

	<u>Agenda Item:</u> 15 (c)
Report to:	Birmingham Health & Wellbeing Board
Date:	27th November 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
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1. Purpose
To provide an update to the Health and Wellbeing Board on the Early Intervention Workstream within the Birmingham Older People's Programme.

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
<p>The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the progress of the Early Intervention Workstream 2. Agree to a further report being presented in January to update the Health and Wellbeing Board on progress during the Prototype

4. Background

- 4.1 Birmingham City Council (BCC) and partner NHS organisations 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.
- 4.2 We have engaged a specialist organisation, Newton Europe, who have expertise in delivering large scale change, who will be working collaboratively with our front line staff across all parts of our health and care system to make those improvements happen – at pace.
- 4.3 The vision, which has been signed off by leaders across the system, sets out the high level elements that the workstream will be aiming for and the principles which sit alongside this. Ensuring this vision is clearly understood across the system will help staff to work towards clear goals and will enable the best outcomes for citizens to be achieved. Work is ongoing around communications to ensure staff across the system are aware of the programme and are able to get involved. This will be essential as new ways of working will be co-designed with staff; staff and their representatives will be appropriately engaged in this initiative as those on the front line are best placed to provide solutions.
- 4.4 To date, the focus has been on setting up the programme, with a key milestone upcoming on 26th November of the start of the prototype phase. A Prototype will allow practitioners to design and test new ways of working between November 2018 and March 2019; and this new way of working will be rolled out across the City by September 2019 and embedded by November 2019.
- 4.5 We want to work collaboratively across our organisations. We have sought expressions of interest from colleagues across the system who wanted to become Improvement Managers in this process driving exciting change across the whole health and social care system for the benefit of older people. We were impressed by the level of interest and the passion and skills of the 74 individuals who applied and we have been successful in appointing 8 individuals to start the training programme from the 12th November. These individuals come from each of the provider organisations in health and social care and include physical and mental health therapists, social workers and managers with different backgrounds.
- 4.6 We want to ensure that those who are passionate about improving care for older people in a time of crisis have the opportunity to be involved. We have already made the commitment to those individuals who expressed an interest in the Improvement Managers post but were not offered the role that they will be invited to take part in the prototype process where they are already working with older people. Others who work in this area will also be invited to take part.
- 4.7 In addition to the focus on resourcing, we have just completed the process of refreshing the baseline of independent evidence developed last Autumn and

will use this to identify what should contribute to the planning to improve services and make the link to the longer term transformational improvements.

- 4.8 We are identifying the best approach to allow staff and citizens to contribute to the design of the new model of care and test it as a prototype. We will be establishing prototype teams to develop the model which will be tested in one part of the city. This will be in the South – Edgbaston and Northfield, testing changes at the front door of hospitals at the Queen Elizabeth Hospital; but this does not mean that other areas will not be included in the design and oversight of the prototype. In fact, making sure the prototype involves colleagues from across the city is essential, as once it is tried, tested, and reviewed we will roll-out the prototype into other areas across the city.
- 4.9 The Early Intervention programme is linking closely with the planning that is undertaken every year to prepare for and manage Winter through the Urgent Care Operational Group (UCOG) meeting.
- 4.10 Finally, the Early Intervention programme is working closely with the newly established Finance and Performance Delivery Group to ensure that the operational and financial implications of the workstream can be measured and reported on.
- 4.11 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 reduce duplication of services providing the opportunity to make significant efficiencies and maximise resources.

5.	Compliance Issues
5.1	<i>Strategy Implications</i>
	The Early Intervention Workstream is a key strategic development for health and social care
5.2	<i>Governance & Delivery</i>
	Regular progress reports to the Health and Wellbeing Board. Currently the programme is on track to complete the setup and transition into the prototype phase.
5.3	<i>Management Responsibility</i>
	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

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