

**HEALTH AND SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE  
17 September 2019**

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

**1. PURPOSE OF REPORT**

This report sets out my portfolio priorities and provides an update report further to the report received by Health and Social Care Overview and Scrutiny Committee in November 2018.

**2. ACCOUNTABILITY**

I have accountability for:

Adult Social Care and Health	Development of the Health and Wellbeing Board and relationships with the NHS and private providers.  Strategic leadership of social care services and safeguarding for adults.  Development of an integrated health and social care economy in Birmingham and neighbouring local authorities around the relevant Sustainability and Transformation Plan.
Public Health	Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities.
Healthy Communities	Championing healthy living through sport and leisure services and influencing resident choices through proactive behaviour change initiatives.
Domestic Violence	Taking the lead on the health implications of domestic violence and advising the Cabinet Member for Social Inclusion, Community Safety and Equalities on these matters.

**3. SUMMARY OF KEY PRIORITIES**

The vision for adult social care remains as stated in my previous report to Overview and Scrutiny Committee in November last year. This is to create an environment where adults and older people are resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing.

- Over the past year we have been working to support shaping places that people want to live in, and have invested in early intervention through our pioneering 'Connecting Communities'. We are looking at how we can work better locally to tackle loneliness and social isolation and this is clearly set out in our vision for Adult Social Care which is about enabling our communities to look after themselves with the support of their families and local community first.

- We continue to work closely with our partners on the integration of Health and Social Care and to see through a shift in demand from more acute services to early intervention and preventative services based in the community, whilst giving residents more say over how things are run. Through this we have already seen a huge reduction in care-related delayed discharges from hospital and readmission rates;
- I am keen continue to ensure that as many of the changes and transformation taking place in adult social care is done with our citizens engaged and involved as they know what will work best for them;
- We have a Suicide Prevention Strategy in place and will be working with our partners so our mental health service is recovery focused and working with our partners on Suicide Prevention;
- I am pleased that we have made progress in the uptake of direct payments and personal budgets so our citizens are enabled to take control and have choice in services that best meet their outcomes for independence and wellbeing;
- Through our public health services we will continue to work towards improving the health inequalities that are prevalent in some of our communities and targeting services at those most in need.

#### **4. PARTNERSHIP WORKING**

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

The Health Service continues to evolve Integrated Care Systems (ICSs) are emerging from the current Sustainability and Transformation Partnerships (STPs) and are intended to be the way in which partners will work together in the future to deliver care in a joined up way for local people, reducing fragmentation, complexity and duplication. ICSs **do not have a statutory basis**, and rely on partners' willingness to collaborate and work differently to develop strategy, set priorities and agree outcomes. It is expected that they would work through a system partnership board, and that they would bring opportunities to seek greater delegation and the devolution of funding and decision making to a local level.

It is recognised that the move to new arrangements under an ICS will be complex and the current timeline for the complete transition is April 2021. The Council is involved in discussions at a senior level about future ways of operating and delivering joined up care by 2021, and these discussions fit in neatly with our vision for adult social care and include

**Collaborative local leadership to develop a shared vision, culture and values** will support transformation. All partners understand their own contributions and support the contributions of other partners to a shared vision and goals to improve health and wellbeing.

**Decisions taken as close to communities as possible** – All leaders will have a demonstrable commitment to making decisions at the most local level and as close as possible to the communities that they effect. Accountability mechanisms for new health and care partnerships will build on existing structures – in particular the health and wellbeing boards and health overview and scrutiny arrangements – and new governance structures will be open, transparent and locally accountable.

**Build on what already works locally** - Many areas have developed partnership working to plan and deliver joined-up, person-centred services. Where appropriate, build on effective partnerships and consider adding partners to existing arrangements. All areas

should be enabled to develop their own neighbourhood, place and system wide approaches according to what is appropriate for them, rather than adhering to a rigid national blueprint.

**A person-centred approach** in which all partners plan and deliver care and support with individuals and, where they wish, with their families, to achieve the best health and wellbeing outcomes for them.

**A preventative, population health approach** that maximises health and wellbeing, independence, and self-care in or as close to people's homes as possible in order to reduce their need for health and care services.

**Achieving best value** – all health and care partners to work together to ensure that all planning and delivery of care and support represents the best value in terms of securing the best health and wellbeing outcomes, improved quality and safety of services and sustainable use of resources.

Primary Care Networks (PCNs), form one of the key building blocks of the NHS long term plan and are designed to support the wider changes outlined above.

