Welcome to the bcda Annual Conference 2016

Wednesday 2nd March 2016
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:45am</td>
<td>Welcome, domestics and introduction</td>
</tr>
<tr>
<td>9:50am</td>
<td>Thought for the day (Lisa Welch &amp; Les Latchman)</td>
</tr>
<tr>
<td>10:00am</td>
<td>Alan Lotinga – Service Director, Health &amp; Wellbeing – Birmingham City Council</td>
</tr>
<tr>
<td>10:20am</td>
<td>Lorraine Thomas – Service Transformation Director</td>
</tr>
<tr>
<td></td>
<td>Birmingham Community Health Care Trust</td>
</tr>
<tr>
<td>10:35am</td>
<td>Lloyd Wedgbury – Group Manager, Assessment &amp; Support Planning – Birmingham City Council</td>
</tr>
<tr>
<td>10:50am</td>
<td>Panel Q&amp;A</td>
</tr>
<tr>
<td>11:05am</td>
<td>Lisa Welch, Direct Payment Employer</td>
</tr>
<tr>
<td></td>
<td>Learning and Development for the Social Care Workforce in Birmingham</td>
</tr>
</tbody>
</table>
Programme

11:15am  Comfort break and refreshments
11:35am  Neil Eastwood – Founder – Sticky People
12:10pm  Workshops (Delegates to choose workshop)
1:00pm   Lunch
1:45pm   Clenton Farquharson & Robert Punton
         Community Navigator Services CIC
2:05pm   Les Latchman, Chair, Birmingham Care Consortium
         & Melanie Hanson, Social Worker – B’ham City Council
2:25pm   Simon Fenton, Chief Executive, Birmingham Carers’ Hub
         Learning and Development for the Social Care Workforce in Birmingham
Programme

2:40pm  Panel Q&A

3.00pm  Jane Rumble, Inspection Manager, Adult Social Care, Care Quality Commission, Central Region

3.15pm  Patricia Merrick, Commissioning Centre of Excellence – Birmingham City Council

3.30pm  Panel

4.00pm  Thought for the day (Lisa Welch & Les Latchman)

4.15pm  Close

Learning and Development for the Social Care Workforce in Birmingham
Reminders

Learning and Development for the Social Care Workforce in Birmingham
Thought for the day
Lisa Welch & Les Latchman
Care Act 2014 – The Birmingham Experience

Alan Lotinga
Senior Responsible Officer
Birmingham Care Act Implementation Programme.
The workforce across the city needed to be sufficiently prepared

New and revised IT systems required

Process for managing additional assessments

Uncertainty about additional demand from carers

Public expectation was high (including previous challenges)

Policy and approach needed for self-funders

Potential impact on the local provider market

Identify funding to commission or maintain preventative services

Uncertainty over key national policy decisions

Fair funding in line with the new national eligibility threshold
Care Act developments in Birmingham during 2015/16

Enabling Activity

• New assessment and eligibility criteria now established.
• Processes for supporting those in custodial settings.
• Commissioning of Universal and Prevention Services.
• Making Safeguarding Personal rolled out.
• Carers Offer delivered in partnership with Midland Mencap
• New arrangements for those Transitioning to Adult Care

Social Work Practice

• Financial Advice model defined.
• Deferred payment arrangements further rolled out
• Evaluation into fees and charges – what is reasonable?
• Development of cost modelling tool
• Personal Budget system in place.
• Improved allocation of resources – link to Better Care Fund.

Funding for Care

• Customer Journey redefined to enable early signposting to community resources.
• Learning and Development Programme in place.
• Independent Advocacy arrangements in place.
• System Changes made – Deferred Payment module
• A clearer and joined up approach to communications.
The Council has reviewed the Customer Journey and developed IT as an enabler.

The largest Council in UK.

Limited time & resources.

Re-alignment of staff providing social care services.

Excellent progress in implementing appropriate tools.

Care Act.

Source – Social Care Institute for Excellence
November 2015
2016/17 the challenges one year on

2016 Onwards

Understanding the Care system - better information and advice.

