

BIRMINGHAM CITY COUNCIL SERVICE REVIEWS

GREEN PAPER: ADULTS & COMMUNITIES

INTRODUCTION

Birmingham City Council is facing a big challenge, having to cut the budget we can control by half over seven years. In the past we have often made changes to improve our services and get better value for money. But we now face cuts in government funding on a scale that has never been seen before.

We will need to make big changes to balance the books in the years ahead. These changes will have an impact on everyone in the city, so we want to discuss them with you before going ahead.

The key question we are seeking to answer is:

How can we continue to provide essential services to residents and guide the city through such difficult times, whilst supporting greater fairness and future prosperity?

We will need to be clearer on our priorities and ensure that we only spend money on things that support those priorities. We will need to develop new structures and ways of working with services such as the NHS. And we will need to work with the people of Birmingham to get maximum value from all the resources available to the city.

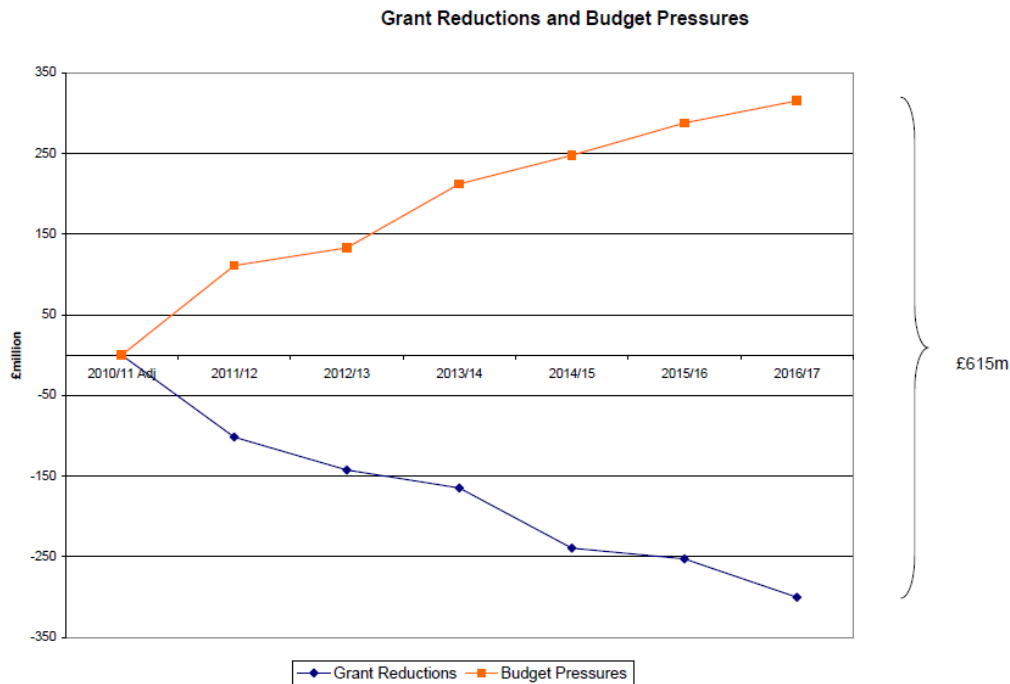
To do this we have begun a detailed programme of reviews looking at all our services and how the council works overall. This has never been done before on this scale and it might well lead to fundamental change in how services are provided and how key priorities are delivered.

THE BUDGET NUMBERS

The Government's programme to cut public spending has meant a severe reduction in local authority funding. At the same time, there are big pressures to spend more to meet inflation, the changing population, changes in the law and so on.

If we are to respond to this in time we must plan ahead and work out what the funding situation will be over the next three to five years. The forecast we produced in February is shown in the graph overleaf. This will be updated following new government announcements on spending at the end of June.

The council faces huge cuts in its grants from Government and increases in demand.



Source: BCC Business Plan and Budget 2013+

The Council has already made significant savings in recent years, for example £275m has been saved in the last two financial years, with the non-school workforce reduced by 27% since April 2010. But despite this we still need to save at least a further £340m by 2016/17, including over £100m of savings in the current financial year.

