Birmingham Older People's Programme, Birmingham Better Care Fund and CQC Local System Review Action Plan

Progress update to Health and Wellbeing Board

30th April 2019

1. Purpose

To provide the Health and Wellbeing board with a progress update on the work of the Birmingham Older People's Programme, the Birmingham Better Care Fund and the CQC Local System Review Action Plan, all of which are interlinked and contribute to the transformation of services for Older People.

2. Progress update

The Older People's Programme is working towards an integrated model of health and social care being delivered at a local level through 3 interrelated workstreams which cover the whole range of support provided for older people. The themes, and the latest progress against each, are detailed below:

2.1 Prevention

The Prevention workstream is working towards a universal wellbeing offer which enables people to manage their own health and wellbeing, based in local communities. Information and advice are key, as well as addressing the issues that lead to older people entering into formal health and care systems.

2.1.1 Neighbourhood Network Schemes

Neighbourhood Network Schemes (NNS) are locality and constituency based networks which enable engagement with, and investment in, local communities and are currently operating in 6 constituencies, with the remaining 4 in development.

Innovation Funding is helping to test and trial new activity to support the NNS and social prescribing, with 3 projects being supported to date, including Binding Pages which provides arts and cultural activities for older people and people with care and/or health needs. Positive feedback has been received from across sectors about the model and the approach being taken via NNS and the potential to generate value for a variety of people. A directory of assets is being compiled to understand the strengths and gaps across the city's community asset base, as well as key issues which have been identified by community groups and organisations, social workers and citizens which need investing in at a local and citywide level.

A progress report on the initial six months of activity allowed citizens to identify the services they thought were currently missing: the key areas identified were transport to access community assets; information, advice and guidance around income maximisation and for those whose first language is not English; accessible support and activities for people with limited mobility and physical care needs; and specific activities for men. Having identified areas of priority for citizens, the report will advise the schemes going forward.

2.1.2 Social Prescribing

BCF is being utilised to fund a Social Prescribing model being delivered by Health Exchange and Our Health Partnership GP practices. Patient Activation Measures are being used as a means to demonstrate impact and guide clinical conversations. In collaboration with West Midlands Combined Authority, a clinical trial of the Thrive into Work programme is being supported to demonstrate the value of employment specialist activity to support patients with long term conditions and/or mental health needs back into work. Training has commenced to support Social Prescribing across Birmingham and Solihull.

2.1.3 Intergenerational activities

This project aims to bring young and older people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and which contribute to building more cohesive communities.

Utilising a toolkit developed within Solihull, events have been held which to bring together schools and care homes, with three projects proceeding to date. Positive outcomes have been reported with young people gaining confidence from the interaction, and older people becoming more engaged in activities than they were previously. A newsletter is being written detailing the benefits of the project and to encourage more schools and care homes to get involved and a blog is also being developed.

2.1.4 Risk Identification – Supporting Adults Panels

The Supporting Adults Panels (SAPs) take place on a monthly basis and were originally run by Community Safety but have potential to be expanded into wider stakeholder groups which could link with the Neighbourhood Networks. The SAPs are now being strengthened with clinical input and scoping work is being undertaken to determine if they can be facilitated by the Social Work service in the future.

2.1.5 Carers

A system-wide Carers' Board has been established and the first joint Carers' Strategy has been drafted with pooled funding for three years to deliver a single approach to supporting carers across the life-course. During the first quarter of 2019 service specifications were jointly developed between BCC, Children's Trust and BSoL CCG. This ensured that commissioned carer services were joined up with a clear pathway for service users.

The new service model has three main components (and three lots for tender); Birmingham Carers' HUB, Young Carers services and Mental Health Services. The successful providers will be expected to work together to ensure smooth transitions between services when required.

Within Birmingham Carers' HUB will be specialist dementia services and a health liaison project linking into hospitals and GP surgeries. Current contracts and grant funding arrangements with community sector providers for support to carers have been extended up to 31st March 2020. The appointed provider will carry out appropriate levels of market engagement on proposed new models of delivery and decide alongside commissioners what they should look like in the future.

