BIRMINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

TUESDAY, 31 JULY 2018 AT 15:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

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2 **APPOINTMENT OF HEALTH AND WELLBEING BOARD - FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP**

To note the re-appointment of the Health and Wellbeing Board with the functions, terms of reference and membership as set out in the schedule.

3 **DECLARATIONS OF INTERESTS**

Members are reminded that they must declare all relevant pecuniary and non pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

4 **APOLOGIES**

5 **DATES OF MEETINGS**

To note the dates of meetings of the Board for the Municipal Year 2018/19: -

2018	**2019**
4 September	29 January
30 October	19 February
27 November	19 March

18 December 30 April

All meetings will commence at 1500 hours except for September's meeting which will commence at 1300 hours.

6 **MINUTES AND MATTERS ARISING**

7 - 16

To confirm the Minutes of the last meeting.

7 **CHAIR'S UPDATE (1505 - 1515)**

To receive an oral update.

8 **UPDATE ON EARLY INTERVENTION WORKSTREAM (1515 - 1540)**

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Report of Corporate Director Adult Social Care & Health

9 **HEALTH AND WELLBEING STRATEGY UPDATE - IMPROVING INDEPENDENCE OF ADULTS (1540 - 1610)**

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Various

10 **CQC LOCAL SYSTEM REVIEW ACTION PLAN (1610 - 1625)**

67 - 82

Report of Corporate Director for Adult Social Care & Health

11 **NATIONAL CHILD OBESITY PLAN (1625 - 1640)**

Item Description

12 **CONSULTATIONS (1640 - 1650)**

Item Description

13 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

14 **DATE, TIME AND VENUE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING**

To note that the next Birmingham Health and Wellbeing Board meeting will be a Development meeting and will be held on the 4 September 2018, at 1300 hours at the West Midlands Fire Service Headquarters, 99 Vauxhall Road, Birmingham, B7 4HW

APPOINTMENT OF HEALTH AND WELLBEING BOARD

FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP 2018/19

In accordance with paragraph 6.9 of Article 6 (The Executive) of the City Council Constitution, the board is constituted as a Committee under the chairmanship of the Cabinet Member for Health and Social Care in order to discharge the functions of the board as set out in the Health and Social Care Act 2012, including the appointment of board members as set out in the schedule of required board members in the Act.

Functions

To discharge the functions of a Health and Wellbeing Board as set out in the Health and Social Care Act 2012, including the appointment of Board Members as set out in the schedule of required Board Members in the Act.

The Health and Wellbeing Board will:

a) promote the reduction in Health Inequalities across the City through the commissioning decisions of member organisations

b) report on progress with reducing health inequalities to the Cabinet and the various Clinical Commissioning Group Boards

c) be the responsible body for delivering the Joint Strategic Needs Assessment for Birmingham (including the Pharmaceutical Needs Assessment)

d) deliver and implement the Joint Health and Wellbeing Strategy for Birmingham

e) participate in the annual assessment process to support Clinical Commissioning Group authorisation

f) identify opportunities for effective joint commissioning arrangements and pooled budget arrangements

g) provide a forum to promote greater service integration across health and social care.

Terms of Reference

Under the Health and Social Care Act 2012 the composition of Board must include:-

The Leader of the Council or their nominated representative to act as Chair of the Board
The Corporate Director for Adult Social Care and Health Directorate (Director for Adult Services)
The Corporate Director for Children and Young People Directorate (Director for Children's Services)
Nominated Representatives of each Clinical Commissioning Group in Birmingham
The Director of Public Health
Nominated Representative of Healthwatch Birmingham

Each Local Authority may appoint additional Board Members as agreed by the Leader of the Council or their nominated representative. If additional appointments are made, these will be reported to Cabinet by the Chair of the Board.

For the Board to be quorate at least one third of Board Members and at least one Elected Member must be present

Members of the Board will be able to send substitutes with prior agreement of the Chair. Each member is to provide the name of an alternate/substitute member.

Membership

2018/2019
City Council Appointments to the Health and Wellbeing Board

Cabinet Member for Health & Social Care as Chair: Cllr Paulette Hamilton (Lab)	Cllr Paulette Hamilton
Cabinet Member for Children's Wellbeing: Cllr Kate Booth	Cllr Kate Booth
Opposition Spokesperson on Health and Social Care – Cllr Matt Bennett (Con)	Cllr Matt Bennett
Vice Chair for 2018/2019 to be a Clinical Commissioning Group (CCG) representative (to be advised by the CCG) - to reinforce the Board as a joint body rather than a solely LA committee	Dr Peter Ingham
Corporate Director for Adult Social Care and Health Directorate	Professor Graeme Betts
Corporate Director for Children and Young People Directorate	Colin Diamond until end of August 2018, (but Sarah Sinclair as substitute)
Interim Director of Public Health	Becky Pollard

External Appointments to the Health and Wellbeing Board

Representative of Healthwatch Birmingham	Andy Cave
2 Representatives of Birmingham and Solihull Clinical Commissioning Group	Dr Peter Ingham and Paul Jennings
Representative of Sandwell and West Birmingham CCG	Professor Nick Harding
Representative of Third Sector Assembly	To be confirmed
Representative of Birmingham and Solihull STP (One Care Partnership)	Dame Julie Moore until end of August 2018

2018/2019

Chair of the Birmingham Community Safety Partnership	Steve Harris, Operations Commander, West Midlands Fire Service
Representative of the Department of Work and Pensions	Antonina Robinson, MBE
Member of the Birmingham Social Housing Partnership	Peter Richmond
Birmingham Community Healthcare NHS Foundation Trust	To be confirmed (Richard Kirby)

Co-optees

Birmingham Voluntary Services Council	Stephen Raybould
Representative from the Business Sector	To be confirmed
Representative from the Mental Health Trust	To be confirmed

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 19 JUNE 2018

MINUTES OF A MEETING OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 19 JUNE 2018 AT 1500 HOURS IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Paulette Hamilton in the Chair;
Councillors: Matt Bennett and Kate Booth, Professor Graeme Betts, Andy Cave, Professor Nick Harding, Dr Peter Ingham, Becky Pollard, Stephen Raybould and Antonina Robinson, MBE

ALSO PRESENT: -

Margaret Ashton-Gray, Head of Finance, Adult Social Care and Health Directorate
Peter Axon, Deputy Chief Executive, Birmingham Community Health Care FT
Melanie Brooks, Assistant Director, Adult Social Care
Dr Wayne Harrison, Assistant Director of Public Health, BCC
Kalvinder Kohli, Head of Service Adult Social Care Commissioning
Dame Julie Moore, CEO, University Hospitals NHS Foundation Trust
Paul Sherriff, Director of Organisational Development and Partnership
Sarah Sinclair, Interim Assistant Director as substitute for Colin Diamond
Lawrence Tallon, Director of Corporate Strategy and Planning, UHB
Errol Wilson, Committee Services, BCC

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At the start of the meeting the Chair invited the Board members who were present to introduce themselves.

NOTICE OF RECORDING

254 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/ public may record and take photographs except where there were confidential or exempt items.

DECLARATIONS OF INTERESTS

255 Members were reminded that they must declare all relevant pecuniary and non-pecuniary interests arising from any business to be discussed at this meeting. If a

disclosable pecuniary interest was declared a member must not speak or take part in that agenda item. Any declarations would be recorded in the minutes of the meeting.

APOLOGIES

256 Apologies for non-attendance were submitted on behalf of Colin Diamond (Sharon Sinclair attended as substitute), Jonathan Driffill, Operations Commander Steve Harris, Paul Jennings and Commander Danny Long.

The business of the meeting and all discussions in relation to individual reports was available for public inspection via the web-stream.

MINUTES

257 **RESOLVED: -**

That the Minutes of the meeting held on 24 April 2018 having been previously circulated were confirmed and signed by the Chair.

CHAIR'S UPDATE

258 The Chair welcomed Peter Axon, Deputy Chief Executive, Birmingham Community Health Care FT and Becky Pollard, the new Interim Director of Public Health. The Chair then gave a brief update on the following:

- Domestic Abuse Prevention Strategy launch
- The launch of the Homelessness Prevention Strategy
- Clean Air Day on the 21 June 2018
- Windrush impressive floral display which was awarded Gold at the recent Chelsea Flower Show
- The 70th Anniversary of Empire Windrush in June 2018
- An exhibition of the Windrush Generations at the Library of Birmingham
- The National Health Service 70th Birthday on the 5th July 2018

The Chair highlighted that all members of the Birmingham Health and Wellbeing Board were circulated with a copy of the Annual Reports and Accounts of the latest CCGs by email on the 1st June 2018.

The Chair then expressed her personal thanks to all who worked in the National Health Service previously and currently.

(See document No. 1)

SUSTAINABILITY AND TRANSFORMATION PLAN (STP) VERBAL UPDATE

259 Dame Julie Moore, CEO, University Hospitals NHS Foundation Trust introduced the item and stated that they were still on track with the STP. Dame Julie Moore then invited Lawrence Tallon, Director of Corporate Strategy and Planning, UHB to

present the item. Mr Tallon drew the Board's attention to the information contained in the draft STP strategy document.

(See document No. 2)

At this juncture, Dame Julie More informed the meeting that she will be stepping down from her role at the end of August 2018.

In response to questions, Dame Julie Moore and Mr Tallon made the following statements: -

a. As part of the STP people should have access to the same standard and quality of care in the system. Wherever people enter the system, they should have the same standard and level off care – Birmingham Women's, Heartlands, Community Good Hope should be the one system with the quality of standard and care.

b. They started in October and had spent a lot of time as organisations learning to get together to devise this. There had been a number of organisational changes amongst the CCG and others to come together as a system to devise this.

c. In terms of engagement, they were trying to get the sequence right and thought it was appropriate to go to the stakeholders such as the Overview and Scrutiny Committees, Healthwatch, Birmingham and Solihull Health and Wellbeing Board, before going to the public. This was the reason for the website being a 'dummy'.

d. They would consult with the wider public in autumn and this was the reason the website was a dummy website as opposed to a live website. Once they had feedback from the Board, Solihull and the other stakeholders in the group they would then go further and wider with the consultation.

e. The criticism was accepted as all STP had not been as open as they would have liked, but this was their intention from this point forward. There was a national programme of maternity services and the one in Birmingham was called Birmingham United Plan Project, which was looking at the whole provision across it.

f. They would not be going to a single site and this was led by Birmingham Women's and Children's Hospitals. Dame Julie more reiterated that one site would not be able to cope with it all.

g. In relation to the West Birmingham situation it was felt that it was not right that the boundary of the STP did not match up with the local authority's boundary. There were complexities and it was a problem that had not gone away.

h. Aging was chosen as one of the priorities as it was causing some problems. They had large numbers of delayed transfers of care and problems with social care some of which were reasons outlined.

i. It was not because there was a drain on the resources, but the fact that more people were living to a longer life span (which was something to be celebrated

as it was a good news story), but they had to make appropriate provision as they had not done so and they had to make appropriate provision for older people for whom they no longer required to provide acute health care in terms of hospital beds.

j. This was the reason they had made it a focus as they knew the demography would lead to an increasing number of people who had more than one illness and could be cared for by working with Social Care and the Community Trust and better alternative provisions for people in their own homes.

k. Far too many people more than the national average, more that people who stated that they wanted to die in hospital than at home.

l. In terms of workforce, the points made were fair and they were referenced on page 11 of the document where they exposed the problem. The hypothesis was that there was a major shortage of health and social care workers across the country some of which was a national issue and some were embracing issues, but there were things they could do locally to make Birmingham and Solihull as an attractive ways as possible for people to come and work in social care.

m. They look forward to having greater public health involvement as this was something that was written by everybody else. The elements had come from public health and it was over to them to look to revise that. This was the only STP strategy of all of them in the country that makes air quality a stated priority.

n. They did not want to start the consultation in August as it would be lost in the summer holidays. They would be consulting in the autumn. There were lots of things in the draft document that they were doing as a health and social care system. It was hoped to have something by the end of the year. They would be happy to do a session with councillors.

The Chair thanked Dame Julie Moore and Lawrence Tallon for attending and presenting the information.

HEALTH AND WELLBEING STRATEGY UPDATE – ACCOMMODATION AND EMPLOYMENT (ADULTS WITH A LEARNING DISABILITY

The following report was submitted:-

(See document No.3)

Melanie Brooks, Assistant Director, Adult Social Care and Kalvinder Kohli, Head of Service, Adult Social Care Commissioning presented the item and drew the Board's attention to the information contained in the document.

At this juncture, Antonina Robinson, MBE, Department for Work and Pension (DWP) affirmed the DWPs offer and made the following statements: -

(i) This was not limited to Birmingham and Solihull, but also includes the difficulties in Sandwell and West Birmingham She advised that all of their staff

were undergoing training in mental health and already had training recognising Asperger's spectrum. They would all receive that awareness training by March 2019.

