

**HEALTH AND SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE  
20 NOVEMBER 2018**

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

**1. PURPOSE OF REPORT**

This report sets out my portfolio priorities and provides an update report further to the report received by Health and Social Care Overview and Scrutiny Committee in November 2017.

**1.2 ACCOUNTABILITY**

I have accountability for:

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

**2. SUMMARY OF KEY PRIORITIES**

I am clear that the vision for adult social care is to create an environment where adults and older people are resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing.

- Working with our partners on the integration of Health and Social to secure the planned extra NHS older adults' contributions planned through HWB and BCF work towards new models of front line integration with the NHS, and extending true personalisation;
- Ensuring we continue to have the Citizen Voice embedded through the changes process and that we are able to ensure that our citizens understand and buy into changes with the desire to improve outcomes for our most vulnerable through co-production;
- Working towards ensuring our mental health service are recovery focused; and working with our partners on Suicide Prevention;
- Increasing personal control and independence through increasing the take up of direct payments and personal budgets;
- Continue to reduce the health inequalities that are prevalent in some of our communities and targeting services at those most in need;
- Looking at what the community offer is and how we can build on this and see how we can work better together at a place based level on reducing social isolation and loneliness.

### 3. PARTNERSHIP WORKING

#### 3.1 Birmingham and Solihull Sustainability and Transformation Plan

There have been significant developments and progress in partnership working with health through the Sustainability and Transformation Partnership (STP). I provided an update in the Chamber at Full Council and Paul Jennings also kindly provided an opportunity for elected members to attend a briefing session in the Council House earlier this month.

One of the four key strands set out in the STP is the **Ageing Well Programme**, which is led by the Corporate Director for Adult Social Care and Health on behalf of all partners. This programme represents Birmingham's response to the Care Quality Commission (CQC) system review which took place in January 2018 and is focussed on delivering sustainable improvements to ensure that older people can live better quality lives, exercise independence, choice and control. Both the Health and Wellbeing Board and STP fully support the programme and progress is regularly reported to both Boards.

There are 3 major work streams within the programme:

##### 1) Prevention

Work on this programme is well underway, and is building on the activity initiated by the City Council in relation to the development of community assets via Neighbourhood Networks. Health partners have been successful in securing national funding to develop social prescribing and there has also been positive work in relation to intergenerational activities, with education colleagues agreeing to include this in their sessions with schools in November.

##### 2) Early Intervention

This work is moving forward well, with a prototype scheduled to go live this month. The work is truly system-wide with resources and commitment from all health and care partners, and senior leadership to implement the changes required from the prototype. The prototype will build and test a new approach to integrated delivery therapy led recovery, enablement and support that ensure we provide the right care, at the right time in the right place as a partnership.

### 3) Ongoing personalised support

This work is moving forward positively, with updates on personal care and health budgets presented to the Health and Wellbeing Board. Since, the last report there has continued to be an increase in the take up of direct payments.

## 3.2 Health and Wellbeing Board

Over the past year I have increased the frequency of Board meetings and extended the membership.

We have a new vice chair, Dr Peter Ingham, the Clinical Chair of Birmingham and Solihull (BSol) Clinical Commissioning Group (CCG), and I have also reviewed the membership of the Board to reflect the significant changes in both personnel and organisational structures in the Council, CCGs and NHS Providers as well as in the strategic environment in which the Board operates.

We have strengthened the Board by inviting members from:

- the Birmingham and Solihull STP
- the Department of Work and Pensions (DWP)

The Board has focused on a number of areas including:

- Updates on progress against key areas of the Health and Wellbeing Strategy
- Progress against the CQC action plan
- Key developments in the STP
- Plans for Place Based Working from Adult Social Care, the CCG and the STP

## 3.3 Public Health

I am delighted that next month we will be producing our Public Health Report, which will focus on 'Fulfilling Lives for Under Fives'. It is well documented that the first five years of a child's life and pre-birth care are the key foundation years that influence the outcomes of a child. The underlying theme is poverty in its widest context as there are a number of factors that need to be addressed – reducing homelessness, increasing the number of suitable homes, access to education training and work opportunities. There are five overarching recommendations which look at how the health and social care system in its widest sense can improve outcomes for children.