Keeping people safe – Safeguarding Duties

Using collective resources efficiently (Integration)

Duty to Co-operate with Partners (including providers)

Managing the demand for support – seamless Customer Journey
BCHC contribution to the health economy

- IMTs
- Rapid response
- SPA/urgent care bureau
- Intermediate care
- Discharge hub
- Enhanced assessment
- Home IV therapy
- DVT screening

Better Care: Healthier Communities
Integrated Multidisciplinary Teams

- DNs, OTs, physios, case managers, HCAs
- 8am to 10 pm, 7 days
- 36 teams citywide, 4 Good Hope-facing
- separate evening service till 10pm.
- wound care, pressure ulcer mgmt, EOL care, long-term condition management, continence advice, health and wellbeing.

- Caseload for 4 GHH -facing IMTs – 1,220
- Av. 94 referrals/month from GHH to facilitate discharge.
- Citywide IMT referrals – 2,700 per month
Rapid Response and Home IV service

- short-term intervention to avoid hospital attendance.
- 8am to 10pm, seven days a week
- up to four care calls per day
- citywide, made up of 2 locality teams; 1 HoEFT-facing
- multidisciplinary - district nursing, OT, physio, mental health nursing, rehab assts, social workers
- advanced nurse practitioners
- exacerbation of long-term conditions
- support for acutely unwell patients not requiring acute admission eg. chest infection; UTI
- support for IMTs with end-of-life care
- DVT screening pathway
- IV antibiotic pathway

- Average monthly referrals citywide - 840, 302 of which GHH facing team (36.3%)
- Average 77 per month patients referred directly by GHH, 20% of which are ‘turned around’ at the front door
- Average of 13 patients a month discharged early from GHH with home IV service

Better Care: Healthier Communities
Single Point of Access/Urgent Care Bureau

- Citywide
- 24/7
- All calls handled by senior clinician
- Co-located with Regional Capacity Mgmt Team’s urgent care intelligence centre (UCIC) for Birmingham
- Provides GP bed bureau for unplanned medical and surgical attendances in all Birmingham acute hospitals
- Clinical triage of all calls, offering alternative pathways to avoid acute attendance/admission eg. CMAU; intermediate care, rapid response, clinical advice
- Capacity management of bed availability/RR demand to optimise patient flow.

- Average of 2,416 patients triaged per month
- 98.6% calls answered, 81.3% within 30 secs
- 49.5% managed outside acute setting
- Proportion of admissions avoided through UCB increased from 41.5% to 49.5% in past 3 yrs

Better Care: Healthier Communities
Inpatient services

Community Medical Assessment Unit (CMAU)
- Moseley Hall Hospital
- 10am to 10pm Mon-Fri
- seven-day service in development
- multidisciplinary team assessment led by consultant geriatrician

Enhanced assessment beds: Good Hope CU27
- 32 beds
- GP-led medical care
- step-down from Good Hope wards

Intermediate care
- Anne Marie Howes, Perry Trees – 32 beds each
- GP-led
- General rehab/stroke rehab at Perry Tree

• Average of 55 patients per month transferred from GHH to BCHC bedded services

Better Care: Healthier Communities
BCHC contribution to the health economy
OUR CUSTOMERS ARE AT THE HEART OF WHAT WE DO
Background and Context

- The person’s journey in and through the care & support system must be easy to understand and follow.

- The need for greater consistency and transparency across the City in the work we do and how we do it.

- The need for greater emphasis on promoting independence and enablement.

- Appropriate and proportionate assessment based on citizen need.

- Improved efficiencies and effectiveness.

- LA’s will need to establish which needs are eligible to be met by public care and support as all needs will not be met by the State.
Background and Context (cont…)

- The need for LA’s to consider other things that can contribute to desired outcomes such as enablement, universal services and other local services to help them to stay well longer

- The Offer: Fair deal in times of austerity

- The need to reduce the unit cost of assessment from £1200 to £900 in line with other high performing LA’s

- Care Act 2014 Places new duties and responsibilities on LA’s to: Work with local communities to support people to keep well and independent. Provide a range of services which are aimed at reducing needs and helping people to regain skill. (Separate briefings held)

- Greater emphasis on performance at all levels focussing on throughput, standards and outcomes achieved

- Greater consistency across the city for all customer groups
Making a Difference

