Adults & Communities Strategic Directorate Business Plan

2013/14 to 2015/16

Contents

Introduction

Welcome to the 2013/16 Strategic Directorate Business Plan which sets out the actions we will take during the next 3 years.

We have known for a number of years that the traditional approach to adult social care was flawed and contained unaffordable pressures. This is why we set out on a journey of transformation in 2009 and now have in place the things that the draft Care and Support Bill advocates - preventing, delaying or reducing people's needs for care and support through access to enablement services, and better information and advice so that they can plan ahead for their needs.

Our original 2009 transformation plan looked forward to achieving £230m of benefits by 2017/18. Having taken note of our achievements to date and the future demands upon us, we have now stretched that target to achieve £419m by 2017/18.

We have consulted residents on our detailed proposals before and they have told us what is important to them and we have given our commitment to continue to:
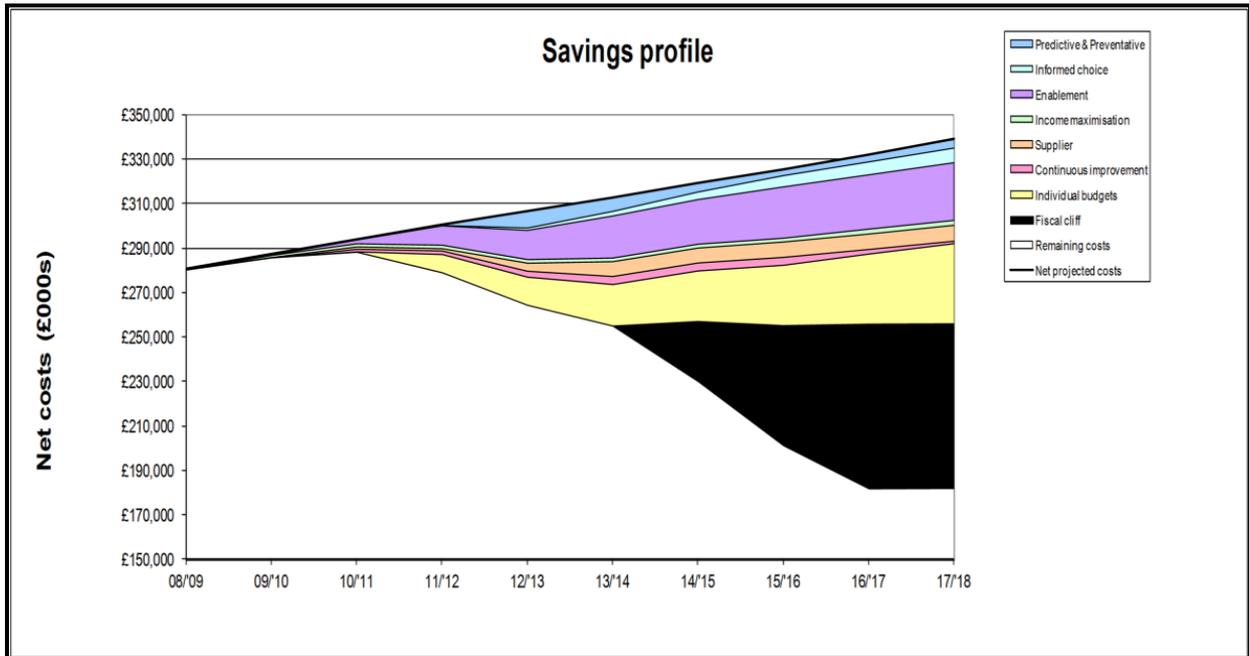
- always meet assessed unmet eligible needs;
- increase or decrease, as necessary, Individual Budget to ensure unmet eligible needs can be provided for; and
- meet needs as detailed in the Support Plan, until it is changed either by re-assessment or review.

The strategic direction for the Directorate's services over the next three to four years is as follows:

1. to deliver services to citizens who are assessed as having either 'substantial' or 'critical' unmet needs;
2. to safeguard all vulnerable people and continues to improve its safeguarding practice;
3. to improve the City's response to meeting housing needs, including delivery of the Council's Statutory Homelessness Strategy;
4. to embrace our new Public Health role and promote wellbeing through the work of the Health and Wellbeing Board and
5. to focus upon how to meet the challenges ahead in 2014 and beyond.

The challenge for the City Council and Adults and Communities in particular is how to exert effective influence over the broader and extremely important health and wellbeing agenda. We believe that the formal creation of the Health and Wellbeing Board and Birmingham Healthwatch, alongside the transfer of the Public Health function to the City Council on April 1st 2013, and the integration of significant housing functions within the Directorate will be powerful catalysts to considering the wider agenda.

Britain faces a period of austerity and significant reductions in public spending. When these economic issues are combined with growing demand for care and the urgent need to reform the social care system, it all creates an unprecedented challenge.

Savings profile

Legend: Predictive & Preventative, Informed choice, Enablement, Income maximisation, Supplier, Continuous improvement, Individual budgets, Fiscal cliff, Remaining costs, Net projected costs

Y-axis: Net costs (£000s)

Birmingham cannot hide from this challenge. We will only meet it if we work together with people who need care and their carers to create new ways of meeting demand with less money. The Directorate has taken an early lead in the Council's Service Review programme and during the summer of 2013, we will begin to share some of our thinking with you.

PETER HAY
Strategic Director
Adults and Communities

COUNCILLOR STEVE BEDSER
Cabinet Member
Health and Wellbeing

Our Vision

The Leader's Policy Statement sets out a clear vision for Birmingham to become:

An inclusive city in which many more people can play their part – a fair chance for everyone in Birmingham.

The Council then has three key priorities that underpin all our strategies and plans, and how we act in all that we do.

Priority One: Tackle inequality and deprivation, promote social cohesion across all communities in Birmingham, and ensure dignity, particularly for our older people, and safeguarding for children

Priority Two: Lay the foundations for a prosperous city, built on an inclusive economy

Priority Three: Involve local people and communities in the future of their local area and their public services – a city with local services for local people.

As a Directorate, Adults and Communities have a major contribution to make to delivery of the key priorities set out in the Leader's Policy Statement:

- Deliver adult social care, fit for the 21st century, and
- Meeting Birmingham's housing challenge.

We have a vision for social care and health in Birmingham. A Birmingham which has strong neighbourhoods and active communities, a Birmingham in which people have strong social networks, which allow us to support our vulnerable friends and neighbours in their own homes and helps break our over-dependence upon residential care.

The Directorate's mission has two goals:

- Quality of Life: We exist to ensure the quality of life of ALL citizens - today, tomorrow and always. This is a new offer for an existing outcome; and

- Health: We exist to assure the health of our citizens through a single approach to health and care and to meet the strategic ambitions of a world class city.

Outcomes Framework

Adult Social Care Outcomes Framework (ASCOF)