The tenders are currently being evaluated with the intention that contracts are up and running by 1st July 2019 ending on 31st March 2022.

2.2 Early Intervention

This workstream addresses the critical interface between health and social care in terms of acute hospital admissions, flow through hospitals and maximising independence back into the community. This area is the primary focus for the BOPP in terms of investment of BCF being prioritised for improvement work. Newton Europe has been engaged to support the system to transform delivery and outcomes for older people.

2.2.1 Locality testing

Having completed component testing, whereby each aspect – or component - of the model was tested to ensure it delivers the expected outcome, locality testing has now commenced. Locality testing will ensure that the components work in combination as expected and demonstrate how best to roll them out more widely. This will allow all of the smaller tests which have taken place to be put together, and the combined impact of the changes understood and improved until they are ready to be rolled out across Birmingham.

There are five locations in the south of the city currently testing new ways of delivering Early Intervention services. Staff in these locations are working collaboratively for the first time across organisational boundaries. With a system-wide perspective, they are looking at how older people are supported to make a quick recovery and what can be done to make sure a 'home first' ethos is adopted at each site. Each location has a lead member of staff who is responsible for driving this work. The leads, who meet fortnightly to share learnings and ideas, have various health and social care roles and include occupational therapists, nurses, social workers and consultants.

2.2.2 Care continuity

A group of health and social care professionals alongside colleagues from IT have started to look at how older people can have one clear and consistent plan when they need EI services. One of the workstream's challenges is how multiple organisations can have sight of a single care plan and how this can be made accessible to the older person. They will also be looking at how to ensure seamless and timely handovers between different locations.

2.2.3 Improvement managers

Eight dedicated 'Improvement Managers' have been recruited from our organisations to work with the Newton Europe team and our staff to support this programme. One of their initial tasks was to undertake a review of flow through non-acute beds – as a result reviews of the timing of social work intervention, delays around therapy intervention and the review of patients by community based teams to facilitate discharge, will all be incorporated into future testing.

2.2.4 Rollout

Locality testing continues until rollout, which is due to commence in June 2019 and continue until December. In preparation, the focus will widen to incorporate enabling aspects and engagement with key individuals to agree ways forward with regards to workforce, estates and IT.

2.3 Ongoing Personalised Support

The purpose of this workstream is to deliver a better experience and outcomes for people with long-term care and support needs.

2.3.1 Neighbourhood working

As the main focus for this workstream, the development of neighbourhood teams of health and social care professionals will provide seamless, wrap-around care for older people with long-term care needs via multi-disciplinary teams which bring together health and social care support.

Significant preparation work has been carried out in terms of defining the neighbourhoods that the multi-disciplinary teams will serve and developing the care model which will become a standard offer across all neighbourhoods. This work dovetails with the NHS Long Term Plan requirement for all GP practices to form Primary Care Networks, whereby a wider range of services are provided to service users on a local basis. As the timescale for the development of PCNs is June 2019, the development of neighbourhood teams will follow on once these are in place.

2.3.2 Enhanced support to Care Homes

By providing more support to Care Homes there are opportunities to reduce the amount of non-elective admissions into emergency care and allow more people to die within their own homes. This project is looking to have a standard offer of support to Care Homes and, following a stakeholder workshop held in February, which included both Care Home and service user representatives, is creating a new model of support which will first be piloted before roll-out. It is recognised that communications and workforce training are key, as well as building trust between stakeholders. The project is utilising learning from transformative work in Walsall. Support to Care Homes is one of the requirements of the new Primary Care Networks, previously mentioned.

2.3.3 Long term conditions: Respiratory and Diabetes

Services for those with respiratory conditions and diabetes are being redesigned to address inequality in existing patterns of provision and access to services across Birmingham and Solihull by implementing an integrated and consistent model. Cases for change for both services have now been signed off by the CCG. Delivery of services will be via the Primary Care Networks.