- Our Customer Journey changes the focus from systems and processes to ‘people’

- From 1 April 2015 the Care Act became legally enforceable, rolling out legal duties on LAs for change across England

- Everyone has played their part in this change;
  - The user experience in improving
  - Positive workforce attitudes
  - Right person, right time approach
  - No duplication of effort
  - Citizens and staff working together
  - More efficient use of time and skills
  - Meet objectives of Care Act and Fair Deal
18 Month Journey

- New ways of working and operational model have been benchmarked against best practice both inside and outside Birmingham City Council.
- The Board have oversight and steer the Customer Journey Strategy.
- Partnership working with other departments (Legal, Business Development, HR, PSS, Enablement) …always striving to keep service users at the heart of what we do.
- Other initiatives include future alignment with Childrens Services and revised working arrangements with NHS Practices.
- Communication with staff has included:
  - Briefings
  - Consultations
  - Working Groups
  - Design Workshops
  - Intranet Updates
  - NEW – Know, Do, Say leadership cascades
Future Council

We need to save a further £250m by 2019/20

This is above our existing plans

We need to adapt to the changing needs of our citizens, partners, staff and the city
Chief Executive – key messages

- [Work is] happening because the challenge is no longer about simply shrinking the council; our role as councils has dramatically changed over the last five years.

- The crunch is now coming; in which doing everything but on a smaller scale will need to be replaced by doing things completely differently and, in a number of instances, not doing them at all.

- Our challenge now is to work more closely with partners, community groups and residents. We’re going to have to find together new ways of delivering services, developing new relationships and overcoming whatever barriers may have existed in the past.
How we will change

- We start with the outcomes we want to achieve
- Partnership is the way we achieve our goals
- The purpose of government is to empower others to achieve their goals
- Our vision of the Future Council is for services and functions to be redesigned constantly to ensure they adapt more effectively to changing needs and resources in the future – making it a “demand focused” organisation
Key theme – maximising the independence of adults

- A significant proportion of demand from older adults can be prevented or delayed by improving resilience and maximising independence.

- This will be done through targeted support across a redesigned health and social care system, pooling budgets with the NHS and enabling significant savings in acute services for reinvestment in prevention.
Our approach to spending reductions – managing demand to meet needs better

- We must accept that **all public services in the city will have to actively manage demand rather than passively responding to it.** This changes how we interact with people and how we plan and manage our services. We need to:
  - Have better intelligence and planning for needs
  - Actively plan to avoid unnecessary service pressures and focus on helping people to address their own needs
  - Provide better access and reduce multiple contacts, solving issues fully and effectively first time instead of only dealing with some of the problem
  - Take collective responsibility as a whole public service system, not passing the job to someone else and thinking the job is done.

- This requires an organisation that makes best use of information and analysis and manages performance more effectively.
Changing Workforce

- Our direct workforce will be substantially smaller reflecting that outcomes and services will be delivered through new models where staff are not necessarily employed directly by the Council.

- The core workforce will be working more flexibly with better technology support and different skills and capabilities.

- There are two main areas: those options not requiring contractual changes and those that do require a contractual change.

- These options are in addition to current workforce planning activity.
Customer journey – our success

- Positive feedback from citizen callers, no complaints on the additional information required and additional information requirements

- Positive feedback from citizens on timescales and quick referral to Enablement

- Constructive staff and citizen engagement with the design of products which are fit for purpose

- Proactive, productive, partnership working with SCS Home Care

- Strong partnership working with Health
Our success

The facts:

- Reduction in delayed discharges from Health from 95.8 in April 2015 to 41.3 in September 2015

- Reduction in backlog of full assessments for citizens with non-complex needs from 695 at 1/4/15 to 15 at 1/10/15

- Reduction in backlog of contact assessments at ACAP from 646 at 1/4/15 to 44 at 12/10/15

- Reduction in call abandonment rate at ACAP from 50% to 17%
Lessons learnt

Evaluation will happen for the first 12 months, here’s what we’ve found so far:

- Never enough ways to communicate
- Early involvement of the Unions and HR with a partnership approach and strategy is a positive
- Key individuals, their role, function and time spent designing and implementing change should be agreed before starting transformation
- Go-live impact on staffing and resource should be planned
- Regular, accurate reporting on performance and quality is essential to demonstrate success
Celebrating our success