The Department of Health's (DH) Adult Social Care Outcomes Framework (ASCOF) provides a broader, more transparent and outcome-focused approach to presenting information on what adult social care has achieved.
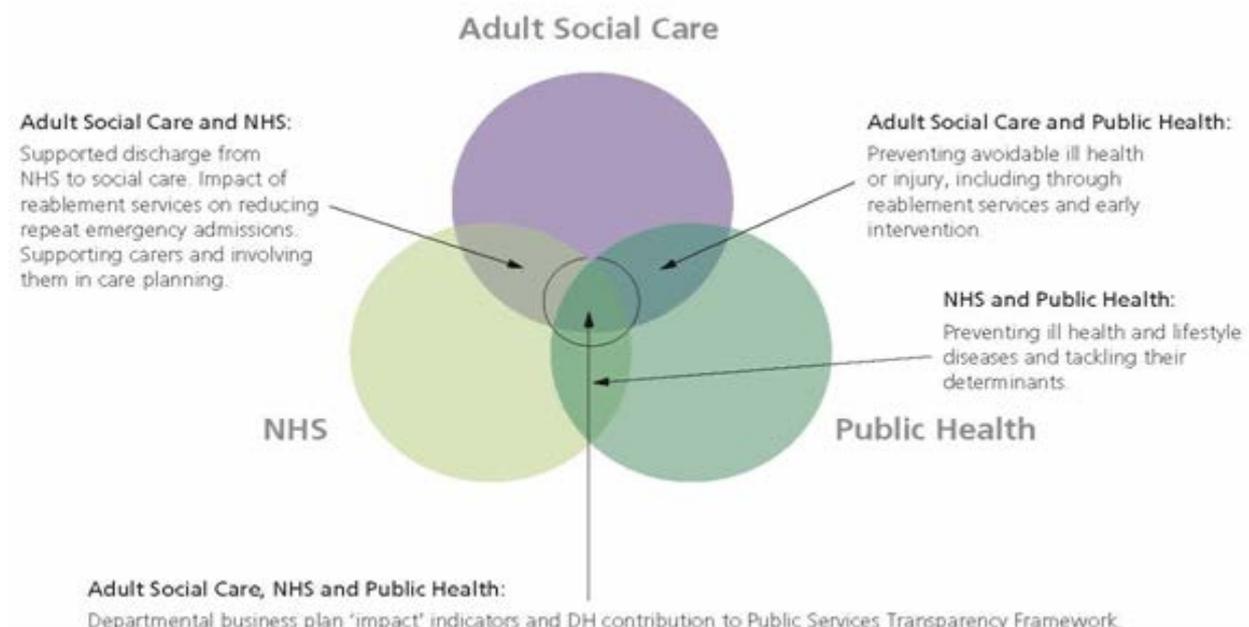
THE ASCOF has 4 domains as follows:

1. Enhancing quality of life for people with care and support needs

2. Delaying and reducing the need for care and support

3. Ensuring that people have a positive experience of care and support

4. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Underpinning each of these domains there are a series of outcome statements and measures and these are detailed in Appendix A of the plan

The Directorate will produce a Local Performance Account structured around the ASCOF. The document will be aimed at citizens and provide an overview of the achievements of the Directorate in the past 12 months.

In addition to the ASCOF the DH has also published the NHS outcomes framework (this is detailed in Appendix B of the plan) and the Public Health outcomes framework (this is detailed in Appendix C of the plan). The diagram below outlines the 3 frameworks and the overlaps between them.

Adult Social Care

Adult Social Care and NHS:
Supported discharge from NHS to social care. Impact of reablement services on reducing repeat emergency admissions. Supporting carers and involving them in care planning.

Adult Social Care and Public Health:
Preventing avoidable ill health or injury, including through reablement services and early intervention.

NHS and Public Health:
Preventing ill health and lifestyle diseases and tackling their determinants.

NHS

Public Health

Adult Social Care, NHS and Public Health:
Departmental business plan 'impact' indicators and DH contribution to Public Services Transparency Framework.

Health & Wellbeing

The formal creation of the Birmingham Health and Wellbeing Board has already brought people together in Shadow form, and we should not under-state also the importance of building, maintaining and capitalising on the agreement of joint top priorities and informal relationships between GPs, Councillors and other key partners. Local Healthwatch will, in addition, be a powerful catalyst to help drive forward relevant and appropriate system-wide transformation at scale. Last, but by no means least, we are well advanced and well placed with transforming and moving the Public Health function to the City Council from April 1st 2013. In so doing, ensuring that all parts of the City Council are recognised and used in combatting health inequality, promoting real health improvement, and using our combined information, intelligence and evidence about what works, to best effect.

We have known for a number of years that the traditional approach to adult social care was flawed and contained unaffordable pressures. This is why we set out on our journey of transformation back in 2009, and why we are now relying even more on this to save larger amounts of money, safely from adult social care. It is vital that we must make the best use of our resources to meet the needs of the vulnerable adults in Birmingham who need adult social care, so if we can influence the wider debate, so that people do not need social care for as long, or so intensively, this will have enormous benefits for individuals and the City as a whole.

But we must go much wider than this now. The task before us after 2013/14, and outline projections for the NHS, mean that we have to work even more closely with partners (and it will help enormously now that Adults and Communities has stronger direct links for Housing strategy and support), such as GPs and the wider NHS, to commit to Birmingham-wide health and care system transformation with one set of agreed approaches to prevention, early intervention and enablement/intermediate care and review for our residents.

In so doing, we will help avoid having a creaking system fail and simply add "years to life" to our adult population. Rather, we will be focussed on adding "life to years", in which individuals of all ages live independent and fulfilling lives as active members of their communities.

(This is detailed in Appendix D of the plan)

Public Health

The challenge for the City Council and Adults and Communities in particular remains how to exert effective influence over the broader and extremely important health and wellbeing agenda. This is the face of mounting immediate and longer term financial and demographic pressures across the Council and the local NHS, major changes in the structure and roles of parts of the NHS, and ongoing health inequality challenges - for example, the age at which we die and the extent to which we live our lives free from long term conditions vary enormously.

This will require us to continue to work at a number of levels, but at greater pace and scale:

- Influencing individuals to alter their lifestyles;
- Bringing together initiatives at a local, Ward level;
- Creating a broader City-wide response; and
- Addressing inequalities at a regional level.

Joint Commissioning

Commissioning is the process of securing services to meet the citizen outcomes at a strategic level. This applies to services across the whole citizen pathway including preventative and enablement, assessment and planning as well as specialist care services. The key objectives for Joint Commissioning during 2013/2014 to 2015/16 are:

- To drive up quality across the social care market by offering greater 'peace of mind' to citizens by ensuring citizens have access to information on quality of care locally.
- To ensure a diverse range of care services that are cost effective as demonstrated via an Open Book approach and secured in a competitive process.
- The re-design of specialist services for mental health and learning disabilities under joint commissioning arrangements to ensure greater community focus.
- To improve opportunities for citizens with autism and their families to live rewarding and fulfilling lives by greater access to training and awareness, better diagnosis and access to services and smoother transition into adulthood.
- To improve the quality of life for citizens with dementia and their families to live rewarding and fulfilling lives by greater access to training and awareness, better diagnosis and access to high quality services.
- To secure preventative services that reduce or delay the need for care and support by commissioning telecare and telehealth as well aligning Third sector budgets with health and Supporting People.
- To ensure carers have support mechanisms and provision in place in order for them to continue with their valued caring role

Commissioners are committed to a diverse and sustainable market with the belief that services should be delivered by the organisation (public, private or voluntary sector) best able to meet the desired outcomes. Commissioners will therefore continue to work with all sectors to maintain a mixed economy of provision in the health and social care market.

Assessment & Support Planning

The wide range of work in and around the Transforming Assessment and Support Planning programme or TASP/Fit for the Future, will carry on apace, but we need to be more focussed on the "critical path" or absolute must-do pieces of work within this, so that we can deliver on four essential areas we aiming to progress. This will also help us to respond properly to the City Council's new cross-cutting Service Review process and reliance on that to save very large sums of money:-

- To redefine, understand and properly present what our (statutory) "core business" is – what it is, what it costs, relevant activity and performance information
- To clarify and focus more on complex assessments and, with help from others, agree and implement sensible means to divert more relatively simple/straightforward service demands to other places
- To save more money, properly and safely, understanding better our role and what others need to do to save money from enablement, individual budgets, supply management, user/carer income maximisation and efficiencies in management and support services
- To much better explain all of this to our service users and carers, elected Councillors, and the wider public."

Specialist Care Services

Specialist care services provide direct services to the citizens of Birmingham. This ranges from enablement where homecare and other services assist people to get back to independence, residential care in the form of four care centres and day care for a range of clients. In addition it provides services like shared lives (placing someone with need in a person's home), community services, respite and emergency care for learning disability clients and statutory funeral services. There has been a planned reduction in the service in recent years through residential home closure and withdrawal from long term home care.

The current year (2013/14) is a year of consolidation so while there are budget reductions they do not fundamentally affect services or employees. As part of the overall response to budget cuts further re-shaping of specialist care services is expected in the future including making more use of some services and changing the nature of others. The service review includes:

- Reducing high unit costs in care centres.

- Improving occupancy of day care, particularly older adult day care.
- Increasing productivity and scope of the enablement function.
- Addressing high unit costs in learning disability respite and emergency care including potential withdrawal from respite care.
- Increasing significantly the uptake of shared lives placements.

