Information briefing

Report From: **Strategic Director for People**

Report To: **Health, Wellbeing and the Environment Overview and Scrutiny Committee**

Date: **21 February 2017**

Title: **West Midlands ADASS Peer Challenge and Action Plan**

Summary:

Between 14th and 16th November 2016, Birmingham City Council invited colleagues from across the ADASS network to undertake a peer challenge of Adult Social Care Services with the focus of "maximising the independence of adults in a financially challenged environment."

The remit of the Peer Challenge team was:

"As a Peer Challenge team we want to find out if Birmingham CC have a clear understanding of where they are currently with the quality, management of risk, consistency and value for money of adult social care practice and delivery, to explore what the Directorate, City Council and local NHS partners can do to help them deliver more person-centred, asset-based approaches to help their adult citizens to remain independent, for longer."

In addition to examining whether Birmingham is doing enough to mitigate the financial risk, the team explored:

- social care assessments and care packages;
- care and support planning;
- front line 'joint working' arrangements within health.

The review team was led by Linda Sanders Strategic Director – People at City of Wolverhampton Council and comprised senior officers, elected members and experts by experience from a number of authorities within the region. The team met over 90 people – carers, service users, members and officers - in 30 separate sessions and at 11 different locations in the 3 days they were on site.

At the end of their work they provided detailed feedback highlighting the strengths of the Social Care in Birmingham, as well as some areas to focus on. These are outlined in the attached feedback letter (Appendix 2).

The panel made 6 recommendations:

- Strengthen grip on the financial monitoring and delivery of efficiencies/ savings;
- Strengthen relationship between commissioning and frontline services;
- Increase the pace and scale of transformation required by the Maximising Independence Programme;
- Translate initial thinking into a credible vision for an integrated place based health and care system in Birmingham and outline how relationships with health can be improved at the front door;
- Upscale and maximise the potential offered by an asset based approach with the voluntary and community sector to transform Social work model;
- Strengthen the interface between adult social care and the corporate centre.

A detailed action plan (Appendix 3) with clear lines of accountability has now been developed – aligning specific areas of activity against the above recommendations. The action plan was approved by Cabinet on 24 January 2017. The delivery of the plan will be managed via the Directorate's Maximising Independence of Adults Programme Board. The Peer Challenge team will return later in the year – date to be determined – to review progress against the action plan.

Background information:

Appendix 1 – Peer Challenge Self-Assessment
Appendix 2 – Final Letter from Peer Challenge Team
Appendix 3 – Peer Challenge Action Plan

Contact details:

Mike Walsh
Head of Service – Intelligence, Strategy and Prioritisation, Commissioning Centre of Excellence
Email: Michael.walsh@birmingham.gov.uk
Tel: 4 -2186

West Midlands

Self-Assessment

Incorporating TEASC

Risk Awareness Tool

Birmingham City Council

October 2016

Name of DASS Contact:

Alan Lotinga

Address:

Directorate for People

Birmingham City Council

10 Woodcock Street

Zone 6 - 1st Floor

Birmingham

B7 4BG

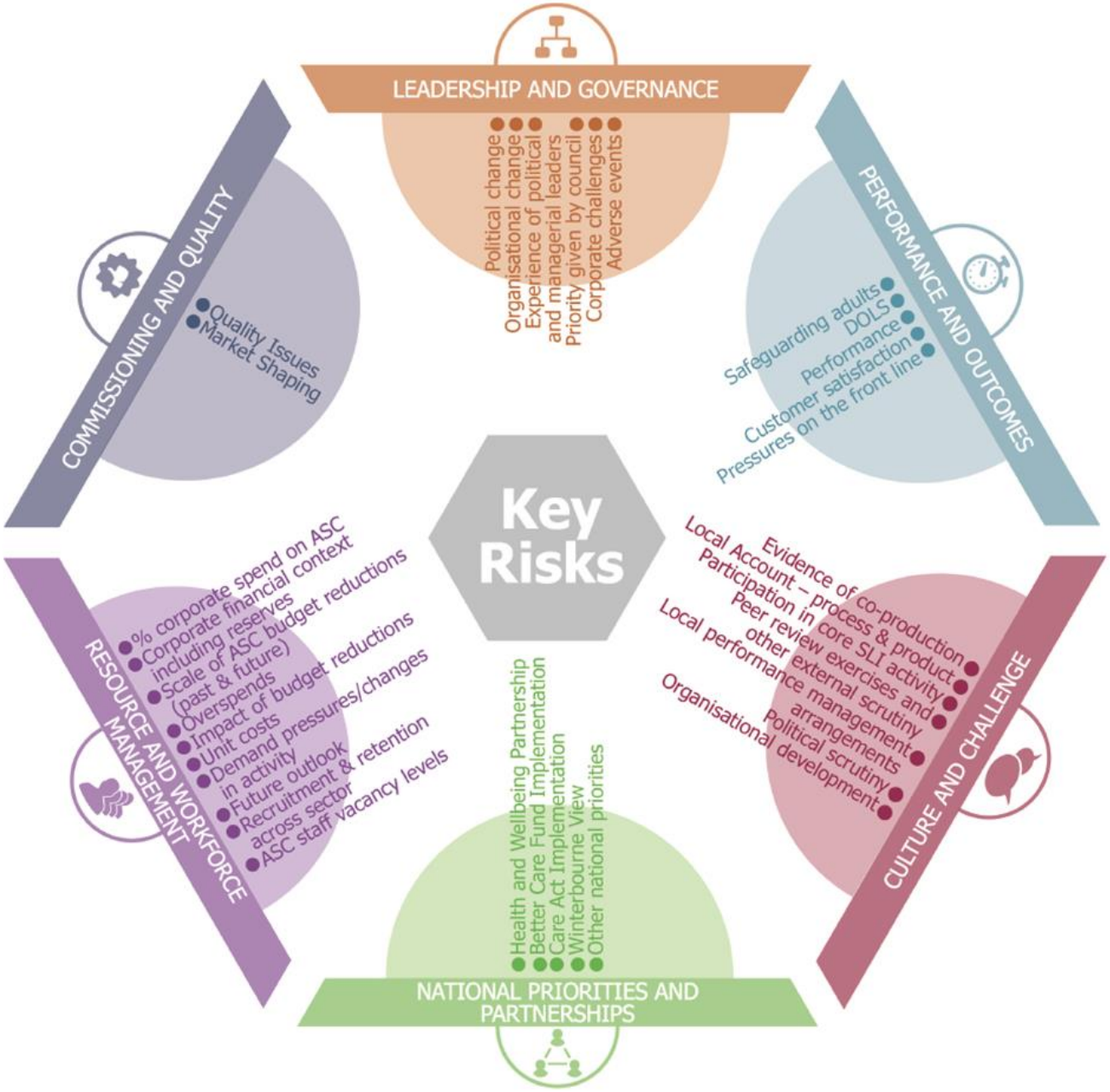
Telephone:

Email:

Narrative on process for completion of this form including who has been involved:

Date self-assessment completed: 31st October 2016

Signed/Agreed on behalf of the Local Authority:


LEADERSHIP AND GOVERNANCE
Political change
Organisational change
Experience of political and managerial leaders
Priority given by council
Corporate challenges
Adverse events
PERFORMANCE AND OUTCOMES
Safeguarding adults
DOLS
Performance
Customer satisfaction
Pressures on the front line
CULTURE AND CHALLENGE
Evidence of co-production
Local Account – process & product
Participation in core SLI activity
Peer review exercises and other external scrutiny
Local performance management arrangements
Organisational development
Political scrutiny
NATIONAL PRIORITIES AND PARTNERSHIPS
Health and Wellbeing Partnership
Better Care Fund Implementation
Care Act Implementation
Winterbourne View
Other national priorities
RESOURCE AND WORKFORCE MANAGEMENT
% corporate spend on ASC
Corporate financial context including reserves
Scale of ASC budget reductions (past & future)
Overspends
Impact of budget reductions
Unit costs
Demand pressures/changes in activity
Future outlook
Recruitment & retention across sector
ASC staff vacancy levels
COMMISSIONING AND QUALITY
Quality Issues
Market Shaping
Key Risks

Birmingham City Council Overview

Population

- Over 1.1 million people live in Birmingham (1,101,360 based on the 2014 mid-year population estimate).
- According to the 2011 Census around 42% of residents were from an ethnic group other than White.
- 46.1% of Birmingham residents said that they were Christian, 21.8% Muslim with 19.3% having no religion.
- 22% of our residents were born outside of the UK, compared with 14% in England and 11% in the West Midlands region.
- The number of births in Birmingham has risen steadily over the last 10 years, now levelling off at around 17,500 births per year.
- Fertility rates are higher in Birmingham than the national average, but have shown a similar trend over recent years.

Households

- Birmingham already has a larger than average household size and a high proportion of overcrowded households than the country as a whole.
- The population is expected to grow by a further 150,000 people by 2031, and it is estimated that the city will need a further 80,000 houses by this time.

Health

- Life expectancy for both men and women is lower than the England average.
- There are significant gaps in life expectancy across Birmingham too – 9 years difference in overall life expectancy between some areas (10 years for men and 7 for women)
- Premature mortality (deaths under age 75) has fallen steadily over the last decade in line with national trends.
- Birmingham has significantly high rates for many disease – for example diabetes rates are significantly higher than average
- Health partners are seeing increasing demand, for example there has been an increase in A & E attendance throughout 2016 across the city's hospitals. In September 2016, A&E attendances were higher at UHB (11%), HEFT (5%) and BCH (13%) than September 2015.

Healthy Lifestyles

- Injuries due to falls in the over 65 cohort are much higher than the average
- Levels of smoking are better than the England average
- Higher proportion of inactive adults
- Adults who feel socially isolated much higher than national average

Performance and Outcomes

Performance

Adult Social Care Service uses a variety of quantitative and qualitative information to monitor its performance, as well as benchmarking performance against other local authorities. This includes the Adult Social Care Outcomes Framework along with local information and statutory surveys.

At the highest level, ASC performance measures are a fundamental part of the Council-wide performance management framework – with 3 key ASC performance measures embedded within the Council Business Plan – measures that were agreed through a wide consultation including with our citizen voice function.