Extract from Social Care Institute of Excellence (SCiE) external evaluation of the Care Act implementation and the customer journey transformation:

• BCC has undertaken a major change programme in order to ensure that their citizen’s lives are improved in alignment with the Care Act principles and duties. A lot of effort, work and human resources have been focused on improving lives for local people

• BCC has made excellent progress in implementing the appropriate tools to meet the Care Act duties and to embed its principles

• There is however more work to do, and BCC has already acknowledged this, hence why they have commissioned a review of some of the areas where the Care Act brings change
Continuous improvements:

- Clinics to assess citizens face-to-face
- Improvements to the complex customer journey
- Robust performance and quality evaluation
- IT systems to be implemented with training
- Channel shift to self-referral and for all professionals
- Improved signposting and information and advice
- Working with commissioning to ensure services in the community are in line with citizen needs
- Stakeholder engagement – internal and external
- Continue looking at best practice – core cities and research to inform continuous improvements
Any Questions?
Panel Q&A
Background

WHO AM I
HOW DO I DO IT
My Team

AGENCY PEOPLE
AND
PEOPLE I HAVE RECRUITED
DIRECTLY
Remember
My Life
Paperwork

A COMPUTER, LAPTOP OR IPAD
A DIARY
BANK ACCOUNT – INTERNET BANKING
SPREADSHEETS
Payroll

DO IT YOURSELF
COMPANY
SELF EMPLOYED
Training and Reviews

HANDS ON
ORGANISATIONS
ANNUAL REVIEWS
In Conclusion

Celebrate Your Life!
Comfort break & refreshments
How do we solve social care recruitment?

Finding and keeping great frontline care staff in Birmingham

Neil Eastwood
In 30 minutes...

1. Who is **best** to target?
2. Where **new** to look?
3. How to appeal **more**?
4. Avoiding an **early** divorce

©Sticky People Ltd 2015
Social Care Recruitment Trends
1980

Word of Mouth

©Sticky People Ltd 2015
1990

Local newspapers

©Sticky People Ltd 2015
2000

Internet Job Boards

©Sticky People Ltd 2015
2020

Social Media and
Word of Mouth

©Sticky People Ltd 2015
Smart-phone job browsing

Over 50% of Job Seekers now search on a mobile

©Sticky People Ltd 2015
Uh-Oh!

Percentage of under 25 year olds in Social Care

2006: 16%
2014: 12%

Source: UK National Care Forum Personnel Statistics 2006 - 2014
©Sticky People Ltd 2015
1. Who is best to target?
Two types of Care Job Seekers

Active Job Seeker

Passive Job Seeker

©Sticky People Ltd 2015
Targeting just Active Job Seekers?
In US polls 84% worship regularly
31% are currently caring for a loved one

Source: Multiple Sticky People client surveys
©Sticky People Ltd 2015
2. Where new to look?
Internet Job Boards... Hmm

©Sticky People Ltd 2015
Make the most of your Employee Referral Scheme

Average Staff Retention After 3 years

- Internet Job Board: 14%
- Employee Referral: 47%

Source: JobVite 2012
©Sticky People Ltd 2015
Cash in your client goodwill
Reactivating Good Leavers

HELLO
i’m back

©Sticky People Ltd 2015
3. How to appeal more?
This is the on-call phone, so call back another time, okay?

Sorry, we only take experienced support workers
Kim Kardashian was NEVER a SUPPORT WORKER!

ABC Care - Birmingham

Support work may not be Hollywood, but it is the most rewarding job you’ll ever do!

Seeing someone’s face light up when you walk in the room.

Knowing you are transforming the life of a vulnerable person in your local community…
$9 for help to Man with Disability

Get experience working with a disability. Cool, active guy who uses a wheelchair needs help with living activities, 6-8 hrs weekly.