(ii) They had in place Community Partnership Managers who were devoted to mental health which covers learning difficulties. They also had in-house support offer for those people who were seeking work and the Midlands Engine Team.

(iii) The DWPs offer was whatever Table they needed to sit around to ensure that the Pathways - Housing first and then ensure that they maximised what people were entitled to in benefits and support so that they could get on the journey towards employment support , they were eager to offer that support.

In response to questions, the officers made the following statements: -

1. The work in Adult Social Care had started, but it was immature within themselves - as a system and collection of organisation it had not started. It was helpful to get some affirmation from different partners about their engagements and it was hoped that this would be broadened.

2. They had some actions and the key ones were the opportunities for some configuration which would be presented to Cabinet in July which sets out how they were going to move away from the system of providing lifelong day care to a system where they had some aspiration for individuals they could make some contribution to their community.

3. This was a piece of work that was for three years and employment would be prioritised within that, but they were expecting to be some difference in this financial year.

4. In terms of additional investments, they were awarded £6m from the European Social Fund (ESF), the focus of which was vulnerable people who were furthest away from the labour market which includes people with learning disabilities, mental health, people experiencing domestic abuse and people with a history of homelessness, offending, substance misuse.

5. The timescale for this was tight and a report would be submitted to Cabinet in July 2018, seeking approval to accept the award and start the implementation plan. They had two years to implement the plan which includes the delivery model. There was still a risk which relates to sustainability.

6. The challenge they had around all employment schemes was that they had been short lived as the funding was precarious. They had not done the cultural change work with employers in the city in terms of their understanding of how they retain and sustain those initiatives after the funding had stopped. There was real opportunity in terms of how they use the Birmingham Business Charter to reinforce some of that.

7. The cultural change ethically and morally was the right thing to do regardless of whether there was a funding stream behind it. There was a bigger piece of work to be done around that change over a period of years.

8. Ms Brooks noted Professor Harding's comment concerning *what would be a good rate of workfulness etc.* and the suggestion that *the figures be reported*

regularly at the HWB meetings so they could review where they were and advised that the obvious benchmark would be the National English Average which was 5.7%. She added that this had some low aspiration, but was something that they could aim for, but their task was to give the timeframe for which they could deliver that.

9. They knew the best performing local authorities – some of which had a figure of around 20% – 30%. There was some learning for them in looking at how they achieved that and what that would mean and this would be something that they would be building into their plan. This would give them a minimum of what they should be which was at least average.

   The Chair commented that she was keen on following up on Professor Harding's comments in relation to getting the figures back to the Board quarterly so that they could keep an eye on what was happening. The prevention document which was an excellent document could be passed to the Committee Manager for circulation to the HWB members.

10. Ms Kholi noted the Chairs comment concerning work with private landlords and advised that they were doing work with private landlords through another work stream i.e. work around the Development of the Homeless Positive Pathway relating to sustainable housing solutions for people who were at risk. Within that, they were looking across a range of tenure which includes BCC, Registered Social Landlords, private landlords and the different housing models around live and work schemes etc.

11. In terms of new developments around the city, this was an area where they could be better joined up. One recommendation was for there to be dialogue with the Corporate Director for Adults Social Care, Economy, Place and the Children's Trust in terms of how they have a coherent approach around house building which was affordable.

12. In relation to work being done with larger employers, there had been various initiatives over a number of years either through ESF or Birmingham Business Charter where they had encouraged employers particularly around construction, for example, to take on apprenticeships and people into paid work.

The Chair thanked Melanie Brooks and Kalvinder Kohli for attending and presenting the information.

260 **RESOLVED:-**

That the Health and Wellbeing Board was requested to:

(i) Approved the development of an accommodation and support pathway for people with learning disabilities.

(ii) Approved a new employment indicator within the Health and Wellbeing strategy for people with learning disabilities.

(iii) Noted the variety of funding streams and partners engaged in providing employment support across the City.

(iv) Authorised the taking of urgent steps to ensure that these funding streams are properly coordinated and positive outcomes are maximised, alongside the development of a city-wide vulnerable persons' employment strategy.

NHS BIRMINGHAM AND SOLIHULL CLINICAL COMMISSIONING GROUP UPDATE

The following report was submitted:-

(See document No.4)

Paul Sherriff, Director of Organisational Development and Partnership, NHS Birmingham and Solihull CCG introduced the item. He advised that the merger of the CCGs was now completed and that they did not have any authorisation conditions from their regulator NHS England. They could now start to consolidate the organisation and move forward in the development of their partnership and strategic planning.

Mr Sherriff highlighted that the new organisation came into effect on the 1st April 2018 and then drew the attention of the Board to the information contained in the slides in particular to the focus on the CCG around two core elements.

Following a brief discussion and comment from the Board it was

261 **RESOLVED:-**

That the Health and Wellbeing Board received and noted the presentation.

BIRMINGHAM BETTER CARE FUND (BCF) PLANNED SPEND FOR 2018/19 INCLUDING THE IMPROVED BETTER CARE FUND (IBCF)

The following report was submitted:-

(See document No.5)

Margaret Ashton-Gray, Head of Finance, Adult Social Care and Health Directorate presented the item and drew the attention of the Board to the information in the report.

262 **RESOLVED:-**

That the Health and Wellbeing Board approved the spending planning template.

HEALTH AND WELLBEING STRATEGY LEAD – ROLE SPECIFICATION

The following report was submitted:-

(See document No.6)

Dr Wayne Harrison, Assistant Director of Public Health, BCC introduced the item and drew the attention of the Board to the information in the report.

263 **RESOLVED:-**

That the Health and Wellbeing Board consider the role specification for the Board and Operational lead for specific areas of the Health and Wellbeing Strategy and feed any comments back before July meeting.

WHAT DOES INTEGRATION MEAN TO YOU/US? WHAT ARE OUR AMBITIONS?

264 Professor Graeme Betts, Corporate Director for Adult Social Care and Health, BCC introduced the item and advised that in conversation with the Chair it was felt that they needed to have a discussion on what integration meant for the Board. He highlighted that it was about the Board's ambition in terms of outcomes. The issue was what outcomes as a Board they wanted to achieve for Birmingham's citizens, what did that meant for integration and what did they wanted to deliver. He added that one of the reasons the HWB was set up was to improve integration.

Professor Betts stated that the proposal was to think about the outcomes they were interested in and from that have a conversation on what they wanted to achieve and what were the opportunities. He suggested that it might be useful for colleagues to do a short note, but their thoughts were to stimulate that discussion at the next meeting in July 2018.

The Chair commented that going forward they had to set that line so that they know why they sat here. She added that with new people coming on board/others leaving they lose that clarity.

Professor Betts noted Professor Harding's comments regarding colleagues doing a short note concerning integration and clarified that he meant for someone to write something to stimulate the discussion.

OTHER URGENT BUSINESS

265 The Chair agreed that the following items could be considered as other urgent business in order to deal with them expeditiously: -

a) HWB Vice Chair
The Chair advised that the announcement concerning the Vice-Chair to the HWB will be made at the meeting in July 2018.

b) Interim Director of Public Health
Becky Pollard stated that it was a great opportunity to join Birmingham as the Interim Director of Public Health and that she acknowledged the work of Dr Adrian Phillips. She added that it was hoped that she could build on the work that Dr Phillips had done. Ms Pollard then advised that the following four key priorities were what she would like to work on: -

i. Building on the Joint Strategic Needs Assessment and address some of the issues that came out of the CQC; making sure it was serving the Commissioners across the city. It was recognised that there were opportunities with the Place Based focus now and they needed to consider this. The citizens voice, the public's voice and how they were making sure that they were feeding this into the Joint Strategic Needs Assessment. Looking at what the evidence tells us and how they could drive evidence based commissioning where possible.

ii. The Director of Public Health report - to focus on specific issues perhaps around child poverty and children and young people.

iii. What the priorities were for Birmingham and ensuring that it ties in with the Health and Wellbeing Strategy at the CCG and STP and ensuring they were focussing on a few things they could deliver well.

iv. To give commitment that she would be supporting colleagues, Councillor Hamilton, Chair of the HWB and others round the table in making this Board as effective as possible. She supports the idea of doing some more developmental discussions not necessarily on a structured agenda.

c) Margaret Ashton–Gray

The Chair advised the Board that today was Margaret Ashton-Gray's last meeting as she was leaving BCC. The Chair thanked Ms Ashton-Gray on behalf of the HWB for her hard work, dedication and commitment and wished her all the best for her future endeavours.

DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

266 It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 31 July 2018, at 1500 hours in Committee Rooms 3&4 Council House, Victoria Square, Birmingham B1 1BB.

The meeting ended at 1640 hours.

CHAIRMAN

	Agenda Item: 8
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**31st July 2018**
TITLE:	**UPDATE ON THE EARLY INTERVENTION WORKSTREAM**
Organisation	**NHS Organisations and Birmingham City Council**
Presenting Officer	**Graeme Betts, Corporate Director Adult Social Care & Health**

Report Type:	**Information**

1.	**Purpose**
	To provide an update to the Health and Wellbeing Board on the Early Intervention Workstream.

2.	**Implications:**	
BHWB Strategy Priorities	Child Health	
	Vulnerable People	Yes
	Systems Resilience	Yes
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		Yes
Maximising transfer of Public Health functions		
Financial		Yes
Patient and Public Involvement		
Early Intervention		Yes
Prevention		Yes

3.	**Recommendation**
	The Health and Wellbeing Board is asked to:
3.1	Note the progress of the Early Intervention Workstream
3.2	Provide any comments on the next steps of the Early Intervention Workstream

4. Background

4.1. The Birmingham Health and Wellbeing Board on 27th March 2018 supported a Framework for how health and social care can be delivered at a locality level through a place based approach (the full document is attached at **Appendix 1** with a summary presentation attached at A**ppendix 2)**. The Framework breaks our approach down into three interrelated themes which cover the whole range of support provided for older people and their carers:

- Prevention
- Early Intervention
- Personalised Ongoing Support

4.2 The Health and Wellbeing Board also supported new governance arrangements which included the formation of the Birmingham Older Peoples Partnership Programme Board (chaired by the Corporate Director for Adult Social Care and Health) to establish a joint transformation programme.

4.3 The Birmingham Older Peoples Partnership Programme Board have identified taking forward improvements to intermediate care services as part of an Early Intervention Programme as a priority. Our vision is to provide an integrated approach to intermediate care services which is person and carer centred and encompasses physical, mental health and social care needs.

4.4 Birmingham City Council (BCC) and partner NHS organisations do not have readily available capacity of appropriate capability to manage such a large and complex programme and external support is needed. We are seeking to work with a specialist partner with expertise of delivering large scale change by working collaboratively with our front line staff across all parts of our health and care system.

4.5 It was agreed by BCC Cabinet on 26th June 2018 and the CCG Governing Body on the 3rd July 2018 that BCC on behalf of the partners leads the procurement to secure support form an organisation that specialises in organisational change and is prepared to share the risk of successful implementation.

4.6 The next steps for the Early Intervention Workstream are contained within the attached presentation **Appendix 3** and are summarised in the following paragraphs.

4.7 BCC and partner NHS organisations have agreed a common evidence based approach to change building upon the assessment that was undertaken by Newton Europe in November / December 2017. New ways of working will be tested between September 2018 and February 2019; rolled out across the City by September 2019 and embedded by November 2019.

4.8 The prototype will be in the South Locality and new ways of working will be co-designed with staff. Engaging front line staff is key as they are the ones with the answers. Staff and their representatives will be appropriately consulted on any changes resulting from the prototype stage.

4.9 To prepare for rollout of new ways of working from March 2019 in the rest of the City we will bring staff together so they can get to know each other, hear what is going on in the prototype area and input their views. We will implement earlier any changes coming out of the prototype area that we think will help us prepare for Winter and rollout across the City (again recognising the importance of engaging with staff and their representatives).

4.10 Successful implementation of the Early Intervention Workstream will significantly improve outcomes for older people and their carers; will empower staff across health and social care and deliver significant savings.

5.	**Compliance Issues**
5.1	***Strategy Implications***
	The Early Intervention Workstream is a key strategic development for health and social care
5.2	***Governance & Delivery***
	Regular progress reports to the Health and Wellbeing Board
5.3	***Management Responsibility***
	Board: STP, HWB, Birmingham Older Peoples Partnership Programme Board, Individual organisation governance Day-to-day: Representative Partnership Senior Executive Team

6.	**Risk Analysis**
	Significant reputational and service risks (including financial) if improvements are not made to the Early Intervention Pathway.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**

Appendices

1. Integrated Health and Social Care Framework Document
2. Integrated Health and Social Care Framework Presentation
3. Early Intervention Workstream Update Presentation

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

We are delighted to share our thoughts with you about how we will work together to 'Get it right for Phyllis'. This is the first time that all NHS and social care statutory partners in Birmingham have signed up to a joint vision and agreed steps to work together.