The new requirements for PCNs mean that all GP practices have now come together in geographical networks covering populations of approximately 30-50,000 patients. PCNs are a formal way of bringing general practice together to work at scale to:

- Improve the ability of practices to recruit and retain staff.
- Provide a wider range of services, including social prescribing and improved support to care homes.
- More easily integrate with the wider health and care system at a local level to improve care for patients.

In Birmingham we have welcomed many elements of the LTP - in particular, the focus on community based services, prevention and on place-based planning.

## **4.2 West Midlands Combined Authority**

**I am a member of the West Midlands Health and Wellbeing Board and am taking the lead on Child Obesity.**

In Public Health – the approach we are using is the three pillar approach

1. Creating a Health Food City – healthy food environments in communities, workplaces and our schools
2. Creating an Active City – making the most of the Commonwealth Games opportunities
3. Supporting Weight Management – school nursing and NHS Health Check and Weight Management.

Birmingham is one of 5 local authorities selected as Childhood Obesity trailblazer pilot to test out new ways of working to reduce childhood obesity supported by £75,000 investment over 18 months. The focus of the work in Birmingham will be on developing educational levers for a healthy food environment through mainstream and targeted apprenticeships and undergraduate education. As part of this work we are working with Food Foundation to develop a policy audit tool that then can be rolled out across other areas.

Milan Urban Food Policy Pact – is a European partnership for action on creating healthy food environments in cities and towns. The partnership enables connection with a network of 193 cities across the world to share learning on approaches to food in urban environments.

BINDI Project in partnership with Pune, India to work together on creating food smart cities. Both Pune and Birmingham are second cities in their respective countries, both have significant educational footprints of universities and schools, strong links to manufacturing and industry and growing and evolving economics. This project is funded by Department for International Development and TATA foundation.

Birmingham has been asked to join the Partnership for Healthy Cities, as part of this process we will be developing an implementation plan that will focus on physical activity and social marketing interventions. We have to be dynamic with early intervention right from the outset in order to secure the future health and wellbeing of our children.

### **4.3 Health and Wellbeing Board**

As Chair of Birmingham Health & Wellbeing Board we have established four new sub-forums to sit alongside the existing Health Protection Forum which is chaired by the Director of Public Health. The Forums will provide a space to accelerate our work to tackle health inequalities in partnership with other key organisations and stakeholders. Each Forum is chaired by a Cabinet Member and they are being informed and shaped by stakeholder workshops, the membership includes cross-party political representation. The four new forums are:

- Creating an Active City
- Creating a Healthy Food City
- Creating a Mentally Healthy City
- Creating a City Without Inequality

The Health and Wellbeing Board will meet alternate months from September with the Forums meeting in the intervening month. Each Forum will report to the Board on an annual basis.

### **4.4 Joint Strategic Needs Assessment**

Following the review of the JSNA in 2018/29 there has been a significant overhaul of the JSNA and the first stage of its redevelopment will be published in Autumn 2019.

The first of the structured deep dives will be published in Autumn 2019, it is focused on the health issues affecting Veterans and will provide a strong platform for the Council and its partners to consider how to better support our ex-services personnel.

### **4.5 Public Health**

With the Director of Public Health I continue to review the Public Health Grant to ensure that the spending is in line with the requirements of the grant and that it is within the financial envelope passed down from Government. I have recently set up regular Public

Health quarterly contract briefing meeting which sits alongside the monthly PH Contract Meeting which is chaired by our Director of Public Health.

The Public Health Team have organised a number of workshops over recent months to inform work including:

**The Physically Active City Workshop** (10<sup>th</sup> July) The aim being to bring together a variety of key stakeholders, influencers and change-makers to change the entire system within Birmingham, ensuring we utilise the opportunities the 2020 Commonwealth Games bring to the citizens of Birmingham, to inform a physically active future for all. This was to establish a specific strategic forum to help drive a strategic approach to increasing physical activity across all ages and all abilities and reduce the proportion of citizens not even achieving 30 minutes of physical activity each week.

**The Creating a Healthy Food City Work** (25<sup>th</sup> July) This workshop was arranged to begin to address the ambition to take a strategic upstream approach to tackling obesity at all ages in the city and aid in developing and Creating A Healthy Food City Forum that will lead partnership action to create a healthy food environment in the city.

**Creating a Mentally Healthy City Workshop** (3<sup>rd</sup> September) to inform the development of the Creating a Mentally Healthy City Forum, subgroup of the Health and Wellbeing Board. During the workshop, attendees participated in various exercises attendees such as “ What does Mentally Health City means to you, your family, your community, and City . There was also was an interesting exercise around the Prevention Concordat for Better Mental Health, which created insightful discussions what we currently doing, what’s missing and how we can work together . All delegates were also invited to sign up to support the Prevention Concordat for Better Mental Health.

