

Birmingham City Council's Vision and Strategy for Adult Social Care and Health, September 2017

Improving the health and wellbeing of adults and older people in Birmingham

Introduction and context

The goals that Birmingham Council are seeking to achieve for adults and older people are that they should be resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing.

It is essential to recognise that in order to support people to achieve these goals, the Council has broad responsibility across a range of areas and it is a corporate responsibility to achieve them. For example, the Council has a key role in ensuring there is appropriate housing which offers choice to people with a wide diversity of needs. For people to engage in community activities, there needs to be a wide range of community assets which the Council should ensure are in place including community centres, leisure centres, parks and gardens. People need to feel safe to come out of their homes to enjoy them. These are a few examples of the mainstream services the Council provides or arranges.

Most adults and older people can enjoy access to mainstream services independently or with help and support from their families, friends and social groups. However, for some citizens this is only possible with support from Adult Social Care services and from other public sector agencies such as health services. This report focuses on how Adult Social Care services in Birmingham will work to support adults with disabilities and older people to achieve the desired goals.

The challenges facing the Council to achieve this have never been greater. While it is a great achievement for society that there are more people living longer with more complex needs inevitably this puts pressure on resources. While Birmingham is one of the youngest cities in Europe, the older population is growing rapidly. An estimated 10,000 adults suffer dementia. Further, there are significant numbers of young adults who have disabilities or suffer from mental illness. The resources previously available have been significantly reduced making the use of available resources more important than ever. The public have higher expectations of the public sector, standards are constantly rising and it is increasingly recognised that people want support to enable them to exercise independence, choice and control.

Consequently, the Council has to change and adapt to these new circumstances which means that the type of services arranged and provided and the way they are organised and delivered has to change. The structures and organisation all need to be revisited to ensure they are fit for purpose and it is essential that the staff have the right skills to meet the challenges they face today.

Putting in place a strategy for delivering the outcomes

In order to deliver the desired goals for adults and older people, it is necessary to put in place a strategy that addresses potential barriers and obstacles and puts in place a framework to make the outcomes achievable.

The narrative behind this strategy is that on the whole, people want to lead happy, fulfilled lives in touch with their families, friends and communities. They cherish their independence and prefer to live at home or in the community with support if necessary. The vast bulk of people do not want to be dependent on others but will accept one-off support or ongoing support if it helps them to maintain their independence. For most people, this is achievable and it is only those people with disabilities or who lose their abilities with age that require interventions from adult social care services. And of course, for some people, because of disability, placements in residential and nursing settings are the best way in which these people can lead good quality lives.

Therefore, the **strategy** which will enable these outcomes to be delivered contains eight key elements.

Information, advice and guidance

People need easy access to high quality information, advice and guidance and whenever possible and appropriate, they need to be able to self-serve or their carers and families need to be able to do so on their behalf. This approach allows people to maintain control and to exercise choice at whatever point they are at in their lives. Further, it helps the Council to use its resources more effectively.

Building on this, it is essential that when people contact adult social care, they are given a positive response and support to help resolve the issues they face but by emphasising what people can do for themselves, what support is available from other organisations and what support is available in the community. The aim is to ensure that people receive care and support that is appropriate and that enables independence rather than fostering dependency.

In order to deliver this element of the strategy, adult social care will continue to promote its services and how people can contact them. The first point of contact which can be through the internet or through a telephone contact centre will be

continuously improved. The number of calls that are abandoned because of long waits will be reduced and more experienced workers will be based in the centres. The range of services that people can access directly will be increased and it will be made easier for carers to have their needs assessed.

Community assets

People need to be able to access a wide range of community assets which are local, flexible and responsive. Through being able to access these resources people can continue to enjoy good quality lives while maximising their independence.

While the use of community assets is part of a broader approach to prevention, these assets are important for the quality of people's lives whatever period of life they are in. Some people may volunteer and be part of the provision of them while others may use them once in a while but still see them as a key part of being part of a wider community and others will make good use of them.

Community assets are the wide network of services which range from very small, very local services provided by volunteers through to faith groups and community groups, national charities and private companies and businesses. They are all part of the wide network of community assets which provide choice and enable people to engage with others in activities they enjoy and which add meaning to their lives.

In order to deliver this element of the strategy, there needs to be investment in local services. Resources need to be made available for local groups to provide the wide range of support that enables people to remain in the community. This will include support for volunteers to run activities and for micro-enterprises to run services such as personal assistants and day opportunities. There will need to be workers to undertake this work and they too will be based in the community. Essentially, they will be link workers or network workers and their role will be to make the links between formal services and the community assets.

This approach needs to be supported by a broad corporate approach which ensures there is an emphasis on locality working. Similarly, GP practices need to be engaged as do community based health services and mental health services. NHS England has funded Vanguard test sites in England to pilot new models of care that integrate health and care services around the patient. Learning from the Vanguard pilots can be brought into the approach to locality working ensuring there is a partnership of integrated provision across formal care and health services and a diverse range of community assets.

Prevention and early intervention

People need to be able to access prevention and early intervention services quickly and at any time in their lives. Services such as assistive technology can be beneficial at different times as can reablement and rehabilitation services. These services can help people to maximise their independence throughout their lives and as people's needs change, their needs for these services changes as well.