The description covers the five localities which have been agreed by the Birmingham Health and Wellbeing Board and Live Healthy, Live Happy Partnership, based around the constituencies that people live in. It describes our thoughts for the older people within each locality.

Cllr Paulette Hamilton
Chair, Birmingham Health & Wellbeing Board

Professor Graeme Betts
Director of Health and Social Care
Birmingham City Council

Dame Julie Moore
STP Lead & Chief Executive
University Hospitals Birmingham FT

Paul Jennings
Chief Executive
Birmingham & Solihull CCG

Richard Kirby
Chief Executive
Birmingham Community Healthcare FT

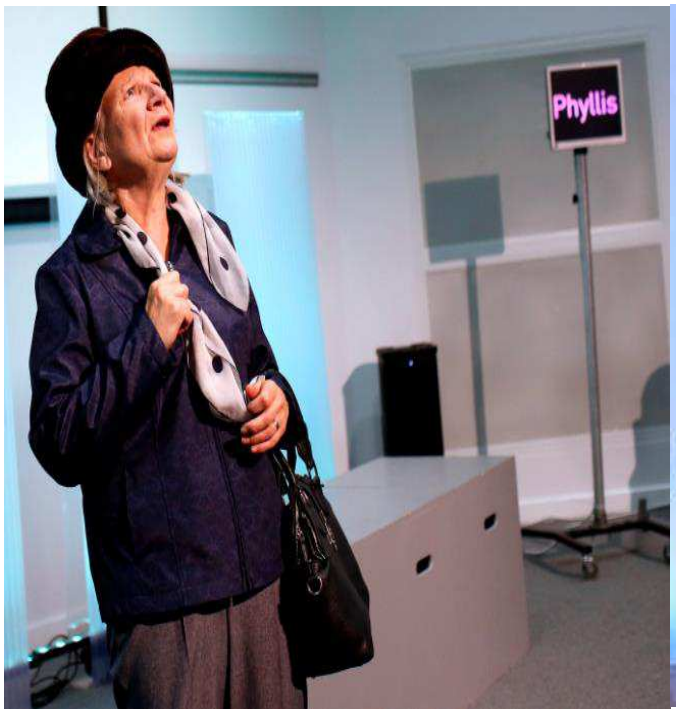
John Short
Chief Executive
Birmingham & Solihull Mental Health FT

Live healthy Live happy Birmingham and Solihull

Birmingham City Council

NHS

Getting it Right for Phyllis



'Phyllis' is a production by the Women in Theatre group that was commissioned by the Live Healthy, Live Happy Partnership in Birmingham and Solihull. It is a play focussing on the experiences of Phyllis and her family when she is admitted to hospital after becoming unwell in a supermarket. It is based upon the real experiences of people and their families and staff working within the system in Birmingham and Solihull. The production has been seen by hundreds of staff and makes for difficult viewing. It graphically underlines the findings of other work that has been undertaken in the city to identify the real matters that need to be changed to improve the experiences that older people have of health and social care including their long term health and happiness.

In the past the problems faced by older people using services and the staff working within them have been responded to by individual organisations rather than by working together. This has resulted in a series of 'sticking plasters' rather than a single plan.

This document is the beginning of our journey together. It describes our collective thoughts about the way forwards and is intended as the start of a conversation with you. It is based upon:

- The views of people both locally and nationally that have been shared in recent years including service users , staff and wider stakeholders,
- The available evidence base of things that have been successful elsewhere considered in our context,
- National policy must do's;
- Commitments made by system leaders and their organisations.

Live healthy Live happy Birmingham and Solihull

Birmingham City Council

NHS

Health and Social Care for Older People in Birmingham

Older people and their carers need to get help from health and social care quickly and whenever they need it. Our joint vision is for older people in Birmingham to be as happy and healthy as possible, living self-sufficient, independent lives and having choice and control over what they do and what happens to them.

As demonstrated by 'Phyllis' many older people are coming into hospital or residential social care when other options to support them in their own homes may have been possible. Current models of support fit older people into narrow bands of available services but future support needs to be more personalised to enable older people to live the life they choose.

What we aim to do

Our strategy to provide a range of support for older people and their carer's in Birmingham over the next five years centres on three themes:

1. Prevention
2. Early Intervention
3. Personalised ongoing support

As the three themes overlap, we will ensure that support is fully joined up so older people will be able to access ***the right care at the right time in the right place*** in order to be as independent and as well as possible at all times.

These approaches will be in turn be supported by joint planning around workforce, estates (buildings) and information sharing and use of technology. We are calling this a *'network of community support'* and we are working with the relevant specialists to identify the best ways to work together.

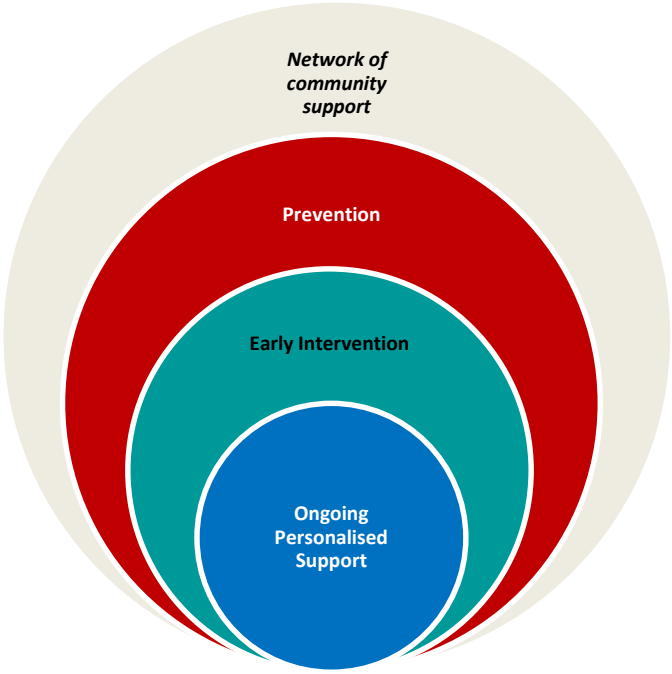
Personalisation as opposed to 'one size fits all' is at the centre of our thinking and in all three themes we aim to put the person at the centre of advice, assessment and planning approaches. Whoever is in contact with an older person or their carers will:

- Work in partnership with them to find out what they want and need to achieve and understand what motivates them
- Focus on a person's own strengths and help them realise their potential to be healthy and happy, regain independence and remain independent for as long as possible
- Build the person's knowledge, skills, resilience and confidence
- Learn to observe and guide and not automatically intervene
- Support positive risk taking

- Promote the use of joint, health or social care personalised budgets or direct payments

We will provide 'joined up' support across organisations so that older people do not experience duplication of services, gaps in provision or delays in accessing support. We are open to new ways of delivering services and we will make the most of the strengths of our partner organisations from the public, private, voluntary and community sectors so there will be no 'wrong door' throughout the system.

In order to properly support older people, there must be recognition across the city's wide range of partner organisations of a shared responsibility to make this strategy a reality.



Prevention – your health and happiness

We will organise services in local communities to help older people to manage their own health and wellbeing. Good quality information and advice will help people to identify and access the support that they need in order to continue living good lives and help to prevent issues such as social isolation.

We believe that keeping people connected keeps them well physically and mentally. Social isolation and loneliness is a huge issue; central to our vision will be developing ways which help older people connect both with each other and with different generations for mutual support, activities and fun.

Most older people can undertake active roles in their local community with help and support from their families, friends, neighbours and social groups. However, for some people this is only possible with support from public sector organisations or voluntary and community sector organisations.

There are a lot of services and activities that take place in local areas that aren't always known to everyone who lives there, and older people are more likely to experience exclusion due to poverty or lack of digital connectivity. We want to provide older people with the best advice and guidance on what they might need, when and where they need it. We also want to help local groups to identify and develop new services and activities.

Older people need to feel safe to come out of their homes to enjoy being part of their community. In order for them to do this, Birmingham City Council and other organisations need to provide a wide range of opportunities (also known as community assets), such as community centres, leisure centres, parks and gardens.

We will explore how 'social prescribing' models, for example, GPs prescribing a course of exercise classes rather than medication, supported by 'guided conversation' techniques can help older people think about their needs in order to get the support they require. We will also investigate how we can support older people to plan for later life and be more in control of their care and support needs, including managing any long term conditions. 'Talking therapies', including those for use with anxiety issues or depression should be made just as accessible for older people as they are for any other age group.

We will work in partnership to improve the health and happiness of carers of older people, who might be family, friends or neighbours. We know that carers can experience significant negative effects on their physical, mental and emotional health, their finances and on their careers. We recognise that carers play an essential role in the lives of the people they care for and make an essential contribution both to society and to our health and social care system.

We will build upon the Carer's Offer that has already been made and improvements such as establishing the Carer's Hub that is already building links with greater numbers of carers to ensure they receive the assessments and support available to them.

Early Intervention – your own bed is best

Some older people will need treatment and support on occasion for a short period of time; designed to promote faster recovery from physical and mental issues associated with ageing, illness or injury. However, we aim to prevent hospital admission when it is not necessary, support appropriate discharge from hospital and maximise people's ability to lead independent lives outside of the system. We will try to prevent premature admission for people into long-term residential care, minimise delays and not take decisions about long term care in a hospital setting.

We aim to ensure people will remain in their homes whenever possible. In most cases, older people are more comfortable in their own homes and recover and regain their independence more quickly if good quality therapeutic support can be provided. People will have to tell their story only once and will have a single coordinated plan tailored to their needs and desired outcomes. They will know who to talk to for help during this time and who will be supporting them if they need ongoing support. They will be assessed by an appropriate clinician prior to any hospital admission and not have to wait for the next stage of their enablement to be put into place.

OPAL

An Older Person's Advice and Liaison Service (OPAL) will cover the following two areas:

- Enablement – recovery, rehabilitation and re-ablement at home or in community based beds that aim to allow the person to remain at home and live as independently as possible
- Quick response - avoiding unnecessary hospital admissions, including the delivery of traditionally acute clinical interventions for older people that can be safely delivered at home

Mental health needs may cause, or significantly contribute to an older person reaching the point of needing early intervention. The multidisciplinary approach will result in simultaneous support for both mental and physical health issues, and ensure that older people are not disadvantaged by their care environment.

Enablement

Integrated enablement will be therapy-led. We will join up occupational therapists and physiotherapists and short term care workers to improve access, optimise services, and remove the risk of duplication and variation in assessment and provision. Practitioners within quick response and enablement care will apply the approach to personalisation already outlined.

Some older people will not be ready to benefit from therapy and may not need it. We will provide appropriate short term support (possibly up to five days) to allow people to recover in their own homes wherever practical. Following a short period of recovery, many older people will have no ongoing support needs. However, we will provide an integrated

enablement approach co-ordinated by therapists (normally up to but not restricted to six weeks) for those people who need further support to return to their previous level of health and ability.

Enablement will be designed to support people with complex needs, including those with moving and handling issues and particularly people living with dementia. The service will support people to stay out of hospital and will be aligned to the paramedic service.

We will make any practical adjustments to people's homes, for example, equipment or adaptations, needed to make care at home possible. We will offer enablement as a first option to older people being considered for home support, if it has been assessed that enablement could improve their independence.

We will also provide bed-based enablement within four or five specialist centres across Birmingham for people who are in a sub- acute but stable condition but not fit for safe transfer home. We will use consistent criteria, objectives, and clinical or therapeutic input. We are aware that if the move to bed-based enablement takes longer than two days it is likely to be less successful.

Quick response

To avoid older people being unnecessarily admitted to hospital, we will have a multidisciplinary approach at the 'front door' of the hospital seven days a week. Although hospital-based, this multidisciplinary approach supported by a quick response service will be an important component of wider joined up community support.

The team will specialise in treating and supporting older people at home and only admitting people to an acute bed if needed for safe treatment. They will be supported to do this by a fast multidisciplinary response that will be linked to the person's GP and other professionals.

A prompt diagnosis and treatment improves the likelihood of a good recovery. We will ensure that a response can be started within two hours when necessary, identifying a person's ongoing support needs and making arrangements for these to be met. We will ensure that older people can be seen by expert clinicians, have appropriate tests and investigations if required, and an accurate diagnosis.

Personalised Ongoing Support – Your life, not a service

We recognise that in order to remain happy and as healthy as possible, some older people require ongoing support to remain living in their own homes and communities and this will include both planned and urgent care.

These approaches aim to maintain individual wellbeing and self-sufficiency, keep older people safe and enable them to be treated with dignity, stay connected to their communities and avoid unnecessary admissions to hospitals or care homes. We will change the way our services are commissioned and delivered to be more focused on achieving better outcomes for older people.

