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Introduction by Professor Graeme Betts, Director for Adult Social Care and Health

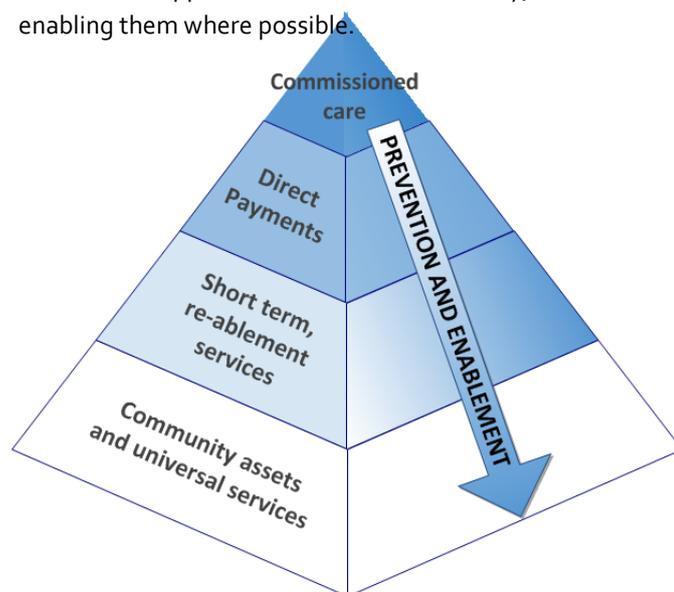
The goals that Birmingham Council are seeking to achieve for citizens are that they should be resilient, living independently whenever possible and exercising choice and control so that they can live good quality lives and enjoy good health and wellbeing.

It is essential to recognise that, in order to support people to achieve these goals, the Council has broad responsibility across a range of areas and it is a corporate responsibility to achieve them. For example, the Council has a key role in ensuring there is appropriate housing which offers choice to people with a wide diversity of needs. For people to engage in community activities, there needs to be a wide range of community assets which the Council should ensure are in place including community centres, leisure centres, parks and gardens. People need to feel safe to come out of their homes to enjoy them.

Most adults and older people can enjoy access to mainstream services independently or with help and support from their families, friends and social groups. However, for some citizens this is only possible with support from social care services and from other public sector agencies such as health services. This report focuses on how Adult Social Care and Health services in Birmingham will work to support adults with disabilities and older people to achieve the desired goals, and crucially how we will work with the NHS and other partners to ensure that safe and effective health and social care is joined up across Birmingham.



Prevention Pyramid model: We want to prevent people from becoming dependent on care, helping people access services and opportunities in their community, and re-enabling them where possible.



Introduction: What is a Market Position Statement?

Local Authorities are facing considerable challenges in terms of providing services with decreasing budgets, whilst demographic demands and expectations are constantly rising. The Care Act of 2014 also emphasises the importance of Local Authorities working with providers to shape the market and ensure information is shared.

The latest Market Position Statements are a series of openly available documents that are intended for provider organisations to understand the opportunities to address local need and demand. Potential providers can find out what it takes to deliver services in Birmingham, including support available through the Commissioning Team. We are striving to create a care market that delivers good quality care and better outcomes, in a way that is safe and promotes independence.

If you have any comments or feedback on Birmingham's Market Position Statements or suggestions for how we can improve the information made available, please email:

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Birmingham's Commissioning Strategy for Adult Social Care

Birmingham's Commissioning Strategy for Adult Social Care has been published after extensive consultation with providers, service users and carers. Our vision for commissioned services in Birmingham, for both older people and younger adults, is:

'To have a vibrant, diverse and sustainable local health and social care market, which supports the achievement of better outcomes, increased independence and choice and control for adults'.

This vision for commissioned adult social care services is underpinned by three clear aims to:

1. Improve outcomes for those with health, care and support needs
2. Improve the quality of commissioned health and care services
3. Improve the resilience and sustainability of our health and social care system

This recognises that if people are to live better lives and achieve better outcomes, then we need to help people, their families and the community to have greater choice and control about the care that they receive, to promote independence and ensure that all adults have access to the support that they require to live safely and healthily.

To deliver this vision a whole systems approach is required which recognises that much of the need for care and support is met by people's own efforts including their families, friends or other carers, and by community networks. Services commissioned by the Council and NHS need to support and complement these individual and personal care and support resources.

We will work closely with our NHS partners to deliver a joined up approach to commissioning across the health and social care sector in Birmingham, including Public Health and wider community services. We will also look to forge closer ties with commissioning functions in other local authorities across the West Midlands.

- ◆ Improve peoples outcomes through person-centred services
- ◆ Improve the quality of services
- ◆ Improve the resilience and sustainability of the health and social care system
- ◆ Safeguarding adults
- ◆ Join together commissioning of Health, Social Care and Public Health services in Birmingham and the wider region

Commissioning Intentions to 2021

- ◆ **Investment and stability** – investing existing resources into the care sector in a more structured way to provide stability of care, but also recognising the role of the social care and health economy in the region and to allow all parties to plan their businesses, including proposals to move to a **fixed fee** approach.
- ◆ **Commissioner-led support** – a package of support from commissioners across the system that promotes quality improvement. Including ways in which social value will be delivered by the care sector and other partners.
- ◆ **Incentivising quality** – developing a quality rating system that rewards the best care provision and informs choice.
- ◆ **Market shaping** – developing mechanisms and specifications that support reduced reliance on the Council.
- ◆ **Efficiency and modernisation** – developing integrated systems and processes that are efficient and fit for the future.
- ◆ **Robust contract management** – clear specifications focussed on enablement, that make clear the requirements for providers, with robust and consistent management against these specifications.

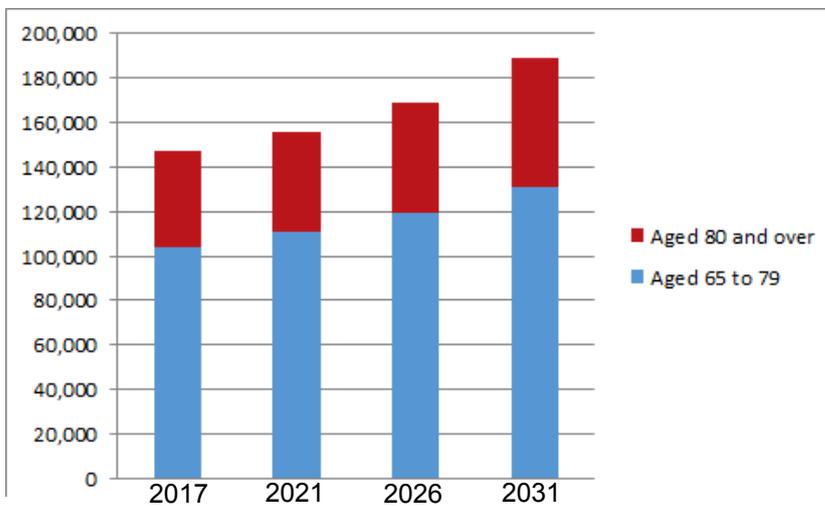
Population and Future Needs

Birmingham has a relatively young population compared to England as a whole, with around 13% of residents aged 65 and over. However because the City is the largest local authority in the country, the actual number of people aged over 65 is very large; with challenges and opportunities for the Council and providers of care. In terms of the social care market, 65% of adult social care clients are aged over 65.