The total saving of over £600m is about half of the funding that we have any choice over how to spend. Because of this combination of cuts and spending pressures we may not be able to deliver many of the services we now offer, and it may even become more and more difficult to deliver those that we are required to provide to an appropriate quality.

BACKGROUND TO THIS REVIEW

Adults and Communities used to be known as Social Services. We support adults in Birmingham who need help to live as independently as possible and to be part of their local community. People may need our help if they, or someone they care for:

- are vulnerable due to old age
- have a physical disability
- have a sensory impairment, for example are blind or partially sighted, deaf or have a severe hearing loss
- have a learning disability
- have a mental health difficulty
- are affected by HIV

- are affected by drug or substance misuse.

We meet substantial and critical needs for people who need help with dressing, toileting, eating, getting washed and getting in and out of bed.

Our range of services includes:

- advice and guidance about services available, such as leisure, transport, health and education
- advice and equipment to keep people safe and prevent or delay them needing long term care for example, preventing a fall
- assessing people's social care needs, and the needs of their carers
- support to help people regain their independence and live as independently as possible in their own home, for example when they are recovering from surgery or an accident
- providing people who are eligible for our services with an Individual Budget to pay for longer term care which includes:
 - home care
 - supporting people to take part in community activities
 - supporting carers to continue caring
 - residential and nursing care for people who need more support than can be provided in their own home.

Our journey of change has already begun

We have known for a number of years that the traditional approach to adult social care was flawed and contained unaffordable pressures. You might have heard in the media that the way to fund adult social care has been debated at the highest levels. While there is not necessarily a national answer yet, we as a Council must face these issues now.

The Adults & Communities directorate set out on a journey of transformation in 2009. We now have in place the things that the government advocates - preventing, delaying or reducing people's needs for care and support through access to support services. We have consulted service users on detailed proposals before and they have told us what is important to them. We have given our commitment to continue to:

- Always meet assessed unmet eligible needs
- Increase or decrease, as necessary, individual budgets to ensure unmet eligible needs can be provided for, and
- Meet needs as detailed in support plans until they are changed either by re-assessment or review.

JOINED UP SERVICES WORKING WITH THE COMMUNITY: THE FUTURE FOR ADULT AND COMMUNITY SERVICES

These services are already committed to saving £46m between 2013/14 and 2016/17, before any further savings proposals identified by the Service Review are considered.

However, these savings don't go nearly far enough to meet the financial challenge posed. To reduce spend further requires a concerted effort to reduce demand across the whole system of care services through focusing on preventing the need for expensive and unpopular care options. This would include things such as integrated work with health services, a different approach to housing, greater community capacity and good preventative health measures in all parts of the city. Detailed plans are being developed and will be concluded in the autumn. It will only be successful if all services work to make it successful.

We believe that the key to changing demand in care is to accept that the answers lie outside the care system and that we all have to play our part. This places an obligation on us to develop our role in community leadership, linking this to our commitment to change the pattern of inequality in the city. If we can do this we can have a care system and a community that offers the best life chances to all.

The key to achieving this will be **working together and joining up our services**:

1. **Consistency between children's services and adult services** – to ensure a “whole life” approach and a more seamless transition from one service to the next
2. **Integrating and aligning our services with the NHS.** This has been progressing for some years, but this year will mark the start of a major leap forward towards a joined up approach
3. **Radically changing the way we deliver specialist care services**, such as day centres and home care
4. **Working more closely with local communities** and recognising the role that we all play in supporting our neighbours, friends and relatives.

These changes will take some years to complete. But there are some prevention measures that might have a quicker impact. We want to see better performance from the NHS in its offer to all, for example ensuring that flu jabs are given to all vulnerable groups across the city, joint action to address falls suffered by older people and earlier action on dementia.

The new role of the council in its leadership of the city's Health and Wellbeing Strategy gives us the opportunity to set out performance demands for the health of citizens. Linking this to our devolved District arrangements, we expect that transparency on local outcomes would improve residents' ability to seek improvements.

We believe this can provide total savings of around £37m next year rising to over £75m per year by 2016-17.