Co-ordinated with general practice, this support may be planned, for example, in order to manage more than one long term condition or general frailty, or urgent. To support people in a planned way, we will develop an integrated home support service which brings together home support workers and community physical and mental health nurses to provide a flexible and responsive service to support older people living at home.

We will provide comprehensive and holistic support for older people with more complex needs, including using consistent methods of identifying those individuals as early as possible. This will support specific high risk individuals including those with dementia or very unstable long term conditions and will ensure effective later and end of life planning.

Integrated enablement services and integrated personalised support services will also provide peripatetic support to care homes in the area; the teams will reach out to local care homes to provide specialist support for residents and to help staff develop skills and confidence.

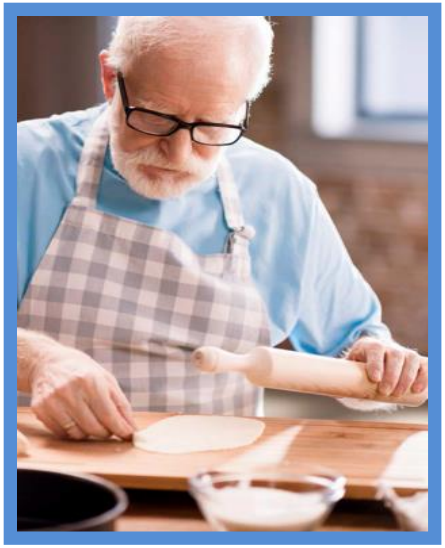
Building upon the common approach to personalisation which puts the person and their wishes at the centre, wherever possible, older people will be encouraged to have as much control as they wish of their care and support through such approaches as personal budgets and direct payments which are joined together when appropriate.

Older people also have urgent care needs and their needs are central to the planning for sustainable joined up general practice and urgent treatment centres across the city.

Appendix ii

Birmingham Older Peoples Programme

Making Birmingham a great place to grow old in



Framework Summary

Live healthy Live happy
Birmingham and Solihull

Birmingham City Council

NHS

OVERVIEW

Why we need to change

How we will manage change

Our joint vision for the future

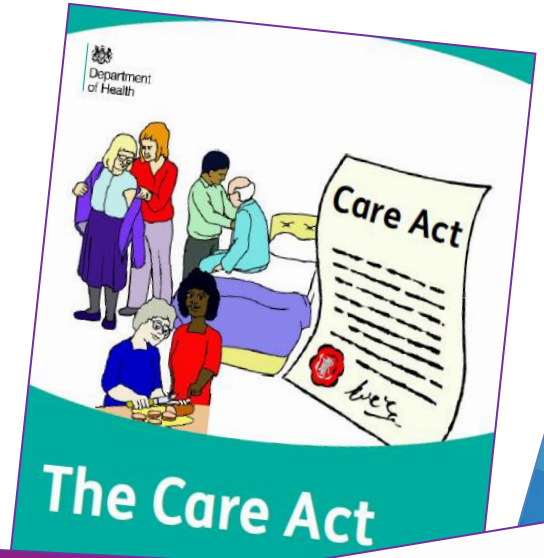
Prevention

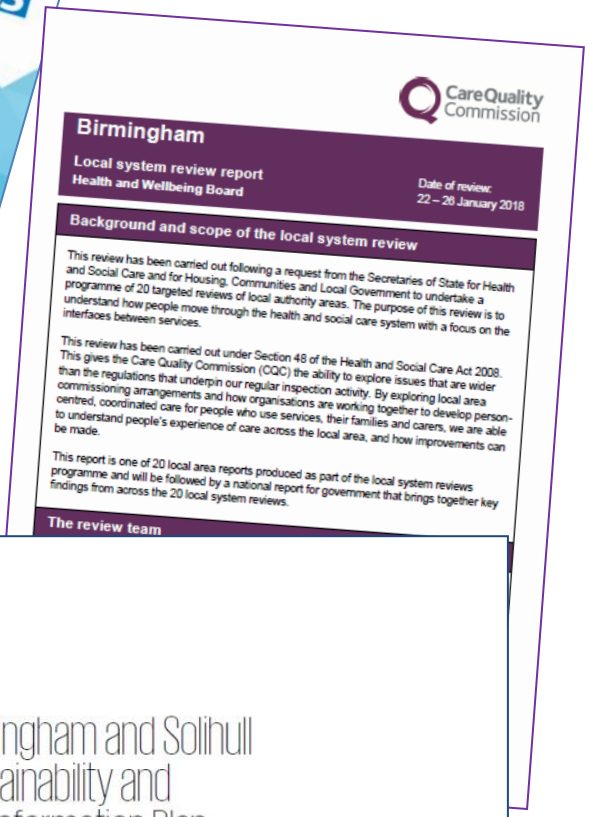
Early Intervention

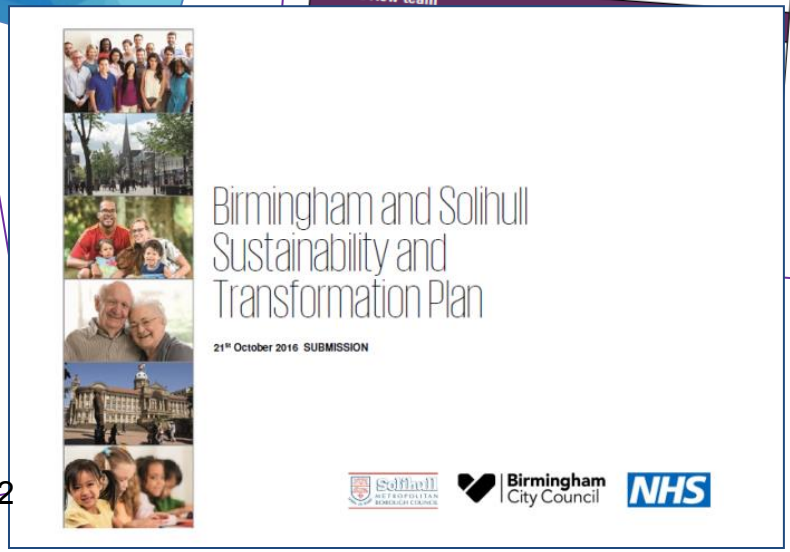
Personalised Ongoing Support

A place based approach

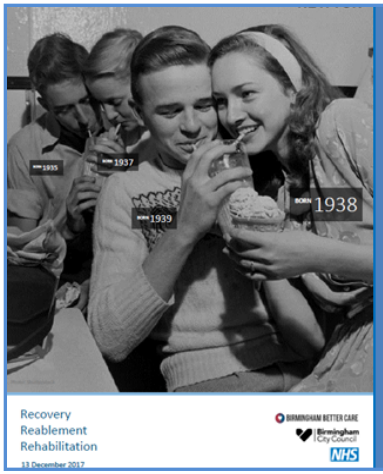
Why we need to change







Why we need to change



The proportion of people we admit into hospital who could have been better looked after elsewhere. **23%**

The proportion of people in elderly care and longer stay wards who are medically fit but delayed, waiting to leave hospital. **51%**

The proportion of people who could benefit from a different pathway out of hospital, one better suited to their needs. **19%**

36% The proportion of people who could achieve greater independence, following a stay in a short-term bed, with our support.

37% The proportion of people currently with a long-term care package who could benefit from better enablement.

50% The proportion of people who's mental health reached crisis point (and went into hospital) that could have been avoided.

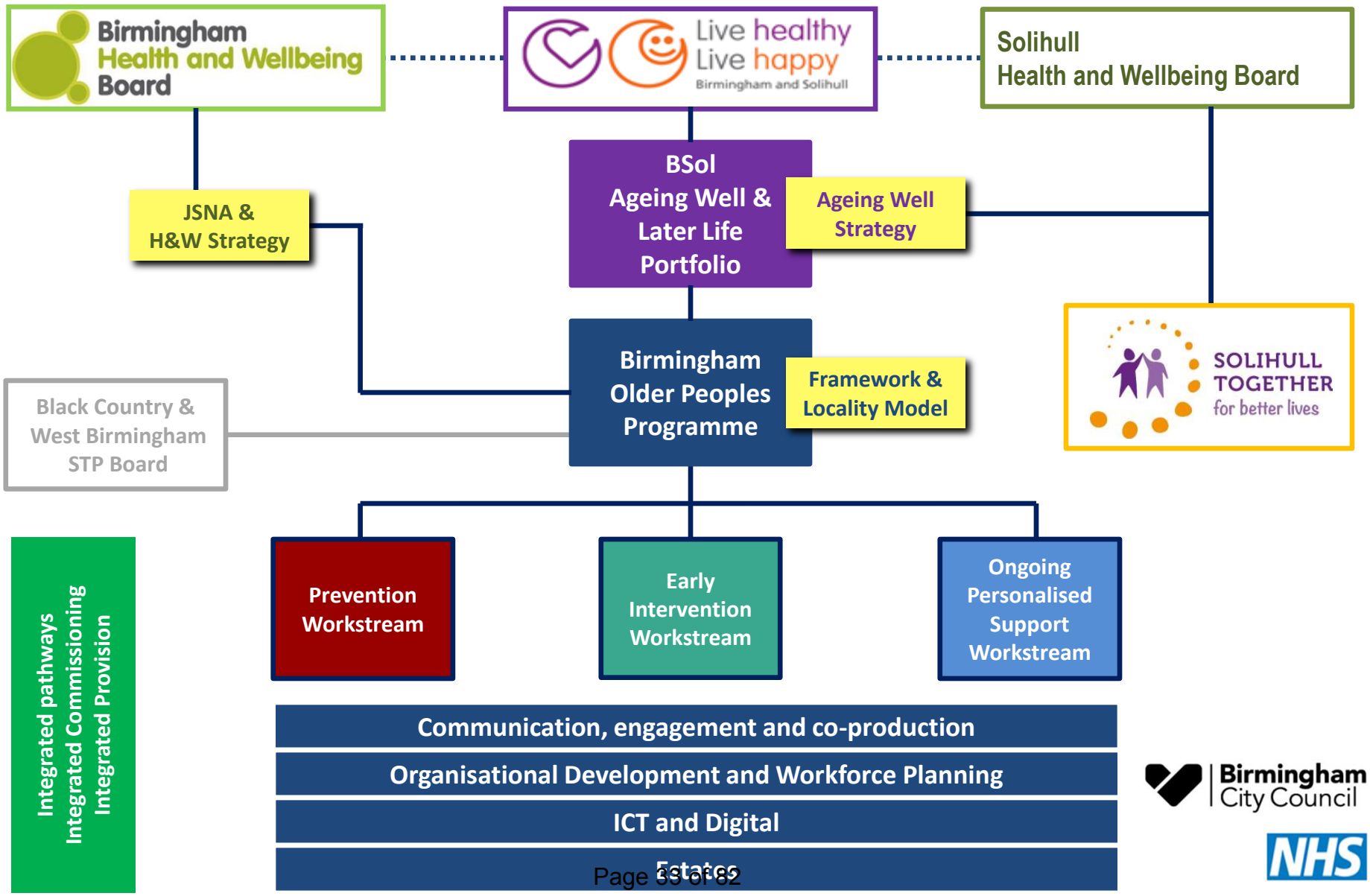
- **Fragmented services, inconsistent capacity and an overreliance on beds**
- **Phyllis production – true stories of working that isn't joined up**
- **Sticking plasters as tactical responses to pressures**
- **Financial situation – must inject pace**

Birmingham City Council

The people of Birmingham have been let down (CQC)

NHS

How we will manage change



Birmingham City Council

NHS

Our joint vision for the future

Prevention

A universal wellbeing offer enabling older people to manage their own health & wellbeing, based in local communities and utilising local resources. It will address the issues that lead to older people entering into formal health & care systems, such as social isolation, falls and carer breakdown. Access to good quality information & advice will be the cornerstone of our wellbeing offer, enabling people to identify and access the support that they need in order to maintain living fulfilled lives.

Early Intervention

A range of targeted interventions to promote faster recovery from illness or injury, prevent unnecessary hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living. We will respond quickly, minimise delays and not make decisions about long term care in a hospital setting.

Personalised Ongoing Support

Some older people will need ongoing support to remain living in their own homes and communities. These services aim to maintain individual wellbeing and self-sufficiency, keep older people safe and enable them to be treated with dignity, stay connected to their communities and avoid unnecessary admissions to hospitals or care homes. We will change the way our services are commissioned and delivered to be more focused on achieving better outcomes for older people.