Just 10 mins from campus (car required), routine easy to learn. Needed now. Call Skip today & lv message, 555-3721
Trigger words for over 55's

- Stay Active
- Meet others
- Do something meaningful
- Feel valued

©Sticky People Ltd 2015
Elements of an effective Rec Plan

Online  Printed  Referral  Partners

©Sticky People Ltd 2015
Online - testing, efficiency and screening
Print – targeted placement and messages

©Sticky People Ltd 2015
Referral — getting out into the community
Partners — who can help me?
4. Avoiding an early divorce

©Sticky People Ltd 2015
Do we really know what care workers want?
Company owners think:
1. Good Wages
2. Job Security
3. Development opportunities
4. Good conditions
5. Meaningful work

Care workers actually want:
1. Appreciation
2. Meaningful work
3. Caring Leadership
4. Flexibility
5. Development opportunities

©Sticky People Ltd 2015
Recruitment and Retention — the key to a better life
Neil Eastwood,
Founder - Sticky People Ltd
neil@stickypeople.co.uk
@StickyNeil
Workshops

1. Finding and Keeping Great Frontline Care Staff in Birmingham - Neil Eastwood, Sticky People
2. Diversity, Sexuality and Personal Relationships in Adult Social Care - Robin Gutteridge, University of Wolverhampton
3. Public Health - Charlene Mulhern, Birmingham City Council
4. Mental Capacity - Stephanie Lunn and Michelle Moore, Birmingham South and Central CCG
Lunch
Clenton Farquharson & Robert Punton

Community Navigator Services CIC
Les Latchman, Chair
Birmingham Care Consortium
&
Melanie Hanson, Social Worker
Birmingham City Council
The Care Act 2014....one year on?

Simon Fenton - CEO Forward Carers Consortium
bcdca Wednesday 2 March 2016
Forward Carers Overview

- Forward Carers = social business operating as a prime contractor consortium
- Formed under the stewardship of Midland Mencap, iSE, Health Exchange, SCYMCA
- Made up of 22 not-for-profit members with stated aim to improve lives of carers
- Contracts awarded by Birmingham City Council
  - Provision of Carer Support Services..... *the ‘Birmingham Carers Hub’*
  - Provision of Out of School activities for children with additional needs
- Commissioned by BVSC for Ageing Better Programme
The Caring Role

Personal Care

Who do carers care for?

- Parents/parents in law: 40%
- Spouse/partner: 26%
- Disabled children: 8%
- Adult children: 5%
- Grandparents: 4%
- Other relative: 7%
- Friend or neighbour: 9%

Practical Support

- Medicine Administration

Finances

Emotional Support
The State of Caring 2014

Majority of care for ill, older and disabled people not provided by doctors, nurses or social care workers but by family and friends.

Economic value of carers = £132bn per year

...more than doubled since 2001
The State of Caring 2014

Physical Health
- 69% Did not get a good night’s sleep

Dignity and Respect
- 58% Reduced exercise
- 49% Society did not think about them

Mental Health
- 82% Stressed
- 73% Anxious

Financial Hardship
- 54% Struggling to pay the bills
- 58% Did not have enough savings for own care needs

Maintaining Relationships
- 57% Lost touch with friends and family

Ability to Work
- 35% Gave up work due to expensive /or lack of suitable support

Emotional Health
- 69% Did not get a good night’s sleep
The Care Act: new rights for the hidden army!

• Definition = adult provides or intends to provide care for another adult needing care
• DUTY to meet carers’ ELIGIBLE needs based on impact of caring role on wellbeing

   Eligibility based on 3 conditions:
   1. Necessary care is being provided
   2. Risk to physical or mental health and outcomes not being met
   3. Not achieving outcomes will significantly (= daily) impact on wellbeing

• Is the carer willing and able now AND in the future?......and do we charge carers?
• Prevention - support carers as early as possible to maintain independence
The Care Act: Carer Outcomes

- Caring responsibilities for a child or other persons
- Maintaining a habitable home (not necessarily home of cared for)
- Managing and maintaining nutrition
- Maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of community and recreational facilities or services
- Engaging in recreational activities
The Care Act: Carer Outcomes

- Caring responsibilities for a child or other persons
- **Maintaining a habitable home** (not necessarily home of cared for)
- Managing and maintaining nutrition
- Maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of community and recreational facilities or services
- Engaging in recreational activities
The Care Act: making it a reality