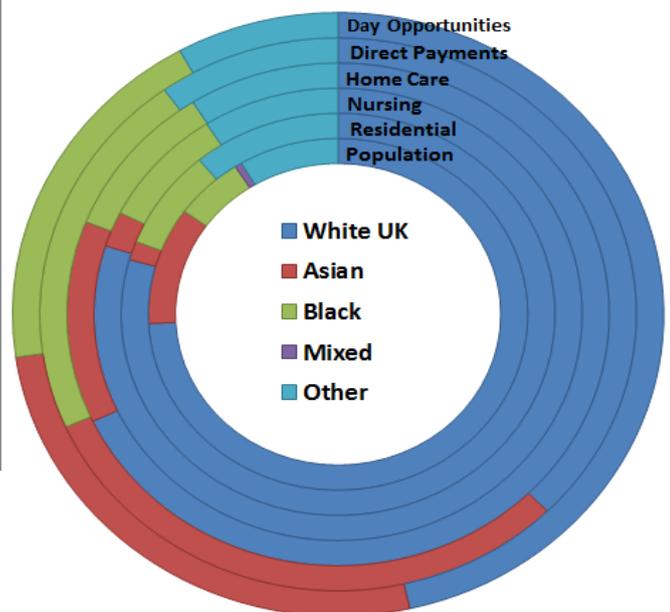
- ◆ Work with Health partners to prevent and delay the need for long-term social care.
- ◆ Ensure there is adequate service provision available for the expanding older population.

There are estimated to be 148,000 people aged 65 and over living in Birmingham (ONS Mid-year estimates 2017); of which 43,000 are aged 80 and over. People are living longer, which means that the population aged over 65 is predicted to increase by almost 5% by 2021. In particular by this time there will be an estimated 45,400 people aged over 80, increasing in number by almost 1% per year.

Number of older people in Birmingham: ONS Census predictions to 2031



Ethnicities of older people in Birmingham; overall population and those using commissioned services



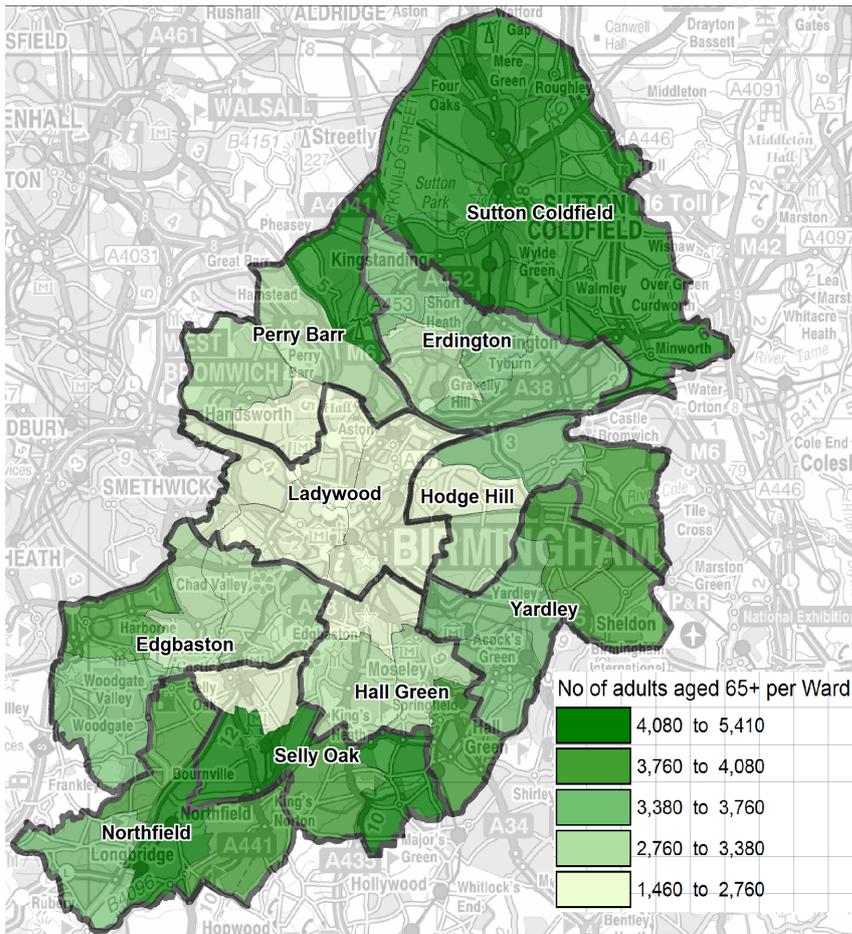
Birmingham is the most ethnically diverse city in the United Kingdom. Whilst the Black and Minority Ethnic (BME) population is younger than the White British population, this will gradually change over coming decades. The chart shown above right shows that older people's ethnicity appears to have an impact on the type of services they receive. For example, a higher proportion of White British people are in long-term care settings, whereas Direct Payments and Day Opportunities are more likely to be used by Black and Asian people.

Dementia

- ◆ Timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes. Disease registers at Birmingham GP practices tell us that 0.6% of the total population has been diagnosed as having dementia.
- ◆ In 2017, it is estimated that almost 11,000 people aged 65 and over are suffering from a form of dementia in Birmingham (poppi.org.uk). That's over 7% of the older adult population. The prevalence rates increase with age, so for those aged 90 and over, almost three in every ten people will have a form of dementia. By 2035, unless medical advancement reduces the risk of dementia, the numbers of people with it will have increased by almost 50% on current levels.
- ◆ There will still be residents who have dementia but have not had it diagnosed. We can estimate how many that may be to monitor our success in finding and diagnosis this population. It is estimated that 66.3% of possible dementia sufferers in the city have been diagnosed. This is similar to the national figure. (PHE health profiles)

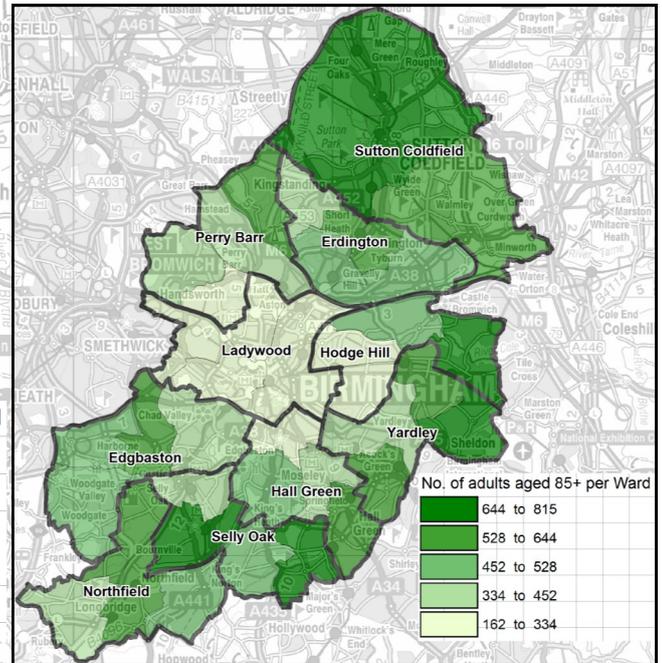
Population and Geography

Number of people aged 65 and over per Ward



- ◆ Develop partnership working at a local level across the city.
- ◆ Develop community assets and preventative services across the city, and help people to access them.