Meeting Housing Needs

The Directorate has a significant role to play in meeting the housing needs of vulnerable people in the city. This includes lead responsibility for delivery of the Council's statutory Homelessness Service through the direct provision of advice and assistance to homeless households and the assessment and allocation of social housing. The Directorate also leads on the commissioning of homeless prevention and housing support services.

Levels of housing need in the city are high, and the Council receives more homeless applications, and also prevents more homelessness than any other local authority in the country. In response to this, work has commenced to review major housing policies in relation to allocations and homelessness, and to increase the supply of quality housing available to those in need. Services are being re-designed to ensure they can continue to provide quality support to vulnerable customers.

The link between housing and health is well understood and a good track record of partnership working means that the directorate is well placed to maximise the opportunities for greater integration across housing, health and care to support prevention and recovery.

Key priorities for 2013/14 are:-

- Delivery of the Homelessness Strategy
- Review and implementation of key housing policies, including the Allocations Policy
- Re-design of the Homelessness and Pre-tenancy service and continued improvements in customer service
- A significant decrease in the use of B&B accommodation for homeless households
- Development of a Social Lettings Agency
- Review and re-commissioning of housing support and homeless prevention services
- Development of new models to maximise positive outcomes achieved for vulnerable people

Business Change

The Business Change - Projects team offers expertise in project and change management to the adults and communities directorate. The current financial challenges and the implications for the directorate and Council as a whole means that we are in a period of unprecedented change in local government. In order to minimise the adverse impact the changes will have, there needs to be a structured and joined-up approach to managing the changes. The Business Change - Projects team, taking a lean thinking approach to change management, will support the directorate in managing and implementing the changes over the coming months. This will include working with our partners in Health to identify opportunities for joint working, as well as seeking to work with other areas of the local authority and other Councils to ensure that resources are utilised effectively.

Business Change is a dynamic, flexible team specialising in project management to LEAN principles. For example we will assist the Directorate to:

- Define the scope of a projects with the relevant business partners and stakeholders
- Undertake an assessment of business processes
- Perform a detailed analysis in terms of demand, capacity and performance
- Support and engage staff, partners and stakeholders to design new processes and management controls according to customer requirements and identify improvements
- Support and engage staff and partners to embed the approved new ways of working, resolve any unanticipated consequences and actively seek continuous improvement.

Our work will ensure the Future Operating Model and savings challenge of the Adults and Communities Directorate is successfully delivered.

The Professional Support Services (PSS) service will be centrally managed and organised around 3 geographical area 'hubs' – in north, south and central areas – with smaller satellite office locations where PSS support is required. The service aims to meet the Directorate's business requirements through the delivery of a high quality business support and administration service.

Strategic Directorate Business Plan Priorities

Key Performance Indicators

Over the course of the plan the Directorate will actively performance manage a range of key performance indicators as highlighted in the table below.

Council Plan Indicator	Target
Safeguarding case conferences completed within 38 days of referral.	80%
% of completed safeguarding cases audited judged poor	25%
% of service users who are reviewed	90%
% of care home providers rated as poor or unrated using the provider quality framework	17%
Percentage of drug users who are in full time employment for 10 working days following treatment, or upon discharge of treatment.	Improve on previous quarter
Number of the most deprived people quitting smoking at 4 weeks (most deprived defined as in the bottom 20% of national Index of Multiple Deprivation - IMD - score)	5,812
Numbers of hazardous, harmful or dependent drinkers completing treatment	16,000
Increase in the number of cases where homelessness is prevented or relieved.	8,000
Number of homeless households accommodated in bed and breakfast accommodation	80

Ref	Priority	Actions	Measures	Timescales	Risk Inherent	Risk Residual	Lead
A	**To deliver services to citizens who are assessed as having either 'substantial' or 'critical' unmet needs**						
1A		Promoting Personalisation and working with our partners to make Birmingham a great place to live and grow old in	**90% of service users reviewed (Council Plan measure)**	March 2014	S/H	M/H	AL
			Work with Public Health and the Health & Wellbeing Board to create an action plan to increase the independence of people with a learning disability	July 2013			AL & AP
			Extend recording of client details to encompass the nine protected characteristics	October 2013			AL
2A		Maintain good performance in relation to delayed transfers of care	Weekly average of 60 delayed transfers of care due to Adults & Communities for those aged 18 and over.	March 2014	H/H	S/H	AL
3A		Increasing the number of people benefiting from enablement services;	45% of new clients enabled to require no further support at discharge from enablement	March 2014	S/H	M/H	SW

Ref	Priority	Actions	Measures	Timescales	Risk		Lead
					Inherent	Residual	
			To embed enablement in the care pathway for younger adults with:		S/S	M/S	
			Mental Health, Physical Disability and Learning Disability (community based services)	March 2014			
			Learning Disability (residential services)	March 2015			
			Completed review of a sample of citizens who have been enabled and who have not been enabled to gain a deeper understanding of service effectiveness vis-à-vis environmental issues such as deprivation.	December 2013	S/H	S/S	AP
4A		Tapping into the resourcefulness of the cared for and their carers to find solutions to the issues that we face	Publish 6 monthly updates on the progress against key Making it Real priorities	December 2013	S/S	M/M	AL

Ref	Priority	Actions	Measures	Timescales	Risk		Lead
					Inherent	Residual	
5A		Looking for ways in which we can offer 'peace of mind'	Publish provider quality ratings	September 2013	S/S	M/M	JT
			17% of care home providers rated as poor or unrated using the provider quality framework (Council Plan measure)	March 2014			
6A		Working with partners and GPs to extend telecare, early intervention and prevention activities	Community research report produced	April 2013	S/M	M/M	SW/JT
			Community Navigators and other staff appointed	July 2013			
			Evaluation of Ladywood and Kingstanding pilot	December 2013			
			Decision on whether to extend community navigators across all constituencies	February 2014			
			IMPACT model implemented citywide	March 2014	S/S	M/S	AL
7A		Invigorate the use and promotion of My Care in Birmingham so that its potential is realised across BCC and local NHS, along with other similar system resources	Complete marketing plan for MCIB	March 2014	S/H	M/S	AL

Ref	Priority	Actions	Measures	Timescales	Risk Inherent	Risk Residual	Lead
8A		Implement a new Strategy for Carers that extends across children and adults, engaging with the NHS and the council;	New COGAs/contracts operational	April 2014	S/S	M/S	AL
9A	JT	To meet 2013/14 savings pressures	Assessment and Support Planning, with Commissioning to reduce third party payments by £5.142m	March 2014	H/H	S/H	AL/JT
			Commissioning to reduce third party payments by £3.390m through the introduction of framework contracts for domiciliary care and residential care.	March 2014	H/H	S/H	JT
			Enablement Services to reduce third party payments by £5.775m	March 2014	H/H	S/H	SW

Ref	Priority	Actions	Measures	Timescales	Risk Inherent	Residual	Lead
B	**To safeguard all vulnerable people and continues to improve its safeguarding practice**						
1B		To develop the workplan for the Birmingham Safeguarding Adults Board (BSAB)	Agreed 2013/14 workplan and its reporting arrangements in place	June 2013	H/H	S/H	AL
2B		To enhance awareness of safeguarding issues	To launch the 2013 Eyes and Ears campaign. To clarify the role of Healthwatch's right to enter and view premises providing care	September 2013 October 2013	S/S	M/S	AL
3B		Implement the domestic violence action plan to eradicate it from our City	Accommodation and multiagency protocol implemented	March 2014	S/S	M/S	AL
4B		To implement the recently launched West Midlands Safeguarding Adults Policy and Procedure in order to achieve better inter-agency working, understanding, consistency of practice, reduce duplication, and avoid people falling between the gaps, regionally	Policy launched	June 2013	S/S	M/S	AL

Ref	Priority	Actions	Measures	Timescales	Risk		Lead
					Inherent	Residual	
5B		To ensure individuals are effectively safeguarded and this is verified	**80% of case conferences closed within 38 days of referral (Council Plan measure)**	March 2014	**S/H**	**M/H**	AL
			25% of completed safeguarding cases judged poor (Council Plan measure)	March 2014			
			Safeguarding service user experience questionnaire implemented	October 2013			

