i>N/A</i>	

Final Deadline: Thursday 6th April 2023

Publication: Monday 10th April 2023

INFORMAL BRIEFINGS (TO BE ARRANGED)
<i>Engaging with third sector providers of Adult Social Care (Louise Collett)</i>
<i>City Observatory Data (Richard Brooks)</i>

TO BE SCHEDULED:

1. Public Health Horizon Scanning / JSNA
2. Primary Care Networks
3. Access to GPs
4. Mental Health and Wellbeing Post-COVID
5. Joint inquiry with Education and Children's Social Care O&S Committee: Children and Young People's Mental Health
6. Dementia Strategy and Action Plan.
7. Visit to UHB NHS Foundation Trust Hospital sites.
8. Visit to Early Intervention Community Team, Norman Power Centre.
9. Update Report on Birmingham and Solihull Integrated Care System.

BIRMINGHAM/SANDWELL JOINT HEALTH SCRUTINY COMMITTEE

Date of Meeting: 29th November @ 2.00pm

Venue: Birmingham

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Committee Terms of Reference</i>	<i>Agenda item</i>	<i>To update the committee terms of reference</i>	<i>Fiona Bottrill</i>	<i>N/A</i>	<i>None identified</i>	
<i>Acute Care Model</i>	<i>Agenda item</i>	<i>To report on the model for acute care.</i>	<i>Liam Kennedy, Midland Metropolitan Hospital Delivery Director</i>	<i>N/A</i>	<i>None identified</i>	
<i>Feedback on proposed changes to Day Case Surgery</i>	<i>Agenda item</i>	<i>To report on feedback regarding proposed changes to Day Case Surgery.</i>	<i>Liam Kennedy, Midland Metropolitan Hospital Delivery Director</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: 17th November 2022

Publication: 21st November 2022

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE**Date of Meeting:** 13th October – 1800-2000 hrs – Solihull Civic Suite**Venue:** Solihull

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>Draft BSoL Strategic Vision for Autism and the Draft BSoL Strategic Vision for Learning Difficulties and Disabilities</i>	<i>Agenda item</i>		<i>TBC</i>	<i>N/A</i>	<i>None identified</i>	
<i>Birmingham and Solihull ICS Financial Planning Update</i>	<i>Agenda item</i>	<i>To report on the financial plan for the ICS.</i>	<i>Paul Athey, ICS Finance Lead</i>	<i>N/A</i>	<i>None identified</i>	
<i>Update on the recovery and proposed configuration of surgical services across University Hospitals Birmingham – ICB and UHB and Preparation for Winter Pressures</i>	<i>Agenda item</i>	<i>To report on the current status of services and waiting lists.</i>	<i>Jonathan Brotherton, Chief Operating Officer, UHB</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline:**Publication:** 5th October 2022

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE**Date of Meeting:** 19th January 2023 at 2.00pm, Committee Room 6, Council House**Venue:** Birmingham

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>ICS/UHB Update</i>	<i>Agenda item</i>	<i>To respond to concerns raised by the BBC Newsnight investigations.</i>	<i>David Melbourne, BSol ICS; Dr David Rosser and Jonathan Brotherton, UHB</i>	<i>N/A</i>	<i>None identified</i>	
<i>West Midlands Ambulance Service Update</i>	<i>Agenda item</i>	<i>To respond to concerns raised by the BBC Newsnight investigations</i>	<i>Andrew Marsh, Chief Executive, WMAS</i>	<i>N/A</i>	<i>None identified</i>	
<i>BSol ICS update on performance against finance and recovery plans</i>	<i>Agenda item</i>	<i>To update on the current status regarding finance and recovery plans</i>	<i>Paul Athey, ICS Finance Lead</i>	<i>N/A</i>	<i>None identified</i>	
<i>Committee Terms of Reference</i>	<i>Agenda item</i>	<i>To update the committee terms of reference</i>	<i>Fiona Bottrill</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline: 10th January 2023**Publication:** 11th January 2023

BIRMINGHAM/SOLIHULL JOINT HEALTH SCRUTINY COMMITTEE**Date of Meeting:** February 2023 TBC**Venue:** Solihull

<i>Dementia Strategy</i>	<i>Agenda item</i>	<i>Following consultation seeking approval for the strategy</i>	<i>Revinder Johal, Commissioning Manager – Strategy and Integration, ASC Anna Walker, Commissioning Manager for Strategy and Planning, Solihull MBC</i>	<i>N/A</i>	<i>None identified</i>	
<i>Primary Care Enabling Strategy</i>	<i>Agenda item</i>		<i>Paul Sherriff</i>	<i>N/A</i>	<i>None identified</i>	
<i>Integrated Care System and the Role of Scrutiny</i>	<i>Agenda item</i>	<i>To determine future arrangements and reporting</i>	<i>TBC</i>	<i>N/A</i>	<i>None identified</i>	

Final Deadline:**Publication:**

TO BE SCHEDULED

Item/ Topic	Type	Aims and Objectives	Lead Officer	Witnesses	Visits	Additional Information
<i>ICS Joint Forward Plan</i>	<i>Agenda item</i>	<i>Report on health planning for the system including commissioning intentions.</i>	<i>Carol Herity to confirm Lead Officer</i>	<i>N/A</i>	<i>None identified</i>	
<i>ICS Quality Assurance Update</i>	<i>Agenda item</i>	<i>Update on Quality Assurance to every JHOSC</i>	<i>Carol Herity to confirm Lead Officer</i>	<i>N/A</i>	<i>None identified</i>	
<i>Remodelling of the Primary Care Service</i>	<i>Agenda item</i>	<i>Update report on the current position regarding Primary Care</i>	<i>Paul Sherriff, Executive Director at NHS Birmingham and Solihull ICB.</i>	<i>NA</i>	<i>None identified</i>	<i>Report to include information on commissioned primary care services.</i>
<i>Update on Post-COVID Syndrome ('Long COVID') Rehabilitation</i>	<i>Agenda item</i>	<i>Update on previous report presented to JHOSC on 29th September 2021</i>	<i>Ben Richards, Chief Operating Officer, Birmingham Community Healthcare NHS Foundation Trust</i>	<i>N/A</i>	<i>None identified</i>	<i>Report to include Long COVID implications on health and long-term employment.</i>
<i>Phase 2, Musculoskeletal Redesign Programme</i>	<i>Agenda item</i>	<i>To report on the current status of the programme</i>	<i>Marie Peplow, Chief Operating Officer, The ROH</i>	<i>N/A</i>	<i>None identified</i>	