Performance Summary

Strengths and Improvements

- An increasing trend in terms of older adults who now receive care in their own home – a significant reduction in the proportion of older adults admitted into residential or nursing care over the last year;
- Delayed Transfers of Care –performance has stabilised over the last 12 months at a time when the national trend has been negative;
- Good processes for dealing with safeguarding enquiries;
- Improvements to carers perceptions of involvement and in making information more accessible;
- 89% of service users say that the support they receive makes them feel safe;
- Improvements to the proportion and timeliness of reviews;
- Improved performance at the initial point of customer contact – Adults and Communities Access Point.
- Proportion of adults with learning disabilities who live at home;

Areas for Improvement

- Take-up of direct payments remains relatively low;
- Delayed Transfers of Care – although it should be noted that performance has stabilised over the last 12 months at a time when the national trend has been negative;
- Slightly lower proportion of Care Homes classed as Outstanding or Good (63% vs 68% nationally) – with particular issues in the older adult market;
- Customer satisfaction with care and support;
- Better targeting of short term services to maximise independence;
- Social isolation of service users.

Overall ASCOF Position

Analysis of ASCOF data indicates that Birmingham is below average across a number of measures and in terms of a national ranking is one of the poorest performing authorities. Although this should be seen against the context of the city – its size, deprivation and financial challenges- it is clear that there are significant challenges that need to be addressed.

	Younger Adult Admissions to Residential / Nursing		Older Adult Admissions to Residential / Nursing		65+ service users still at home 91 days after enablement following hopsital discharge		65+ Reablement after hospital discharge		Delayed transfers of care from hospital		Delayed transfers of care from hospital that are attributable to adult social care		Clients receiving ST Maximise who received no, or lower level, services		Service user satisfaction with care and support		Service Users - ease of accessing advice and information		Service users who feel safe		Service users who say support has made them feel safe	
	2A(1)		2A(2)		2B(1)		2B(2)		2C(1)		2C(2)		2D		3A		3D(1)		4A		4B	
Authority	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16
Birmingham	16	16.3	781	663	77.3	75.2	3	3.2	20.3	17	11.3	9.9	48.7	51.1	60.5	57.2	69.8	71	70.8	68.2	89.6	89.3
Bolton	13.1	13.7	985	978	79.9	70.1	4.5	2.2	6.9	9.8	2	2.4	80.2	90.7	61.2	62.6	74	69	52.6	61.9	68.3	72.5
Bradford	7	14	718	506	88.8	88.2	2.1	2.8	3.7	3.2	0.6	0.1	54.4	64.8	62.5	63.1	73.3	70.8	70.7	73.2	82.3	84.7
Coventry	13	25.8	706	721	75	81	4.5	1.5	24.2	22.1	11.8	7.3	70	67.2	64.9	61.6	75.3	69.5	75.8	69.8	85.6	86
Derby	2.6	3.2	593	600	90.7	89.5	3.7	3.1	10.7	11.3	1	1.8	71.3	86	65	58.1	71.3	70.2	69.7	67.6	86.2	84.9
Kirklees	11.1	16.4	503	518	94.1	89.1	1.8	1.1	9.8	10.7	1.2	2.6	73.2	78	59.3	62	72.6	72.2	61.7	69.3	75.3	76.2
Leeds	11.1	7.9	764	727	81.3	84.8	4.6	4.4	12.7	15	3.9	4	64.4	69.8	63.2	66	70.4	77.6	67.3	70.9	86.5	83.6
Leicester	13.3	16.3	727	644	84.3	91.5	3.7	3.1	12.9	5.9	4.3	1.7	63	60.5	56.9	61.7	63	61.7	58.3	60.8	75.4	80.7
Liverpool	17.8	14.2	753	774	75	78.6	2.8	3.2	9.2	12.4	3.3	6.1	49.1	64.3	69.5	61.5	75.6	68.5	70.4	68.9	91.8	86.4
Luton	9.2	20.3	306	395	78.9	84.4	3.7	2.9	9.1	5.7	4.1	3.4	66.7	96.3	55.8	59	67.9	66.6	62.1	64	76.6	74.6
Nottingham	24.5	16.2	773	675	80	74.7	0.7	1.6	11.3	15.2	2.5	2.2	49.7	40.5	61.1	68	63.3	75.4	64.5	69.6	79.6	84
Oldham	12.6	15.4	797	859	93.4	89.8	1.6	1.7	4.3	4	0.6	1.1	59.2	84.9	61.2	61	70.5	71	67.5	60.9	83.5	73.7
Sandwell	11.5	14.6	1117	1002	68.6	63.8	3.2	3.2	12.7	7.3	4.7	4.2	63.5	64.7	66.2	70.1	82.2	83.4	77.3	75.6	85.4	90.4
Sheffield	14	21.6	730	988	76.5	76.7	4.9	8.9	15.2	15.7	7.4	7.7	78.5	72.7	59.8	52.3	65.7	66.7	63.6	62.5	81.5	87.2
Walsall	6.8	4.3	480	551	77.2	80.1	4.4	4.3	6.8	9.5	4.1	7.9	77.3	75.7	64.1	62.1	74	68.1	75.5	71.3	91	88.5
Wolverhampton	21.6	15	644	700	80.6	75.6	6.1	3.8	10.5	21.6	4.9	13.4	82.5	80.7	69	65.9	79.1	75	74.8	71.7	84.4	85.5
B'ham Ranking	13	11	13	7	11	13	11	5	15	14	15	15	16	15	12	15	12	6	5	10	3	2
National Avg.	14.2	13.3	669	628	82.1	82.7	3.1	2.9	11.1	12.1	3.7	4.7	74.6	75.8	64.7	64.4	74.5	73.5	68.5	69.2	84.5	85.4

	Service users quality of life		Service user control over daily life		Client Self Directed Support		Carer Self Directed Support		Client Direct Payment		Carer Direct Payment		LD Employment		MH Employment		LD Accommodation		MH Accommodation		Service users with as much social contact as they would like	
	1A		1B		1C(1A)		1C(1B)		1C(2A)		1C(2B)		1E		1F		1G		1H		1I(1)	
Authority	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16	14-15	15-16
Birmingham	18.9	18.8	73.5	71.1	100	100	100	97.5	18	19.8	98.7	95.8	1	0.8	5	5.3	35.3	53.9	63.8	69.4	43.5	44.6
Bolton	18.2	18.3	73.7	72.5	97.1	96.7	98.6	94.6	31.4	36.9	29.9	27.7	2	2.1	8	7.2	82.4	93.6	87	79.5	36.4	40.2
Bradford	19.4	19.5	77.8	79.2	79.4	86.8	100	82.5	14.8	17.5	100	81.9	4.9	5.5	7	6.1	84.4	86.3	66.5	69.1	52.2	51.3
Coventry	18.8	19.2	76.2	73.4	82.2	80.2	47	41.9	20.5	21	47	41.9	4.9	3.7	11.1	12.2	81.7	76.3	74.6	70.6	43.1	47.7
Derby	18.9	19.1	79.1	79.5	99.1	100	100	100	38	41.9	100	100	7.1	6.9	7.9	6.9	79.3	81.1	58.4	81.3	42.7	42.2
Kirklees	18.2	18.7	72.7	74	88.9	91.5	-	0.5	40.7	35.2	-	0.5	10.4	10.2	8.1	8.3	83.2	80.3	67	60.5	39.7	42.7
Leeds	18.9	19.2	77.3	73.7	82.3	94.9	73.1	97.4	16.9	18.9	68.8	91.8	7	6.4	10.7	9.9	79.8	65.5	54.2	51.1	44.3	45.2
Leicester	17.9	18.1	67.2	70.5	96.2	98.7	100	100	41.3	44.4	100	100	6.9	5.2	1.8	2.9	69.8	71.8	35.8	62.3	35.6	37.2
Liverpool	19.6	18.8	77.4	73.9	71.8	77.7	100	100	18.3	21.9	40.1	18.6	5.9	5.9	2.7	2.9	89	90.3	68.3	67.7	49.5	49.4
Luton	18.4	19.1	71.6	73.9	88.7	68.6	100	100	34	36.9	100	100	22.9	16.8	7.8	7	69.5	74.8	61.2	55.4	39.3	48.6
Nottingham	18.6	19.1	72.3	77.4	100	100	-	100	30.2	31.7	-	100	1.9	0.3	3.3	6.9	63.6	83.3	41.4	63.6	36.5	46.9
Oldham	18.9	18.3	74.3	69.3	92.8	100	100	100	45.6	37.9	94.1	100	0.5	1	0.7	0.1	78.4	93	15.8	2.5	45.8	37
Sandwell	19.9	19.8	80.4	78.4	92.2	96.1	-	100	33.2	38.5	-	100	3.2	1.3	5.9	5.4	79	80.4	72.3	69.7	51.5	51.4
Sheffield	18.5	18.2	73.9	71.7	71.6	85.4	68.5	100	22.3	37.1	50.5	100	3.6	3.6	5.6	5.3	86.3	84.1	74.4	69.4	41.5	40
Walsall	18.9	18.6	71.2	68.1	82.8	91.3	100	100	29.4	31.1	96.9	97.9	2.8	1.1	6	6	80.8	85.8	77.8	84.2	44.7	43.1
Wolverhampton	19.4	19.5	77.3	75.2	61.5	75.3	33.5	30	22.6	21.5	33.5	30	1.9	1.7	5.3	6.9	67.4	66.1	79.7	79.7	52.6	50.8
B'ham Ranking	5	9	11	13	1	1	1	10	14	14	5	9	15	15	12	12	16	16	10	7	8	9
National Avg.	19.1	19.1	77.3	76.6	83.7	86.9	77.4	77.7	26.3	28.1	66.9	67.4	6	5.8	6.8	6.7	73.3	75.4	59.7	58.6	44.8	45.4

Performance Details

Assessment and Support Planning - Performance Pack Available on request

- In last 12 months 2,234 **Mental Capacity Act Assessments** completed – proxy data suggests that around 90% take place within 72 hours
- We are now collecting more data on **Carers Assessments** and whether they are offered by Social Work teams, than in previous years. In the past 12 months there were around 2,344 assessments across the city (this does not include assessments undertaken by the carers hub).
- **Direct Payments –** Around 20% of eligible clients currently receive a Direct Payment – this figures has remained very static for a number of years.
- **Reviews –** As of September 2016, 80% of clients receiving services have been reviewed, assessed or reassessed in the last 12 months. This is an improvement against 2015. There are large variations between ASP segments – eg. Learning Disability Team is currently at 49%, whilst North Complex Team is at 96%.