Ref	Priority	Actions	Measures	Timescales	Risk		Lead
					Inherent	Residual	
C	**To improve the city's response to meeting housing needs, including delivery of the Council's Statutory Homelessness Strategy.**						
1C		Implement our Homelessness Strategy to increase the number of cases where homelessness is prevented or relieved and reduce the number of homeless people accommodated in bed and breakfast accommodation	**8,000 cases where homelessness is prevented or relieved (Council Plan measure)** **80 homeless households accommodated in bed and breakfast accommodation (Council Plan measure)**	March 2014 March 2014	**S/H**	**M/H**	LC
2C		Review and implementation of key housing policies, including the development of a new housing allocations system which is fair, simple and transparent, which allows best use to be made of existing social housing	To secure Cabinet approval to the new Housing Allocations scheme for the city	December 2013	**S/S**	**M/S**	LC

Ref	Priority	Actions	Measures	Timescales	Risk		Lead
					Inherent	Residual	
3C		Re-design of the Homelessness and Pre-tenancy service and continued improvements in customer service	Launch of the enhanced housing advice service Increase in the number of cases where homelessness is prevented or relieved (Council Plan measure)	August 2013 March 2014	S/S	M/S	LC
4C		Complete the establishment of a Social Lettings Agency to access affordable, decent homes standard properties in the private rented sector to increase available housing options and help meet housing need in Birmingham	Complete procurement of the Social Lettings Agency SLA contract to be mobilised and operational	August 2013 September 2013	S/S	M/S	LC
5C		Review and re-commissioning of housing support and homeless prevention services	Delivery against timescales agreed by Cabinet.	October 2013	S/S	M/S	LC
6C		Development of new models of housing provision to maximise positive outcomes achieved for vulnerable people	Review of planning for Housing in Later Life completed.	December 2013	S/S	M/S	LC

Ref	Priority	Actions	Measures	Timescales	Risk		Lead
					Inherent	Residual	
D	**To embrace our new Public Health role and promote wellbeing through the work of the Health & Wellbeing Board.**						
1D		Implement the key Public Health drivers	**5,812 of the most deprived people quitting smoking at 4 weeks (most deprived defined as in the bottom 20% of national IMDR score) (Council Plan measure)**	March 2014	**S/S**	**M/S**	AP
			Improve the percentage of drug users who are in full time employment for 10 working days following treatment, or upon discharge of treatment on the previous quarter (Council Plan measure)	March 2014			AP
			16,000 hazardous, harmful or dependent drinkers completing treatment (Council Plan measure)	March 2014			AP

Ref	Priority	Actions	Measures	Timescales	Risk		Lead
					Inherent	Residual	
2D		Implement the Health & Wellbeing Strategy to: • improve the health & wellbeing of our most vulnerable adults; and • improve the resilience of our health and care system.	Deliver action plan for obesity Deliver action plan for first phase of early intervention for children	July 2013 October 2013	S/H	M/S	AP
3D		Introduce ageing well plans at a District level to ensure that local people know what support there is locally, to help them remain independent for as long as possible;	Ageing well plans implemented	October 2013	S/S	M/S	
4D		Introduce "District Scorecards" for health indicators which could include measures such as vaccination, stroke recovery and quality of care received.	District scorecards developed	September 2013	S/M	M/M	AP
5D		Double investment in Be Active for another year to maximise opportunities for people to be healthier and more active	Develop a commissioning model for Be Active to address key health issues and reflect the HWB Strategy	August 2013	S/S	M/S	AP

Ref	Priority	Actions	Measures	Timescales	Risk Inherent	Risk Residual	Lead
E	**To focus upon how to meet the challenges ahead in 2014 and beyond.**						
1E		To participate in a conversation with service users, carers, suppliers, partners and stakeholders about potential futures for Adult Social Care in Birmingham	Conversation begins Report findings to Service Review Programme Board	June 2013 September 2013	S/S	M/S	AL
2E		Develop a social care offer so you are clear on what you can expect from the City Council and meets the requirements of the anticipated Care and Support Bill	Proposals developed	October 2013	S/H	M/H	AL
3E		Work with the local NHS to jointly reduce spend and improve outcomes for older people in the City	Proposals developed	October 2013	S/H	M/H	PH/AL
4E		To work up detailed plans in line with the recommendations of the Service Review Programme Board as reported and approved on 29th April 2013	Plan to deliver savings produced Plan signed off	September 2013 October 2013	H/H	S/H	All PH

Ref	Priority	Actions	Measures	Timescales	Risk		Lead
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5E		Ensure that we are serious about spending our money wisely, by, where appropriate, jointly commissioning Public Health, the third sector, housing related support (Supporting People) and homeless prevention services to deliver improved outcomes	Develop Integrated Commissioning Board Progress Tranche 1 through Cabinet Tender award for Tranche 1	June 2013 December 2013 July 2014	H/H	S/H	JT/LC/AP

Performance & Continuous Improvement

Continuous Improvement is the activity by which the monitoring of performance and the management of activities required to improve performance becomes an inherent part of the day to day operation of the Directorate. Under a Continuous Improvement culture everyone is encouraged to be constantly looking for better ways of delivering service and disseminating good practice throughout the business.

Performance will be monitored at team and service levels through performance boards before being considered each month by the Directorate Management Team. On a quarterly basis information will also be fed up to the corporate centre on Council Plan and activity measures.

More timely information will also be made available to all frontline staff with the development of a series of local performance reports using the Xcelsius tool. These will allow staff access to daily updates on key performance indicators and activity measures. It is anticipated that the information is then used as part of the monthly supervision with social workers.

In addition each of the service areas will produce a service plan which will provide the link between this plan and the PDRs of individuals within the service area.

During the year we will continue to support the work of citizens who use services and carers through the activities of both the Assessment & Support Planning and Commissioning Quality Boards, in driving forward key improvement initiatives.

In November 2012, we published our 2011/12 Annual Performance Report, in which we explained what we have achieved between 1st April 2011 and 31st March 2012:

http://www.birmingham.gov.uk/AdultsAnnualReport

Resilience & Business Continuity Planning

The Civil Contingencies Act 2004 and its accompanying non-legislative guidelines deliver a single framework for civil protection in the UK. The Act places statutory responsibility upon the City Council to ensure it is prepared, as far as reasonably practical, to continue to provide time critical functions in the event of a disruption.

Resilience arrangements form part of the Public health service area within the directorate led by the Director of Public Health, Strategic Manager Prediction and Prioritisation and the Resilience & Business Continuity Manager.

There are two essential focuses of Resilience:

- **Emergency Planning and Health Protection**. Adults & Communities Directorate have lead responsibility for the City's Welfare Response; provided by the Crisis Support Team & Specialist Transport Team.

  The Directorate Emergency Plan and topic plans (Severe Weather, Fuel Disruption, Pandemic Flu etc) deal with the impacts and consequences of major incidents, be they fast happening like a major accident or slow burn like a pandemic. The purpose of the plan is to assist in coordinating the response and recovery phase of an incident.

- **Business Continuity Management (BCM).**The focus being to ensure essential and time critical services continue, albeit it at a reduced level, throughout the service disruption. This focus is about ensuring 'business as usual' primarily through identifying and protecting resources. The long term goal of BCM Management is to improve the organisations BCM capability and hence its operational resilience and preparedness.

  Emergency & BCM Plans are regularly reviewed and tested and lessons leant fed back into the continuous planning cycle and reported to DMT.

The Directorate is keen to improve its ability to reduce, control or mitigate the effects of an emergency on critical services. This will help to reduce financial loss (incurred as a result of loss of revenue or litigation costs); maintain public confidence and avoid adverse media attention.

Further details on the process are provided in the Service Plan 2013+ template

Engagement

We believe in all users, carers and communities being involved in the review and evaluation of our services, and in the design of further improvements. The focus of our accountability has shifted from central government to local citizens. The judgement as to how effectively we deliver services will come from citizens.