THE INITIAL PROPOSALS ARISING FROM THE REVIEW

A “whole life” approach to disability and mental health. We are considering developing services for children with disabilities which span their lifetime. We cannot accept that dependence is an outcome for so many young people. This will look at incentives to providers to promote earlier planning and independence. The plan will include identifying employment opportunities and creative thinking about removing barriers to individuals living in their own home.

We are working with the NHS to create a single plan for older people in the city. We want to improve the care management of frail elderly people, across health and care. This will mean better planning for very frail people already in care homes, so that increasing needs at the end of life can be met in the care home, not by transfer to hospital. The Plan will pave the way for better multi agency working for people outside hospital. It will give older people and their families the confidence that they will be cared for appropriately, in their own home. It will also look at providing a more coordinated response to a whole range of events from falls, to strokes, to intermediate care and end of life.

A radical new approach to specialist care services. We are considering establishing a social enterprise to enable specialist care services to trade outside the council. There are potential gains from this operating model and could save the council around £2.5m in three years.

Offering more choice and using resources better. We are considering ceasing council owned residential provision for short breaks for people with disabilities and their carers and replacing it with individual budgets. This offers potentially greater choice and a more effective use of the resources we currently spend. Carer support continues to be funded to the same level.

KEY QUESTIONS

Do we reduce the reliance on residential care?

Residential care is very expensive, both for individuals and public services. There are some people who will always require care. By virtue of birth, or through disabilities acquired through life, some citizens will need the Council to make arrangements to meet their needs in ways that are dignified and safe. For some people this includes residential care. But most people would prefer to remain in their own homes as part of the wider community for as long as possible.

What are your thoughts?

Are our communities able to support us to live in our own homes?

Not everyone who is currently in the care system needs to be there. Birmingham is placing too many people, with all types of needs, in residential and nursing care. This

is a reflection upon the current quality of housing, community and employment options.

What are your thoughts?

Can my community help me to live in my own home?

We need to promote more mutual support amongst people, families and communities. This will involve communities in Districts and neighbourhoods taking some responsibility for people with care needs where they live, by providing practical support to their health and well-being and challenging service delivery practice in health and social care.

What are your thoughts?

Can my community support vulnerable younger adults to live a community life?

We are developing a joined up working with Children's Services to encourage lower levels of dependency and reduce the costs of overall care in the longer term. The review has modelled a potential saving that this approach could achieve. Although these are small numbers each year, and not a high proportion of each Directorate's work, there are clear correlations between higher care costs and younger adults.

What are your thoughts?

Do our social workers need to work differently?

For over the last decade, social work has become more of a process. Some of that is positive and has created the basis of some high quality, skilled work. Some has been at the expense of promoting a social model - ensuring that people are supported and enabled to live their lives in a network of family and community life.

Social work will now have to champion people's rights, to push and advocate for housing, meaningful activity and jobs, inclusion in community life and strengthening the circles of support offered by family and friends. We will work with people as equals in developing personalised care, but we will challenge people to have aspirations, and to match needs with their potential.

What are your thoughts?

Do you have any examples from your own experience of problems that could be solved by joining our services up better?

We have mentioned examples of situations where current services may lead to duplication, overlaps or gaps in provision and cause unnecessary anxiety and confusion. Do you have any personal examples of this?

THE DIALOGUE

The first round of this dialogue will continue until September 2013. Following that there will be a formal budget consultation for 2014-15 – that will be a separate exercise which we are legally required to carry out.

All the information you need will be posted at:

<http://www.birmingham.gov.uk/servicereviews>.

You will be able to take part in the dialogue by:

- Sending your comments by post or email
- Submitting comments on Facebook and via Twitter
- Attending the next meeting of your Ward Committee

Details for all these are on the web site.

In addition we will be holding discussion sessions on specific services with groups of service users and other interested people. We will also be engaging the permanent People's Panel during the summer. Our scrutiny committees will be looking in detail at aspects of the education and adult social care reviews.

If you are part of the network of people and organisations involved in our social inclusion process, led by the Bishop of Birmingham, you will also be able to join in discussion of how we can limit the impact of cuts on social exclusion and inequality.

City Council staff will also be encouraged to join in the debate.