Since the CQC report highlighting a number of issues with the Joint Strategic Needs Assessment (JSNA). I can report that improvements have been and are continuing to be made under the direction of the Director of Public Health.

The **website** has now been redesigned to improve navigation and the content organised to reflect the Council, Health and Wellbeing Board and STP priority areas, particularly:

*Starting well - maternity, children and young people*

*Living well - working age adults*

*Ageing well - older people*

Place based intelligence has also been developed with the District Health Profiles launched in January 2018. These were developed over time with district committees based on data routinely available at district and/or ward level. There is a variety of information available on each district and ward, including population, age, employment and health.

Additionally, work is ongoing with BSol CCG GP leads to develop locality profiles. The profile for West Birmingham informed a presentation to the September CCG Governing Body. Work is continuing to develop the profiles with the other locality leads.

### 3.4 JSNA

An **Older Adults** JSNA Sub-Group has been established with representatives from:

- Public Health and Commissioning
- Age Concern
- Ageing Better in Birmingham Programme
- Birmingham and Solihull Clinical Commissioning Group
- Birmingham Voluntary Services Council

The purpose of the group is to identify the key issues from across the health and wellbeing system to be included on Birmingham's Older Adults JSNA webpages.

These will come via the priorities in strategic documents, policies, commissioning plans and improvement plans relevant to the topic area.

To strengthen the process a new JSNA Strategic Group is being established, chaired by the Director of Public Health, with membership including senior strategic decision makers from across the board. The group will:

- Prioritise requests for JSNA work
- Develop an annual JSNA work plan for sign off by the Board
- Ensure organisational commitment to the development of specific needs assessment
- Ensure quality of JSNA through governance process and evaluation
- Report progress and issues to the Health and Wellbeing Board

### **3.5 The Better Care Fund**

The approach to the Birmingham Better Care Fund has been reviewed this year, with partners agreeing to focus on key areas to deliver improved benefits to citizens through a joint commissioning approach across the City Council and CCGs. Significant progress has been made in relation to support for carers, with the agreement to a joint all-age **Carers Strategy**, and a joint approach to future commissioning that will align funding and ensure a single framework for support that can be easily understood and accessed by citizens.

### **3.6 iBCF**

The improved Better Care Fund has been targeted at activities that address immediate challenges, as well as supporting the overall improvement agenda for Adult Social Care and Health. There has been significant joint working on reducing delayed transfers from hospital, where performance has significantly improved compared to the previous year. The use of the Improved BCF has been agreed and is fully supported by health partners, and a similar approach is being taken to the use of the additional one-off winter pressures funding announced recently.

Planning for winter continues to be a huge challenge for the Council and health partners and there is a strong commitment to improving outcomes in the short-term while longer-term changes continue to be developed.

### **3.7 Prevention**

Cabinet agreed a 'Prevention First' Strategy last November, which was a critical element of delivering the overall improvement agenda for Adult Social Care and Health. Work is now well underway to establish Neighbourhood Networks, commissioned from third sector providers, to develop community assets at a neighbourhood level, and this work is progressing hand in hand with the introduction of the Three Conversations Model of social work.

As well as this important work focussed on older people, I have also been working collaboratively with Cabinet Member colleagues to improve the support to the most disadvantaged and vulnerable in our city. The Homelessness Prevention Strategy was approved by Council earlier in the year, and recognises that vulnerable people, particularly those with disabilities and mental health issues, are more likely to be at risk of homelessness. Building on this, Birmingham played a key role in the successful WMCA Housing First bid, which has secured £9.6m to tackle rough sleeping through meeting the housing and support needs of some of the most vulnerable and excluded people in the city.

### **3.8 Domestic Abuse Prevention Strategy**

I was very pleased that Cabinet approved the Domestic Abuse Prevention Strategy, which was informed by extensive consultation and supported by both the public and professionals. Work is now underway to take forward the commitments made by partners at the launch event in June this year.

The delivery of the action plan is now being overseen by the Violence Against Women and Children's Steering Group and reports into the Health and Wellbeing Board and Community Safety Partnership.