We have therefore set up two Citizen-led Quality Boards – one covering the work of the Assessment and Support Planning services and one for Commissioning services. The Boards aim to check that the Adults and Communities Assessment and Support Planning, Safeguarding and Commissioning services produce the best outcome for the citizens of Birmingham within the available resources.

The Boards report to the Directorate Management Team of Adults & Communities and will share their work and findings with Birmingham Healthwatch which is part of a national network of Healthwatch groups set up by the Government to give a voice to citizens in the delivery of their local health and adult social care services.

In addition, we are demonstrating our commitment to personalisation and community based support by taking part in 'Think Local, Act Personal's' 'Making it Real' initiative. Our first three chosen 'I' statements are:

1. **Information and Advice:**
   "I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date"

2. **Active and supportive communities:**
   "I have access to a range of support that helps me to live the life I want and remain a contributing member of my community"

3. **Workforce**:
   "I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers".

The Supporting People Citizen's Panel and lay assessors have made a major contribution to the development of the programme and will play a key role in the re-commissioning of services commencing in 2013.

We have begun work with Birmingham Healthwatch, the Clinical Commissioning Groups and the hospital trusts to co-ordinate engagement activity across the City. In addition, we will work with the District and Ward Committee structures as well as Neighbourhood Forums to ensure that the voice of disabled and vulnerable people is heard clearly.

Planned activity for 2013/14 is outlined in Appendix E.

A corporate review of Support Services has some outline proposals for engagement. These will be developed during 2013/14 and may have some implications for the way the Directorate has worked in the past.

Equalities

Although there is no explicit legal requirement to collect and use equality information across the protected characteristics, in order to have due regard to the aims of the general equality duty, we must understand the impact of our policies and practices on people with protected characteristics. Collecting and analysing equality information (including from engagement, where relevant) is an important way for us to develop this understanding.

The Equality Duty covers the following protected characteristics:

1. age
2. disability
3. gender reassignment
4. pregnancy and maternity
5. race – this includes ethnic or national origins, colour or nationality
6. religion or belief – this includes lack of belief
7. sex
8. sexual orientation
9. It also applies to marriage and civil partnership, but only in respect of the requirement to have due regard to the need to eliminate discrimination.

Equality Objectives

The public sector equality duty consists of a general equality duty, which has three aims, to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

The purpose of the equality duty is to bring about positive change. It is therefore important to focus on achieving real equality and good relations outcomes when we develop our objectives. This means identifiable improvements in in policy making, service delivery and employment, including resource allocation, or in the outcomes for different employees and service users.

Our objectives must be specific and measurable and we must set out how we will measure progress. Objectives and the progress made towards them are likely to be an important piece of evidence to demonstrate our compliance with the equality duty and to help the public assess our equality performance. The Directorate's Management Team have driven the choice of the equality objectives and receive regular updates about the progress we have made.

The development of our equality objectives has been carried out as part of our normal business planning processes. Our original objectives were:

- **Providing better information**, advice and signposting for all. Identifying people who are most at risk of needing care and providing early support to prevent or delay people needing a more intensive service later on.
- **Developing an enablement service** that provides support to people for up to six weeks and helps them learn or relearn the skills they need to be able to live independently at home.
- **Moving to Individual Budgets** to give service users choice and control;

As part of this 2013+ plan, we are revising our objectives:

- **Equality of outcomes for individuals accessing the Directorate's Enablement Services**: Review sample of citizens who have been enabled and who have not been enabled to gain a deeper understanding of service effectiveness vis-à-vis environmental issues such as deprivation.
- **Equality of outcomes for individuals with a learning disability: housing, employment & health**: Work with Public Health and the Health & Wellbeing Board to create an action plan to increase the independence of people with a learning disability
- **Extend recording of client details to encompass the nine protected characteristics**, as a Directorate, we currently only obtain data relating to three of the nine characteristics (age, race and sex).

The Directorate's latest (December 2012) equalities analysis can be found in Appendix F

Finance and Resources

The 2010 Spending Review contained an announcement of a 28% cut to local government grants, after taking account of inflation, by 2015, and the Chancellor set out an additional cut of 2% in 2014/15 in the Autumn Statement of 2012, together with the need for continuing reductions until 2017/18. The combined impact of grant reduction and rising local costs means the Council will have to make savings of around £615m by 2016/17 which equates nearly 50% of the controllable expenditure of £1.3bn.

Within this context, the Directorate's net budget for 2013/14 is £323.4m. To meet that budget, the Directorate has, through consultation, established detailed savings requirements (see Appendix G) totalling £32.7m.

The 2013/14 budget will be monitored closely during the forthcoming financial year. Particular attention will be paid to delivering the savings proposals, through management implementation plans which will be regularly updated. The Directorate makes monthly returns to the Director of Corporate Finance who reports the corporate budget monitoring position to Cabinet on a monthly basis. The Deputy Leader's Star Chamber tracks delivery of the savings targets and regularly reviews Directorate plans and progress.

Please note that this section and relevant Appendix will need to be updated once the final location of housing services is confirmed.

Workforce

The Directorate had already embarked on a programme to modernise the provision of services and deal with on-going demographic pressures through the introduction of an ambitious personalisation initiative. There will need to be substantial change in the way care is provided and commissioned. The proposals by which this will be achieved include:

- review of all internal services as part of the service review proposals;
- Integrating enablement across all client groups;
- recommissioning of Extra Care Housing;
- Specialist Care Services preparing to move into a new delivery and contracting model;
- the future service delivery model being considered for Assessment and Support Planning;
- ceasing the subsidy to the Community Health Care Trust for intermediate care on the top floor of Norman Power Care Centre. The saving has been met for 2013/14 as a result of temporary extra funding from the NHS, consultation is continuing in respect of future years;
- changes in the managerial arrangements following the introduction of an electronic rostering system and the remodelling of the in-house Homecare service which has moved away from providing long-term care towards intensive short-term enablement that allows service users to maintain their independence and prevents demand for services in the future.

The Directorate along with HR colleagues supported the smooth transition of Public Health functions to Birmingham City Council from the NHS, with effect from 1st April, 2013. This is part of the development of an efficient and effective Public Health function for Birmingham.

A major service re-design of the Homelessness and Pre-tenancy service has also been undertaken in order to improve customer service and to ensure that the service can respond effectively to major policy changes.

It is currently forecast that the numbers of full time equivalents (FTEs) will decline from 2,937 as at April 2013 to 2,898 as at March 2016. These figures do not include the major changes which are set out above and which are likely to lead to significantly greater reductions in workforce over the next few years.

The Directorate's workforce plan is regularly reviewed and monitored to ensure that any changes are captured, the plan remains on track and that associated budget savings can be achieved.

Property and other Physical Assets

The Directorate will retain six day centres for adults with Learning Disabilities and recently gained Cabinet approval to investment over £2.5m in a programme of refurbishment works to the estate. It has also recently completed the £3m refurbishment of the former Summerhill complex to provide step-down accommodation for adults with substance abuse issues.

The Directorate is currently finalising its strategy for the provision of short breaks for adults with learning disabilities and is also examining the service delivery points for older adults day care. Those facilities which are to be retained in the medium-to-long term will have capital invested where appropriate to ensure they are fit-for-purpose.

The Directorate currently operates 4 homeless hostels providing 117 units. It is presently in the process of decommissioning the smallest of the four hostels and is drawing up a business case to refurbish the remaining three hostels or invest in alternative premises.

In addition to the service delivery premises referred to above, the Directorate has been closely involved in the Central Administration Building (CAB) transformation under the Working For The Future workstream. In the last 3½ years the Directorate has vacated 15 CAB office premises with several hundred staff relocating to the new office provision and adopting new ways of working. This has permitted the full implementation of the Directorate's Future Operating Model from an accommodation perspective, based on a three building model – Woodcock Street (Central / strategic), Lifford House (South) and Sutton New Road (North).

As an extension of the Central Administration Building transformation, the Directorate has also been reviewing and decommissioning all the stand-alone offices held directly by Adults and Communities and accommodating those staff within the retained Central Administration Building portfolio. Nine offices in this category have closed; the only remaining building, the Assist Birmingham Centre Ladywood, is intended to be retained in the short term until the conclusion of the Social Work Pilot in 2014.