Birmingham City Council

The right care at the right time in the right place

NHS

Our joint vision for the future

Whoever is in contact with an older person or their carers will:

- **Work in partnership with them to find out what they want and need to achieve and understand what motivates them**
- **Focus on a person's own strengths and help them realise their potential to be healthy and happy, regain independence and remain independent for as long as possible**
- **Build the person's knowledge, skills, resilience and confidence**
- **Learn to observe and guide and not automatically intervene**
- **Support positive risk taking**
- **Promote the use of joint, health or social care personalised budgets or direct payments**

Birmingham City Council

Prevention

- Some older people will need support to feel safe to enjoy the wide range of community assets available
- Provide the best advice and guidance on what people might need, when and where they need it
- Help local groups to develop new services and activities, where people have told us they are needed
- Keeping people connected keeps them well physically and mentally
- Explore how social prescribing models supported by 'guided conversation' techniques help older people think about their needs and get the support they require
- Support older people to manage their own care and support needs including long term conditions. Talking therapies for those with anxiety issues or depression should be as accessible for older people as they are for younger adults
- Work in partnership to improve the lives of carers focusing equally upon their health and happiness

Birmingham City Council

NHS

Early Intervention

Enablement – home based

- Short term support to allow people to recover in their own homes
- Therapy led support for all those that would benefit
- Adjustments for equipment or adaptations
- Enablement as a first option for people being considered for homecare

Quick response

- Multidisciplinary team at the front door of hospitals 7 days a week specialising in treating & supporting older people at home
- Supported by a quick response team that will be linked to their GP and other professionals
- Prompt diagnosis and treatment improving the likelihood of a good recovery

Enablement – bed based

- Bed-based enablement within 4 or 5 specialist centres for people who are in a sub-acute but stable condition, but not fit for safe transfer home
- Consistent criteria, objectives, and clinical / therapy input
- The specialist centres will provide physical space to allow the components of the pathway to come together

Birmingham City Council

Your own bed is the best bed

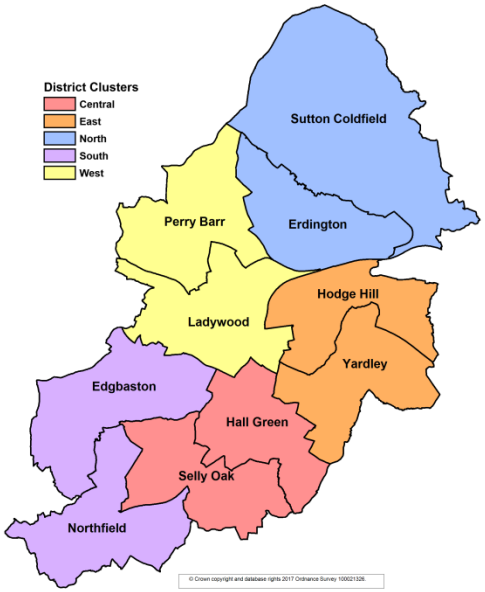
NHS

Ongoing Personalised Support

- Bring together home support workers and community physical and mental health nurses to provide outcome focussed, flexible and responsive support to older people living at home
- Work together to improve the links between physical and mental health and provide a timely appropriate response
- Wrap around holistic support for older people with more complex needs identifying these individuals as early as possible. This will support specific high risk individuals including those with dementia or very unstable long term conditions and will ensure effective later and end of life planning
- Integrated community teams will provide peripatetic support to care homes in the local area to provide specialist support for residents and to help staff develop skills and confidence
- A common approach to personalisation which puts the person at the centre, wherever possible older people will be encouraged to have as much control as they wish of their care and support needs through such approaches as personal budgets and direct payments

Birmingham City Council

A place based approach



- The 10 Districts have been formed into 5 co-terminus health and social care Localities of circa 250K pop.
- Efficient distribution of resources within a locality
  - 2 Lead Partners networking Voluntary & Community Sector
  - 1 Specialist Enablement Centre
  - 1 Urgent Treatment Centre
  - Primary Care neighbourhoods of 30k – 50k pop.
- GPs and consultant geriatricians working together to champion the 'home first' ethos
- Organisational boundaries removed with staff roles clearly defined to maximise individual and collective skills and capacity
- A wide network of integrated community support connected to the more local neighbourhood networks as well as community hospitals, care homes and housing
- A digital catalogue of care, support and activities so that everyone knows what is available locally to keep people as active and well as possible with no wrong door
- People co-ordinating or providing direct support will have timely access to shared electronic records

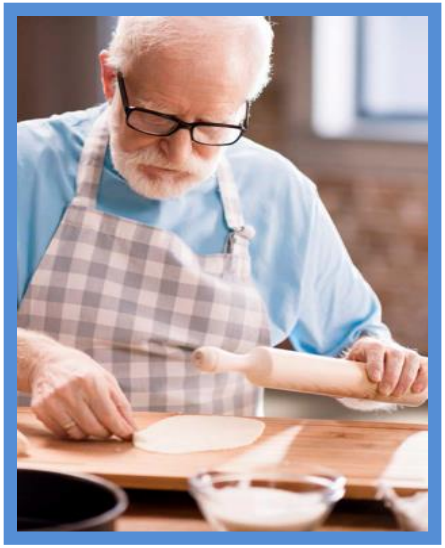
Birmingham City Council

A network of joined-up care and support to communities with no wrong door

NHS

Birmingham Older Peoples Programme

Making Birmingham a great place to grow old in



QUESTIONS

Live healthy Live happy Birmingham and Solihull

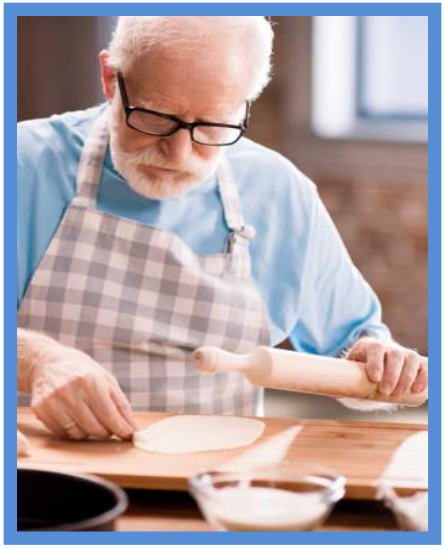
Birmingham City Council

NHS

Appendix iii

Birmingham Older Peoples Programme

Making Birmingham a great place to grow old in



Early Intervention Update

Live healthy Live happy Birmingham and Solihull

Birmingham City Council

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Early Intervention

- Our joint approach to change
- Prototype in South Locality
- Preparing for Winter and rollout
- Impact if we get this right

Our joint approach to change

We need specialist external capacity & capability which will support us to deliver a common evidence based approach to change with 3 criteria for success …

1. Have we delivered intended outcomes?
2. Have we made required savings ?
3. Have we created a solid platform for the next phase?

Rigorously analyse data throughout

ASSESSMENT November / December 2017
Hold a mirror up to the System
Identify and quantify opportunities

Approach in another area has reduced short term beds by **70%** and long term beds by **40%**

PROTOTYPE September 2018 – February 2019
Co-design new ways of working with appropriate engagement & consultation
Engaging front line staff is key, they are the ones with the answers

ROLLOUT March – September 2019
Deliver the solution with local teams & realise benefit
Not just process, tools & paperwork culture & mind-set of staff is key

EMBED October – November 2019
Support teams to sustain the changes permanently
New challenges will arise and strong leadership is required

Birmingham City Council

It's not what you want to do but how you are going to do it (CQC)

NHS

Prototype in South Locality

- We will co-design new ways of working in the South Locality with external support
- We do not have all the answers now – this is positive!
- We must have flexibility so we can work out the links / opportunities between bed and home based services

- Processes and how people work with each other will change during the Prototype
- Geographical coverage and resource requirements will expand across the South Locality between September 2018 & March 2019
- We need to map what we currently have in the South Locality so that we can work out how best to align these resources
- Norman Power will be used to consolidate beds and to oversee new ways of working to ensure that older people receive the support they need at the right time and place
- During September we will form an initial design team made up of staff who are representative of the early intervention pathway

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Engaging frontline staff is key – they are the ones with the answers

NHS

Preparing for Winter and rollout

- We will better align our existing resources – e.g. ensuring that we provide adequate therapy input into short term beds
- We will put in place better arrangements for gate keeping and managing flow through community services
- We will fill any major gaps in existing services

- To prepare for rollout of new ways of working from March 2019 in the rest of the City we will bring staff together so they can get to know each other, hear what is going on in the prototype area and input their views
- We will implement earlier any changes coming out of the prototype area that we think will help us prepare for Winter and rollout across the City

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Consistent standards with local variation

NHS

Impact if we get this right

Citizens

- By the right professionals responding more quickly to a crisis **2,900** to **3,500** older people will avoid acute hospital
- By receiving therapy led enablement in their own homes **2,300** to **4,000** older people will live more independently

Staff

- Co-designing the solution
- Working across boundaries
- Career pathway

Statutory Organisations

- £27.5m – £37.5m recurrent savings
- Improved performance
- Enhanced reputation

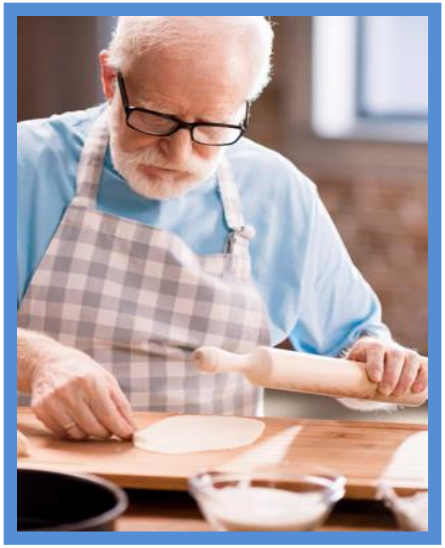
Birmingham City Council

Delivering better outcomes at less cost

NHS

Birmingham Older Peoples Programme

Making Birmingham a great place to grow old in



QUESTIONS

Live healthy Live happy Birmingham and Solihull

Birmingham City Council

NHS

Birmingham Health and Wellbeing Board

Agenda Item 9a

Health and Wellbeing Strategy Report Update

Title (BHWB Strategy Priority	**Integrated Personal Commissioning - Personal Health Budgets - July 2018**

1. Background

1.1 Personalisation and personalised care is a key feature of the NHS' Next Steps on the Five Year Forward. Birmingham CrossCity CCG was part of NHS England's Integrated Personalised Care Programme and since merging to become Birmingham and Solihull CCG, the CCG has been selected as a Personalised Care Demonstrator Level 2 site.

1.2 As a Personalised Care Demonstrator Level Two site, the CCG is committed to:

- improve people's health and wellbeing outcomes and experience of care through involving them in designing support around their individual needs and circumstances
- prevent crises that lead to unplanned hospital and institutional care through supporting effective self-management
- deliver improved value for the health and care system through quality improvements, better integration of care and reductions in demand and cost.

1.3 The Memorandum of Understanding agreed with NHS England sets the following targets:

- At least one per cent of the population will have personalised care (as defined within the personalised care minimum dataset). Specifically, this will incorporate:
- number of people using Patient Activation Measure (PAM) or equivalent methodology such as long term conditions PROM
- people accessing self-management support, such as health coaching, self-management education, peer support and social prescribing
- people with a personalised care and support plan as defined within the personalised care minimum dataset.

1.4 Achieving the take up of at least 1040 PHB/integrated personal budgets (at least 1:1000 population of the GP registered population.)

- implementing PHBs as the default position for adults in receipt of NHS Continuing Health Care with community based packages of support.

1.5 The development and implementation of personalisation across a range of services will be embedded within Birmingham and Solihull CCG Integration plans as the Sustainability and Transformation Plan is progressed.

2. Current Update on : Activities, Progress and Developments

2.1 Thus far the focus has been on increasing the uptake of Personal Health budgets whilst the Personalised Care Memorandum of Understanding was being agreed and currently personal health budgets are currently being delivered in the following area:

Adult Continuing Health Care: A task and finish group is to be set up to plan to make Personal Health Budgets default for all home care packages. This is a requirement from NHS England as part of the MOU. 75 Adult PHB's are in place and moved across from AGEM CSU to MLCSU in the transfer of delivery of CHC.

Children's Continuing Care: The above mentioned task and finish group will incorporate Children's continuing care in the planning. 50 children's PHBs moved from AGEM CSU to MLCSU in the transfer of delivery of CCC.

Mental Health: The CCG is working with a third party support planning agency to embed a worker into BSMHFT for 1 year. The worker will rotate around the 4 hubs on a quarterly basis. The individual will be in place on 16th July 2018. This post is expected to help the Trust put 250 PHBs in place over the next year.

Learning Disabilities: Approximately 25 PHBs have been delivered in this cohort since April 2017. A TCP Personalisation post has been created to assist in the delivery of Personal Health Budgets in this area as well as having responsibility for personalised care planning.

End of Life: This is a 3 month pilot funded from the Better Care Fund which was expected to deliver 30 PHBs in End of Life Care. John Taylor Hospice and BVSC have been procured to work on this pilot.

Looked after Children's Mental Health and Emotional Wellbeing: Birmingham was selected as one of seven sites to trial this nationally. The pilot project runs to March 2019 and is expected to deliver 40-50 PHBs. This project is working across Social Care and Health and since the CCG merger, the CCG are exploring the potential for expanding the project to include Solihull.