Assessment and Support Planning – Hospitals - Performance Pack Available on request

- **Delayed Transfer of Care** – the average number of delayed bed days per 100,000 of the population is 18.5 (August 2016) – above the target for the end of the year (17.8) but a slight reduction compared to 2015/16. The proportion attributed to Social Care delays has slightly increased through 2016 to date;
- Average unplanned/emergency admissions Length of Stay in hospital has reduced across the city over the last 2 years;
- Social Work teams are seeing increasing demand in hospitals - In the previous 12 months to September 2016 there were **6,769 initial assessments** and **2,800 full assessments** completed across the hospitals
- **7 day working** - The chart below shows activity taking place at the weekend. Monthly analysis over 2016 indicates that levels have fluctuated significantly on a monthly basis. This has resulted in 410 discharges since April taking place earlier than would have occurred otherwise.

Adults and Communities Access Point (ACAP) Performance Pack Available on request

- In the 12 months up to September 2016 ACAP First Response Team handled 60,753 calls;
- Over the last year the call abandonment rate has reduced from 35% to 22% (as of September 2016 - 12 month averages)
- Around 54% of cases are closed at second response. This results in reduced demand on social work teams.
- **78%** of those cases referred to a social work team are transferred within 2 weeks of contact. This an improvement from 61% last year.

Customer satisfaction
Users Survey

- In terms of ASCOF 1 Enhancing quality of life for people with care and support needs measure – Birmingham's score is on par with our comparator authorities – although it is below the national average. Younger adults have a slightly better score than older adults, and males over females
- 68% of respondents who use services feel safe, above the comparator group average although a slight fall on last year's levels.
- Almost 90% of people who use services say that those services have made them feel safe and secure.
- In terms of social isolation, 46% of respondents have as much social contact with people as they like – down slightly in the last 12 month but up from 43% in 2012/13. However this is much lower than the national average
- Nearly 72% of users feel information is easy to find – above average and an improvement on last year

Carers Survey

BCC has committed significant resources into improving information and services for carers. Whilst national data is not available for 2015/16 we can review how we are performing as an authority as outlined below :

- 1D Carer-reported quality of life- Index score based upon responses to a range of outcomes.
- 3B Overall satisfaction with social services- percentage of carers who said they were "extremely" or "very" satisfied with the support they and the person they care for have received in the last 12 months
- 3C Carers included in consultation about the person they care for- percentage of carers who said they were "always" or "usually" involved as much as they want in discussions about the support provided to the person they care for
- 3D Ease of finding information- percentage of carers who said they found it "very" or "fairly" easy to find information about support, services or benefits. This includes information from sources other than the council.

Measure	Comparator Ave (2014/15)	Birmingham (2014/15)	Birmingham (latest)
1D	7.7	7.1	7.3
3B	38.2	32.2	28.0
3C	69.7	60.5	63.6
3D	61.5	52.1	58.5

The table shows that there has been a marked improvement in measures 1D, 3C and 3D. This indicates that progress has been made in respect of involving carers in discussions about the person they care for and with regards to making information accessible for carers. However, it is concerning that carers' perceptions of the quality of the service show a negative trend.

Safeguarding adults

In 2015-16, 90% of referrals had an outcome within 28 days. In quarter 1 of 2016-17, following the introduction of a new process in April 2016, in 83% of the completed enquiries the client had been asked to express what outcome they wanted to achieve from the enquiry; this was the second highest % achieved in the 10 West Midland authority areas who reported this information, compared to a West Midlands average of 69%.

Of those enquiries where an outcome was expressed, 91% of these outcomes had been fully or partially met by the end of the enquiry (3rd highest in the region), compared to a West Midlands average of 86%.

The standard of adult safeguarding casework is audited each quarter. This includes checking that the adult has been appropriately placed at the centre of the enquiry in line with the principles of Making Safeguarding Personal.

Audit results consistently show that the standard of 85% of case files indicating good or outstanding work has been exceeded (88.1% over the last 4 quarters, with 89.5% in quarter 2; the target was exceeded through 2015/16)

Deprivation of Liberties Safeguarding

Since the beginning of 2014-15, the number of referrals for Deprivation of Liberties Safeguarding has increased by more than 10 times. While work has been ongoing throughout the period to address this increase, by the end of 2015-16 our backlog stood at 2166 (264 per 100,000 population) – with 68% of those referred in the year still being outstanding. A Best Interest Assessment Team was established to bring together all the qualified Best Interest Assessorts, a Team Manager Authoriser and 20 agency Best interest Assessors. By the end of June 2016, with new systems in place including the use of agency staff to address the backlog, this had reduced to 1689 (206 per 100,000) – with 49% of those referred in the year still outstanding. Early indications is that figures for quarter 2 of this year show even more improvements – All the backlog of requests has now been allocated.

Interface with Healthwatch

Healthwatch Birmingham has experienced some difficulties, but is now entering a phase of stability and consolidation. A permanent CEO, Andrew Cave, has been appointed and is focussed on taking the organisation forward.

In conjunction with Solihull MBC an opportunity was identified to create a joint Healthwatch to align with the Birmingham & Solihull STP. However, this looks unlikely to be taken forward at this stage and the intention is therefore to re-commission Healthwatch Birmingham from 1st April 2017.

The current performance framework seeks to consolidate the organisation; the framework from 1st April, following re-commissioning, will seek to stretch the organisation and build impact.

Leadership and Governance

Political change and context

Councillor John Clancy was elected Leader of the Council in December 2015, replacing Sir Albert Bore who had been leader of the Labour Group for the previous 16 years.

The most recent Council elections were in May 2016 when a total of 40 of the 120 seats were contested. There was no change in political control at this time, with Labour increasing its majority by 2 seats. After the election there were a number of changes in the cabinet structure – although Councillor Paulette Hamilton retained her position as Cabinet Member for Health and Social Care.

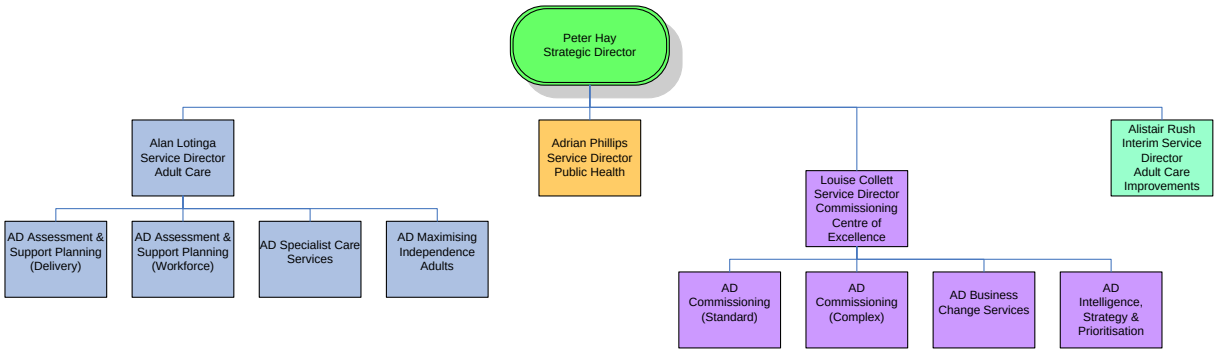
Over the next few years there is likely to be a significant change in the political makeup and structure of the Council. As a result of the "Kerslake Review" into the corporate governance of Birmingham City Council, a Boundary Commission review of Birmingham political wards was undertaken. The Commission recommended changing the number of wards from 40 to 69, with the city being represented by 101 rather than 120 members. The final recommendations of the Local Government Boundary Commission for England were published after much consultation in September 2016. To facilitate the implementation of this, all-out elections will take place in 2018.

System and organisational change and context, incl. system wide ASC focus

The Council is structured into three Strategic Directorates – People, Economy and Place. Adult Social Care forms part of the People Directorate. The other principal elements of the People Directorate are Children's Services and Education. In addition, People Directorate contains Public Health and the Commissioning Centre of Excellence. Both of these services work across all elements of the People Directorate.

The Directorate Leadership Team (DLT) meets weekly and brings together the Strategic Director, Service Directors for Adult Care, Education, Children's, Commissioning and the Director for Public Health.

The chart below shows the current structure of Adult Social Care alongside Public Health and the Commissioning Centre of Excellence.



The leadership capacity of the Adult Social Care function has recently been expanded by the appointment of an Interim Service Director for Adult Care Improvements and an Assistant Director to lead on delivery of the Maximising Independence of Adults programme.

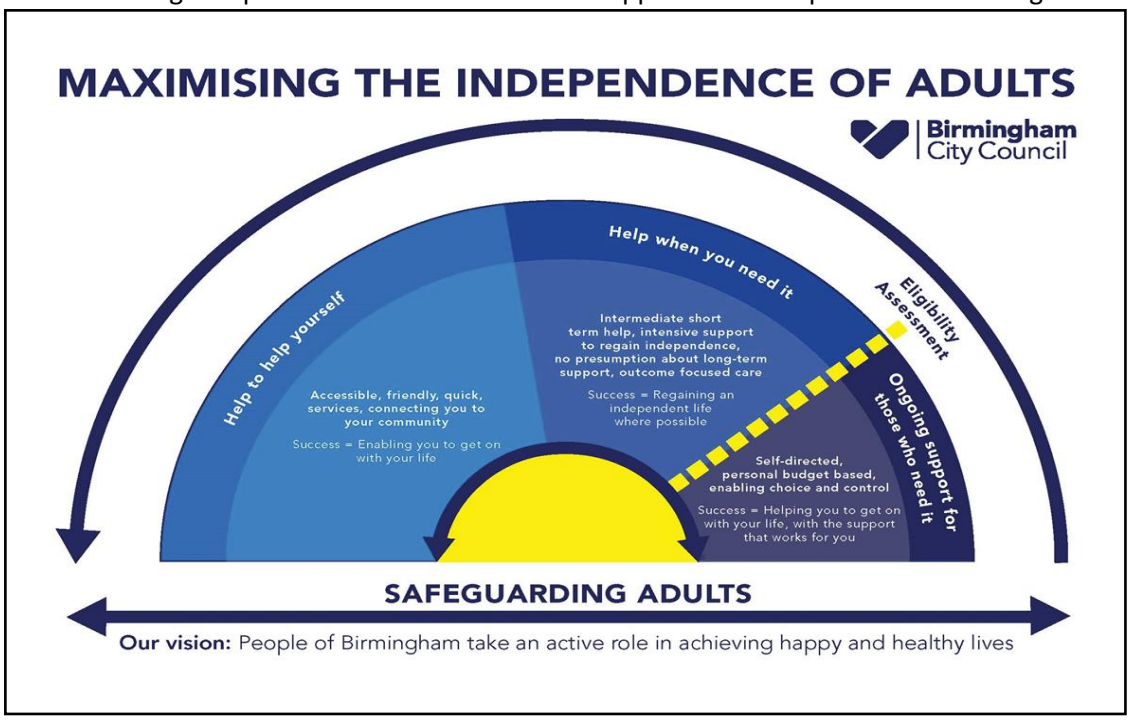
Adult Social Care is 8 years into a fundamental 10-year transformation programme. We have reviewed this programme and are considering the future operating models for Assessment and Support Planning (ASP) and Specialist Care Services (SCS).