**A City without Inequality Workshop** (12<sup>th</sup> September) The workshop precedes the first formal meeting of the new Health and Wellbeing Board’s sub-committee on inequalities, which will be called A City without Inequality Forum. It is aimed at all partners who are working towards reducing health and wellbeing inequalities. At present, we are inviting all colleagues who are able to contribute and going forward the forum will have a relevant representation. This HWBB sub-group will be responsible for the delivery of the Board’s strategic objectives around reducing inequalities, so inevitably it must link with the existing groups working on specific areas such as homelessness, domestic abuse, poverty, migrants, sex workers etc.

We have also created a LinkedIn Groups for all 5 Sub–Forms, to join the Groups please click on the links below:

Creating a Mentally Healthy City <https://www.linkedin.com/groups/12278284/>

Creating a Physically Active City <https://www.linkedin.com/groups/13734676>

Creating a Healthy Food City <https://www.linkedin.com/groups/13744273/>

Creating a City without Inequality <https://www.linkedin.com/groups/12278575/>

#### **4.6 The Better Care Fund**

One of my responsibilities as the Chair of the Health and Wellbeing Board is to provide oversight and accountability for the use of the Better Care Fund (BCF). The BCF is intended to improve integration of health and social care.

Throughout this year partners have been working together intensively to improve the outcomes experienced by citizens. In particular, we are making use of the BCF to deliver a shared transformation programme called Early Intervention. This programme aims to prevent older people being unnecessarily admitted into hospital, to reduce the length of time that people spend in hospital when they are medically fit to leave and to ensure that people get the care, support and therapy that they need, when they need it.

Key aims are to get older people back to their own home after a stay in hospital and to prevent a loss of capacity or independence as a result of prolonged stays in hospital. Whilst it is early days, the signs are positive that the new ways of working that are being introduced can make real differences to peoples' long-term independence, health and well-being. The task now is to embed these benefits – including reductions in the volume of long-term social care required - across the whole city.

#### **4.7 Learning Disability**

The Directorate is working with Birmingham and Solihull CCG and Sandwell and West Birmingham CCG to update the Section 75 agreements that underpin the Joint Commissioning of services for people with Learning disabilities and mental Health needs across Adult Social care and Health. There is a commitment from Partners to continue to undertake integrated commissioning across Birmingham and the new S75 agreements set out the proposed continuation of existing partnership arrangements for:

- Services for people with Mental Health conditions including:
  - Over 18 years of age for social care provision and;
  - Aged 0-25 and 25+ including older adults for health care provision; and separately
  - Services for adults from 18 years of age with a learning disability.

The refresh of the existing agreements is scheduled for Cabinet decision in November 2019.

- The Directorate also continues to be an active member of the Transforming Care Partnership which aims to improve health and care services so that more people can live in the community, with the right support, and close to home. The Transforming Care program arose as a result of the poor treatment highlighted through the Winterbourne View review and will mean that fewer people will need to go into hospital for their care. As a council we are working closely with our health partners to make sure that services in the community are much better, and are making steady progress to reduce the number of people being cared for in hospital settings and developing the community support required to enable people with more challenging behaviour to be supported within the Community.
- Directorate staff are playing an important role as active reviewers on the Birmingham Learning Disability Mortality Review program (LeDaR). This important national program, has been commissioned by NHS England, as a result of a confidential Inquiry which found that people with learning disabilities were three times more likely to die from causes that could have been avoided by good medical care. The national program

supports people in local areas to train as reviewers and to check whether there was something that went wrong with the care and support a person with learning disability received which may have contributed to premature death.

#### **4.8 Mental Health**

- We are working in partnership to deliver an AMHP (Approved Mental Health Practitioner) Improvement Plan to make better use of these specialist resources and provide more timely provision. Taking a collaborative approach with key partners across the Mental Health Trusts, the Police, Ambulance services, etc. and considering the impact on citizens.
- The Customer Journey is reviewing the role of the AMHP daytime service with a view to aligning the team under the Constituency Model, by which all the AMHPs are dispersed into the ten Constituency teams.
- Work has been on-going to identify and confirm all citizens entitled to aftercare under Section 117 of the MHA, in order to establish a register in line with the Mental Health Act Code of Practice, as well as monitor, review and close those, if & when appropriate.
- We are collaborating with the Birmingham & Solihull Mental Health Foundation Trust to repatriate forty-four Birmingham citizens, currently placed out of the City, back into Birmingham.