Wheelchairs: This is an area for development with a planning meeting scheduled for the end of July 2018 to develop plans for trialling Personal Wheelchair Budgets in Solihull with a further expansion to Birmingham expected in the future.

3. Current and Emerging Risk and Issues

There is a risk around achieving the targets agreed in the MOU. There are no financial implications for not delivering against the MOU however, there is reputational risk and a in the longer term Personalisation is expected to deliver improved health outcomes. Achieving targets set on this programme will require significant organisational and system-wide change as well as a drive from commissioners and organisations to implement personalised approaches to care.

4. What is your Ambition?

NHS England mandated targets are for delivery of 1040 PHBs by end of March 2019.

As a team, we want PHBs to be default in the following areas by March 2019:

- Adult CHC
- Children's Continuing Care
- S117 MH
- Wheelchairs

Should the concept of offering PHBs to Looked after Children with Emotional wellbeing and Mental Health Support needs be proven, we would be aiming for commissioners to make funding available from within existing contracts to continue delivering PHBs or provide funding to continue to pilot a small number of budgets.

4.1	What needs to happen to get there?
	Plans to be put in place for default delivery. Commissioners and provider organisations to be engaged in the Personalisation Agenda and open to the benefits and short term consequences of Personalised care and personal health budgets.
4.2	**What does this look like – Numbers, Impact & Outcomes?**
	Achieving targets as set by NHS England and delivering truly personalised care to individuals in Birmingham and Solihull.

5.	How can the Health & Wellbeing Board Support you?
	The Health and Wellbeing Board is request to support the system response to improving the uptake of PHB and the personalisation agenda by Health and Social Care colleagues through the MoU with NHS England

6.	What can the Health and Wellbeing Board Track and Influence?
	BSOl CCG has a programme group in place to monitor and track implementation, briefings can be provided to the Health and Wellbeing Board as required

	Agenda Item: 9b
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**31st July 2018**
TITLE:	**INTERGRATED PERSONAL COMMISIONING- DIRECT PAYMENT BOARD.**
Organisation	**Birmingham City Council**
Presenting Officer	**Pauline Mugridge.**

Report Type:	**Report.**

1. Purpose:
To update the board on the work that Birmingham City Council is doing to increase the uptake of direct payments**.**

2. Implications:		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	x
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	
	Improve the wellbeing of those	

	with multiple complex needs	
	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		
Prevention		

3.	**Recommendations**
3.1	To continue the work to increase the uptake of direct payments.
3.2	To work with partners to strengthen the relationship around the development of personal health budgets and direct payments.

4.	**Background**
	There has been a drive to increase the take up by citizens of direct payments. Direct payments enable citizens to have increased control over how their care and support needs are meet. There are has been a steady increase in the take up of direct payments since June 17. However this needs to increase at a faster pace.

5.	**Future development**
	The action plan to increase the number of direct payments includes: - Individual Social Work team targets for the number of Direct payments the teams complete.

- Exploring the development of a Peer support service to offer advice and support for citizen and personal assistants including a recruitment matching service.

  The introduction of the community model of social work should increase the number of direct payments.

6.	**Compliance Issues**
6.1	***Strategy Implications***
	Integrated Personal Commissioning - Direct Payments
6.2	***Governance & Delivery***
	The Direct payment board is monitoring the delivery of direct payments.
6.3	***Management Responsibility***
	As above

6.	**Risk Analysis**
	There is a risk that the target for the number of direct payments will not be met this year. We do have robust actions in place to support the meeting of this target.

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
#	#	#	#

Appendices	
1.	Health and Wellbeing Strategy Report Update.

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

Birmingham Health and Wellbeing Board

Health and Wellbeing Strategy Report Update

TITLE: BHWB Strategy Priority	**Integrated Personal Commissioning - Direct Payments**

1. Background

1.1 Direct payments were introduced under the Community Care Act (Direct Payments) 1996.

1.2 In January 2016 there was a new drive to refocus efforts on the take up of direct payments, to address the issue of poor take up rates of direct payments. At that time, success was dependent on individuals within social work teams (champions), who were relied on by their colleagues. There was a clear need to increase workers' confidence and knowledge about direct payments and the positive outcomes that they can have on citizens.

1.3 We provided opportunities for staff to share experiences both positive and negative, as well as enabling them to create solutions; this was facilitated by a series of workshops.

1.4 Information gathered was used to inform further workshops for example:

- General awareness of direct payments, policies, procedures and processes
- Bespoke sessions to specific teams identified as playing a central role
- Roadshow briefing sessions to all teams, to introduce Pre-payment Cards – a more efficient and effective way for processing direct payments and for direct employers to purchase goods and services
- Budget Holder – issues and suggestions on how to make improvements
- Senior Managers and the Cabinet Member also provided attended some of the workshops, to emphasise the expectations and offer encouragement.

1.5 There was recognition that all staff had a role to play in improving the uptake of direct payments and promotion in the form of team briefings were extended to the non-social work teams.

1.6 In order to ensure that we continued the focus on direct payments, a Challenge Group was set up with representatives from across the Adult Social Care and Health Directorate. The aim of this group is to share good practice, problem solve, plus, to implement and ensure service improvement.

1.7 A wealth of e-resources (leaflets, videos, e-learning) have been made available to both staff and citizens to aid learning and to continue to raise the profile of direct payments, alongside reducing some of the myths. This products developed, were co-produced with staff, citizens and partner agencies.

1.8 Since 2017, a series of citizen led workshops, the 'Pursuit of Confidence': Direct Payments have been delivered to staff. These sessions give real life accounts of how direct payments have been accessed and of the positive impacts this has had on their lives. The feedback from staff in relation to these sessions highlights a much improved confidence in promoting and explaining direct payments. Funding to support some of this development and the building of the e-learning has been sourced by submitting bids to Skills for Care's Workforce Development Innovation Fund.

1.9 As part of the work, it was clear that there was a need to provide direct employers and Personal Assistants with more detail about respective roles and responsibilities. The Introduction to Direct Payments for Personal Assistants/Employers training are now in place with session happening three times a year, and the frequency of these programmes will increase as demand grows. To date, these programmes have been received very well and it has to be highlighted that the sense of isolation that some direct employers and Personal Assistants feel, has been reduced as a result of attending. The networking during and post the course has proven positive for many of the participants.

1.10 During June 2018, the previously named Direct Payments Project Board agreed to refocus the work of the Board on the wider aspect of personal budgets to include Direct Payments, Individual Service Funds and Personal Health Budgets. Part of the Board's role will be developing an action plan that will support the achievement of the direct payments target of 30% for this financial year, as well as developing the uptake of direct payments across the city on a social work team basis.

2. Current Update on: Activities, Progress and Developments?

- Implementation and roll out of the three conversations model:

  This has started in 2 constituency areas. In July 5 new innovation sites start, with the roll out across all the teams in the city over the next 12

months. This will facilitate a more person centred conversation which will enable us to enhance the perception and take up of direct payments.

- Monitoring of the individual team targets on direct payments and action where required:

  Targets have been set for each of the teams across social care and health. The performance of each team will then be considered against these targets.

- Direct Payments are an agenda item in Team Meetings and form part of the Team Plan to ensure focus is maintained.

- We are exploring the development of a Peer Support Service to provide information, advice and guidance to direct payment employers and to Personal Assistants. This will provide independent support to existing recipients and Personal Assistants as well as to people interested in taking up direct payments. The Peer Support Service would also look to providing a recruitment matching service in order to address the significant gap in provision of matching direct employers to Personal Assistants looking for work. This Service would also be available to self-funders and Personal Budget Holders.

- Team managers are going to engage with local providers (especially those within day opportunities) in order to promote the advantages of their customers having direct payments. Not only would this option benefit citizens with regard to having greater choice, this method would also enable providers to eliminate the lengthier and sometimes difficult invoicing Council process. This could save them time and could ensure a speedier payment of the funding owed to them.

- Staff at risk of redundancy e.g. Home Cares in the Enablement Service, have attended workshops to inform about the role of the Personal Assistant, a role comparable to their skills set, as an alternative option for consideration.

- We are exploring the possibility of the Council's existing ConnecttoSupport website having additional functionality, in order to support Peer Support Service and Personal Assistant platform. Costings are currently being sought.

- Provider sessions are scheduled to take place in July 2018, to provide information on direct payments to Home Support Providers

- As members of the West Midlands Local Authorities Regional Direct Payments Group, we are able to undertake benchmarking exercises, identify issues and to share good practice. This group meets quarterly.
- We are considering introducing an employee of the month in recognition of their practice related to direct payments.
- Meetings of the Direct Payments Board will take place on a monthly basis so that progress against the direct payments target can be closely monitored and issues addressed as they arise

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3. Current and Emerging Risk and Issues

3.1 There are still areas that are complex and time consuming, namely around identifying and recruiting appropriately skilled and trained Personal Assistants. This can cause delays and difficulties, e.g., in hospital teams, when a recipient of direct payments may need an increase from 1 carer to 2 carers. This often means a suspension or even cancellation of the direct payment as the Personal Assistant cannot be identified in the timescales the teams have to work to.

3.2 We know that citizens are hesitant when they are considering taking up a direct payment as an option of choice for them in receiving their care. It can be that they deem direct payments as too much responsibility. However, we believe that this will be addressed through the implementation of the three conversations model explained earlier in this report.

3.3 Integration with Health, looking at how we can achieve greater integration with Health for both direct payments and personal health budgets.

3.4 In relation to the performance figures, these can be affected by the number of people who stop receiving a direct payment within the month. This could be due to a number of reasons, such as, changes in health/circumstances, the death of the recipient or decisions leading to them no longer wanting a direct payment.

4. What is your Ambition?

We aim for at least 30% of all citizens who are eligible to receive a direct payment, receiving a direct payment by 31st March 2019.

4.1 What needs to happen to get there?

The activities and actions detailed in Section 2 of this report outline the actions that are being taken, which will support the achievement of the 30% target.

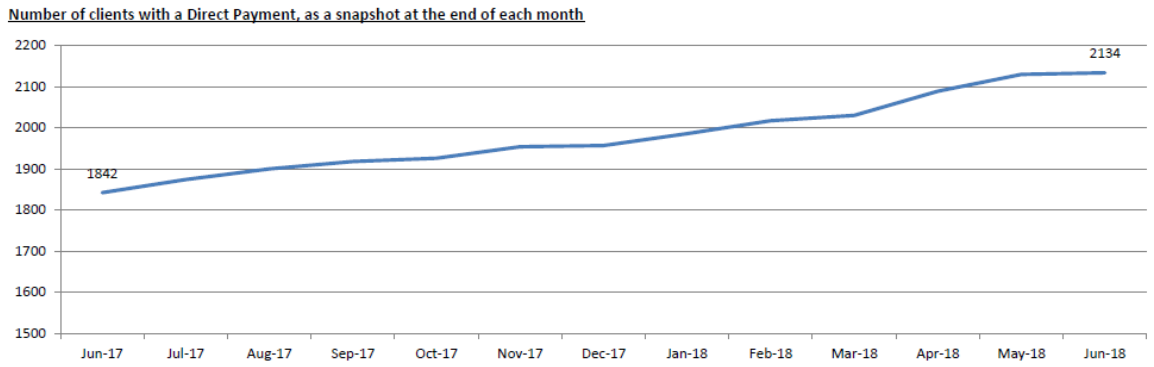
4.2 What does this look like – Numbers, Impact & Outcomes?

There has been a tremendous amount of work over the last 12 months to embed the organisational culture shift needed to change the perceptions of some staff regarding direct payments. From the outset, it was recognised that the impact on performance would not be achieved instantly and it was anticipated that this would take some months to come to fruition, before an increase in the take up of direct payments would happen.

The momentum behind direct payments has increased significantly over the past 12 months and the hard work in raising awareness, working with staff and citizens demonstrates the increase from June 2017 to June 2018. The concerted approach now established will be strengthened by initiatives such as the culture change programme that all managers across the Directorate have undertaken. This has already proven positive in reinforcing the power of joined up thinking and collaborative working. We believe that the momentum harnessed will continue to influence the increase in the take up and processing of direct payments.

In 2016, there were 1,700 people receiving direct payments.

As of June 2018 the performance is at 25.5% (2134 individuals) against a target of 30%.



5.	How can the Health & Wellbeing Board Support you?
	Support the drive promote Individual budgets – Direct Payments, Personal Health Budgets and Individual Service funds through strengthening links with Health and the BSoL footprint. Endorse the development of a Peer Support Service for Direct employers, including self-funders and Personal Assistants

6.	What can the Health and Wellbeing Board Track and Influence?
	Track: the progress of the take up of direct payments, development of support given to direct employers, sustainable development of a PA recruitment structure and workforce development pathway for that role. Influence: Strengthening of the relationship between Health and Local Authority, including Solihull MBC, to work in work in partnership with citizens to ensure consistency and quality in the offer to support direct employers and the Personal Assistant market.