### **3.9 Commissioning and market shaping**

Last year I highlighted my determination to improve the quality of care that we purchase, and I am pleased to report that a new commissioning framework was supported by Cabinet and is now being implemented. 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 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. The new arrangements for residential and nursing care are being implemented, and a formal procurement process for home support is underway. I do not underestimate the scale or the challenge of this change but I am committed to an approach that puts the quality of life for vulnerable citizens first.

### **3.10 Learning Disability**

Particular effort is being made to build partnership to deliver the Transforming Care Programme which seeks to support adults with autism and learning disability to move from hospital to the community. Dedicated social work support has improved relationships with health partners and improved the complex partnership arrangements that enable discharge from hospital.

Whilst the Day Opportunity Strategy agreed by Cabinet in July aims to improve outcomes for all citizens with eligible care and support needs, we are expecting to see significant improvements for adults with a learning disability in terms of our ability to support people to make a greater contribution to community life and where they have the ambition to work, enable the opportunity for work.

It may take a while to see the impact of this work, but I am passionate about social inclusion and that all adults should have the chance for a good quality of life in the City, be supported in the least restrictive form of supported accommodation such as Shared Lives and have access to work.

### **3.11 Mental Health**

I have a vision that citizens with mental health needs have good quality support and can access this as close to home as possible. As a partner in a complex system under pressure, this is not an easy task. To help get us there we have developed new partnerships with primary care and with Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) to develop new models of primary and community care. To support this approach mental health social work is now place based in constituency teams and with a social model of mental health, to replicate and embrace the three conversations approach to social work.

Urgent Care is a real concern in the City and more people are accessing support via Accident and Emergency (A&E) or by being arrested by the police. We are working with partners to find different ways to support people.

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

**4.1** I am pleased with the success that we have had in the implementation of the Adult Social Care and Health vision as the golden thread. Despite increased demand and a very challenging winter with pressures on our health partners, we have managed to maintain a steady flow of placements. We have taken active steps to support people to stay and live in the City, using direct payments to purchase their own care closer to home, and to leave hospital quickly. This has meant that we are making the best use of our budget. The challenge for Adult Social Care will be to continue to invest in new models of care to support people to stay at home, support the increasing numbers of citizens who require support and do so in line with the budget available.

The work on Early Intervention with partners is a key pillar of this for us, as finding better ways to work together to support Older Adults is crucial to ensure we make the best use of hospital care and that our community teams are as efficient and effective as possible.

A risk to this position is the increasing numbers of people in mental health crisis and for older adults we expect to see greater numbers of people requiring support through the winter months.

### **4.2 Day Opportunity Strategy**

This work deserves particular mention given the genuine transformation we expect to see on how we impact on outcomes for citizens. We know that we do not do enough to enable people to move away from our support or have the flexibility to provide more intensive support when it is needed. By changing our approach to provide a tiered model of support that is more personalised and provides options for support for work, we expect to tailor our services and those of our partners in the City to be more responsive to individual need and aspiration, without creating long term dependency.

### **4.3 Direct Payments**

Over the last 12 months there has been an increase in the number of citizens who are receiving a direct payment. In October 2017 there were 23.7% of eligible citizens in receipt of direct payments and in October 2018 it stands at 27.4%. We have working with citizens to develop and run training courses for staff and citizens including a very successful direct payment conference which was run by citizens. Alongside this we are working with social work teams to ensure that are confident in supporting citizens in taking up and using a direct payment.

### **4.4 Delays in Transfer of Care**

Delayed Transfers of Care has been a long standing challenge for the Health and Social Care system. I am pleased to report that steady progress is being

made despite the significant pressures over winter period. The key steps taken were:

- Increased capacity of long term and interim beds specifically for use by people with complex care needs and dementia
- Expanding the Quick Discharge Service and reducing the time taken for discharge by up to 48 hours
- Extended the Home from Hospital service which provides low level support to aid people return home
- Implemented an integrated model at the hospital front door, resulting in better multidisciplinary working and an increase in the number of admissions avoided
- Increased social work capacity across the hospital sector especially over the winter months
- Invested in staffing and systems to better record and analyse data on delays resulting in more evidenced based decisions and actions