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

#### **5.1 Adults Scorecard**

- The latest performance scorecard for the directorate will be presented to the committee as a separate item on today's agenda. There are areas where we know we need to improve and the commentary on the scorecard sets out how we are focusing on these areas to drive through improvements. There are many areas where our performance has and is improving to meet the expectations that we have for better outcomes for our service users. I am particularly pleased with the increase in uptake of Direct Payments which just over 2 years ago was below 20% and is now above 30% on track to meet our target of 35%.

#### **5.2 Commissioning and market shaping**

Birmingham City Council commissions care and support from over 700 independent care providers on behalf of almost 13,000 service users. Significant work has been underway to develop and implement a new Adult Social Care Commissioning Strategy to:

- Improve outcomes for those with health, care and support needs
- Improve the quality of commissioned health and care services
- Improve the resilience and sustainability of our health and care system.

The Council's new Quality Framework aims to ensure that we do not do business with 'inadequate' providers and is based on a fixed fee and core quality standards linked to a quality rating system. All new care packages are allocated based on the quality rating, backed up with annual monitoring visits from either the Council, CCG or CQC. Since the introduction of the new framework there has been a significant increase in the percentage of citizens in receipt of care from a Good/Outstanding Provider, and we are currently exceeding our target.

## **5.2 Three Conversations Approach**

Through the introduction of the three conversations approach we have made some very positive steps forward in shifting the way in which social care is delivered and empowering our citizens to take control.

There is a range of prevention activity underway focusing on ensuring our citizens who are experiencing social isolation and loneliness are reached out to and that we work with other agencies to see how we can do this effectively in localities;

We are also working with our partners to explore more innovative ways to improve the universal offer and how we can engage and make a difference;

Enabling our citizens to stay at home, and ensuring the outcomes best meet their needs and providing outcomes that best fit their aspirations for wellbeing and support. This has enabled the directorate to support the increasing numbers of citizens who require support and do so in the planned budget reductions for Adults.

Work is underway working within our neighbourhoods to look at our community assets and ensure these are maximised enabling local groups to provide support that helps people remain engaged within their communities.

The delivery of the vision for adult social care is rooted within communities, connecting citizens to assets and facilitating the growth of assets which are responsive to the needs and aspirations of citizens to live independently within their communities.

## **5.3 Neighbourhood Networks**

We want to ensure that by investing in prevention older people can live healthy, happy, independent lives in their own homes and communities. Alongside the new Three Conversations model of social work, the introduction of Neighbourhood Networks is an important part of delivering this vision.

In January we saw the completion of the development phase of the Neighbourhood Networks Schemes. This has generated a wealth of asset information including gaps and issues at a neighbourhood level, across individual constituencies and across the City. The findings, alongside the feedback from social work teams has informed the commissioning of the Neighbourhood Networks. We are currently in the process of rolling out Neighbourhood Networks across the city with a focus on the following:

- Community Assets – identifying, working with and supporting community groups and organisations
- Connecting, co-ordinating and relationships – between the statutory sector, particularly social care and community networks.
- Local commissioning – including awarding small grants to develop access to community activities and assets for older people.
- Citywide collaboration, co-ordination and innovation – developing good practice and collaboration across boundaries and constituencies.

The next phase of the NNS role out will include work within neighbourhoods connecting across to the role out of NHS led Social Prescribing Initiatives in the City.



## **5.2 Support to Carers**

Carers play a vital role in the City. There are approximately 107,000 carers in the City providing a contribution to the local health economy of approximately £2 Billion. A new Birmingham Carers hub has been commissioned to provide vital support, information and guidance to carers and agencies. For the first time this has been jointly commissioned as an all age pathway approach with the Children's Trust, CCG and BCC.

A Carers Passport has been developed which will entitle carers to a range of discounted or free opportunities such as leisure, retail and hospital parking.

Internally, we have made a significant commitment towards our status as Carer Friendly Employers. Work is in progress to revise HR policies and procedures to enable employee to balance their caring responsibilities with work.

## **5.3 Day Opportunities**

- The draft Day opportunities strategy consultation took place between 8<sup>th</sup> April and 4<sup>th</sup> August 2019.
- As well as citizens completing a formal questionnaire, a number of events were held across the city for citizens who attend day centres ran by the council, provider events and for Birmingham citizens.
- A formal governance and consultation approach was followed to ensure that there was a consistency in what was presented to citizens. Involvement from key areas of the council was put in place through the consultation working group. This included representation from Legal, HR, Finance, Citizen Engagement, Commissioning and Communications team.
- Consultation analysis is under way and a post consultation report is currently being drafted with a view to presenting recommendations to Cabinet in November 2019.