Those aged 85 and over per Ward



Birmingham's older adult population is distributed unevenly across the city, but essentially has a clear pattern of younger people living towards the centre and older people living towards the edges on the north, south and east. The map shows the concentration of people aged 65 and over, per ward. Areas coloured dark green have higher numbers of older people, lighter colours less.

The outer wards have the highest numbers of older people; Sutton Coldfield and Oscott in the north of the city, with other large concentrations in the south of the city in Northfield and Selly Oak constituencies, and those constituencies bordering Solihull in the east. The central areas of Birmingham; Ladywood and neighbouring wards, have a much younger population and fewer older people.

There are differing levels of economic deprivation across the city, along with diverse ethnic backgrounds; and so the needs of the population can be very different. Linked to this, the ethnic profile of the older adult population will change significantly in the coming years, with a large predicted increase in people from an Asian (particularly Pakistani) background passing the age of 65.

Commissioning Intentions

- ◆ As the population of Birmingham ages, Commissioning will monitor the distribution of services across the city to ensure that the right types of provision are available where people live.
- ◆ There will be a particular emphasis on universal services and community assets, and ensuring people have information about and access to these services in their area.
- ◆ The Council wants to support people in their own homes wherever possible, within the least restrictive setting appropriate. Long-term residential and nursing care are seen as a last resort.

Commissioned Services: market share now and the future

Over half of the long-term packages of care commissioned by Birmingham City Council for people aged 65 and over are domiciliary care packages. The majority of these are in people's own homes, but some are for people living in the City's growing number of housing with care developments.

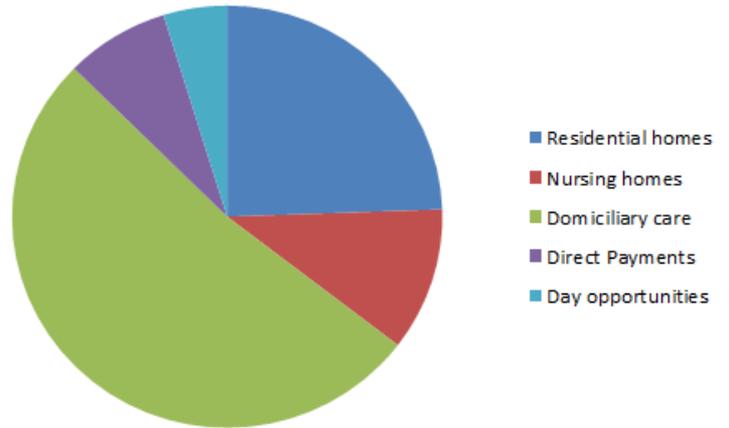
Just under a quarter of long-term care is in residential care homes, and 11% in nursing homes. This is a relatively low percentage compared to other local authorities of a similar size, however the Council still aims to increase the number of people living independently or receiving care and support in their own homes, rather than in a care setting.

The proposed new Framework for commissioned services emphasises Birmingham's intention to continually improve the quality of care in the City, and ensure citizens are safeguarded at all times.

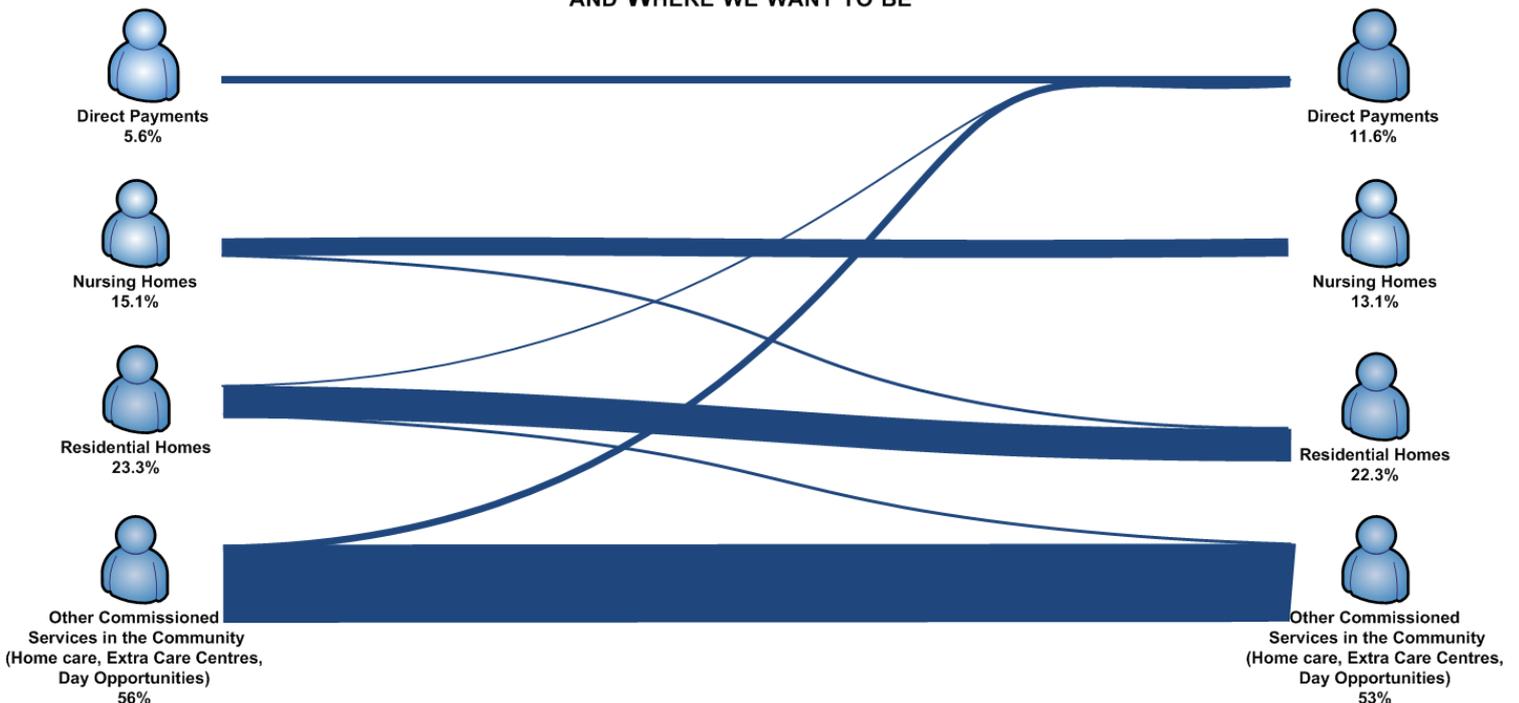
The graphic below illustrates some of the broader short to medium-term aims for older people's commissioning. On the left is the current service split, and on the right is the proportion of services that Birmingham is aiming for over the next two years. The main emphasis is on achieving a greater uptake of Direct Payments, so that people can live more independently and choose for themselves the types of support they want to purchase. This would bring us roughly in line with the best practice set by other comparator Local Authorities.