1   Enhancing quality of life for people with care and support needs

Overarching measure

1A. Social care-related quality of life * (NHSOF 2)

Outcome measures

People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.

1B. Proportion of people who use services who have control over their daily life
To be revised from 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

Carers can balance their caring roles and maintain their desired quality of life.

1D. Carer-reported quality of life * (NHSOF 2.4)

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

1E. Proportion of adults with a learning disability in paid employment *** (PHOF 1.8, NHSOF 2.2)
1F. Proportion of adults in contact with secondary mental health services in paid employment *** (PHOF 1.8, NHSOF 2.5)
1G. Proportion of adults with a learning disability who live in their own home or with their family ** (PHOF 1.6)
1H. Proportion of adults in contact with secondary mental health services living independently, with of without support ** (PHOF 1.6)

New measure for 2013/14:
1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. ** (PHOF 1.18)

2   Delaying and reducing the need for care and support

Overarching measures

2A. Permanent admissions to residential and nursing care homes, per 1,000 population

Outcome measures

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services ** (NHSOF 3.6i)

New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.
New placeholder 2E: Effectiveness of reablement services

When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

2C. Delayed transfers of care from hospital, and those which are attributable to adult social care

*New placeholder 2F: Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life .** (NHSOF 2.6ii)*

3   Ensuring that people have a positive experience of care and support

Overarching measure

People who use social care and their carers are satisfied with their experience of care and support services.

3A. Overall satisfaction of people who use services with their care and support
3B. Overall satisfaction of carers with social services
*New placeholder 3E: Improving people's experience of integrated care ** (NHS OF 4.9)*

Outcome measures

Carers feel that they are respected as equal partners throughout the care process.

3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

3D. The proportion of people who use services and carers who find it easy to find information about support

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

This information can be taken from the Adult Social Care Survey and used for analysis at the local level.

4   Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Overarching measure

4A. The proportion of people who use services who feel safe * (PHOF 1.19)

Outcome measures

Everyone enjoys physical safety and feels secure.
People are free from physical and emotional abuse, harassment, neglect and self-harm.
People are protected as far as possible from avoidable harm, disease and injuries.
People are supported to plan ahead and have the freedom to manage risks the way that they wish.

4B. The proportion of people who use services who say that those services have made them feel safe and secure

New placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe

Aligning across the Health and Care System

* Indicator complementary
** Indicator shared
*** Indicator complementary with the Public Health Outcomes Framework and the NHS Outcomes framework

Shared indicators: The same indicator is included in each outcomes framework, reflecting a shared role in making progress
Complementary indicators: A similar indicator is included in each outcomes framework and these look at the same issue

1 Preventing people from dying prematurely

Overarching indicators

1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
 i Adults ii *Children and young people*
1b Life expectancy at 75
 i Males ii Females

Improvement areas

Reducing premature mortality from the major causes of death
1.1 Under 75 mortality rate from cardiovascular disease* (PHOF 4.4)
1.2 Under 75 mortality rate from respiratory disease* (PHOF 4.7)
1.3 Under 75 mortality rate from liver disease* (PHOF 4.6)
1.4 Under 75 mortality rate from cancer* (PHOF 4.5)
 i One- and ii Five-year survival from all cancers
 iii *One- and iv Five-year survival from breast, lung and colorectal cancer*

Reducing premature death in people with serious mental illness
1.5 Excess under 75 mortality rate in adults with serious mental illness* (PHOF 4.9)

Reducing deaths in babies and young children
1.6 i Infant mortality* (PHOF 4.1)
 ii Neonatal mortality and stillbirths
 iii *Five year survival from all cancers in children*

Reducing premature death in people with a learning disability
1.7 *Excess under 60 mortality rate in adults with a learning disability*

2 Enhancing quality of life for people with long-term conditions

Overarching indicator

2 Health-related quality of life for people with long-term conditions** (ASCOF 1A)

Improvement areas

Ensuring people feel supported to manage their condition
2.1 Proportion of people feeling supported to manage their condition**

Improving functional ability in people with long-term conditions
2.2 Employment of people with long-term conditions** * (ASCOF 1E PHOF 1.8)

Reducing time spent in hospital by people with long-term conditions
2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
 ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers
2.4 Health-related quality of life for carers** (ASCOF 1D)

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness **** (ASCOF 1F & PHOF 1.8)

Enhancing quality of life for people with dementia
2.6 i Estimated diagnosis rate for people with dementia* (PHOF 4.16)
 ii *A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life*** (ASCOF 2F)

3 Helping people to recover from episodes of ill health or following injury

Overarching indicators

3a Emergency admissions for acute conditions that should not usually require hospital admission
3b Emergency readmissions within 30 days of discharge from hospital* (PHOF 4.11)

Improvement areas

Improving outcomes from planned treatments
3.1 Total health gain as assessed by patients for elective procedures
 i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins
 v *Psychological therapies*

Preventing lower respiratory tract infections (LRTI) in children from becoming serious
3.2 Emergency admissions for children with LRTI

Improving recovery from injuries and trauma
3.3 Proportion of people who recover from major trauma

Improving recovery from stroke
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months

Improving recovery from fragility fractures
3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days

Helping older people to recover their independence after illness or injury
3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation service*** (ASCOF 2B)
 ii Proportion offered rehabilitation following discharge from acute or community hospital

NHS Outcomes Framework 2013/14
at a glance

Alignment across the Health and Social Care System

* Indicator shared with Public Health Outcomes Framework (PHOF)
** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)
*** Indicator shared with Adult Social Care Outcomes Framework
**** Indicator complementary with Adult Social Care Outcomes Framework and Public Health Outcomes Framework

Indicators in italics are placeholders, pending development or identification

4 Ensuring that people have a positive experience of care

Overarching indicators

4a Patient experience of primary care
 i GP services
 ii GP Out of Hours services
 iii NHS Dental Services
4b Patient experience of hospital care
4c *Friends and family test*

Improvement areas

Improving people's experience of outpatient care
4.1 Patient experience of outpatient services

Improving hospitals' responsiveness to personal needs
4.2 Responsiveness to in-patients' personal needs

Improving people's experience of accident and emergency services
4.3 Patient experience of A&E services

Improving access to primary care services
4.4 Access to i GP services and ii NHS dental services

Improving women and their families' experience of maternity services
4.5 Women's experience of maternity services

Improving the experience of care for people at the end of their lives
4.6 Bereaved carers' views on the quality of care in the last 3 months of life

Improving experience of healthcare for people with mental illness
4.7 Patient experience of community mental health services

Improving children and young people's experience of healthcare
4.8 *An indicator is under development*

Improving people's experience of integrated care
4.9 *An indicator is under development *** (ASCOF 3E)

5 Treating and caring for people in a safe environment and protect them from avoidable harm

Overarching indicators

5a Patient safety incidents reported
5b Safety incidents involving severe harm or death
5c *Hospital deaths attributable to problems in care*

Improvement areas

Reducing the incidence of avoidable harm
5.1 Incidence of hospital-related venous thromboembolism (VTE)
5.2 Incidence of healthcare associated infection (HCAI)
 i MRSA
 ii C. difficile
5.3 Incidence of newly-acquired category 2, 3 and 4 pressure ulcers
5.4 Incidence of medication errors causing serious harm

Improving the safety of maternity services
5.5 Admission of full-term babies to neonatal care

Delivering safe care to children in acute settings
5.6 Incidence of harm to children due to 'failure to monitor'

Public Health Outcomes Framework

Vision

To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

Outcome measures

Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

1 Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators

- Children in poverty
- *School readiness (Placeholder)*
- Pupil absence
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- *People in prison who have a mental illness or significant mental illness (Placeholder)*
- Employment for those with a long-term health condition including those with a learning difficulty/ disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- *Domestic abuse (Placeholder)*
- *Violent crime (including sexual violence) (Placeholder)*
- Re-offending
- *The percentage of the population affected by noise (Placeholder)*
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- *Social connectedness (Placeholder)*
- *Older people's perception of community safety (Placeholder)*

3 Health protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plans
- *Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- *Child development at 2-2.5 years (Placeholder)*
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- *Emotional wellbeing of looked-after children (Placeholder)*
- *Smoking prevalence – 15 year olds (Placeholder)*
- Hospital admissions as a result of self-harm
- *Diet (Placeholder)*
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- *Cancer diagnosed at stage 1 and 2 (Placeholder)*
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in the over 65s

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators

- Infant mortality
- Tooth decay in children aged five
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- *Mortality from communicable diseases (Placeholder)*
- *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
- Suicide
- *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
- Preventable sight loss
- *Health-related quality of life for older people (Placeholder)*
- Hip fractures in over 65s
- Excess winter deaths
- *Dementia and its impacts (Placeholder)*

Birmingham Health and Wellbeing Strategy

Vision Birmingham is a City that sets the health and wellbeing of its most vulnerable citizens as its most important priority. In order to improve the health and wellbeing of all residents, Birmingham has built an integrated health and social care system that is both resilient and sustainable.