2.3.4 Assistive Technology

The ambition is to develop an integrated offer for citizens with ongoing care and support needs that is personalised and maximises independence. An Assistive Technology Strategy for BCC has been approved. The next step is to build a case for change for the large-scale implementation of digital and sensory technology within people's homes to help meet independence and choice outcomes. It is important that this work is across the health and social care system to ensure that an integrated approach is delivered.

2.3.5 Dementia

BCF funding is being utilised to provide a Dementia Navigator Service and Dementia Cafes, both of which provide timely information, advice and support to individuals and their families, friends or carers throughout their journey with dementia. The Dementia Strategy for Birmingham is currently being refreshed.

3 Citizen Engagement and Communications

3.1 Initial engagement

The basis of the Older People's programme was the initial work conducted with BCC 'experts by experience' which developed the 'I/We' statements below:

- We want to stay at home for as long as possible
- We want help to understand our illnesses and how to manage them,
- We don't need experts all the time
- We worry about having to go into hospital and about when we can't look after ourselves anymore
- We worry about our carers
- GP surgeries are important points for us but we don't always need to see a doctor
- We need people who can help and advise us, not put barriers in our way to stop us getting what we need.
- We want to be understood.

3.2 Programme-wide communications

It had been anticipated that support would be available on communications and engagement via the STP, however, this resource has not been available. At recent meetings of workstream leads and BOPPB, having a dedicated resource to coordinate communications across the whole of the BOPP programme has been identified as crucial to successfully embed new services and ensure consistent messages. BOPPB is currently considering how best to action this. In terms of citizen engagement we are working with Healthwatch at a programme level to map existing arrangements, identify good practice and gaps and develop a comprehensive plan for engagement.

3.3 Early Intervention

3.3.1 The initial diagnostic work that led to the Early Intervention project included c300 multi- disciplinary case reviews and analysis of large amounts of data. A number of anonymous representative case studies were identified for use in communications. The measures identified alongside the published case studies provided graphic evidence of the experience of individuals within the intermediate care

system. These findings were supported by the CQC system review and Healthwatch recognise them as relevant data. Citizen Representatives will be working throughout the programme to ensure service user experience is improved through co-production.

3.3.2 A workshop at a BCC citizens forum in February 2019 focused on the desired experience for people using EI services; their families identified the following key elements for people:

- They want to tell their story as few times as possible
- Consistency of staff is important
- Trust and honesty – they want to fell listened to and treated as an equal
- Establishing a common language, not using jargon is important.

These statements have been used to develop a series of statements to be used within the test sites to bring the experience perspective:

- I know what's going to happen next with my care
- I have to keep repeating information about myself to different health professionals
- I feel listened to and feel I have a say in my care.

Healthwatch have advised that the best way to apply these statements would be part of a structured conversation and are supporting the application of these conversations in test sites with their volunteers to ensure direct feedback from those citizens using the services. Healthwatch are working with the workstream to deliver engagement at the five test sites and to develop a plan for meaningful engagement as the workstream moves to roll-out. Understanding experience across the whole intermediate care system has been identified as a key output.

3.3.3 A briefing pack has been produced for stakeholders and regular newsletters are issued to staff to detail the changes and keep them abreast of the development of services and the relevant timelines.

3.4 Prevention

3.4.1 Neighbourhood Network Schemes

During the process of developing the schemes, citizens have been involved in the procurement process as panel members and will continue to do so. Citizens are part of the decision making process of those organisations and groups that are awarded funding from IAG Service, Prevention First: Investing in Communities" programme. Citizens will also play a key role in phase two of the scheme, by being part of the steering groups for each of the constituencies. Communications to these groups are supported by the NNS online blog and asset register.

3.4.2 Social Prescribing

The social prescribing pilot being delivered through the GP providers Health Exchange and Our Health Partnership hold pop up clinics in the community to determine what level of service citizens want at a neighbourhood level.