We welcome…

…shift from right to assessment - to wellbeing and carer as a citizen

…shift from assessment process - to proactive decision to seek support

However…

…general lack of public awareness

…..and no duty on NHS!
We offer support in many ways

- Wellbeing
- Casework
- Support Groups
- Info, Advice & Signposting
- Training
- Out of school clubs
- Emergency Response
Measuring Wellbeing

Tracked across 8 Domains

1. Time / Occupation – to do the things you value and enjoy
2. Control - over your daily life and ability to make choices
3. Social Participation - contact with friends and family
4. Emotional Wellbeing - coping strategies to manage stress levels
5. Accommodation - suitable and safety to carry out caring role
6. Support - useful information about carrying out caring role
7. Safety - How safe do you personally feel at present?
8. Relationships – impact of caring on being a wife, husband, parent, student, work employee

Managing Nutrition?
Wellbeing & Carer eMarketplace....

- Holidays, day trips and short breaks
- Leisure activities
- Towards purchase of IT including mobile phone
- Wellbeing - complementary therapies, pampering
- Gym membership, Yoga, Tai Chi or relaxation
- Training including access to driving lessons
- Support to assist the carer to gain employment
- Cleaning and domestic support
- Gardening / household maintenance
Care funding squeeze –
Decrease from £14.9b to £13.3b or 11%
More to come…and the new National Living Wage!

Recommendations:
• Attract UK-born workers
• Encourage overseas workers
• More support to carers
A Can of Worms to a Compassionate Carer-Centred System?
A Can of Worms to a Compassionate Carer-Centred System?
“Dear Birmingham Carers Hub, A heart felt thank you, from the bottom of my heart, to all at Birmingham Carers Hub. You have made a major impact on my life. You have abled me, with the tools to be of healthy mind and health body - to provide the highest level of care, for this I am eternally grateful”
Q&A
bcda Learning & Development Service Annual Conference

3 March 2016
Jane Rumble
A challenging environment

Despite challenging circumstances, the majority of services have been rated as good, with some rated outstanding.
There is significant variation in quality - and safety continues to be the biggest concern.

Of CQC’s key questions, providers were most likely to get an inadequate rating for safety:

- 10% of adult social care services
- 6% of primary medical services
- 13% of hospitals
Strong leadership is emerging as more crucial than ever to delivering good care.

Effective planning

Focus on delivering for people

Culture of openness and staff engagement

Willingness to collaborate with partners

94%

More than nine out of 10 of the services we have rated as good or outstanding overall were also good or outstanding for their leadership.
Current overall ratings by size of care home

Nursing homes
- Small (66): 2 out of 66 with overall rating <0.5, 15 out of 66 with rating 0, 83 out of 66 with rating 1
- Medium (1,212): 7 out of 1,212 with overall rating <0.5, 43 out of 1,212 with rating 0, 50 out of 1,212 with rating 1
- Large (1,253): 6 out of 1,253 with overall rating <0.5, 48 out of 1,253 with rating 0, 45 out of 1,253 with rating 1

Residential homes
- Small (1,966): 2 out of 1,966 with overall rating <0.5, 18 out of 1,966 with rating 0, 80 out of 1,966 with rating 1
- Medium (2,811): 6 out of 2,811 with overall rating <0.5, 35 out of 2,811 with rating 0, 59 out of 2,811 with rating 1
- Large (429): 5 out of 429 with overall rating <0.5, 46 out of 429 with rating 0, 49 out of 429 with rating 1

Source: Ratings data extracted 26/11/2015
The national picture – end January

<table>
<thead>
<tr>
<th>Rating</th>
<th>Outstanding</th>
<th>Good</th>
<th>Requires Improvement</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>67</td>
<td>7,052</td>
<td>3,413</td>
<td>346</td>
</tr>
<tr>
<td>Percentage</td>
<td>1%</td>
<td>65%</td>
<td>31%</td>
<td>3%</td>
</tr>
</tbody>
</table>
## Central West ratings