In order to deliver its future vision for Adult Social Care and to deliver its savings target the Council has established the Maximising the Independence of Adults Programme. This builds upon the 10-year programme but reflects the wide range of new, demanding responsibilities arising from the Care Act 2014 and a number of other key national requirements and expectations. Three priorities have been identified to meet the challenge.

- Improving the Customer Journey
- Shaping the market (Service Transformation)
- Prevention

To deliver the programme we have established robust project and programme management arrangements, setting clear priorities, managing interdependencies and delivering at a pace projects which deliver benefits while minimising risk.

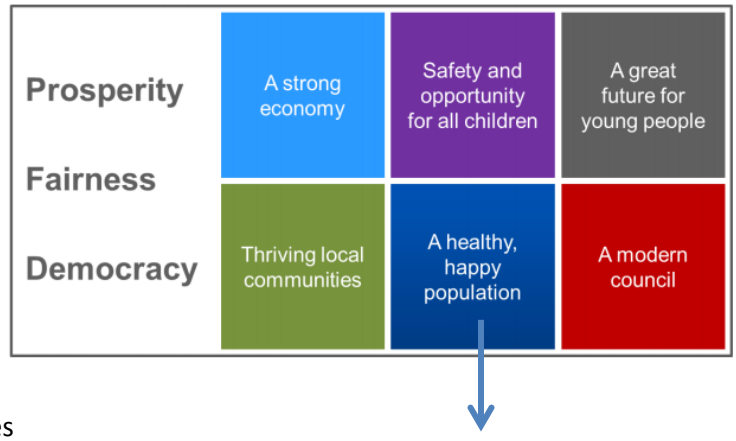
The Maximising Independence of Adults vision and approach is encapsulated in the diagram below.



Priority given by the Council to Adult Social Care

Adult Social Care is clearly visible within the council at a senior level – with the Strategic Director for People a member of the Council's Corporate Leadership Team. Given the significant financial challenge around ASC – the Council and Directorate has implemented robust measures to tackle the financial challenge through fortnightly budget meetings held with the Chief Executive, Deputy Leader and the Cabinet Member.

Adult Social Care is fully embedded in the Current Birmingham City Council Plan. There are two clear sub-outcomes relating to ASC within the "Healthy Happy Population" outcome.



Sub-outcomes

- *A seamless health and social care provision so people can get the service they require or the correct information and advice in one place, with people who need services able to access the services they need irrespective of who the provider is*
- *Citizens having greater control and independence and making informed choices about who they want to provide the care and support they require and where they want it provided; with all citizens who have an assessed, eligible care need having access to either a direct payment or individual budget.*

The Council is currently developing a new vision –"Birmingham: a city of growth where every child, citizen and place matters". This is supported by four priorities:

- Children;
- Housing;
- Jobs and Skills;
- Health.

Of these, the Council is explicit that Children are the key priority. This reflects the young profile of the City and the issues relating to failures to protect vulnerable children that the City has experienced.

The Health theme will incorporate measures relating to Adult Social Care as part of a life-course outcomes framework.

The over-riding priority to ensure that vulnerable children are properly protected has resulted in a decision to establish a Children's Trust to deliver the Council's social care responsibilities for children. The creation of the Trust will clearly impact on the structure of the People Directorate, particularly with regard to leadership capacity and support services. Similarly the landscape for Education is changing with a greater emphasis on delivery of local authority functions through the Birmingham Education Partnership. In this context the future shape of the People Directorate will need to evolve; for Adult Social Care the direction of travel is towards greater integration with Health.

Commissioning and Quality

The importance of managing risk and quality in the market through a commissioning-led approach has been recognised with the establishing of the Commissioning Centre of Excellence (CCoE) in 2015. The CCoE has responsibility for commissioning care packages for citizens from providers, managing contracts and undertaking market shaping activity with the purpose of achieving the best outcomes for citizens whilst ensuring value for money.

The Council currently commissions adult social care for approximately 7,000 citizens at any point in time from over 800 care settings in the independent care sector. These services are principally commissioned under a framework contract with mini-competition for each package of care. We also have a number of strategic block contracts for residential homes, nursing homes and Extracare services.

We employ a quality rating system for providers registered on our framework contract which is a key part of the mini-competition process. Scoring takes into account a provider self-assessment, CQC ratings and any contractual interventions undertaken by the Council, giving each provider a quality rating which is published quarterly. Quality ratings vary across sectors but by way of an example, we currently have 72.4% of home support providers rated as 'good', 20.5% 'requiring improvement' and 7.1% rated as 'inadequate'.

The Council has recently agreed to extend its framework contract which started in 2012, whilst we conduct a review of how these services are commissioned.

Market Shaping

Over summer 2016 the CCoE has engaged with the adult social care provider market to explore the following three themes:

- Defining quality;
- A Fair Price for Care; and
- Brokerage

This work is to support the re-commissioning of the adult social care framework contracts from 1st October 2017. A key element of this activity has been working with the market to begin to define a quality framework in Birmingham which proposes to remove the poorest performing providers (which fail to improve) from the new framework. This in turn could give rise to potential issues re: capacity. A further part of this work is to try and address longstanding concerns about the price Birmingham pays for adult social care and to develop an approach which the market are engaged with and that ensures the market is sustainable.

In terms of market gaps, there is evidence to suggest that complex nursing and dementia needs are increasingly being expected to be delivered in community settings. Further work is underway to review the Council's Dementia Strategy which will be fed into revised Market Position Statements at the appropriate time. Close working relationships have been developed with Clinical Commissioning Groups across Birmingham, to work with nursing homes to achieve improvements in clinical quality and enable more complex nursing needs to be met in these settings.

Work is underway with health to take a much more coordinated approach to managing providers and consideration is being given to joint contracting arrangements. A working group has been established with Clinical Commissioning Group's to look at Continuing Health Care (CHC) commissioning and whether this could be conducted under a revised joint contract. This is

particularly important when addressing issues of quality and price with providers and to ensure a consistent message about the standards expected and what the wider health and social care system is prepared to pay for these services.

The 2016/17 Council Business Plan has a target of achieving at least "72% of service users living in a care home (incl nursing home) or receiving home support placed with providers meeting the 'Good' quality standard (average of quarterly scores)". As at the end of quarter one (2016/17) only 62.3% of citizens were placed at providers rated good by the Self-Assessment process, compared to 65.1% in 2015/16. There are variations within this figure with home support providers having a higher average rating than bed-based providers. Within the latter the performance of the older adults market is of concern with just over 40% of providers meeting the required standard.

Quality Issues

Since 2014 the ASC service a Data Quality and Standards Team lead by a Group Manager has been in place with the aim on improving social work practice. This team has led on the development of quality standards and guidance, developed audit tools and undertaken benchmarking exercises. They have led on the redesign of the assessment tools used.

There has been great emphasis on the quality of work completed by setting clear standards and expectations set about work undertaken across ASP. The introduction of the assessment audit checklist has ensured that SPDs audit assessments against a given standard. This approach has introduced the concept of the competency based self-authorisation to embed professional autonomy for social workers who can evidence their level of competency via these audits. We have completed customer telephone audits which have shown a 90+% satisfaction rate with the quality of social workers interventions.

Quality of Care Planning - This is not reported on through care first so no data is available however work is being carried out by the ASP quality team to audit individual cases on a rota basis there is also a pro forma being developed to demonstrate best practice for completing standard and complex cases. These are in their infancy at present and would require at least 3 months to acquire meaningful data.

In terms of quality of commissioned services, a robust process is in place for home support services and older adults' bed based services. This is based on a quality rating system as described above. For nursing homes there is a joint process for managing quality issues which has been used within the 41 homes managed by Cross City CCG since June 2016. We are also working towards a joint Serious Incident process in Nursing Homes to enable quality concerns to be investigated in the most appropriate place.

The Council is currently taking action with a number of providers in relation to quality concerns which includes suspensions and improvement plans.

Market Position Statement

The Council's Market Positon Statement is published and can be found on the Council's website here: http://www.birmingham.gov.uk/marketpositionstatement

As the MIA programme progresses the MPS will be up-dated and will reflect the framework Terms & Conditions as issued post consultation.

Capacity/True Cost of care

In recent months Birmingham was impacted by the closure of a number of nursing homes, home support agencies and supported living providers . A joint protocol has been agreed with health to ensure a consistent approach to closures and appropriate prioritisation of citizens across health and social care. The re-assessment of citizens was undertaken very effectively although this did exacerbate capacity issues in terms of finding alternative provision. On a positive note Birmingham is seeing construction of new residential and nursing provision which will increase available capacity. Issues to be considered over the coming months are the continued use of a large volume of Enhanced Assessment Beds, commissioned by CCG partners.

With regards to the true cost of care/fair price of care, this has been the subject of close working with providers over the summer, following the publication of the latest KPMG open book process. Taking a regional and core cities view we have identified a potential issue regarding home support which we are discussing with providers.

Obviously any conversation regarding fees has to be cognisant of the City Council's complex financial position and the commitment to the Birmingham Care Wage.

Value for money of care packages – the use of a tendering process through Sproc.net provides assurance in terms of the value for money of care packages by combining the BCC self-assessment questionnaire, CQC ratings and a financial element to find the most suitable provider for support packages. The allocation of packages and the scoring of bids includes a specific element which identifies the extent to which providers can meet the citizen's outcomes.

With the recent introduction of New Deal we may be able to identify if support plans effectively meet the outcomes of Users – further work needs to be completed on this to identify validity.

National priorities and partnerships

Health and Wellbeing Partnership & Partnership Boards

The membership of the health and well-being board has been revised and strengthened. The Board now includes representatives from the CCG (Vice Chair) and also the housing and independent sector. We have moved away from holding meetings only at Council offices to help open up the discussion and we have more thematic workshops where other key individuals as well as board members are invited. The health and well-being strategy is being rewritten and a clearer role for the Health and Wellbeing operations group is being developed.