3.4.3 Intergenerational activities

Over sixty schools and care homes were invited to an event in January 2019, which launched a toolkit developed by Solihull MBC and to offered practical help, network opportunities and explore potential matches. A newsletter is being developed to demonstrate outcomes of current projects to encourage further care homes and schools to initiate intergenerational projects and encourage feedback on developing the network further.

3.5 Ongoing Personalised Support

3.5.1 Assistive Technology

The Assistive Technology Strategy has six key principles, including co-production to ensure that equipment and technology solutions will be identified and developed with citizens and their families and the carers' network. By including citizens in this way, they can better understand the need for change and what benefits can be achieved. At a recent workshop, citizens were consulted on how they currently use technology and how they felt about the increased use of technology. This will be followed up with another session to demonstrate equipment. An active citizen working group is developed and utilised to test current thinking on the use of technology and equipment in social care.

3.5.2 Long term conditions: Respiratory Services

In redesigning respiratory services, patient views on the service specification have been considered through engagement with the Respiratory Clinical Network (RCN) and wider stakeholders across Birmingham and Solihull (BSol) respiratory services. A comprehensive respiratory service review was carried out in 2013, which was re-tested in the January 2018 Optimal Design Workshop (ODW). The ODW had representation from all stakeholders including patients and carers, and informed the basis of the decision for this proposal.

3.5.3 Neighbourhood working

As work progresses on development of neighbourhood multi-disciplinary teams, place-based workshops will be held which will include local service users.

4 Key Programme Risks and Mitigation

Workstream	Risk	Mitigation
Prevention	Social Prescribing: Greater focus on prevention (NHS 10 year plan) may mean external pressures to fund services under the umbrella term of 'social prescribing'.	Ensure robust framework /position statement is developed to support future commissioning of social prescribing schemes
	Neighbourhood Network Schemes: Outcome of procurement process is that contracts have not been awarded to potential suppliers in several Constituencies, which will mean there is either a delay or lack of coverage entirely for NNS in those areas.	Alternative options being progressed for affected Constituencies.
Early Intervention	Community workforce for rollout: A temporary approach to identifying non-registered community workforce had been identified for prototype testing, however, for rollout a permanent solution will be required. If a workforce is not available, this will delay the project.	Service Development and Improvement Plan with BCHC planned in 19/20 contract. Weekly multi-organisational working group established to ensure support across the system. Two options to secure staff are being explored.
	Workforce culture changes: The unprecedented level of culture change required across clinical and professional practice and development of new cultures is not supported by all key managers and influential individuals resulting in failure to implement plans.	Initial scoping of issues emerging from prototype has identified the most significant issue is in the establishment of interdisciplinary working. Discussion with senior professional leads within organisations planned. Engagement surveys being established to understand some of the differences and training to be considered to address some differences.

Workstream	Risk	Mitigation
Ongoing Personalised Support	Neighbourhood multi-disciplinary teams: Stakeholder agreement on neighbourhood footprints.	Clearly planned locality workshops supported by comprehensive stakeholder support and activity analysis.
	Neighbourhood multi-disciplinary teams: Agreement on a consistent approach to neighbourhoods within West Birmingham that has alignment with wider Birmingham planning.	Further discussion is required with West Birmingham colleagues as to how the model will work in this area.

5 CQC Local System Review Action Plan

In January 2019 CQC undertook a monitoring exercise to gauge progress made against our Action Plan since the review of Birmingham's local health and care system a year before (as reported to HWB in February).

CQC's monitoring report notes the strengthened relationship between STP Board and HWB and that oversight of the health and social care system has become more robust. Though they point out that performance against key metrics remains challenging, they conclude that there is confidence that the Birmingham system will deliver its Action Plan in full with the drive and commitment of local leaders.

Delivery against actions will continue as part of the Birmingham Older People's Programme. There is no requirement from CQC for further reporting to them on the Local System Review.