Birmingham Health and Wellbeing Board

Agenda Item 9c

Health and Wellbeing Strategy Report Update

TITLE: (BHWB Strategy Priority	**Integrated Personal Commissioning - End of Life Personal Budgets, July 2018**

1. Background

1.1 A pilot of Personal Health Budgets in End of Life Care with the intention of providing a new and different model of care for patients meeting the fast track pathway principles is currently underway. The aim of this pilot is to enable patients to have choice at the end of their lives, and to facilitate their wishes as far as possible. Based on the work undertaken in Derbyshire and in Warrington there is clear evidence that the use of personal health budgets increases the number of patients achieving their preferred place of death. There is also evidence that such projects provide benefit across the health economy by reducing unnecessary admissions, facilitating discharge from acute hospital beds, and in creating significant cost savings for the NHS.

1.2 This particular pilot is designed to enable those in acute hospital beds who meet the 'fast track' principles as detailed by NHS to make their own choices regarding their care in order to facilitate them dying in a place of their choosing; usually, but not always, at home. It provides the patient the chance to have control about decisions regarding them that have traditionally been taken by healthcare professionals previously.

1.3 The pilot is funded from the Better Carer Fund and together with the Local Authority, the CCG has commissioned John Taylor Hospice to work closely with Heart of England NHS Foundation Trust (HEFT) to implement Personal Health Budgets across approximately 30 fast track patients.

1.4 This pilot is one programme of work that will support the End of Life work stream as part of the Ageing Well Programme of the Sustainability and Transformation Plan for Birmingham and Solihull.

2.	Current Update on : Activities, Progress and Developments
	The uptake for the project has been slow. The team at John Taylor Hospice have spoken to 18 people so far with only one confirmed PHB in place. The hospice has stated that for those individuals who did not take up a PHB either their health declined too quickly, the individual chose to go to a care home or the individual was not interested in having a Personal Health Budget. In order to increase the numbers, the cohort was recently expanded to include Good Hope Hospital and also to identify individuals upon entering A&E. Consideration is being given to identifying a small number of individuals in the community who are at high risk of being admitted to hospital without support being put in place. The hospice staff have been asked to identify suitable individuals at an earlier opportunity and also to advertise Personal Health Budgets via leaflets on notice boards around relevant wards.

3.	Current and Emerging Risk and Issues
	Based on similar projects undertaken in Derbyshire and in Warrington there is clear evidence that the use of personal health budgets in EOL care increases the number of patients achieving their preferred place of death. There is also evidence that such projects provide benefit across the health economy by reducing unnecessary admissions, facilitating discharge from acute hospital beds, and in creating significant cost savings for the NHS. The project is very unlikely to meet the target of 30 individuals within the timescales which will result in insufficient local evidence to make a decision regarding whether the CCG should continue to deliver PHB's to this cohort.

4.	What is your Ambition?
	All individuals who are deemed eligible for a fast track continuing health care package have a choice about their preferred place of death and are supported to achieve this through a coordinated and timely system response. The number of preventable readmissions in end of life individuals is zero.
4.1	**What needs to happen to get there?**
	As described the scope of the current pilot is being reconsidered to ensure that health and care staff across the system are able to identify people earlier in their End of Life care deterioration order to discuss the benefits of a PHB to support End of Life Care choices

4.2	What does this look like – Numbers, Impact & Outcomes?
	This will be developed as part of the extended scope.

5.	How can the Health & Wellbeing Board Support you?
	The Health and Wellbeing Board is requested to support the review of the scope of the pilot

6.	What can the Health and Wellbeing Board Track and Influence?
	There is a Project Group in place with oversight of this programme, project updates can be provided to the Health and Wellbeing Board as required

	Agenda Item: 10
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**31st July 2018**
TITLE:	**CQC LOCAL SYSTEM REVIEW ACTION PLAN**
Organisation	**Birmingham City Council**
Presenting Officer	**Graeme Betts – Corporate Director of Adult Social Care and Health Directorate, Birmingham City Council**

Report Type:	**Ratification**

1. Purpose:
For ratification of the CQC Local System

2. Implications:		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	X
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	
	Improve the wellbeing of those with multiple complex needs	

	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		X
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		X
Early Intervention		X
Prevention		X

3.	**Recommendations**
	That the Health and Wellbeing Board ratify the CQC Local System Review Action Plan and agree to receive quarterly updates for the duration of the Plan.

4.	**Background**
4.1	In 2017 the Care Quality Commission (CQC) was asked by the Secretaries of State for Health and for Communities and Local Government to undertake a programme of local system reviews of health and social care in 20 local authority areas, of which Birmingham was one.
4.2	The focus for the review was how well people move through the health and social care system, with a particular focus on the interface between agencies, and what improvements could be made, including delayed transfers of care. The review centred on the experience of people over 65 years old.
4.3	In preparation for the review, evidence was submitted via a Local System Overview Information Request (SOIR). Over December and January CQC reviewers undertook a series of site visits, interviews and staff focus groups.
4.4	Following the review, CQC produced a report which detailed their findings and made 17 recommendations for improvements across the

system. The CQC report was presented at a Summit held in May, at which the system responded with details of how it was already addressing the issues raised. The Summit was also an opportunity for key stakeholders to look in more detail at the recommendations through a series of themed workshops.

4.5 As part of the reviews, the local systems are required to produce an Action Plan to set out how they intend to address the recommendations. Birmingham's Action Plan was generated following the workshops held at the Summit, signed off by the Chair of the Health and Wellbeing Board (on behalf of the Board owing to the timescale) and submitted to DoH on 11th June.

5. Future Development

5.1 For the most part, actions fall under the emerging Birmingham Ageing Well Programme and will be progressed via these workstreams. As some actions are dependent upon the outcomes of others, further development is required in some areas for the Plan to be fully formed.

5.2 DoH will monitor progress against the Action Plan and this will be conducted via monthly conversations between Graeme Betts as Senior Responsible Officer for the Local System Review and Ed Moses, Deputy Director of Social Care Oversight at DoH.

6. Compliance Issues

6.1 Strategy Implications

Actions contained within the Action Plan are being integrated into the Birmingham Ageing Well Programme. This programme delivers the multi-agency response in Birmingham on the STP strategic priority of ageing better and later life.

6.2 Governance & Delivery

Delivery of the actions will be via the Ageing Well Programme. Accountable to the Health and Wellbeing Board with suggested quarterly reporting of progress to the Board.

6.3 Management Responsibility

As Senior Responsible Officer for the Local System Review, Graeme

	Betts is accountable for delivery of the Action Plan and reporting progress to DoH and Health and Wellbeing Board.

6.	**Risk Analysis**		
	This will be developed for individual actions as part of the programme management of Ageing Well.		
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
#	#	#	#

Appendices	
1.	CQC Local System Review Action Plan.

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

Care Quality Commission - Local System Review

Action Plan

1. Governance and Leadership

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
1.1	There needs to be stability in the leadership to build on recent improvements and collaborative ways of working.	• Permanent appointments to: ○ BCC CEO, BSol CCG CEO & Executive, UHBFT CEO and Chair (post Merger), new CEO BCHCFT, LA DASS extended in post for 2 more years • Retirement planned of UHB CEO. • NHS Birmingham and Solihull CCG has appointed a substantive Chief Executive and Executive Team. • STP Refresh	• Ageing Well Programme Governance • BSol Ageing and Later Life Board and strategy	Implement the agreed governance arrangements for the Ageing Well Programme: i. BSol Ageing Well and Later Life Portfolio Board ii. BSol End of Life Workstream Board iii. Birmingham Older People's Partnership Group iv. Prevention Workstream Board v. Early Intervention Workstream Board vi. Ongoing Personalised Support Workstream Board vii. Agree ToR viii. Establish boards	Birmingham Older People's Partnership Group (Graeme Betts and Karen Helliwell – co-chairs)	End of June 2018 for all actions except ii) End of July18
1.2	The relationship between the STP Board and Health and Wellbeing Board needs to be reviewed and strengthened to ensure there is agreement and clarity around roles and responsibilities.	• Both HWBB and STPB have received the same reports. • Chairs of both groups are members of other group. • Revised TOR of HWBB.	• Reports presented to the HWBB about its role and the role of the STP can be found on the BCC website. • Paper to STP Board clarifying roles on 14th May. .	i. Mutually agree Terms of Reference for HWBB and STP Board. ii. Establish regular reporting from STP Board to HWBB iii. Review workplan of HWBB and Overview and Scrutiny in the context of Ageing Well Programme	Rachel O'Connor for STP Wayne Harrison for HWB	i. July 2018 Further deadlines TBC.
1.3	System leaders should develop and drive forward a shared strategic vision for the future with a shared use of language,	• HWBB & STPB approval • STP Refresh. • Older People's Strategy: Health and Social Care	• STP portfolios. • Bsol Ageing & Later Life Portfolio Board has met.	i. Development of BSoL Strategic Statement for Ageing Well and Later Life ii. Develop Birmingham Ageing Well Strategy – to incorporate the delivery framework and model.	BSol Ageing Well Portfolio Board: Paul Jennings/ Graeme Betts	i. August 2018 ii. April 2019

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
	ensuring it incorporates all parts of the pathway and is a collaborative approach.	Integration Framework, Place based model for Older People, revised JSNA.	• Social care reorganisation. • Birmingham Older Peoples Group Board has been established chaired by Graeme Betts. • NHS Birmingham and Solihull CCG has a Directorate which is dedicated to the Integration agenda. • End of Life programme board will be established by the end of May 2018.	iii. Produce a shared short, sharp strategic statement for staff across the system iv. System leaders to visit front line teams across health and social care to share details of the vision for the system in Birmingham going forward.	i. Louise Collett ii. Pip Mayo iii. June Marshall iv. Dawn Baxendale/ Paul Jennings/ Richard Kirby/ Dame Julie Moore	iii. August 2018 iv. Sept/Oct 2018

2. Prevention

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
2.1	A consistent approach to identifying high risk population groups and managing risks to people within the community should be developed across the city.	• Recognised as a gap across the system. • Risk stratification for frailty is already part of GP's General Medical Services contract • Public Health have mapped areas of premature death.	A Predicting Demand work-stream has been set up within the Council. Initially this is modelling the population level demand for residential care. This will be based around primary care medical services risk stratification for frailty. Healthwatch have commenced work on risk stratification.	Develop a multi-agency, system-wide approach to risk stratification: i. System wide session to be organised to include wider partners such as housing, fire, police, MH ii. Review national best practice iii. Agree scope, purpose and project plan – learning from best practice and current risk stratification tools iv. Implement project plan	Ageing Well Prevention Workstream Graeme Betts – SRO Operational Leads: Wayne Harrison/ Dennis Wilkes/ Mike Walsh/ Simon Doble Clinical lead - Will Taylor	i. Sept 18 ii. Sept 18 iii. Oct 18 iv. From Nov 18
2.2	There needs to be a shared understanding of the prevention agenda, ensuring this is based on a robust Joint Strategic Needs Assessment and up to date public health analysis, which reflects the diversity of Birmingham's population. Publication of an annual public health report is a statutory obligation and the system needs to ensure this is fulfilled.	• Placed based Public Health District Profiles produced and presented to Health & Wellbeing Board. • Proposed approach to refreshing and improving the JSNA approved by DLT. • Outline of Annual Public Report and timescale agreed.	• Public Health are working with the corporate web team to refresh the JSNA web site to improve accessibility. • The Health & Wellbeing Operations Group (14 May) were tasked to: ○ Identify individuals from the wider health & social care system to co-produce specific areas of the JSNA. ○ Identify key documents from the wider health & social care system that should be included in the JSNA website. • First draft of Annual Report for June 2018.	i. Website restructured. ii. Health & Wellbeing Operations Group to identify key individuals from the wider health & social care system to take joint editorial responsibility for specific sections of the JSNA to ensure relevant reports (such as the current work on predicting demand) are identified for inclusion and the content is kept up to date. iii. Annual Report completed and published to website.	Ageing Well Prevention Workstream Graeme Betts – SRO Operational Lead: Wayne Harrison – Public Health	i. June 18 ii. August 18 iii. August 18