- ◆ Increase personalisation
- ◆ Improve the quality of commissioned care
- ◆ Safeguarding adults
- ◆ Use of resources: move resources to areas where best value can be delivered

Proportion of older adult service users by long-term service type



OLDER ADULTS SERVICES IN BIRMINGHAM: WHERE WE ARE AND WHERE WE WANT TO BE



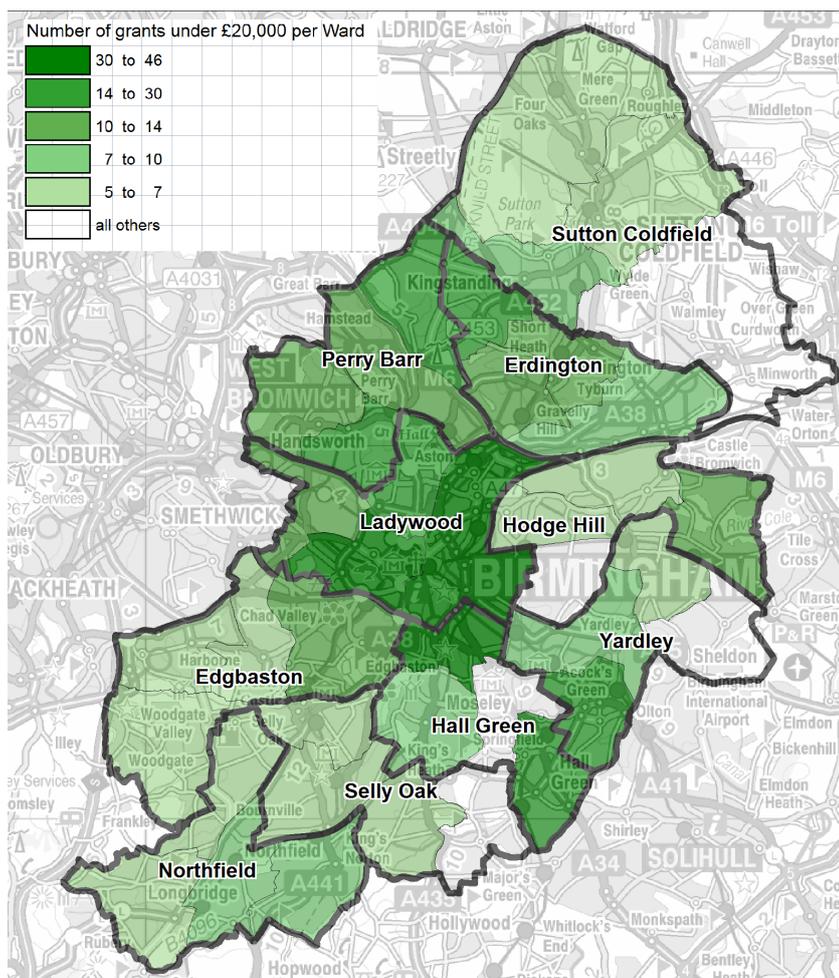
Source: Community Care Statistics, Social Services Activity England 2015-16

Community Assets and Universal Services

The first and most important part of the care system in Birmingham is that which is universal and available to everyone. We can broadly call these services ‘community assets’, or ‘universal services’, and by promoting and supporting these services and organisations we can go a long way to reducing isolation, improving public health and preventing or delaying people needing intensive health or social care services.

- ◆ In order to build a picture of the extent of community assets around the city we used, as a starting point, the data collected by 360 Giving which pulls together grants awarded by organisations including Birmingham City Council, The Big Lottery Fund, Comic Relief, Children In Need, and various national and local charitable trusts and foundations.
- ◆ The Council’s Adult Care and Health Commissioning centre also allocates grant funding to a number of Third Sector providers for universal, preventative and information and advice services. In addition to the 12 older adult day centres receiving funding, we also currently grant fund 14 organisations across the city providing advice, information, advocacy and support to older people and the wider community.
- ◆ There have been more than 400 grants of under £20,000 to charitable organisations in Birmingham since April 2016, from the Council and other funding bodies. The map

Number of grants from Birmingham City Council and other organisations under the value of £20,000 awarded during 2016 and 2017, per Ward



Commissioning Intentions

- ◆ Encourage volunteering and active participation in community assets.
- ◆ Ensure that people have access to information telling them what services and resources are available, and where.
- ◆ Work with NHS partners and other funding bodies to join together analysis and commissioning strategies, to make best use of resources and more effectively support community assets.
- ◆ Engage with other local resources, for example GP practices to develop community based health and mental health services.
- ◆ Develop a Community Asset Transfer plan for Adult Social Care.

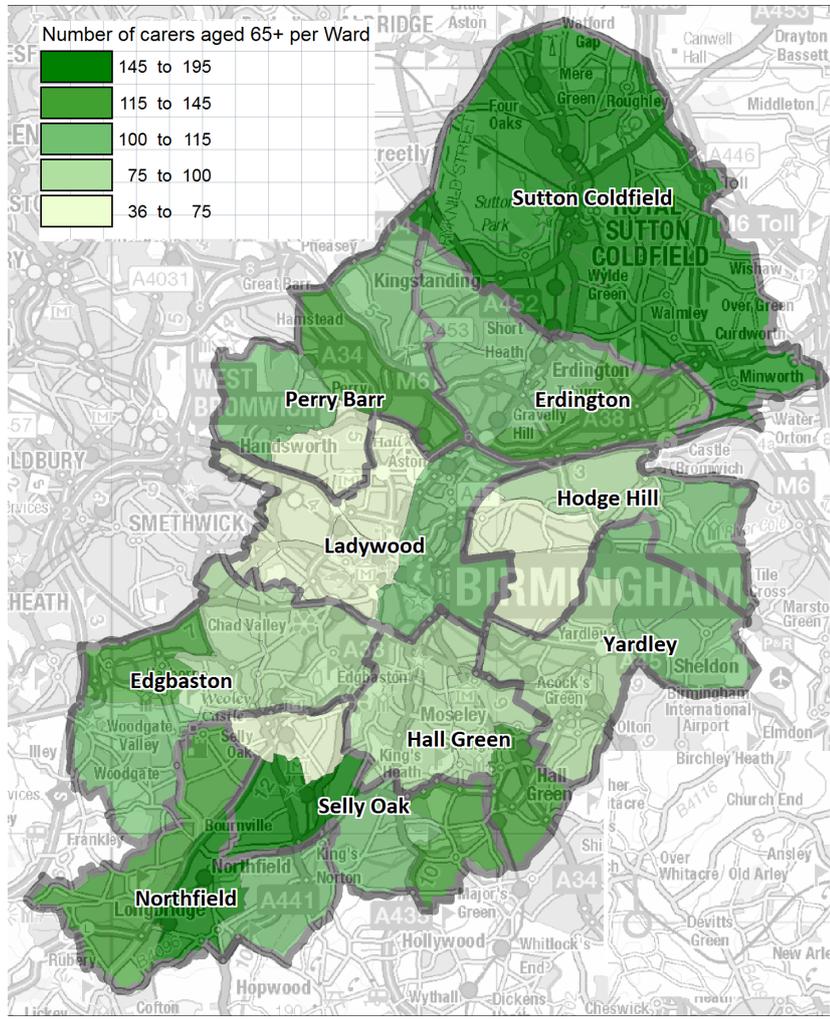
- ◆ Easy access to local community assets and services.
- ◆ Keeping people active, healthy and involved in their community
- ◆ Preventing and reducing the need for long term care