Adults Safeguarding Board

In preparation and since the implementation of the Care Act 2014 the BSAB governance and membership, the Board's plan (now far more strategic and looking over 3 years), risk register and its annual report have been fundamentally revised and moved on from previous years. There has also been a significant increase in investment in infrastructure support to the Board, linked Groups and to promote better joint work with other partnership boards on common top priorities eg domestic violence, mental health/DOLS, oversight of unregulated care settings, etc. There has been a particular emphasis placed on getting more effective and relevant joint working/co-production with the voluntary and community sector and citizens who have experienced the safeguarding system. We are aiming to appoint a new Independent Chair of the Board in the near future.

Children's Safeguarding board/Community Safety Partnerships

Work is progressing with the Children's Safeguarding Board , Community Safety Partnership and Health and Wellbeing Board to work together more on appropriate priorities and support mechanisms eg in relation to domestic violence , child sex exploitation and female genital mutilation. The new Domestic Abuse Prevention Strategy 2017-2020 is currently out for consultation.

Better Care Fund

The City's second BCF plan effective from April 2016 was fully approved, without conditions, by NHS England. In all important respects the local health and care system is currently in the process of fusing/merging relevant BCF projects and support capacity into STP workstreams and governance, whilst respecting the fact that BCF delivery and reporting, of course, remain mandatory requirements nationally.

Care Act Implementation

The most recent regional Care Act stocktake report highlighted the positive progress Birmingham was making around the Care Act, including the working in revising the Customer Journey, more effective work with partners, and better support for Social Care Staff. The findings of the regional work are as follows:

The regional position

- Across the region the proportion of people assessed as eligible has increased.
- Council's will wish to ensure that they are meeting their statutory duties towards carers.
- Preparation for adulthood is in its early stages of development
- Confidence in the ability to recruit and train the local Social Care workforce has declined since the previous stocktake.
- Costs have mostly increased as expected with some higher than predicted costs in safeguarding and preparation for adulthood.
- Widespread feedback across the region that councils are partially able to understand and shape the local care market.

Birmingham's variation from regional position

- A significant overall increase in activity (assessments, eligibility, carers, information and advice). Need to ensure data is accurate/validated.
- Prevention is developing but not fully effective. 11 of the 14 council's in the region are more confident in meeting these duties.
- Information and advice also developing but not fully effective.
- Birmingham's confidence in the ability to recruit and train the Social Care workforce has increased since the last stocktake. This is against the regional picture where overall there is a decline in confidence.
- The financial picture shows some consistencies with the region with impact being felt on a large scale

In summary the strengths and areas for improvements highlighted in the stocktake are summarised in the table below.

Strengths	Improvements
We are confident that we have embedded the statutory requirement plus the 'spirit' of Care Act 2014.	Performance/Monitoring and evaluation- is an area requiring further work
Learning & development - The Learning & Development Service (tlds) has also developed and commissioned a programme re. Meeting CQC Inspections. This too, has been very popular amongst providers.	Advice & information - Birmingham is at present looking to improve joint commissioning and provision of information with other parts of the Council.
Market shaping & Commissioning - BCC are very effective n regard to shaping the market and mitigating provider failure.	Prevention – developed but not yet fully effective
Prisons & custodial setting – Engagement with Winson Green Prion staff. Pathway for prisons has been completed.	Carers offer - yet to determine
Deferred payments – well established	Assessment process – are we applying this in a manor that is consistent. I.e. whole family approach
	Personal budgets – The Council has no clear approach in how it intends to meet section 26 of the Act giving the right to a personal budget for this eligible for care and support.

Winterbourne View/Transforming Care

The Directorate and the three Birmingham CCGs have operated a Section 75 agreement for joint commissioning of services for adults with Learning Disabilities and Mental Health issues since 2010. This arrangement remains in place though the governance arrangements have changed to ensure greater focus on each service area.

The joint Integrated Commissioning Board has been replaced by two separate interim boards whilst the future Governance arrangements are reconsidered within the scope of the commissioning reform work stream within the Sustainable Transformation Plan. The mental health system strategy board has been in place for over a year and provides strategic direction for Mental Health Services.

An extended Transforming Care Board is also now in place to provide governance around the development of services to adults with Learning Disabilities. The agenda of these boards has recently been revised to ensure all partners remain sighted to the financial position with regards to jointly commissioned services.

System Wide Transformation

The City Council been working in partnership with the NHS and Solihull Metropolitan Borough Council to develop a Sustainability and Transformation Plan (STP) to improve the health and wellbeing of people living in Birmingham and Solihull. Mark Rogers – Chief Executive of Birmingham City Council is the Footprint lead for Birmingham and Solihull area.

The STP was made public on October 24th – the first area in the country to do so. The Plan identifies 3 areas for change:

- Insufficient system wide focus on use of resources
- Too much care that can be delivered elsewhere is provided in a hospital setting
- Variation in clinical services

And 3 clear objectives:

- Creating efficient organisations and infrastructure
- Transformed primary, social and community care
- Fit for future

Resource and workforce management

Financial Context

Like the majority of local authorities within the region, Birmingham is experiencing a growth in demand for services whilst facing severe reductions in the funding that is available for care.

Since 2011, funding for Adult Social Care in Birmingham has reduced by a cumulative total of £152m.

A Transformation Programme agreed in 2008 set out a 10 year £200m+ savings programme that was subsequently stretched to £400m+. However, even if this was fully delivered it would not be sufficient to meet the actual savings that are now required.

There has been a failure to realise all of the savings identified in the 2008 plan. In particular, there have been shortfalls against the projected 30%+ savings for younger adults care packages. There have also been major changes to the operating environment since 2008. The Care Act, in particular, has led to changes in responsibilities and demand.

Service reviews and demand management initiatives have delivered mixed successes. "Underspends" in early years of the programme turned to a large overspend of £9m in 2015/16 that has continued to grow. Consequently there is increasing reliance on reserves and balances from the NHS – some of which have not been properly agreed.

Large movements in forecasts, especially for placements, have been experienced in the current financial year. At present a £50m shortfall is projected. £28m of this is due to the non-delivery of NHS resources through the Better Care Fund and the Sustainable Transformation Plan. Although included within the financial plan for the year, this is now unlikely to be made available.

There are a number of factors that have resulted in the current financial situation including a failure to realise unrealistic programmed savings, poor financial management that has not been closely enough aligned to forecasts, use of reserves that has obscured underlying issues, £6m per annum unfunded demographic pressures, other external pressures such as DoLs, large increases in long-term care packages directly from hospitals and EABs and failure of the care market.

The Directorate has implemented robust measures to tackle the financial challenge. Fortnightly budget meetings are held with the Deputy Leader, Chief Executive and the Cabinet Member. Whilst Adult Social Care is the most prominent issue, there is a clear recognition that all parts of the Council need to contribute to mitigate budget pressures. The Maximising Independence of Adults programme has been launched with a clear remit to stretch the resources that are available and to deliver savings. A key area for action is the need to manage and reduce demand within the system. Our relationship with the NHS is crucial; we need to ensure that commissioning and funding arrangements, for example those relating to Continuing Health Care and Enhanced Assessment Beds, are appropriate and that we are co-ordinating efforts to manage demand.

We recognise that further action is required to address the scale of the challenge. We need to focus on sound, practical action to reduce the overspend and to make sure that this activity is properly project-managed and fully implemented; we need to develop a better understanding of our interactions with the NHS to enable us to have clear, evidence-based conversations about roles, responsibilities and funding; we need to make sure that social work practice is consistent with policy and that we are truly doing asset-based assessments so that the limited resources that we do have are properly and fairly utilised; we need to implement a clearer strategy for the provision of Specialist Care Services and stronger commissioning, procurement and brokering process and

systems. Above all we must urgently define a new Adult Social Care function and structure and, therefore, a new "offer" in the community and in hospitals.

With respect to the Peer Challenge process we have already identified many issues and have action plans in place. We do not want these to be duplicated. However, within the scope of the Peer Challenge there would be value in exploring consistency of practice and whether our social work practice is stretching the resources we have. In addition, we are seeking input from the review team on managing the relationship with colleagues in the NHS.

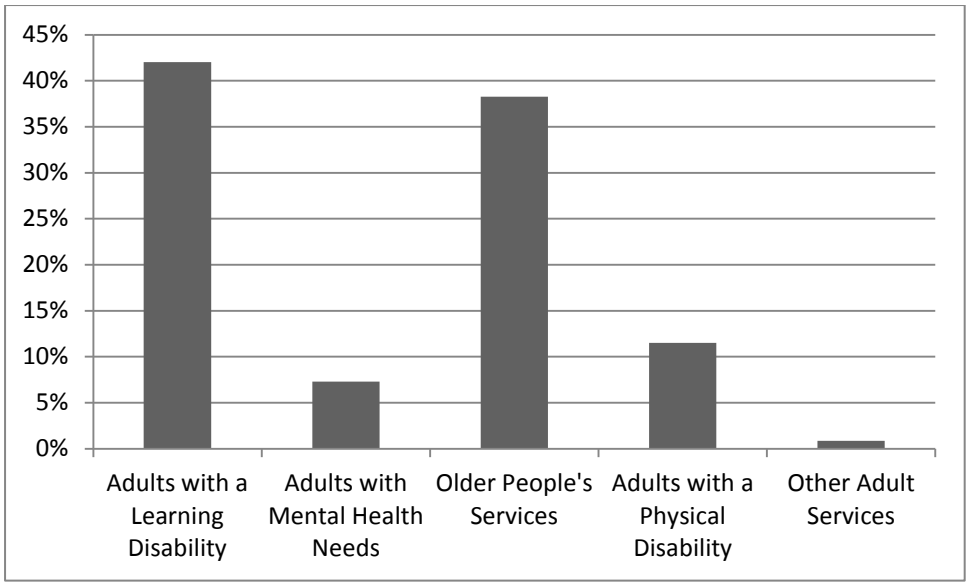
% corporate spend on ASC

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Adults Social Care	287,834	276,885	263,298	232,556	216,255	226,867
Council Spend excluding Education	941,989	937,806	902,590	862,812	823,953	812,320
%	31%	30%	29%	27%	26%	28%

% spend on residential care

52% of the total spend (net of client contributions) on care packages is spent on residential care.