<table>
<thead>
<tr>
<th>LA</th>
<th>O</th>
<th>Good</th>
<th>RI</th>
<th>Inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham</td>
<td>57%</td>
<td>40%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Dudley</td>
<td>52%</td>
<td>48%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hereford</td>
<td>87%</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sandwell</td>
<td>65%</td>
<td>33%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Shropshire</td>
<td>2%</td>
<td>68%</td>
<td>28%</td>
<td>2%</td>
</tr>
<tr>
<td>Telford &amp; Wrekin</td>
<td>67%</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walsall</td>
<td>47%</td>
<td>53%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>50%</td>
<td>40%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Worcestershire</td>
<td>78%</td>
<td>22%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Special measures

- **Purpose**
  - Ensure failing services improve or close

- **Actions for providers**
  - Use time available to improve service

- **CQC**
  - Services rated as inadequate will go into special measures
  - Time limited period to improve
  - Improvements made – out of special measures
  - No improvement – move to cancel registration
What will market oversight do?

Purpose
- Protect people in vulnerable circumstances by spotting if a provider may fail – and make sure right action is taken

CQC will:
- Monitor finances of ‘difficult to replace’ providers – 40-50
- Provide early warning to local authorities
- Assist with system response if failure occurs

It will not:
- Either ‘bail out’ struggling providers, or pre-empt failure through inappropriate disclosure of information
The future for CQC

- Focusing on quality
- Providing better information
- Encouraging innovation
- Becoming a more efficient regulator
- Working with partners to encourage improvement

Our new strategy for 2016-2021 will help us to achieve these goals
How we propose to improve our work

Six themes will develop our model of regulation:

Theme 1 Improving our use of data and intelligence
Theme 2 Implementing a single shared view of quality
Theme 3 Targeting and tailoring our inspection activity
Theme 4 Developing a more flexible approach to registration
Theme 5 Assessing how well hospitals use resources in collaboration with others e.g. NHS Improvement
Theme 6 Developing methods to assess quality for populations and across local areas
Sector developments

Challenging environment will continue for ASC
  - Finance: next two years critical
  - Recruitment: nurses, registered managers

Fragility of the market may lead to quality and capacity responses
  - Potential speed of decline in quality of services
  - Exits and changes

New models of care, outside of hospital
  - Pace of change and engagement of ASC uncertain

Pressure to reduce red tape & burden
  - Much closer working with local commissioners required
  - Greater scrutiny from providers on our costs and benefit
Pat Merrick
Assistant Director
(Universal and Prevention)

Commissioning Centre of Excellence

patricia.merrick@birmingham.gov.uk
Commissioning Centre of Excellence

- Commissioning led organisation (evidence based, citizen voice, outcomes focused)

- Contribution to the Future Council objectives, the Adult Services Transformation and the Children’s Improvement Plan

- Knowledge, expertise and resources around commissioning solutions for vulnerable adults and children
# Strategic Outcome Framework

## DP Commissioning TCoE: Proposed Local Outcome Framework

<table>
<thead>
<tr>
<th>Key Priorities: Leader’s Policy Statement (2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Fair City</strong></td>
</tr>
<tr>
<td>• Transforming Children’s Safeguarding</td>
</tr>
<tr>
<td>• Producing a new Special Educational Needs Strategy</td>
</tr>
<tr>
<td>• Reviewing under-fives services, children’s centres and family support services</td>
</tr>
<tr>
<td>• Improving our offer to young people</td>
</tr>
<tr>
<td>• Establishing the Birmingham Child Poverty Commission</td>
</tr>
<tr>
<td>• Implementing the Sports and Physical Activity Transformation Programme</td>
</tr>
<tr>
<td>• Develop a Birmingham Promise on Service Standards</td>
</tr>
</tbody>
</table>

| **A Prosperous City**                             |
| • Creating a Skills and Training Investment Plan for adults and young people |
| • Setting up the Birmingham Apprenticeship Agency |
| • Creating the Tech City Enterprise Zone         |
| • Progressing the Housing Development Plan 1     |
| • Creating a modern refuse collection and recycling service |

| **A Democratic City**                             |
| • Developing city region working                 |
| • Integrating health and social care             |
| • Transforming schools services in the city, assisted by the Birmingham Education Partnership, Early Years services and school governance initiatives |
| • Taking forward devolution and localisation – including the Local Governance Review and Integrated Neighbourhood services |
| • Campaigning for public sector reform and devolution for the cities – the changes we need to achieve our aims |