Carers

Up to one in four households in Birmingham is estimated to contain someone who provides some level of unpaid care. Carers are crucially important to the health and social care system, playing a vital role in supporting family members and friends to live in the community and reducing the impact on NHS and social care services.

- ◆ Improving carers' quality of life
- ◆ Information and advice, signposting to services and support
- ◆ Reducing carers' health needs

Whilst many older people depend on carers supporting them, there are also many older people who are themselves providing unpaid care.



- ◆ According to the projected figures from the 2011 Census, there are estimated to be over 20,000 carers aged 65 and over living in Birmingham.
- ◆ By 2021, this is predicted to increase by almost a thousand, and by 2035 to over 27,000; an increase of more than 35%.

Birmingham City Council currently commissions a network of carers services across the city, co-ordinated by the Birmingham Carers Hub. This includes the following service types:

- ◆ Information and advice
- ◆ Carers assessments
- ◆ CERS (Carers Emergency Response Service)
- ◆ Carers short breaks
- ◆ Wellbeing assessments

Over 4,500 carers are registered with the Carers Hub, with a wide demographic mix (45% of registered carers are from Black and Minority Ethnic (BME) backgrounds) showing success in reaching out to diverse communities.

Carers have their wellbeing assessed, and are given support and links to other services that can help. 75% of those who then have a second wellbeing assessment show an improvement in their wellbeing. This is particularly important for older carers, because those aged over 65 are more likely to be providing over 50 hours of unpaid care per week than younger carers.

Commissioning Intentions

- ◆ Link carers to community assets and locally available services, to help improve their wellbeing.
- ◆ Ensure that information and advice is easily accessible for carers.
- ◆ Reach out to 'hidden' carers currently not in contact with support services, and to under-represented groups.
- ◆ Carer assessments to be carried out by Birmingham Carers Hub, reducing duplication and linking assessments with information and support in local areas.
- ◆ Develop formal and informal neighbourhood networks of carers, including peer support and links to universal services.

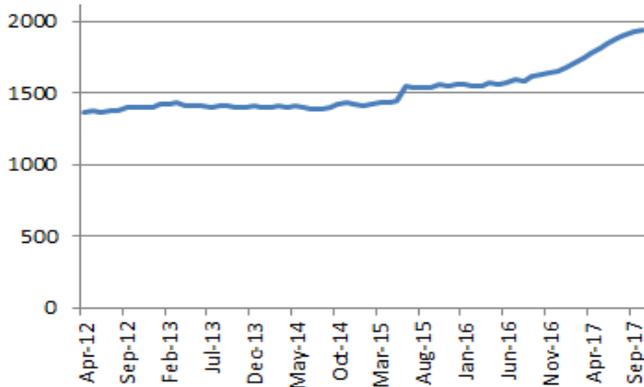
Personalisation and Direct Payments

- ◆ Personalised support
- ◆ Choice and control for citizens
- ◆ Supporting people to make their own care and health choices

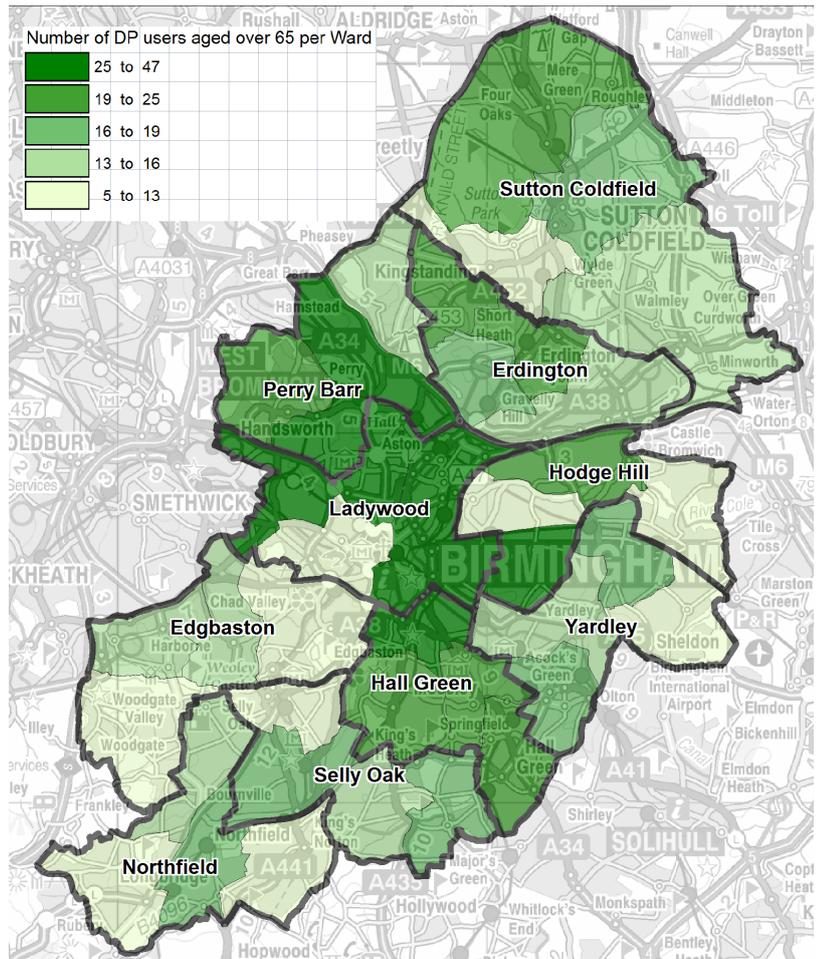
Direct Payments (DP) are a critically important way of making social care personalised. Birmingham wants to promote DP as the preferred way for people to receive services; so that they can choose for themselves what type of care they receive, which providers deliver it, employ personal assistants and build care and enablement packages around their own priorities.

There will be opportunities for providers to expand their market share by offering innovative and outcome-focused services to the of citizens receiving either Direct Payments or NHS Personal Health Budgets (PHBs).