Expenditure (net of client contributions) on care packages by client group



Workforce, vacancies and recruitment

There are currently 924 [878.5 FTE] staff members within the Assessment and Support Planning (ASP) function. Of these, 405 (44%) are social workers. This includes 68 [62.9 FTE] GR5 Social Workers and 337 [321.1FTE] GR4 Social Workers

There are 11 (FTE) vacant Grade 5 and 21.5 (FTE) vacant Grade 4 social work posts that are being covered by agency staff at present. This is equivalent to 8.5% of the current social worker cohort.

Recruitment and selection is currently taking place for all vacant post across ASP.

Specialist Care Services are working through a service redesign to include re-provision of some services and decommissioning of other services. This is being carried out in consultation with service users and staff. Commissioning officers are assessing the capacity and quality of alternative providers within in the market.

As a result of the service redesign process, SCS is subject to a section 188 notice at present. This places restrictions on recruitment although there is flexibility to utilise agency staff if there is a critical business need. Similarly recruitment can also take place where there is a sound business case, for example where specialist skills are required.

The workforce delivery model was redesigned in 2011 in response to the Munro review of Social Work in England as well as existing budget pressures. Adult Social Work was restructured which resulted in a reduction in the management tiers and management numbers. It also introduced the organisational split between Workforce and Delivery. Management tiers were reduced to Director, Assistant Director, Group Manager, Team Manager and Senior Practitioner Workforce/Delivery. The Assistant Team Manager post was deleted. New roles of Senior Practitioner Delivery (SPD) and Senior Practitioner Workforce (SPW) were created.

A matrix management structure was introduced. Delivery held the responsibility for the flow of the work and the management of the delivery of assessments and support planning. Workforce was responsible for the management and supervision of the staff as well as any HR issues. The separation of the workforce in this way was to address the concern that in the management of pressured and challenging work environments it is staff support and supervision that suffers. It is this which the Munro report highlighted that can lead to demotivated staff, poor staff retention and a reduction in the quality of the work undertaken by social workers. The SPWs are managed by Group Managers Workforce. This ensures that decision making is consistent across the organisation. SPW are, as far as possible, linked to one team and work closely with the Team Manager and SPDs to address any issue which arise about the performance of the staff group.

The Workforce /Delivery split has enabled us to be sure that we have our workforce at work, in the correct teams, undertaking the level of assessment which matches their skill set. The commitment to creating a learning environment can be seen by the development of clear career pathways and a commitment to the ongoing appraisal of workers.

Due to the innovative nature of this approach the model has been externally reviewed in 2012 by Jon Glasby from the University of Birmingham. This review recognised the value and strength of working in this way.

One of the key drivers for this change was to strengthen our management approach while reducing the tiers and numbers of managers. The savings achieved by this restructure was £5.2 million.

There is clear evidence of the positive impact of this approach in the Birmingham Reform Board Summary 2016 and the internal evaluation of workforce complete June 2016. However as with all approaches we are committed to review the workforce / delivery balance.

One of the very important recommendation of the Maria Gibbs review of social work was that in order to improve the morale and motivation of the staff they needed to be given consistent and proper supervision. The workforce delivery model provides ,every social worker with 10 supervision per year to look at all their training, development and career progression. They also receive case work supervision from senior practitioner delivery.

Culture and challenge

Local Account – process and product

The 2015/16 Local Account document is currently being prepared in light of the release of the latest ASCOF benchmarking information. Findings from this self-assessment and peer review process will also help inform this process. Previous years versions are available and published on the City Council's website.

Participation in core SLI activity & Peer review exercises

The directorate team fully embrace Sector Led Improvement – Peter Hay and other senior staff participate in the WM Peer Challenges of other WM Adult Social Care Departments, supporting them to develop and bringing learning back to Birmingham to further develop our services, we actively lead on both regional and national priorities and key issues – Peter is co-chair of WMADASS, Alan Lotinga is the lead officer for DASS safeguarding, Carl Griffiths chairs the deputies/AD's Group and Safina Mistry is the lead for Carers, we are also very active on the regional finance and legal networks.

Peter and Alan also give national presentations and joint panels on hot topics to promote the Adult Social Care View and issue, the most recent of these was evidence given to the National Carers Commission, Birmingham featured prominently in their report launched from the House of Commons.

Local performance management arrangements

Performance Management is integral to the delivery of Adult Social Services. At the highest level, ASC performance measures are a fundamental part of the Council-wide performance management framework – with 3 key ASC performance measures embedded within the Council Business Plan – measures that were agreed through a wide consultation including with our citizen voice function.

Through the work of the Maximise Independence of Adults a new Adults Performance Framework is currently being developed – which will address system wide performance.

The Commissioning Centre of Excellence Intelligence and Analysis team also supports the service in providing a number of dedicated Business Intelligence and Management Information reports around the following areas:

- Assessment and Support Planning (broken down by areas and teams)
- Assessment and Support Planning in Hospitals
- Adults and Communities Access Point (ACAP)
- Safeguarding
- Specialist Care Services

As well as this to support improvement in social work standards - In 2014 we developed a Data Quality and Standards Team lead by a Group Manager. This team has led on the development of quality standards and guidance, developed audit tools and undertaken benchmarking exercises. They have led on the redesign of the assessment tools used. A key part of their work is to drill down into the IT systems, identifying errors in recording and providing the teams with the information so these can be resolved.

Political Scrutiny and Overview

Birmingham has a strong political challenge through the Health, Wellbeing and the Environment Overview and Scrutiny Committee whose members was finalised after the May 2016 election.

Ongoing programme of scrutiny involvement in relation to adult social care during municipal year since April 2016 has included.

- Involvement of Better Care Fund/STP leads in initial informal meeting in June 2016 to brief members and plan scrutiny work programme.
- Report to HOSC in July on the use of Enhanced Assessment Beds including capacity in Care Centres which was followed by a visit to two Care Centres by HOSC Chair and another HOSC Member. This will be followed by a further report scheduled to come to the November meeting to update Members on the latest position.
- Attendance by Cabinet Member for Health and Social Care at September HOSC meeting for progress report and questioning by HOSC Members on all aspects of portfolio.
- The December HOSC meeting will be devoted to scrutinising the 2015/2016 Local Performance Account Report and the West Midlands Challenge of Birmingham Adult Care.
- In addition the members have been and will continue to scrutinise changes to End of Life Care Services in Sandwell and West Birmingham through the Joint Birmingham/Sandwell HOSC .

Complaints

The Citizen Voice Team is part of the Commissioning Centre of Excellence responsible for the management of the statutory complaints function for adult social care and for promoting and facilitating Citizen Engagement activity throughout the commissioning cycle.

The Citizen Voice Team has increased the number of staff managing complaints over the past year and started to review the complaints process to allow the service to grow and develop to ensure the Citizen receives the best customer care service possible.

We are scoping new ways of involving Citizens to assist the team in ensuring measureable quality standards are set, embedded and monitored.

The Annual Report 2015-2016 has highlighted the following:-

- 147 statutory complaints were received during this reporting period, a reduction on the previous two years;
- 11 complaints were withdrawn during the process;
- 628 individual statutory complaint elements investigated;
- 391 complaint elements not upheld, 142 elements upheld, 54 elements partially upheld, 40 elements inconclusive, 1 element where no finding could be made;
- Assessment and Support Planning again received the largest number of complaints (92) compared to (129) for the same service area last financial year;
- The Statutory timeframe for responding to a complaint is six months: 131 complaints were responded to within that timeframe;
- Staff Behaviour was the highest overall reason for complaints received with 32;
- 6 Local Government Ombudsman Complaints in respect of statutory complaints were registered for the reporting period in respect of statutory complaints received;
- A further 146 pieces of information received not competent for the statutory complaints process including 58 Corporate ‘Your Views’ Complaints were managed by the team.

- Early resolution for Citizens by processing and managing information received with their agreement as requests for service rather than complaints.

Organisational Development

We are proud of our workforce. The quality of social work in the city has been recognised at a national level. For the past 3 years Birmingham ASP has had an increasing numbers of finalists and winners at the National Social Work Awards. We have won the Adult Social Worker of the Year for the past 2 years (2014 and 2015) as well as Adult Team Leader 2014, Assessed and Supported Year in Employment (ASYE) 2015 and the award for Creative and Innovative practice for our Post-hospital Discharge Team in 2015. This year we have 7 successful finalists. We have also been recognised by our partners as providing quality intervention and support – winning the National HSJ Health Care Award for hospital discharge work in 2014. Our partnership work with Birmingham City University has also been recognised; this year (2016) we have won 2 awards for the support given to student social workers, one for the SPEd Team, nominated by the university tutors, and one for an individual SPEd nominated by the student.

We celebrate the achievements the work that social workers do locally too, holding various events to celebrate their achievements – including presentation of certificates and small mementos. Social Workers are frequently nominated and win in the directorate awards (Shining Stars) and Council-wide awards (Chamberlain Awards).

The success we have achieved demonstrates that adult social work practice in Birmingham is recognised as being of high quality. However, we are not complacent and recognise that we need to ensure that the very best practice is consistently to be found in all areas of adult social work. In particular, we need to embrace the challenges identified in the Peer Review File Audit and continue to build on the quality of our social work interventions.

We recognise the need for continuous learning and development to ensure that the workforce has the knowledge and skills to meet the demands of a changing operating environment and we are committed to the learning and development of all our staff. We are committed to the development of a Learning Unit for students and ASYE. It is important to us to invest in workers at the start of their career and so embed the knowledge and skills required to develop skilled practitioners. This involves not only investing in new workers but also the skills and knowledge of assessors. We have developed 2 specialist practitioner roles, Senior Practitioner Education, who work closely with universities, directly support 8 students and support the wider practice educator role and the Senior Practitioner Workforce ASYE who work with the External Moderation Partnership and provide direct support to ASYEs via workshops and action learning sets.

Managers and staff are being encouraged recognise their own strengths as well as to identify the skills and expertise of their supervisees. Some of the more experienced and confident members of staff with the right skills have been invited to facilitate sessions within and across teams. This approach has been taken with some the direct payments 'refresh'.

SCS has been included in terms of briefing sessions to managers who will cascade the information to workers who are can act as promoters of direct payments, fulfil a signposting role – e.g., OTs, Home Carers, Day Centre workers etc.

Value based training is being delivered to Social Care Facilitators, plus, Referral and Advice Officers.

Work is being undertaken with CCoE colleagues to develop standards within Home Support Provider services - Meeting Quality Standards in Social Care – a 2 day programme for Home Support proprietors and registered managers.