Aims
- **Improve the health and wellbeing of our most vulnerable adults and children in need**
- **Improve the resilience of our health and care system**
- **Improve the health and wellbeing of our children**

	Outcome	Actions	Measure	Target
Vulnerable People	Make children in need safer	• Implementation of the Early Help Strategy	• Better family support reduces the need for children to come into public care. • Better family support and work with families reduces the need for statutory child protection plans	Reduce no of children in care to 1500 Work with 5000 children in need
	Improve the wellbeing of vulnerable children	• Systematic implementation of evidence based interventions relating to behaviour change • Pooling our resources to develop holistic services	• Children in need rate per 10,000 children • Fewer Children in need first time entrants to youth justice system per 100,000 • Children in Poverty • Better health and wellbeing reported by Looked After Children	Increase to 343 (3yrs) Reduce to 517 (3yrs) Decreased Increased
	Increase the independence of people with a learning disability or severe mental health problem	• Transformation of approach to life-time care for those with a learning disability • Transformation of approach to life-time care for those with mental health problems	• Adults with a learning disability who live in stable and appropriate accommodation. • Adults with learning disabilities in employment • Adults in contact with secondary mental health services who live in stable and appropriate accommodation. • Adults in contact with secondary mental health services in employment	Increase to 70% (5yrs) Increase to 7.1% (2yrs) Increase to 55% (5yrs) Increase to 8.9% (2yrs)
	Reduce the number of people and families who are statutory homeless	• Implement the domestic violence action plan • Implement the homelessness action plan	• Homelessness acceptances per 1,000 households • Households in temporary accommodation per 1,000 households	Reduce to 4.4 (2yrs) Reduce to 1 (2yrs)
	Support older people to remain independent	• Systematic personal and environmental advice to all aged 75 and over • Focused early intervention to those at risk, including falls and isolation	• Reduced fuel poverty • Fewer admissions to care homes • Fewer injuries due to falls	Reduce to 20.3 (3 yrs) Reduce to 695.9 (3 yrs) Reduce to 1642 (3 yrs)
Child Health	Reduce childhood obesity	• Implement systematic behavioural change interventions, based on evidence, at scale, for healthy eating and physical activity	• Proportion of children with excess weight in Reception • Proportion of children with excess weight in Year 6 • Breast feeding (at birth; at 6-8 weeks)	Reduce to 33.9% (5yrs) Increase
	Reduce infant mortality	• Review the intelligence related to infant mortality and severe morbidity	• Early neonatal mortality, rate per 1,000 births • Low birth weight babies under 2500g	Reduce to 3.1% (3yrs)
System Resilience	Health and care system in financial balance	• Develop a budget that mitigates unintended consequences amongst partners	• Clearly defined Birmingham budget across agencies	Achieved
	Common NHS and Local Authority approaches	• Mapping organisations, priorities and groups • Identify opportunities for common work areas • Establish common approaches	• Opportunities for common approaches identified • Common approaches established	Established and maintained
	Improve primary care management of common and chronic conditions	• Systematic approach to managing and treating common health problems • Implementation of a dynamic care record to reduce unplanned emergency activity	• Fewer unplanned admissions for conditions that do not usually require hospital admission. • Fewer repeat attendances at emergency health facilities	Reduce to 210 (3 yrs) Reduce to 11.8 (3 yrs)

Adults & Communities Planned Engagement Activity

	DMT Sponsor	Likely time period	Cabinet approval already sought?	Service Users	Stakeholders
Update on Leader's Policy Statement and Service Review	Peter Hay	July - Sept 2013	N/R	All	All
Allocations Policy	Louise Collett	June - Sept 2013	No	Applicants of the Housing Register	All
2012/13 Local Account	Alan Lotinga	July – September 2012	N/R	All	All
2014/15 Budget	Peter Hay	Winter 2013	N/R	All	All

Adults & Communities Equalities Analysis

Showing analysis of the available protected characteristics in Birmingham.
Figures are shown for:
1. Clients receiving a service on 31st December 2012 - taken from CareFirst.
2. Staff employed in December 2012 - taken from EPM
3. Birmingham population, 2011 census for gender, age and ethnicity - taken from ONS

Please note that data is not currently available on gender reassignment, sexual orientation or pregnancy.
Staff or Birmingham population.

Religion is only available for Clients and Birmingham population and Disability is only recorded against Staff.

	Clients	Staff	Birmingham (adults only)	Birmingham (total population)
Total Numbers	13,714	3,293	798,910	1,073,045
Percentage of adult population	1.7%	0.4%		

Since the last report the number of clients receiving a service by Adults and Communities has increased by 262 when comparing the two snap shot dates. The number of temporary and permanent staff employed by Adults and Communities has decreased by 271.

Not all breakdowns of the 2011 census data are currently available. As a result the remaining tables are based on the total Birmingham population only, except for the age band table. Figures will be updated when further information is available.

Gender

	Clients	Staff	Birmingham
Female	59.4%	78.0%	50.8%
Male	40.0%	22.0%	49.2%
Unknown	0.7%	0.0%	0.0%

Although the population of Birmingham is split almost evenly between Male and Female, there are a larger proportion of Female clients in receipt of Adults & Communities services with 59.4%. This may relate to the fact that 69% of clients are aged 65 plus (see below) and on average women tend to live longer than men.

There is a large over representation of Female staff who account for 78% of the adults and communities workforce. This over representation exists across all pay grades, although the gap decreases as the pay grade increases.

Since the last report there has been a slight increase of male clients, the same is true of male staff (1.5% and 1.8% respectively).

Age Group

Please note that unlike the other population tables in this report, the following table excludes those aged less than 18 from the Birmingham population, allowing for comparison to Adults and Communities clients and staff.

	Clients	Staff	Birmingham
18 to 24	3.2%	0.6%	16.3%
25 to 34	5.5%	10.8%	20.6%
35 to 44	6.3%	22.1%	18.0%
45 to 54	9.6%	44.4%	15.7%
55 to 64	9.2%	21.5%	12.1%
65 to 74	12.2%	0.5%	8.8%
75 to 84	22.9%	0.0%	6.1%
85 plus	31.0%	0.0%	2.4%
Unknown	0.2%	0.0%	0.0%

Of the over 18 Birmingham population 82.7% are aged 18 to 64, with over a third (36.9%) aged 18 to 34.

Due to the nature of the support provided by the Adults & Communities team 66.1% of clients are aged 65 plus, with the majority of other clients aged 35 to 64. Only 8.7% of clients are aged 18 to 34.

88% of staff are aged between 35 and 64, with most of the remainder aged 18 to 34. Only 0.5% of staff are aged 65 plus.

Since the last report there have been slight increases in the proportion of services received by clients aged 18 to 74, the largest increase was seen in the 45 to 54 category (0.9%). Consequently there has been a decrease in the proportion of services received by the 75 to 84 and 85 plus age groups of 1.1% and 2.1% respectively. This is likely to be a result of the increasing focus on preventative services.