Increase in Direct Payments users in Birmingham (all)



Number of Direct Payments users aged 65 and over per Ward



- ◆ The number of service users taking a Direct Payment has increased by 39% in the last five years, and the proportion of service users with a DP has increased significantly during 2017.
- ◆ There are 723 adults aged 65 and over receiving Direct Payments as at October 2017. This is well below the level seen in younger adults, and there will be a focus to push up the proportion of older adults receiving care in the form of a DP.
- ◆ The Council commissioned a pre-payment card as an alternative to cash payments, and is in the process of rolling this out to service users. This will make it easier for people to set up a DP account and to manage their money, as well as providing protection against financial exploitation.
- ◆ Direct Payments used to employ Personal Assistants can help with personalising care, but it is vitally important that all services are focussed on building care around the needs and values of the individual.

Commissioning Intentions

- ◆ Increase the uptake of Direct Payments to regional and national best practice levels, including to older people.
- ◆ Continue to roll out the use of Pre Payment Cards for DP users, to improve safeguarding and value for public funds.
- ◆ Work with GPs, hospitals and other partners to increase awareness of Direct Payments amongst potential service users and carers.
- ◆ Work with NHS partners to join up processes and support relating to Direct Payments and Personal Health Budgets (PHBs).
- ◆ Develop the market for Personal Assistants, and explore the development of a digital platform to support PA recruitment and choice

Day Opportunities

Day Opportunities can be used as a regular care and recreation setting for service users wishing to get out and meet other people, and can also provide a valuable respite service for carers needing some time away from caring.

There are 74 centres offering day opportunities for older adults in Birmingham, shown on the map to the right. These centres are mainly voluntary sector or private sector run, as the Local Authority is in the process of decommissioning the remaining council-run older adults centres.

Day opportunities placements can be commissioned directly by the Council, or can be purchased using a direct payment. Some people choose to self-fund their places at day centres, whilst others offer places free of charge. The Council's grant funding programme, also provides grants to 12 older adult day centres.

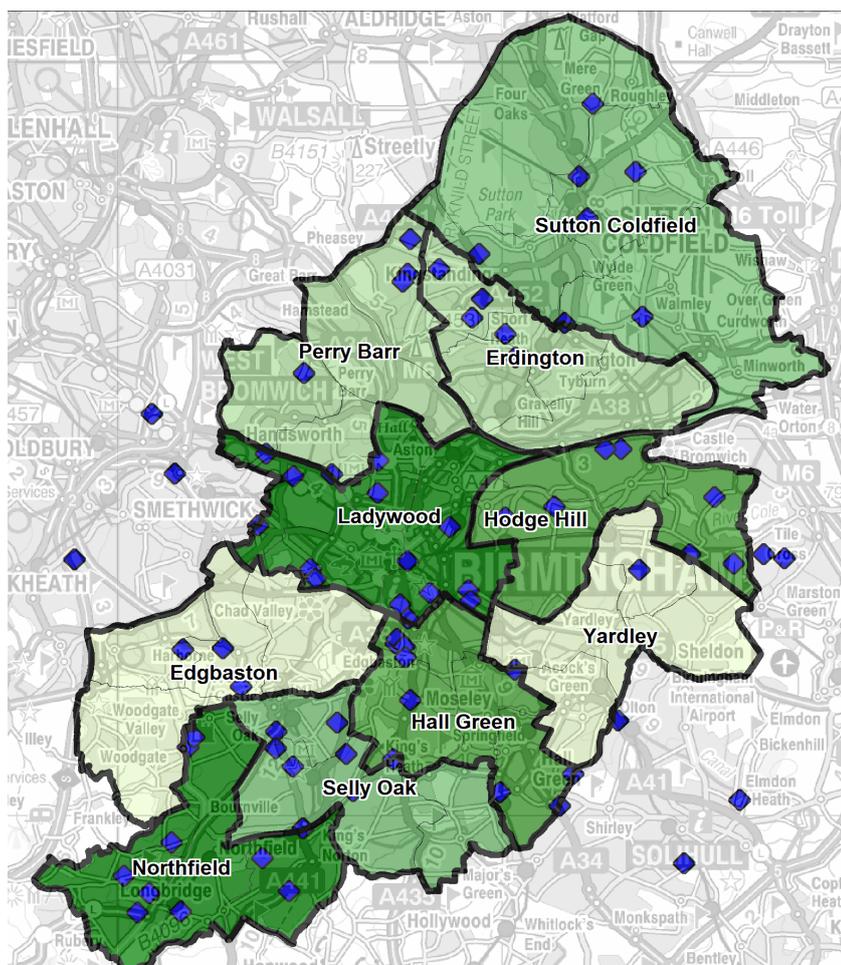
Much of the provision in the City is traditional building-based day centres. However the Council wants to encourage the market to develop more innovative types of day opportunities, build community assets, improve and monitor quality and develop an enablement culture.

The key principles the Council wants to build into the day care market are:

- ◆ Empowering people
- ◆ Organising resources for change
- ◆ Building support around people
- ◆ Creating a barrier-free community
- ◆ Achieving inclusion in community life
- ◆ Supporting people into paid work
- ◆ Helping people learn and develop
- ◆ Creating opportunities for all
- ◆ Ensuring quality

- ◆ Personalisation of services
- ◆ Prevention and early intervention
- ◆ Helping people become more socially and physically active

Day Opportunities locations in Birmingham, with a background map showing number of day opportunities packages per Constituency



Commissioning Intentions

- ◆ Develop and implement a new strategy for day opportunities.
- ◆ Develop minimum standards of quality which commissioned day opportunities providers must adhere to.
- ◆ Build support around people, and ensure enablement is a key principle in all services; reducing or delaying the need for formal care.
- ◆ Promote the use of Direct Payments to purchase day opportunities to help meet peoples' care needs.
- ◆ Standardise costs for commissioned services, using a tiered approach based on need.
- ◆ Ensuring day services are safe.
- ◆ Ensure information on services are available to all, so that people can make informed choices about what services to choose.

Home Care

Birmingham City Council has a Framework for home care that is in its final year. It will be replaced by a new 'closed framework', due to be implemented in 2018.

The new Framework will be different from the existing one in a number of ways. Firstly, the City has been divided into five areas, based upon the demand for home care and the viability of local transportation routes. Council Ward boundaries are due to change in 2018, and so the homecare areas have been aligned to these new boundaries. The five areas and the underlying volume of commissioned home care is shown on the map to the right. Providers will be allocated to one of five geographic areas of the City according to their stated preferences and the quality of their provision.