Care Act '14, outcomes focused related training has been commissioned for people who have been recruited to ASP during 2016 and Care Act '14 e-learning programmes are available to all staff in ASP.

Learning and development for newly qualified social workers (NQSWs) continues and qualifications related programme/refresher programmes continue to be offered, eg., in relation to mental health work etc. Best Interest Assessors, Approved Mental Health Practitioners. Mental Capacity and Deprivation of Liberty Safeguards training contuse to be rolled out.

All ASP managers' programmes have been refreshed (Team Managers, SPDs/SPWs). A programme for senior managers (AD, GM etc.) has been developed.

Safeguarding for Managers has been developed and added to the existing suite of programmes, which have each been updated to ensure that they are compliant with the CA14.

Continuing Health Care training for social workers has been developed and is mandatory.

X3 Social Care Apprentices are being recruited in late '16. A local FE provider will deliver the training.

A seminar with partners across local CCG partners and BCC to discuss apprenticeships across the health and social care economy, workforce planning and development is due to take place in Dec '16.

Support continues to be given to SCS regarding day-to-day running of services, refresher training to ensure compliance with regulatory requirements etc. additional training can be provided in house or purchased in if there is a statutory requirement as identified by the Care Quality Commission.

Specific learning and development programmes have been commissioned to assist staff where services are being closed e.g., managing change, resilience etc.

Service User/Carer Voice and co design

Since the autumn of 2015 we have established a new model for engaging with citizens entitled "Citizen Voice". The aim of this model is to ensure the voice of the citizen influences our practice at all stages of the commissioning cycle.

This approach moves away from the previous model of a small numbers of citizens involved in an ad hoc way, to the 'sign up' of a much larger numbers of citizens to work with us to co-produce service standards and have input into service design, monitoring and evaluation.

To be able to offer citizens of all ages, interests and experience opportunities as and when they arise within commissioning teams.
Developing the infrastructure to be able to manage this new model has involved developing:

- a new staff team

- Publicity campaign – to encourage citizens of all ages, interests and experiences to volunteer some time to get involved through a new 'Menu of Involvement' Leaflet, posters, Web content and staff going out to speak to citizens
- Internal communications campaign / workforce development for staff, including staff briefings, drop in sessions and surveys
- Building a new database to enable citizens to 'sign up' electronically to a range of citizens of all ages opportunities based on their interest
- Governance – the setting up of a new Citizen Governance Board to scrutinise and provide quality assurance regarding citizen voice activity

Challenges:

The main challenge is ensuring that all commissioning project plans consider how and when they will involve and engage a representative range of citizens, service users and carers to inform design, delivery, monitoring and evaluation of services from a citizen perspective.

Making it Real - We have completed two full cycles of Making it Real action plans but we were not in a position to sign up to a further cycle in 2015/16 due to major restructure across commissioning. However, we have been successfully building on previous MIR activity by using that learning to inform current work under the Direct Payment Project Board. Members of staff from the Citizen Voice team and citizens who use Direct Payments have worked together to co-produce a strategic communications and engagement plan, as well as being involved in developing new ways of sharing their story to promote Direct Payments.

CITY OF WOLVERHAMPTON COUNCIL

02 December 2016

Peter Hay
Strategic Director for People
Birmingham City Council
PO Box 16466
B2 2DP

Dear Peter

Birmingham City Council Adult Social Care Peer Challenge – 14th -16th November 2016

I write to give you formal feedback following the peer challenge on **Maximising the independence of adults in a financially challenged environment**. This builds on the provisional feedback we shared with you on 16th November 2016. (A copy of our presentation is attached as an appendix).

I was pleased to lead the peer challenge and I was joined by Pete Jackson, programme manager, Anne Clarke (assistant director Worcestershire County Council), Paul Smith (commissioning manager Wolverhampton City Council), Kerrie Allward (assistant director Walsall Council), Steve Corton Better Care Fund manager West Midlands), Keymn Whervin (expert by experience), Councillor Ken Meeson (Cabinet member and chair Solihull health and wellbeing board) and Mark Taylor (director of finance City of Wolverhampton Council) . The team met over 90 people in 30 separate sessions and at 11 different locations in the 3 days we were on site.

The process also included a case file audit and this was led by Mark Godfrey for Improvement & Efficiency West Midlands, and undertaken by members of the West Midlands Principal Social Worker Network.

I would like to thank you for putting Birmingham forward to host this peer challenge at a time when you like many other councils face large challenges and pressures. Specifically, your strong recognition of the value of sector led improvement as a process for improving performance and outcomes. The flexibility the council demonstrated in responding to requests for additional information and also the quality and breadth of the data that was provided ahead of the visit was also very much appreciated

I would also like to thank all the people who use services, carers, staff and partners, the leader of the council, cabinet member for adults, and scrutiny members who participated in the challenge. We were made welcome and our thanks go to Mike Walsh and Mary Grant and the administrative team in your office for their organisation before and during our visit.

There were many positive areas of good practice and policy that we will take away from our visit and in particular the commitment and enthusiasm of staff at all levels in the organisation to provide great care for the citizens of Birmingham.

Ahead of the peer challenge you provided a detailed self-assessment and a focused set of documents that assisted the team in understanding the position of adult social care in Birmingham. This demonstrated a high degree of self-awareness of the challenges that you face. We felt that your use of the 6 domains of risk was particularly helpful in providing an overview and the team used this throughout the challenge to check alignment between your self-assessment and the evidence and commentary that we saw on site. I have attached a summary of our reflections on these areas in the appendix attached.

You asked for the peer challenge to focus on "Maximising the independence of adults in a financially challenged environment" and in particular to help your social care staff to best maximise the independence of adults.
In particular, to look at the effectiveness of your: -

- social care assessments and care packages
- care and support planning
- front line 'joint working' arrangements within health

Additionally, given the issues highlighted in your self-assessment, you requested that the team review: - whether Birmingham adult social care is facing a severe financial risk and if you are doing enough to mitigate this risk?

Starting with the financial risk the team identified this as the key challenge facing Birmingham 's adult social care services and the scale of financial challenge can be summarised in your self-assessment: -

"Since 2011 ASC budget has reduced by a cumulative total of £152m, the Transformation programme agreed in 2008 – 10 year saving of £200m has now stretched to £400m, there has been a reliance on reserves to balance the budget and the transfer of funding from health of £50m has a shortfall for 2016/17 of £28m, and there has been a failure to deliver previous budget targets."

To mitigate these risks, you have instigated: -

- Fortnightly budget meetings with the CEO to monitor monthly trends and spend,
- Work to better understand the financial interactions with health
- The development of a clearer strategy for the provision of specialist care services
- The development of the Maximising Independence for adults' programme
- A review of value for money of in-house provision
- A review of financial controls, including panels and resource allocation system
- A Finance and Operational Management Audit Report which makes key recommendations such as:
    - Better availability of budget information for budget holders
    - Engagement with finance and operational management
    - Care package forecasting
    - Expenditure reports

What else should you be considering?

- The importance of getting an overall grasp of the financial challenges faced is urgent and the forthcoming Local Government Association Stress Test will require detailed work to be undertaken to present a credible narrative of the financial position.
- There is an urgent need to align financial monitoring systems between adult social care and corporate finance.
- The lack of ownership of budget savings at team and group manager level and the availability of accurate budget monitoring information is severely hampering the ability of front line staff to contribute to efficiencies and savings.
- There is a need for corporate 'ownership' of the adult social care budget targets – and a much better collective view of where they sit in the list of overall council savings priorities.

Social care planning, assessments and care packages
Strengths

- Responsiveness of the Standard service.
- Access to enablement.
- Use of telephone assessment.
- Strengths identified in the case file audit included:
- Self-authorisation of assessments
- Quality of case recording
- Good learning and development through reflection.

Social care planning, assessments and care packages
Areas for consideration

- Extent to which an asset based approach is embedded in all teams.
- Consistent practice in process for agreement for personal budgets.
- Consideration for options for support planning other than being social work led.
- Additional areas for consideration identified in the case file audit included:
- Extent to which strengths based work is embedded in all teams
- Having a stronger focus with regard to complying with the Care Act duty around promoting wellbeing
- Reviewing the approach to managing risk and reliance on institutional care.

Front line 'joint working' arrangements within health –
Strengths

- Strong strategic commitment across partners.
- Degree of progress in the last 12 months.
- Growing understanding of the interface between health and social care.
- Actively engaged in the Sustainability and Transformation Plan (STP) process.
- Good frontline working relationships between health and social care.
- Growing joint working on pathways and shared protocols.

Frontline 'joint working' arrangements within health -

Areas for Consideration

- Separate budgets and relationships across health and social care impacts on ability for partners to work and commission collaboratively.
- Better Care Fund programme is not central to health and social care partnerships and is seen as a 'Health Plan'.
- Reviewing the potential for risk and benefit share arrangements.
- Increased use of data and intelligence to inform decision making.
- Vision for future integrated health and social care front door services not clear.

Given the breadth of the feedback that the team has provided I believe it would be helpful to highlight 6 areas where we recommend that you focus attention in your own planning and improvement processes. We have posed these as objectives in the expectation that you will wish to translate them into an action plan to respond to the areas we have suggested that you consider.

Areas recommended for further action: -

1. strengthen your grip on the financial monitoring and delivery of efficiencies / savings requirement given the scale and urgency of the budget challenges faced.
    a. work closely with corporate finance on the current and future savings proposals to ensure deliverability and that the implications of any saving proposals put forward are fully owned by the service and the corporate centre
    b. implement the findings of the recent Finance and Management Audit report
2. strengthen the relationship between the commissioning for excellence unit & with your delivery of frontline services and improve their engagement with stakeholders including carers
3. increase the pace and scale of transformation required by the Maximising Independence Programme to have a much stronger focus on the delivery of improved outcomes for service users
4. translate your initial thinking into a credible vision for an integrated place based health and care system in Birmingham and outline how relationships with health can be improved at the front door
5. upscale and maximise the potential offered by an asset based approach with the voluntary and community sector to transform your traditional Social work model placing a particular emphasis on your narrative and your actions in relation to prevention
6. strengthen the interface between adult social care and the corporate centre to realise the ambition for Birmingham to become "a city that cares" and a great city to grow old in.