Ethnicity

	Clients	Staff	Birmingham
Asian or Asian British	11.2%	16.9%	26.6%
Black or Black British	10.3%	23.5%	9.0%
Other	1.1%	2.0%	2.0%
Mixed	1.0%	1.9%	4.4%
White	74.6%	49.6%	57.9%
Unknown	1.8%	6.1%	0.0%

As noted above, not all breakdowns of the 2011 census data are currently available. While data is available for ethnicity breakdowns, this cannot currently be split by age and so the following figures include under 18's. The 2009 mid year estimates predicted that more than a third of the population identified as Asian, and almost half of those identified as Mixed, were under 18 (the actual ethnicity by age from the 2011 census is not yet available). Therefore, the Birmingham population figures are not directly comparable with either Staff or Client figures.

Please note that 6.1% of staff Ethnicity was either unknown or not disclosed and this may impact on the level of under representation for the ethnicity groups mentioned above.

Please note that Chinese is now included in the Asian or British Asian category under the 2011

census, previously Chinese was included in the Other category. In 2001 0.5% of Birmingham's population was Chinese.

There is a substantial under representation of Asian clients, with 15.4% fewer than the Birmingham population, however this may be attributed to the fact that there is a higher proportion of Asians in younger age groups as stated above. There is also an under representation of mixed clients with 3.4% fewer than the Birmingham population. There are higher proportions of White clients with 17.6% more than the Birmingham population.

Since the last report there has been an increase in the percentage of services received by Asian clients (1.6%). There has been a 2.3% decrease in the proportion of services received by White clients.

For Adults & Communities staff there is a substantial under representation in both Asian (9.7%) and White (8.3%) staff. There is a substantial over representation of Black staff, with 14.5% higher than the population figures.

Since the last report there has been a notable increase of 2.3% for both Asian and Black staff. Consequently there 4.4% fewer White members of staff.

Religion

	Clients	Staff	Birmingham
Buddhist	0.2%		
Christian	62.5%		
Hindu	1.3%		
Jewish	0.2%		
Muslim	7.2%		
None	8.2%		
Other	10.0%		
Sikh	2.2%		
Unknown	8.2%		

No staff data is currently available. Census 2011 religion data will be released at the end of January 2012. Religion has been grouped based on the census categories to allow a direct comparison when data is available.

Since the last report there has been a decrease in the percentage of services received by Christian clients of 4.5%. Muslims account for 1% more of the services received and the number of clients where their religion has not been recorded has increased by 2.8%.

Disability

	Clients	Staff	Birmingham
Yes		6.9%	
No		92.0%	
Unknown		1.1%	

No comparative data is currently available.

Since the last report there are 0.6% fewer unknown entries providing a better reflection of the workforce. The number of staff recorded as having a disability has increased from 6.0% in the last report.

Directorate Savings schedule – 2013/14 – 2016/17

New Savings Options -	2013/14 £m	2014/15 £m	2015/16 £m	2016/17 £m
Adults and Communities Transformation Financing	1.410	1.410	1.410	1.410
Reduction in directorate running costs	1.000	1.000	1.000	1.000
One off use of reserves	2.965	0.000	0.000	0.000
Alternative telecare financing	1.000	0.000	0.000	0.000
Full year effect of homecare restructuring	0.500	0.500	0.500	0.500
Birmingham Contract mitigation	1.200	1.200	1.200	1.200
Additional use of NHS funds to support eligibility criteria	3.185	0.000	0.000	0.000
Framework Contracts and Market Shaping for residential and home care.	3.200	3.200	3.200	3.200
Full year effect of Meals subsidy reduction	0.400	0.400	0.400	0.400
Reduce subsidy for intermediate care at the Norman Power Centre	0.400	0.400	0.400	0.400
Reduce subsidy to University Hospital Birmingham for delayed discharge schemes	0.500	0.500	0.500	0.500
Planned under spend on 3rd sector commissioning in 2012/13	0.225	0.000	0.000	0.000
Supporting People	1.992	1.492	1.492	1.492
Sub-Total of New Savings	**17.977**	**10.102**	**10.102**	**10.102**
Transforming Assessment and Support Planning	0.000	0.000	4.800	4.800
Reduction in Programmes funded by dedicated government grant	0.000	0.000	2.400	2.400
Commissioning efficient services	0.000	0.000	2.900	2.900
Centrally Managed Business Transformation Savings	0.056	0.160	0.160	0.160
Corporate initiatives to reduce costs	0.266	0.387	0.387	0.387
A&C Transformation Programme	6.121	10.728	22.675	26.233
Increasing the Effectiveness from the Enablement Service	2.651	2.651	2.651	2.651
Bringing forward benefits from Individual Budgets	1.743	1.743	1.743	1.743
Closure of remaining 4 older people's care homes	0.783	2.200	2.200	2.200
Prevention & Prediction incl Telecare	(1.248)	(3.644)	(4.513)	(4.128)
Reductions in Directorate running costs	0.465	1.442	2.311	3.037
Vacancy Management	(0.886)	(0.886)	(0.886)	(0.886)
Supporting People reductions in Formula Grant	4.706	4.753	4.753	4.753
Support from the NHS for Social Care to benefit Health	0.100	0.100	(10.000)	(10.000)
Initiatives previously consulted on	**14.757**	**19.634**	**31.581**	**36.250**
Total Potential Savings	**32.734**	**29.736**	**41.683**	**46.352**

Risk Management

Risk Management processes are applied when priorities and objectives are being set and Business Plans are being drawn up. The process is also applicable for projects.

There are five stages to the Risk Management process, which is ongoing:

1. **Risk Identification:** Opportunities and risks around achieving the Business Plan priorities are identified.

2. **Risk Analysis:** The opportunities and risks identified are reviewed accordingly to the likelihood of them occurring and the potential impact.

3. **Risk Prioritisation:** This is where the risks are designated as red, amber or green depending on the likelihood of them happening and the impact if they do happen. The process should be applied to consider both the <u>inherent</u> risk (the worst case scenario if there were no controls in place) and the <u>residual</u> risk (the potentially reduced level of risk given controls in place or proposed).

4. **Management of Risks:** This involves making decisions on whether to control, transfer, modify, eliminate or accept the risk or how to proceed with the opportunity identified based on any constraints.

5. **Monitoring:** The Business Plan and the Risks and Opportunities contained within it form a working document. Birmingham Audit's requirements are that risks and Risk Registers are reviewed on at least a quarterly basis and the plan will be monitored on this basis.

Risk Matrix

LIKELIHOOD		Low	Medium	Significant	High
	High	(yellow)	(red)	(red)	(red)
	Significant	(yellow)	(yellow)	(red)	(red)
	Medium	(green)	(yellow)	(yellow)	(yellow)
	Low	(green)	(green)	(yellow)	(yellow)
		Low	Medium	Significant	High

IMPACT

Definitions

Description	Likelihood	Impact
High	Almost certain, is expected to occur in most circumstances. Greater than 80% chance.	Critical impact on the achievement of objectives and overall performance. Critical opportunity to innovate/improve performance missed/wasted. Huge impact on costs and/or reputation. Very difficult to recover from and possibly requiring a long term recovery period.
Significant	Likely, will probably occur in most circumstances. 50% - 80% chance.	Major impact on costs and objectives. Substantial opportunity to innovate/improve performance missed/wasted. Serious impact on output and/or quality and reputation. Medium to long term effect and expensive to recover from.
Medium	Possible, might occur at some time. 20% - 50% chance.	Waste of time and resources. Good opportunity to innovate/improve performance missed/wasted. Moderate impact on operational efficiency, output and quality. Medium term effect which may be expensive to recover from.
Low	Unlikely, but could occur at some time. Less than 20% chance.	Minor loss, delay, inconvenience or interruption. Opportunity to innovate/make minor improvements to performance missed/wasted. Short to medium term effect.

Risk Management Top 10 Risk Areas – Adults and Communities

1 Safeguarding (including Provider quality) and equality of provision

2 Maintain a balanced Budget and implementation of SDBP

3 Statutory responsibilities (failure resulting in Legal censure)

4 Provider and Market Approach

5 Structure; Partnerships [internal & external, including CCGs, Pooled Budgets], systems

6 Workforce matters

7 Equality of Assessment processes

8 Data Quality

9 Environmental issues (including Recession, Welfare Reform)

10 Service User and Customer Engagement