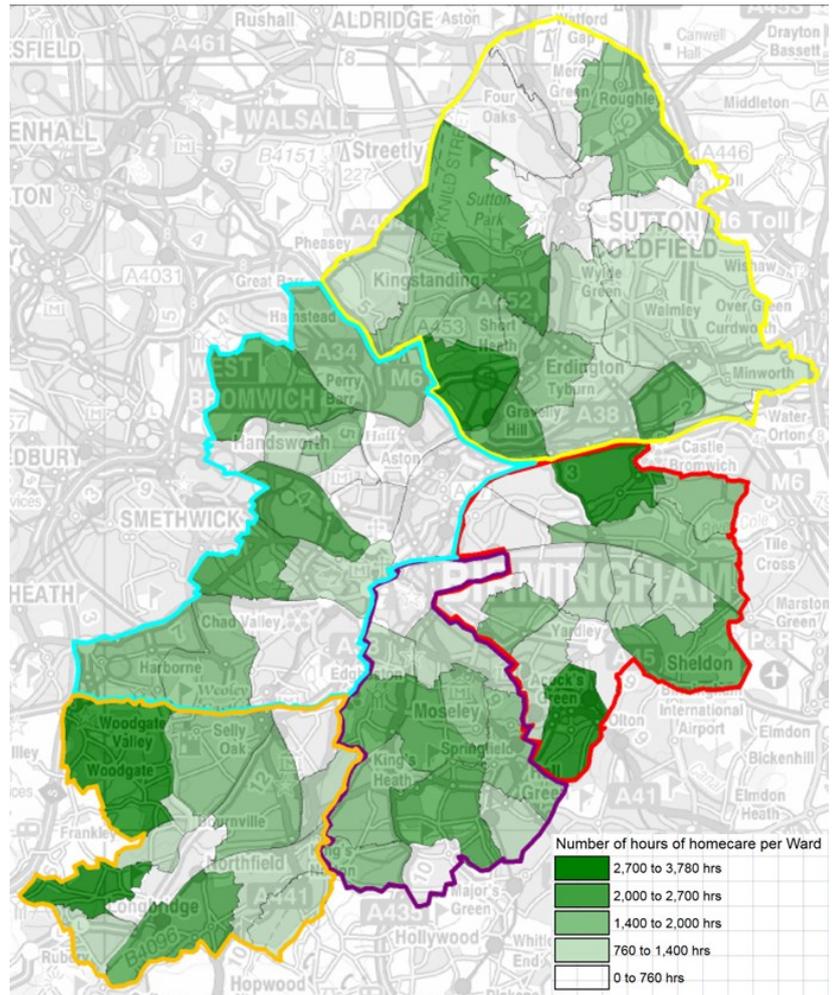
The new framework will focus very heavily on quality. Instead of the micro-tendering and price/quality split of the old process, the new framework will have fixed hourly rates for homecare and supported living. Only providers offering a sufficiently good standard of care (determined by the Care Quality Commission (CQC) will be registered on the framework, and allocation of packages will be determined purely by a quality and outcomes driven matrix rather than price.

In Birmingham there are 189 providers of home care and supported living registered with the CQC (as of December 2017). Around half of these providers are rated as Good, and the Council will only contract with those providers committed to a good quality of service.

The Care Act places a greater emphasis on local authorities to ensure that people's personal outcomes for care are met. This makes it even more essential that care packages involving home care are shaped to meet individual needs; for example provided at the times of day that the service user requires, and with flexible care options and tasks.

- ◆ Enable and re-enable older people to live more independently in their own homes.
- ◆ Ensure only high quality home care is provided across the city.

The five Home Care geographic areas, and the volume of homecare hours commissioned per Ward (new 2018 Ward boundaries used)



Commissioning Intentions

- ◆ Implement the Framework for Home Care and Supported Living.
- ◆ Continually improve the market so that Birmingham citizens are cared for by providers with high quality standards.
- ◆ Integrate a personalisation and outcomes focus into home care packages.
- ◆ Ensure assistive technology is used to help deliver care, and focus on reducing the need for care requiring multiple carers.
- ◆ Agree fair set prices for home care, so that care packages are allocated to providers based solely on quality.
- ◆ Develop Supported Living as a service type available to older people as well as those aged under 65.

Enablement and Adaptations in Home Care

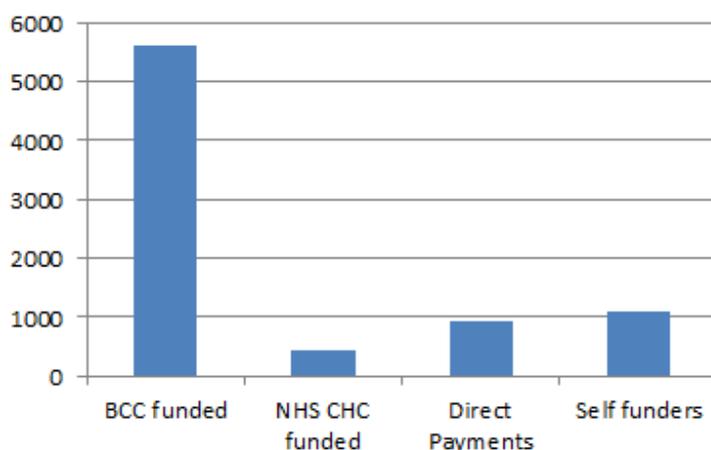
- ◆ Enable and re-enable older people to live more independently in their own homes.
- ◆ Effective use of resources.

For the 131 providers on the existing Birmingham City Council Framework, just over 67% of their clients are funded by the Council. A further 5% are funded by the NHS through Continuing Health Care (CHC) payments, and just over 11% are funded by people using Direct Payments. Most of the remaining clients are self-funders.

Of course, there are many home care providers in the city who are not on the existing Framework and therefore rely much more heavily on self funders and direct payments for their business. This will also be the case under the new Framework; however the Council will still have responsibility for the quality of these services.

- ◆ Birmingham intends to increase the use of Direct Payments and focus on personalised care. It is envisaged that there will be an increase in older people choosing to commission their own care, with support from the Council.
- ◆ In line with personalisation and the Care Act, people will be encouraged to think more creatively about the mix of care that would suit them best; which may mean an increase in service models such as Personal Assistants and a reduction in emphasis on traditional homecare.
- ◆ There is strong evidence that reablement services lead to improved outcomes and value for money across the health and social care sectors. Reablement supports people to maximise their level of independence and so minimise their need for ongoing support and dependence on public services.
- ◆ Birmingham is increasing the proportion of older people who remain living at home to 91 days following a discharge from hospital – the key outcome for many people using reablement services.

How are care packages funded? Taken from SAQ data collected



Assistive Technology and Adaptations

Birmingham City Council provided almost 5,000 older people with assistive technology in 2017. This includes large adaptations to the home, such as stairlifts and adapted bathrooms, to smaller pieces of equipment to help around the home.

Assistive technology and adaptations are a critical part of the City's strategy across social care and health to help ensure that people can live independent lives in their own homes.

Commissioning Intentions

- ◆ Develop a short-term enablement and re-ablement focus for future care packages, with incentives for providers to help service users regain their independence.
- ◆ Use assistive technology to reduce the number of home care calls requiring two members of staff, to enable extra resources to be targeted more effectively.
- ◆ Work to co-ordinate the work of Occupational Therapy teams with NHS, social workers and service providers to improve communication and to reduce duplication of assessments and patient stress.

Enablement, Short-Term and Interim Care

- ◆ Reduce delayed transfers of care from hospital.
- ◆ Re-able people so that they can return to their own homes where possible.

Of the 125 care and nursing homes in Birmingham providing care to older people, almost half state that they also provide short-term, Enhanced Assessment Beds (EAB) or respite care placements. Where possible however, the council will promote a 'home first' ethos following hospital admission, with enablement given at home.