## **5.4 Shared Lives**

- I have been keen over the past few years to improve our Shared Lives performance, so we can improve the outcomes and wellbeing for our citizens through both long and short-term placements in a family centred environment.
- Whilst the number of placements remains low for a city the size of Birmingham, the service continues to look at ways to strengthen how we can work with partners and third sector to improve our shared lives offer further.
- The Service has strengthened links with Occupational Therapy services to ensure we maximise potential for carers without placements to take placements
- Respite is an area that we want to grow as supporting carers is key to preventing carer breakdown. Emergency respite has been offered to a couple of service users recently and will want to continue to build on this in the next 12 months.
- We have planned for a session with carers who do not have a placement to explore blockages and improve take up of placements
- Link working with constituency team has led to increased numbers of referrals and enquiries from the Social Work teams, the Shared Lives team are starting to progress these to placements.

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

### **6.1 2018/19**

In the 2018/19 financial year the directorate reported a net underspend of £10.7m. This was largely related to better than budgeted performance on income related to packages of care, including windfalls as a result of negotiations and external factors.

### **6.2 2019/20**

The total 2019/20 budget for this portfolio is £325.931m. Within this allocation there are £14.6m of savings; benefits and efficiencies that have to be achieved internally as well as through corporate initiatives.

- *65% of the net total budget is allocated to external packages of care.*
- *9% is spent on specialist care services.*
- *13% is spent on assessment and support planning (Social Work).*
- *5% of the budget is spent on Supporting People.*
- *8% is spent on commissioning and other services.*

The council budget for 2019/20 has provided additional funding for adult social care, as set out in the financial plan. However, like other local authorities nationally we are facing a real pressure in the increasing number of people requiring care and support, particularly within younger adults.

The Directorate is working to implement the Adult Social Care and Health Improvement and Business Plan 2017-2021. As well as ensuring that Birmingham is seen as a great place to grow old in, this programme will deliver the savings included in the Council Plan and Budget.

## **7. Challenges and Closing Summary**

We continue to operate at time of little long term financial certainty but I remain committed to continue to work on improving our offer to our citizens so the services provided are fit for purpose and meet the changing needs and expectations of our citizens.

I am resolutely clear that we need to work with our citizens first and foremost and our partners and all stakeholders to shift the focus on prevention and early intervention so we can improve the outcomes and the health and wellbeing of our City to meet our aspiration for Birmingham to be a great city to live in and grow old in.

I am delighted and so very grateful for the support from Cllr Mary Locke the Cabinet Adviser for Carers and Cllr Mick Brown, Cabinet Adviser for Isolation and Loneliness. They both have worked innovatively with a range of organisations and local groups to support work in these key areas and help drive forward improvements and retain a focus on the need to support our carers and reducing loneliness and isolation in our local areas.

I always like to finish my report with some positives and supporting our workforce is integral. We have a committed social care workforce – social work and the care aspects is not just a career it is a vocation and we have some extremely diligent and aspirational staff who work tirelessly to improve the outcomes for our citizens.

As part of the commitment to staff development - Adult Social Care are training six AMHP candidates, who are timed to graduate this coming November 2019. The

Councils mental health training programme has previously been highly commended by the Care Quality Commission

#### Maximising income for citizens

The Financial assessment team has supported the wellbeing and prevention agenda in supporting 153 citizens with the uptake of unclaimed benefits. For the period 1 April to 12 August, the team has claimed benefits that equate to the sum of £15,475 per week, ensuring that citizens are claiming all the correct benefits has a positive impact on their wellbeing and reduces the risk of poverty within the household.

#### Last Chamberlain Awards

**Outstanding Innovator of the Year:** The Hall Green Adults social work team. For doing a fantastic job, supporting people in the Sparkbrook area – and received this award for their amazing work using the '3 conversations' social work model in Birmingham. This model focuses on people's strengths, and what community assets are available to support individuals to remain connected with local support.

#### Story of success – Direct Payments

Ms M has been in receipt of a long-term home care package since 2016 and recently moved over to a direct payment. Ms M remained with the care provider but now has flexibility to change provider in the future if needed. The real benefit for Ms M is that she will be having a holiday late 2019 with a company called Revitalise and Ms M will be able to use her Direct Payment to pay towards the cost of her care only when she is away. The care cost of her holiday is then subsidised because she can use the Direct Payment weekly agreed amount towards care, enabling Ms M to fully experience the same life events, without being held back due to her disability.

Councillor Paulette Hamilton  
Cabinet Member for Health and Social Care