Together these steps contributed significantly in moving from 12.7 beds per day (daily average delays specifically beds per day per 100,000, 18+ population, Social Care only and Joint NHS and Social Care) in September 2017 to 9.3 beds per day in August 2018. July 2018 saw an historic low of 8.4 beds per day. However, we anticipate a challenging winter period ahead and are therefore firming up our plans manage extra demand over the period. We are making use of additional funding to embed the principles of Home First, invest in preventing hospital admissions and add capacity into the system. These actions are fully aligned to our long term work with partners to implement the recommendations of the Newton Diagnostic.

#### **4.5 Quality of Care**

The proportion of clients receiving Residential, Nursing or Home Care or Care and Support (supported living) from a provider that is rated as Silver or Gold has showed an overall increase over the year. This follows on from the work done to introduce the Contract Framework. There is now a revised quality assurance framework in place. The key aims for the framework being to stabilise the market and attract high quality providers by incentivising high quality care provision in Birmingham. The performance measures for this area are new and therefore there we need to allow the system time to embed before properly evidencing the results of the work done in this area.

#### **4.6 CQC**

At the start of the year the CQC (Care Quality Commission) carried out a local system review which focused on how well people move through the health and social care system. An Action Plan was written in order to address the recommendations made by CQC and this was submitted to DoH in June. Many of the actions fall under the Birmingham Ageing Well Programme and are being progressed via the 3 workstreams that have been created: Prevention, Early

Intervention and Ongoing Personalised support. These groups report directly to the Birmingham Older Person's Partnership Board. Significant progress has already been made against the plan, which is summarised in Section 4.1 of this report.

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

### **5.1 2018/19**

The total budget in 2018/19 for the portfolio is £336.1m. Within this allocation we have to deliver a substantial amount of savings; benefits and efficiencies internally as well as through corporate initiatives.

- 59% of the net total budget is allocated to external packages of care.
- 9% 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.
- 14% is spent on commissioning and other services.

The council budget for 2018/19 has provided additional funding for adult social care, as set out in the financial plan. However, like other local authorities nationally we are facing real pressures in the increasing number of people requiring care and support.

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

The projected budget position as at Period 6 for Adult Social Care is a small underspend arising from management review of spending. Indications are that the underspending may increase but there continues to be significant risks facing the Directorate from pressures on the health and care system, including independent providers. Some of these risks are being mitigated by iBCF funding which is also being used to drive a number of the improvements.

## **6. Challenges and Closing Summary**

I am aware we have to improve our offer to our citizens so the services provided are fit for purpose and meet the needs and expectations of our citizens.

Demands for services are outstripping the resources we have available to meet the service need. Collectively with our partners we have to continue to shift the focus on improving outcomes and preventing demand; through maximising the impact of prevention and early intervention.

We continue to have challenging times ahead of us and I welcomed the Local Government Association starting the debate and conversation regarding Adult Social Care funding. The Government recognises the underfunding but continues to put sticking plasters through short term funding fixes. It really is time that adult social care was properly funded so we can become more innovative in

addressing and funding preventative and early intervention changes and shift the reliance on service provision through creating more resilient communities.

I am delighted that despite the continued challenges that adult social care face thanks to the hard work and dedication of our staff we have made some notable recognisable successes. Including, the recent NHS Digital national report from the Adult Social Care Survey reported that in 7 out of the 8 measures BCC has improved its performance compared to last year and is in the top half of all authorities for all measures, apart from overall satisfaction, where we have still improved significantly. Rising in the ranks from 59th to 7th on the measure for Social Care related quality of life – impact of Adult Social Care services, is a great achievement.

In 2018 Manor House and Precious Homes achieved ‘Outstanding’ CQC ratings.

In March of this year Vidhya Biju one of our social workers, who won the national social worker of the year award, attended House of Commons to celebrate World Social Work Day. Very proud that we have hard working staff like Vidhya working with us, who really do work tirelessly to improve the health and wellbeing outcomes for our citizens.

Councillor Paulette Hamilton  
Cabinet Member for Health and Social Care