It is important to have a comprehensive ongoing strategy for prevention to ensure that organisations in the public sector and in the third sector are joined up in their approaches and maximise the available resources. Much can be done through making every contact count and there are a wide range of partners who are keen to work in this area such as the fire brigade.

One of the weaknesses of the public sector is that it is poor at anticipating demand. Too often, organisations wait until there is a crisis until services click into gear but by then it is high cost, acute services. That is why there needs to be a strategic approach to prevention which anticipates potential needs and intervenes early before they become a crisis. For example, people often fall several times before they break a hip. Intervening early in low cost solutions and preventive actions can prevent the fall which is then very costly and can lead to poor long-term outcomes.

In order to deliver this element of the strategy, a comprehensive ongoing approach to prevention needs to be developed and implemented. A key element of it will be the link to community assets and the link workers. They will play a key role in ensuring that people with lower level needs aren't left until they develop acute needs. A multi-organisation group needs to be established or an existing one such as the Health and Wellbeing Board needs to take the lead on prevention to ensure the strategic approach is implemented.

Other preventive services need to be developed and invested in. This will include assistive technology, aides and equipment, support for carers and easy access to reablement programmes.

Personalised support

People require and respond better to personalised services. The approach that works most effectively always puts users and carers at the centre and builds support round them rather than fitting people into rigid services. Essentially, there needs to be a strength-based approach to assessing people's needs – building on the assets people, their families, friends and communities can offer to support them. Direct Payments will continue to be offered as an option for delivering support. They are the

preferred option for delivering support because they maximise the opportunity for people to exercise choice and control.

In order to deliver this element of the strategy, there will be a reorganisation of the social work and care management services. This will be an ongoing journey as it is not desirable to throw all the pieces of the jigsaw up in the air at once. It is essential that the approach moves from assessing people for services to assessing them for the outcomes they desire and the assets they have to achieve them.

Further consideration will be given to the delivery of safeguarding and the model for learning disability services and mental health services. New roles will be considered which can address the need to link the formal assessments of people's needs with the resources available in the community which contribute to the quality of people's lives.

There will be improvements to the systems that support this area of service. Further, the service will be delivered on a locality basis to strengthen workers' affinity to a local place, to strengthen joint working with workers from other services and to increase knowledge about the assets available in a local area.

Use of resources

Underpinning all of this is the imperative to use all available resources effectively. Every pound that Birmingham spends on care must represent a pound well spent. The pressures on the City Council's resources are enormous and it is essential that resources are maximised.

In order to deliver this element of the strategy, a review of the use of resources will provide a framework for moving resources from areas where best value is not being delivered to areas where it can. So, for example, areas of service will receive investment such as the development of community assets and Shared Lives while other poorly performing services will have their resources reduced. This is not a one-off exercise and there will be on-going monitoring and review of spend to ensure resources are maximised. This will work alongside the Council's long-term budget planning and management processes.

This will set the direction for future consideration of savings proposals for Adult Social Care and Health.

Partnership working

People's needs are often complex and require support and interventions from a range of organisations. Therefore, services need to be integrated and built on partnership working utilising multi-disciplinary teams and where feasible single points

of access. This approach needs to be developed at all levels – quite simply, care and health services are a whole system and if one part of the system is not working then the system as a whole isn't and the people that suffer are the residents of Birmingham.

For commissioners, working as partners can deliver better quality services that are more integrated and better value. At locality level, trust needs to be developed between professionals such as district nurses and social workers so that packages of care and support can be flexed without reassessment from social care staff and there need to be more joint visits and assessments.

In order to deliver this element of the strategy, the Council and its partners need to work as a whole system and need to support each other to achieve their separate and joint goals. In some areas care and health services need to be open to changes in processes and to investing in areas to support their partners and the system as a whole. Care and health partners need to embrace locality working and invest their resources in working successfully in local areas, developing community assets and the means for accessing them.

Making safeguarding personal

While recognising that for some people there is a need to protect them, it is essential that we ensure we “make safeguarding personal”. It is essential that we understand what outcomes people want from safeguarding enquiries and actions. In this area, there is a balance to be achieved. It is essential that there is an effective Safeguarding Adults Board, that strategies are in place, that there is an effective team, that enquiries are robust, that there is excellent partnership working and there is high quality intelligence about safeguarding issues and performance. Further, it is essential that safeguarding is seen as everybody's business and that staff across the care and health sector are aware of the issues and know how to deal effectively with safeguarding concerns. Also, it is essential that this issue is kept in the public eye.

In order to deliver this element of the strategy, the strategy for safeguarding needs to be implemented and the service and its performance regularly reviewed. This area needs to be resourced at a level proportionate to the risks that exist in the system.

Co-production

All services should be co-produced with users and carers as they are directly impacted by services and have first hand experience of what works well and what doesn't. While this is important for all services, it is essential that commissioning demonstrates excellence in this area. Far too often, people feel they are being paid lip service when consulted on service developments. Approaches based on ongoing engagement need to be at the heart of commissioning and service delivery.

In order to deliver this element of the strategy, an approach to co-production needs to be implemented across all services. For most services, this will serve as a reminder of best practice but for others it may provide the opportunity to refresh or develop their approach.



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