3. Early Intervention

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
3.1	There needs to be a review of the eligibility criteria and assessment process for the Enhanced Assessment Beds to ensure they are being used appropriately to meet people's needs.	Agreed part of programme of Early Intervention workstream.	• Effective use of short-term enablement is a key priority within the Early Intervention workstream and the Ageing Well programme. Will need to address mental as well as physical health. • Diagnostic identified need for this work to redefine what intermediate care bed and home based services are required going forward. Recognised current over reliance on bed based provision that in the case of EAB are not delivering good outcomes for patients.	i. Business case to BCC Cabinet for external support for the Early Intervention workstream and planning for locality based enablement pilot. ii. Locality pilot to commence iii. City wide projects to be identified.	Ageing Well Early Intervention Workstream Andrew McKirgan - SRO Operational Leads: Mark Lobban/Judith Davis	i. June 2018 ii. Sept 2018 iii. October 2018
3.2	System leaders need to continue to address current performance issues and work together to implement the recommendations made following the jointly commissioned Recovery, Rehabilitation and Reablement review.	• Governance established around Older People's Strategy linked STP Board. Progress also to feed into A&E Delivery Board (Urgent & Emergency Care Plan including the 8 High Impact changes). • Consideration of RRR recommendations against new model early intervention with reworked delivery options. • Approach agreed and procurement process for ongoing support initiated. • Agreed principles of single team, person centred, no-wrong door, own bed is best.	• Action Plan produced • Diagnostic of the system is robust and used as evidence to inform future thinking. • Ageing Well governance in place with overarching strategic board joint chairs: Paul Jennings, Chief Executive, BSol and Prof. Graeme Betts, Interim Corporate Director of Adult Social Care and Health. • This forms the basis of the Early Intervention workstream within the Ageing Well programme	i. Business case to BCC Cabinet for external support for the Early Intervention Workstream ii. Establish Early Intervention Workstream Board iii. Delivery of place-based pilot to design an integrated pathway for intermediate services with a one-team approach. To include the following components: a. MDT with 7 day working b. Quick response in a crisis c. Home and bed-based enablement – with a focus on getting people home	Ageing Well Early Intervention Workstream Andrew McKirgan (SRO) Operational Leads: Mark Lobban/Judith Davis	i. June 2018 ii. June 2018 iii. Sept 2018 – March 2019

4. Ongoing Personalised Support

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
4.1	The personalisation agenda should be developed with more people supported to access personal budgets and direct payments.	• Local Authority Direct Payments narrowly missed end of year target of 25% of eligible clients • LA set Direct payment target of 30% of eligible clients by 31/3/19	• Personalisation is linked to market shaping, individual budgets and direct payments. • Work commencing on fast-track CHC personal budgets for end of life. • Implementation of 3 conversations social work model is a driver of personalisation • Work is underway between BSMHT, BCHC and BCC to develop locality arrangements	i. The system needs to develop a robust and shared vision of personalisation to underpin transformation (wider than personal budgets/direct payments) as part of Ageing Well Strategy formulation. ii. Undertake analysis of reasons why citizens have declined the offer of direct payments iii. Develop personalisation offer for Health and Social Care in the context of locality working.	Ageing Well Ongoing Personalised Support Workstream Richard Kirby - SRO Operational leads: i. Pip Mayo ii. Pauline Mugridge iii. Richard Kirby	i. End August 2018 ii. End July 2018 iii. End Dec 2018
4.2	The local authority needs to ensure it continues to fulfil its statutory obligation under the Care Act 2014 and provide assurance there is capacity of good quality services within the social care market.	• New care sector framework established on 1/5/18 – focus on quality not price.	• Joint care home working group established and chaired by Director of Commissioning. • Commissioning Strategy in place. • New contracts went live on 30th April 208 for supported living, residential and nursing providers including new quality arrangements.	i. Mobilise new contracts including commencing annual monitoring visits and using quality to prioritise providers used by BCC. ii. Commence decommissioning of inadequate providers and ensure support provided to effected service users. DMT due to discuss/agree proposals June 2018. iii. Retender for home support providers.	Ageing Well Ongoing Personalised Support Workstream Richard Kirby - SRO Operational Lead - Alison Malik	i. End July 2018 ii. Commence with service user dialogue September 2018. iii. Launch tender July 2018.

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
4.3	There needs to be more proactive scrutiny and contract monitoring to prevent further performance issues, such as those identified in relation to continuing healthcare.	• Restructure of CCG post merger – contracting function has increased capacity. · • Work ongoing system-wide through cross-system group to make operational improvements, and address issues as they arise. • Additional support commissioned to provide fast track brokerage to enable faster discharge. • Improved contract management and daily tracking calls implemented with CSU. • Above actions have resulted in 50% reduction in DTOC days to support the system trajectory. • BSol has terminated current CHC contract and established weekly mobilisation meeting with new & old provider. On target for new service to be in place 01.06.18.	• CCG has put in place a programme board to strengthen governance across the whole of CHC (adults, children, learning disability, functional mental health, and personal health budgets) and manage CHC changes and developments more strategically to ensure they are joined-up and coordinated. • BSol is currently reviewing Continuing Health Care (CHC) in light of the newly published framework and in accordance with its statutory obligation.	i. All system workshop on 25 May to agree a refreshed and improved CHC pathway and processes· ii. CCG in contractual discussions for both short and mid-term fixes and to consider longer term commissioning solutions. iii. CCG Project to commence early July to scope an End to End service for CHC.	Ageing Well Ongoing Personalised Support Workstream Richard Kirby - SRO Operational lead: Carmel O'Brien	i. Process mapping event complete ii. New CSU provider to take over contract on 1st June iii. End April 2019

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
4.4	The system needs to consider how the current online micro-tendering procurement system for social care support impacts on peoples' choice, dignity and person-centred care.	New framework in place from 1st May 2018.	• Commissioning strategy will address this. • New IT solution procured and working on implementation including improved 'matching' of service users to providers and mechanisms to provider choice. • Health partners have been fully briefed on the changes and identified areas of opportunity.	i. Continue development of new IT solution for implementation 1 Oct 2018.	Ageing Well Ongoing Personalised Support Workstream Richard Kirby - SRO Operational Lead: Alison Malik	October 2018

5. Locality working

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
5.1	The health and social care landscape needs to be rationalised with clear points of access. However, the system needs to ensure there is a comprehensive evaluation of current services and ways of working throughout the city before wholescale changes are made which could demotivate staff and destabilise good practice.	• Rationalised points of access form part of new place based model. • Current services mapped to new vision. Decision to be made about required new evaluation based on what already undertaken i.e. BCHCFT already has considerable levels of evaluation of its services. • Commissioning Strategy launch. • Birmingham.connecttosupport.org launched. • Locality model launched for adult social care. "Innovation Sites" launched to trail blaze new model of social work. • 1st April 2018 NHS BsoL CCG became a newly formed organisation after the merger of three CCG's. • Locality structures established and all Clinical Leads (GP) appointed. • Safeguarding Adults Board: Developed Partnership Board: 160+ orgs collectively working – shared experience + vision + making a difference.	• Theme in the strategy for health and social care. • Map services to the vision. • Bsol has a clear trajectory to improve GP access by October 2018. • Existing Place-based group to form nucleus of Prevention workstream delivery	Design and implement models of locality working across the life-course: i. Identify a small number of neighbourhoods/ localities to act as accelerator exemplars ii. Agree locality governance model across the life-course including establishing the appropriate geographical level for different offers; iii. Establish neighbourhood/locality exemplar shadow boards iv. Map and evaluate the offer to citizens within exemplar areas v. Exemplars develop proposals for locality working in their area vi. Exemplars undertake comprehensive needs analysis across the life course to establish local priorities vii. Mobilize locality exemplars.	Ageing Well Prevention Workstream Graeme Betts – SRO	i. July 2018 ii. September 2018 iii. October 2018 iv. December 2018 v. April 2019 vi. April 2019 vii.2019/20

6 a) Enablers – Communications and Engagement

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
6.1	Public engagement in shaping the future of the health and social care system in Birmingham needs to be strengthened with a systematic and joined up approach to involving people to ensure that Birmingham's diverse communities are engaged in the planning and delivery of services.	Co-production is a jointly agreed principle for how we will take forward implementation of joint health and social care framework for older people.	• Birmingham Older People's Partnership Group have agreed framework • Ageing Well strategy workshop 24th May will inform future approach to co-production • The CCG is currently reviewing its communications and engagement strategy. This includes improved links with engagement, patient experience and complaints data, to better identify themes and effectively act on patient feedback to improve services. • BSoL STP is being re-branded as the Live Healthy, Live Happy Partnership (LHLHP). • The LHLHP has established a comms group comprised of comms leads from all partner organisations. • The comms group is engaged in agreeing consistent key messages for external and internal audiences on the refreshed STP plan, of which the CQC System Review and the Older People's Framework fits under priority 3, Ageing and Later Life. • The group will also agree campaigns on an ongoing basis that reflect the collegiate identity of the LHLHP.	i. Further development of Comms and Engagement Framework linked to STP to underpin all STP programmes ii. Re-commissioning of Healthwatch – review scope of contract and opportunity to embed system-wide feedback iii. Co-production of the Ageing Well Strategy for Birmingham iv. Establish Birmingham Ageing Well Communications and Engagement workstream v. Develop Birmingham Ageing Well Communications Strategy & Action Plan	Live Healthy, Live Happy STP Comms workstream - Fiona Alexander (SRO) i. Fiona Alexander ii. Pip Mayo iii. Pip Mayo iv. June Marshall v. June Marshall	i. End August 2018 ii. Approach to be agreed by July 2018 iii. April 2019 iv. End July 2018 v. End July 2018

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
6.2	Strategic planning should be co-produced with all stakeholders, including independent care providers and voluntary sector organisations, to ensure the diversity of Birmingham's population is reflected.	• Governance framework agreed and delivery groups established for Older Person's Strategy. • Basis of place based infrastructure and discussions.	• Birmingham Older People's Partnership Group have agreed framework. • Reference groups for voluntary sector and independent sector form part of framework. • Ageing Well Strategy event on 24th May. • A stakeholder mapping exercise is in progress for the refreshed STP plan and the public engagement events around this provide an opportunity to assess current engagement channels.	i. Audit of current engagement activity ii. Map Ageing Well Stakeholders and agree engagement methods iii. Establish independent sector and voluntary sector reference arrangements.	Ageing Well Communications and Engagement Workstream – June Marshall	i. End July 2018 ii. End July 2018 iii. End Sept 2018

6 b) Enablers – IT

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
6.3	Improving the capacity for information sharing across the health and social care interface should be prioritised, as this is currently a key barrier to integrated working.	• Bid submitted for £7.5m for Local Health and Care Record Exemplar (LHCRE). • Agreement to progress through West Midlands Combined Authority.	• STP digital roadmap. • Clinical leads through CCG and UHB Medical Director. • Awaiting outcome of LHCRE bid • STPs likely to continue LHCRE work if bid is unsuccessful, but at a slower pace.	i. Create an STP information sharing protocol ii. Review all STP Enabler action plans iii. Progress work on single health and care record (Phase 1 under way and will be delivering all GP records from the region into acute and urgent care settings by Sep 2018. Phase 2 requirements being quantified in line provisionally with the Dec 2018 information sharing protocol). iv. Design and implement a system-wide single patient consent model for sharing data (pending agreement from the STP/region for a patient based consent model, and clarification of national policy with regards to consent and national infrastructure) v. Enable citizens to have access to their own data to support self-management and to remain well.	STP Digital Roadmap Board Operational Lead: Ciaron Hoye	i. Dec 2018 ii. Dec 2018 iii. June 2020 iv. Dec 2019 v. Dec 2019

6 c) Enablers – Workforce

Ref	CQC Area for Improvement	What has changed since January?	What plans are in place?	What action now needs to be taken?	Who is leading?	Deadline
6.4	Organisational development work needs to be undertaken to break down organisational barriers, strengthen relationships, improve communication and ensure there is a shared understanding among staff of their role in achieving the strategic vision at an operational level.	• Rationalisation of organisations – merger of UHB and HEFT and also CCGs. • Comms and Engagement framework linked to Older People's Strategy agreed.	• CCG redesign of posts to support partnership working. • BCC and CCG Commissioning reorganisation in localities. • Social care reorganisation into localities. • New appointments: Paul Jennings, Richard Kirby and Dawn Baxendale. • NHS Birmingham and Solihull CCG with NHS Sandwell and West Birmingham CCG have established a joint committee for West Birmingham to take forward strategic issues related to older adults.	Develop a shared OD programme across the system to develop a collaborative culture and set of values and behaviours with a common purpose. To include: i. Building and sharing stories and success. ii. Single team approach.	BSol Ageing Well Portfolio Board: Paul Jennings/ Graeme Betts	Approach to be agreed by September 2018 Implementation from September 2018 through until November 2019
6.5	System leaders should develop a coherent workforce strategy for Birmingham.	5 year strategy has been developed but not well communicated or embedded.	• Strategy development. • Presentation to LWAB June 2018. • Agree leadership responsibility for this enabler.	i. Translate 5 year strategy into year by year action plans – produce Year 1 plan for city-level workforce requirements ii. Undertake comprehensive workforce analysis of current/future needs in context of locality working iii. Develop Birmingham workforce/careforce strategy in context of locality working	STP Local Workforce Action Board John Short (SRO)	i) Sept 2018 ii) & iii) TBC