

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

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

1. PURPOSE OF REPORT

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

2. ACCOUNTABILITY

I have accountability for:

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

3. SUMMARY OF KEY PRIORITIES

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

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

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

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

4. PARTNERSHIP WORKING

4.1 Birmingham and Solihull Sustainability and Transformation Plan

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

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

4.2 Health and Wellbeing Board

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

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

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

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

4.3 Birmingham Domestic Abuse Prevention Strategy

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

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

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

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

4.4 Learning Disability Partnership working

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

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

4.5 Mental Health update

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

4.6 Public Health Update

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

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

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

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

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

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

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

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

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

5.2 Direct Payments

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

5.3 Remaining Independent

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

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

5.4 Quality of Care

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

5.5 Wellbeing Service

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

5.6 Delays in Transfers of Care

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

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

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

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

5.7 Adult Social Care Peer Challenge

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

6 UPDATE ON KEY BUDGET ISSUES/KEY FUTURE BUDGET ISSUES

6.1 2017/18

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

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

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

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

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

7 Challenges and Closing Summary

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

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

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

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

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

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

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

Councillor Paulette Hamilton
Cabinet Member for Health and Social Care