Conclusions

The team recognised the significant work the council has been undertaking and scale of the challenges that are faced given the size of the population, the levels of deprivation and the external attention that the council has received following the Kerslake review. We were very impressed by the commitment demonstrated by frontline staff and the determination of the council leadership team and politicians to move forward in a planned way to improve the independence overall of citizens and in particular the outcomes for those growing old in the city as part of the council's vision and plan for 2026.

Finally, we have sought to make the findings of the peer challenge constructive and helpful to the council and also to strike an appropriate balance between support and challenge. In line

with the west midlands peer challenge approach, we would ask that the council considers the recommendations, develops an action plan in response, and in March 2017 a review of progress takes place through a discussion between the Lead Director of Adult Social Care (DASS) and myself. It is also agreed in the West Midlands that councils will publish their peer challenge final letter and subsequent action plan to demonstrate its commitment to sector led improvement.

We hope that you regard the comments and recommendations the Team has made as being constructive and helpful. The regional Improvement manager Pete Jackson and Ian James the care and health improvement advisor for the LGA are resources that are available to support councils to develop action plans to drive change as a result of a peer challenge. We have learnt from the process ourselves and we have really appreciated the opportunity to take away some good examples of care and support that we can share with councils across the West Midlands.

On behalf of the Team, I would like to thank you for hosting this peer challenge and for working so positively with us. I hope that you will agree this has resulted in a helpful and constructive outcome and if you have any points that you would like clarifying please do not hesitate to contact me

Yours sincerely

Linda Sanders
Strategic Director - People
City of Wolverhampton Council
01902 555300
linda.sanders@wolverhampton.gov.uk

CC Mark Rogers, Cllr Paulette Hamilton, Martin Samuels, Ian James, Peer Challenge team

Appendix 1
Birmingham City council self-assessment

Leadership
Strengths

- Strategic Director of People is seen to be approachable and credible with a strong strategic vision.
- Cabinet member is seen as a committed and positive leader with visible leadership of the Maximising Independence of Adults Programme Board.
- Leader and Scrutiny Chair see Health & Social Care as a priority - "Care is what this City does".
- Chief Executive has demonstrated strong system leadership on behalf of the Sustainability and Transformation Plan (STP).
- A new city vision and plan has Older People as one of the four priorities - "A great city to grow old in".

Leadership
Areas for consideration

- Encourage a whole council approach to the Adult Social Care agenda – aligning objectives and effort.
- Maximise opportunities for evidence based learning and encourage staff to review best practice elsewhere.
- Systematic approach to prevention.
- Strengthen the system leadership narrative and forum for integration – focus on outcomes.
- Need to develop a shared understanding of the challenges, opportunities and motivation to further develop trust in partnerships.

Performance and outcomes
Strengths

- Impressive performance recovery on Deprivation of Liberty Standards back log (2500 March 15 - 150 November 16) excellent use of risk register.
- Clear programme management approach with political leadership for the Maximising Independence of Adults programme.

Performance and outcomes
Areas for consideration

- High use of institutional care. Consider personalisation and empowerment through the use of direct payments.
- Delayed transfers of care – the position has been described as 'stabilised' but what are the current trends and could the Better Care Fund be used as a vehicle for partnership innovation?
- The performance in relation to the Adults Social Care Outcomes Framework does not benchmark well against regional and national comparators and represents a reputational issue for the council.
- Adults Community and Access Point – review demand management in relation to reablement and resilience/capacity (turnover/gaps through training & volume).

- Need fundamental review of interface with Carers and their engagement in co-production of services.
- Increase visibility and transparency of performance information to demonstrate and monitor progress and drive change.

Commissioning and quality
Strengths

- Well-resourced team with capacity and capability to support the transformation of Adult Social Care
- Direct Payments Board Communications Strategy fully co-produced with service users
- Integrated and recovery based single system recommissioned re substance misuse services well aligned with social care and with good outcomes
- Scope for harnessing Public Health intelligence and expertise in Adult Social Care commissioning

Commissioning and quality
Areas for consideration

- Clear disconnect between commissioning and delivery.
- Birmingham Care Wage may be unaffordable.
- Review outcomes delivered and value for money of internally provided services.
- Review the Adult Social Care profile of expenditure to match the aspiration in MIA.
- Development of a commissioning strategy to invigorate the third sector to support the MIA programme and reduce dependency on traditional services.
- Care Act was soundly implemented in 2013 but council may wish to consider current compliance with broader duties particularly carers, wellbeing and Market Shaping.

National priorities and partnerships
Strengths

- Excellent Extra Care scheme independently evaluated by Aston University in 2015
- "Feels like the partnerships are coming together" BCF/HWBB/STP
- 'No wrong door' an excellent example of partnership led by BVCS to help support people with complex needs
- Leadership of the Health & Wellbeing Board and its clear strategic priorities
- Better Care Fund plan regarded as a good plan, approved with no conditions
- Transforming Care Board good governance established

National priorities and partnerships
Areas for consideration

- "relationships with carers, regarded as being good two years ago have been neglected and as a result we feel undervalued, under supported and underserved"
- Long way to go towards co-production, review if structures are in place to support
- Need to understand the evaluation of the Shred Life Plus programme undertaken in 2015 and implement lessons as part of MIA programme
- Market sustainability - maintain focus given the ongoing fragility of the market

Workforce management
Strengths

- Staff that we met were positive, enthusiastic, knowledgeable in their field and open to scrutiny and challenge
- The case file audit found:
    - Social Workers are generally positive about working in Birmingham.
    - Good support for students and the Assisted Supported Year in Employment Programme.
    - Philosophy of investment in people.
    - Well-resourced development programmes.

Workforce management
Areas for consideration

- Workforce delivery split – clarity of accountability/affordability.
- How well are the costs understood for in house services?
- The case file audit found:
    - Review make safeguarding personal
    - Focus on developing asset based approach

Appendix 3 – Adult Social Care Peer Challenge Action Plan

Recommendation	Activity	Start Date	Completion date	Lead
A. Strengthen your grip on the financial monitoring and delivery of efficiencies/savings requirements				
a. Work closely with corporate finance on the current and future savings proposals to ensure deliverability and that the implications of any saving proposals put forward are fully owned by the service and the corporate centre	A1. i. Establish Directorate Savings Programme Board ii. Review effectiveness of the Board prior to Peer Challenge 6 month visit	Dec-16	i. Dec-16 ii. Apr-17	Peter Hay, Strategic Director for People
	A2. i. Develop Implementation Plans for savings proposals ii. Develop Benefits Cards for each budget savings line	Dec-16	Jan-17	i. Programme Leads ii. David Moran – Interim Assistant Director Finance
b. Implement the findings of the recent Finance and Management Audit report	A3. Implement audit recommendations: i. Business Process Review - Care First to Voyager ii. Consultation with stakeholders iii. Review of Cost Centre structure and associated control totals/hierarchies iv. Improve data quality v. Placement Panel Impact vi. System Redesign & Implementation	Jan-17	i. Jan-17 ii. Mar-17 iii. Feb-17 iv. Mar-17 v. Mar-17 vi. Apr-17	Peter Hay, Strategic Director for People

Appendix 3 – Adult Social Care Peer Challenge Action Plan

Recommendation	Activity	Start Date	Completion date	Lead
B. Strengthen the relationship between the commissioning for excellence unit & with your delivery of frontline services	B1. Development of a strategy for Commissioned Adult Social Care including changes to processes, systems and interfaces between Commissioning and Social Work teams	Dec-16	Jul-17	John Denley, Assistant Director - Commissioning
	B2. Improve information sharing: reporting of commissioning activity to social work management teams; involve commissioning managers in budget panel meetings	Dec-16	Jan-17	Maria Gavin, Assistant Director - Commissioning /Carl Griffiths, Assistant Director - ASC
	B3. Improve visibility of safeguarding information to commissioning managers	Dec-16	Jan-17	John Denley, Assistant Director - Commissioning
C. Improve engagement with stakeholders including carers	C1. Develop new model of engagement and co-production with citizens including carers	Dec-16	Jan-17	Pat Merrick, Assistant Director - Commissioning
	C2. Key consultation: Adult Social Care Budget Proposals	Jan-17	Mar-17	Pat Merrick, Assistant Director - Commissioning
	C3. Key consultation: Adult Social Care External Commissioning strategy & framework	Mar-17	May-17	Maria Gavin, Assistant Director - Commissioning

Appendix 3 – Adult Social Care Peer Challenge Action Plan

Recommendation	Activity	Start Date	Completion date	Lead
D. Increase the pace and scale of transformation required by the Maximising Independence Programme to have a much stronger focus on the delivery of improved outcomes for service users	D1. Direct Payments - delivery of Engagement and Communication Strategy to increase rate of take-up	Dec-16	Jul-17	Carl Griffiths, Assistant Director - ASC
	D2. Enablement - Develop and implement an effective in-house enablement service and realise savings of £4m	Oct-16	Jun-17	Geoff Sherlock, Interim Assistant Director - ASC
	D3. ACAP - Develop future operating model	Jan-17	Mar-17	Tapshum Pattni, Assistant Director - ASC
	D4. Single-handed Care - Implement Pilot Project and evaluate outcomes	Dec-16	Feb-17	Carl Griffiths, Assistant Director - ASC
	D5. Make better use of intelligence to support adult improvement programme and drive change	Dec-16	May-17	John Denley, Assistant Director - Commissioning
E. Translate your initial thinking into a credible vision for an integrated place based health and care system in Birmingham and outline how relationships with health can be improved at the front door	E1. Developing a vision for integrated social care with primary health care.	Nov-16	Apr-17	Peter Hay, Strategic Director - People

Appendix 3 – Adult Social Care Peer Challenge Action Plan

Recommendation	Activity	Start Date	Completion date	Lead
F. Upscale and maximise the potential offered by an asset based approach with the voluntary and community sector to transform your traditional Social work model placing a particular emphasis on your narrative and your actions in relation to prevention	F1. Develop model for future social work with an associated workforce plan and undertake consultation with citizens and stakeholders	Jan-17	May-17	Carl Griffiths/ Tapshum Pattni, Assistant Directors - ASC
G. Strengthen the interface between adult social care and the corporate centre to realise the ambition for Birmingham to become “a city that cares” and a great city to grow old in.	G1. Embed key adult social care measures of personal independence and quality care within the health outcome of the Council Plan	Dec-16	Apr-17	Peter Hay, Strategic Director - People
	G2. Develop and Deliver Council of the Future Operating Model; embedding key social care outcomes within an integrated commissioning model	Jan-17	TBC	Mark Rogers, Chief Executive