## Directorate for People Outcomes

<table>
<thead>
<tr>
<th>A good childhood, for the best start in life</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great education to give the best chances for life</td>
</tr>
<tr>
<td>Promoting people’s recovery and inclusion in the most independent life</td>
</tr>
<tr>
<td>Where needed, planning ahead across the life course</td>
</tr>
<tr>
<td>Promoting the best care and health outcomes for life</td>
</tr>
</tbody>
</table>

## Birmingham Health and Wellbeing Strategy Outcomes

<table>
<thead>
<tr>
<th>Vulnerable People Health Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make children in need safer</td>
</tr>
<tr>
<td>Improve the wellbeing of vulnerable children</td>
</tr>
<tr>
<td>Increase the independence of people with a learning disability or severe mental health problem</td>
</tr>
<tr>
<td>Reduce the number of people and families who are statutory homeless</td>
</tr>
<tr>
<td>Support older people to remain independent</td>
</tr>
<tr>
<td>Reduce childhood obesity</td>
</tr>
<tr>
<td>Reduce infant mortality</td>
</tr>
<tr>
<td>Health and care system in financial balance</td>
</tr>
<tr>
<td>Common NHS and Local Authority approaches</td>
</tr>
<tr>
<td>Improve primary care management of common and chronic conditions</td>
</tr>
</tbody>
</table>
## CCoE Functions

<table>
<thead>
<tr>
<th>Intelligence, Strategy and Prioritisation</th>
<th>Citizen Voice</th>
<th>Universal and Prevention</th>
<th>Complex and Statutory</th>
</tr>
</thead>
<tbody>
<tr>
<td>• provide intelligence to make informed commissioning decisions</td>
<td>• ensure the Citizen Voice is embedded throughout the commissioning cycle</td>
<td>• develops prevention strategy and related commissioning activity</td>
<td>• delivers complex and statutory core commissioning functions</td>
</tr>
<tr>
<td>• develop market intelligence</td>
<td>• upskill citizens for co-production and dynamic consultation</td>
<td>• delivers universal and prevention core commissioning functions</td>
<td>• develops the market across all areas to ensure appropriate quality of service supply is available</td>
</tr>
<tr>
<td>• performance management function</td>
<td></td>
<td>• works collaboratively with partners to embed all age prevention</td>
<td>• supports and enables access to appropriate packages of care</td>
</tr>
</tbody>
</table>
CCoE - Service Delivery Model

**Centre of Excellence Roles**
- Service Director
- Assistant Director
- Service Leads
- Senior Officers
- Officers
- Support Officers
- Support Workers and Coordinators

**Workforce Shaping**
**Processes:**
- Talent Management
- Succession Planning

**Requirements:**
- Roles and Behaviour Profiles
- Succession Planning Strategy
- Skills Matrix
- Regularly updated performance reviews
- Training and development plans
- Mentoring
- Confident Management

**Core Values**
- Citizen Voice
- Market Shaping
- Market Development
- Intelligence, Strategy and Positioning

**Processes**
- Develop Commissioning Intention
- Develop Market Position Statement
- Develop Business Case
- Design Service
- Procure Service
- Contract Mobilisation
- Contract Monitoring and Quality Assurance
- Contract Review
• Contributions to the national agendas relating to welfare reform and current housing policy and its specific impacts on vulnerable people

• Provides a strategic overview of interconnecting challenges and initiatives that impact on the lives of vulnerable people e.g. Troubled Individuals, Fulfilling Lives, Housing Birmingham, Think Family

• Constitution of a Prevention Commissioning Board to oversee and make connections between activity and add value to existing partnerships. Prevention should feature at every level of intervention no matter who provides it.
• We are all operating in challenging times. Unprecedented pace of change. Collaboration is key.

• Status quo is not an option.

• Spend the Birmingham pound once on the same population for optimum impact.

• Imperative to develop trust and confidence in one another and be prepared to give up control where it is in the interest of partnership and common sense to do so.
Thoughts, Comments, Questions?
Q&A
Thought for the day
Lisa Welch & Les Latchman
Closing Address
Thanks for Coming

Telephone Number: 0121 303 0990

Email Address: bcda@birmingham.gov.uk

Web site: bcda.learningpool.com