

	<u>Agenda Item: 15</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	30th July 2019
TITLE:	UPDATE ON BIRMINGHAM OLDER PEOPLE'S PARTNERSHIP PROGRAMME – EARLY INTERVENTION
Organisation	Birmingham Older People's Partnership
Presenting Officer	Andrew McKirgan

Report Type:	For HWBB Oversight
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1. Purpose:
1.1 The purpose of this paper is to update the Health and Wellbeing Board on the progress made within the Birmingham Older People's Partnership Programme.
1.2 For this quarter, the report concentrates on the Early Intervention work-stream as the testing phase draws to a conclusion and planning for roll out has begun.
1.3 Reporting to HWBB provides an opportunity for board members to provide challenge to the programme in terms of progress, impact and sustainability.

2. Implications:		
BHWB Strategy Priorities	Health Inequalities	✓
	Childhood Obesity	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		✓
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		

Early Intervention	✓
Prevention	✓
Homelessness	

3. Recommendations

- 3.1 The HWBB is requested to review the content of this report and the attached **Appendix 1** and to provide challenge as appropriate.

4. Background

- 4.1 The HWBB has received reports on this programme previously which have outlined the partnership aims and objectives and the approach within each work-stream of the Birmingham Older People Programme. The HWBB has endorsed these plans and requested regular updates with further clarity sought about the engagement of citizens within the programme.
- 4.2 For this quarter a deep dive into the Early Intervention Programme is presented. This is attached as **Appendix 1** and summarised below.
- 4.3 The Early Intervention Programme is fundamentally a redesign of health and social care intermediate care services within the City to deliver a single integrated model. The programme is based on a previous diagnostic that identified significant opportunities to improve outcomes for citizens requiring this support and to deliver financial efficiency for the system.
- 4.4 The work stream is now in the phase of signing-off testing and developing plans for phased implementation. The development of components definitions, testing of components and how the components work together in localities has and is taking place. The sign-off of testing includes the scrutiny of metrics linked to system operational and financial performance via the Finance and Performance Delivery Group as well as redesigning operational systems and approaches with front line staff. Each of the five different components tested will have a 'manual' and sustainability matrices signed off via agreed governance routes.
- 4.5 The progress made in each test site is outlined in the deep dive document and have confirmed the opportunities identified in the diagnostic to both improve outcomes and deliver system efficiency.
- 4.6 The process of testing and subsequent discussions on planning for roll out have thrown up a number of sizeable challenges for the work stream and system partners. The most significant of these is in establishing the new

community team which requires resourcing by multiple system partners. The work required is complex, requiring long lead times and interdependent activities in order to secure the workforce including working with third parties.

4.7 In light of these requirements the current governance arrangements are being reviewed.

4.8 work-stream is pleased to note that Healthwatch have been engaged to support citizen and patient engagement working directly with individuals and their families receiving the component services and as a whole.

5. Discussion

5.1 The outputs of the testing phases have confirmed the opportunities in terms of both improved outcomes and financial efficiency for the system. However, they have also begun to identify the significant challenges for organisations that have to be overcome to deliver these opportunities. The approach to sharing of benefits and joint acceptance of risks is being worked through and these challenges for organisations within current individual governance requirements should not be underestimated.

5.2 The HWBB is asked to consider the support it can offer to organisations to enable these challenges to be overcome.

6. Future development

Testing of the new model has so far been confined to citizens from Edgbaston constituency who have accessed services at Queen Elizabeth Hospital. The next stages of the programme will see the implementation of the model on a phased basis across the city. This is scheduled to commence with an extension to include citizens from Northfield constituency. Throughout this process, learning will be applied to iterate the model as it is implemented in new locations and with new staff teams.

7. Compliance Issues

7.1 Strategy Implications

The report details progress against implementing the vision of the Birmingham Older People Programme.

7.2 Homelessness Implications

Early intervention has highlighted current issues with the ability of the system to respond appropriately to some older people who experience housing issues, including homelessness. Typically, this is people who are medically ready to leave acute or sub-acute care but who are unable to return home for a variety of reasons. The programme has instigated work to develop better pathways for this cohort.

7.3 Governance & Delivery

The Birmingham Older People Programme is governed through a multi-agency board comprising the health and social care partners who have committed to work together with the signing of a Memorandum of Understanding. The BOPP Board is accountable to both the Health and Well-being Board and the respective boards for Birmingham and Solihull and Sandwell and West Birmingham Sustainability Transformation Plans (STP).

7.4 Management Responsibility

Graeme Betts, Director for Adult Social Care, is the Senior Responsible Officer for the Birmingham Older People's Programme.

7.5 Diversity & Inclusion

The focus of the programme is older people within Birmingham. However, it is recognised that there is not a fixed age limit. Adults can experience frailty at any age and the new model will be responsive to condition rather than specific age.

Appendices

1. 'Making Birmingham a Great Place to Grow Old In' – Early Intervention Programme