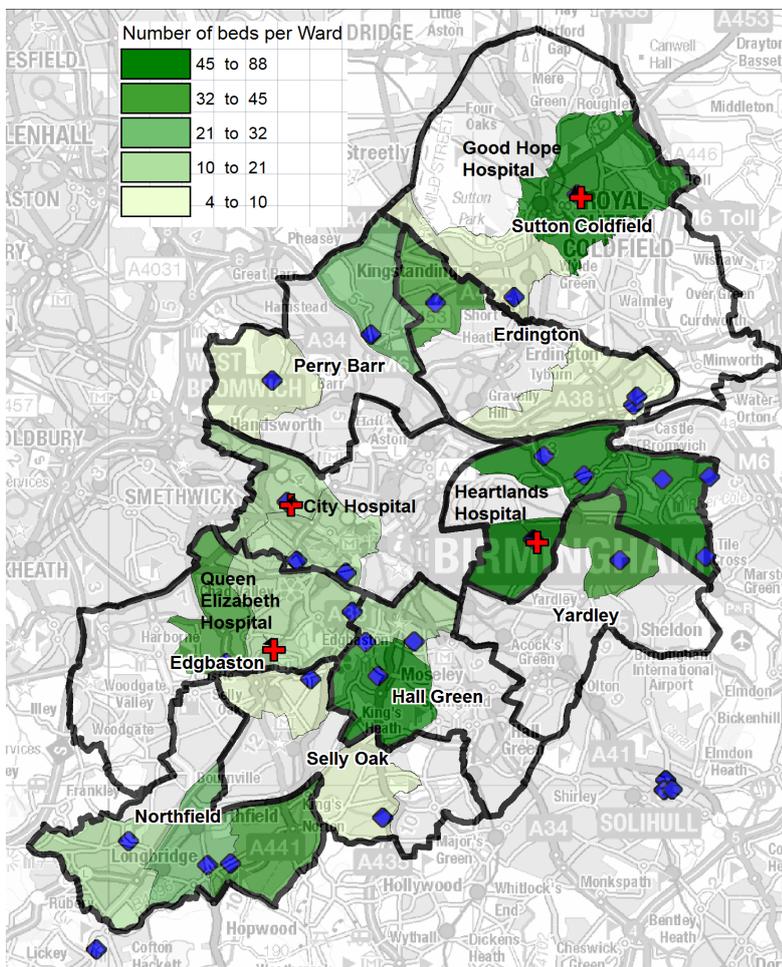
Birmingham City Council and NHS Commissioners contract with a number of short term bed based providers, with a total capacity of 318 beds across the area. Typically, intermediate beds are commissioned by the Council as short-term placements for those leaving hospital, and EAB beds are commissioned by the NHS for a similar purpose. We aim to help as many people to return to their own independent lives as possible; and where possible carry out the enablement in their own homes.

Existing provision is a mixture of nursing and residential homes, along with some linked to acute health providers. Home locations are shown on the map, with the background map showing the number of short-term beds available in each ward of the City.

Delayed Transfers of Care (DToc) is a key priority for both the Council and the NHS. The Council is committed to reducing DToc as one of its main goals. As part of this drive, 41 additional interim beds recently been commissioned in a block contract basis, to free up hospital beds and allow service users to be cared for and assessed in a more suitable environment.

The Council provides Enablement services, helping people to relearn skills and regain their independence; these services are currently being redesigned. Birmingham saw an increase in the number of people starting a Enablement service between 2015/16 and 2016/17. The service was also more effective, with the proportion of *new clients completing an enablement programme who required no ongoing support* at the end increasing. However, much more needs to be done, and the redesign will improve the service.

Location of homes providing Interim and EAB beds, plus total short term bed capacity per LA Ward



Commissioning Intentions

- ◆ Continue to build close working relationships with NHS partners to ensure that we commission sufficient interim care beds in Birmingham, so that unnecessary stays in hospital are reduced.
- ◆ Improving pathway to home from hospital.
- ◆ Increase emphasis on commissioning short-term enablement, to help return people to living independently rather than relying on long-term care, and improve effectiveness of existing services.
- ◆ Focus on providing therapy-led enablement interventions, and invest in this in 2018/19.
- ◆ Ensure that the quality of interim care and enablement services are of a high quality standard, and are proactively delivering outcomes for citizens.

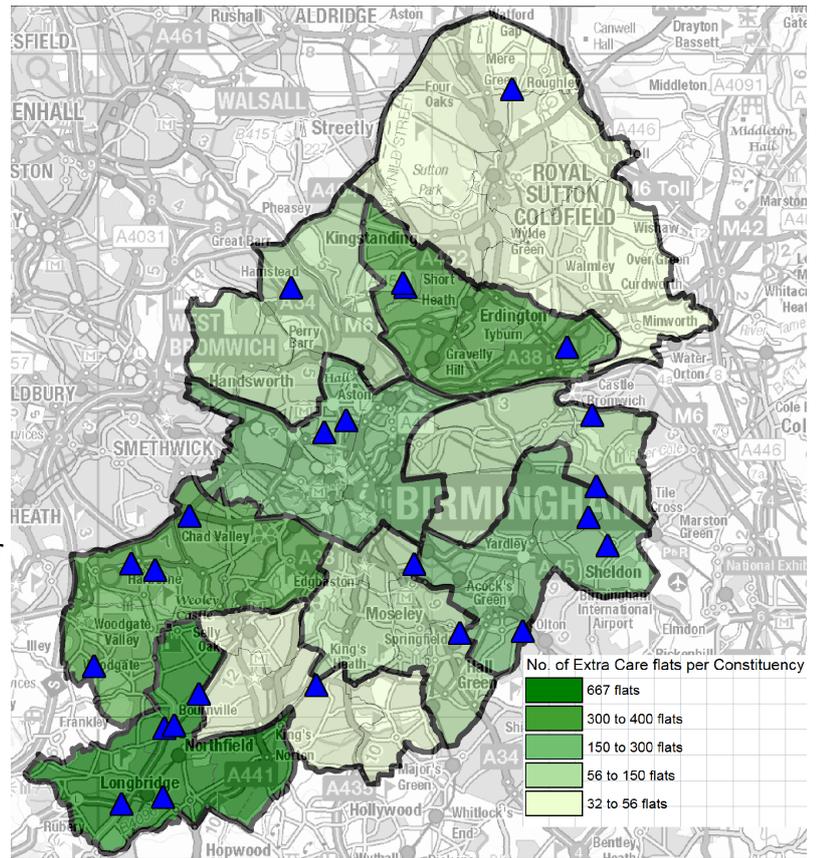
Housing With Care

There are 25 providers of Housing with Care in Birmingham, with more accommodation being developed. Housing with care is seen as a viable alternative to care homes, with the potential to provide more personalisation and better outcomes for people. The current capacity of the market in the City is just over 2,000 apartments, which shows the size of the market has grown to an appreciable proportion of the size of the traditional care home sector. Much of this provision is available to the council to use for placements.

- ◆ Prevention and early intervention; reducing risk of unplanned hospital stays and social isolation.
- ◆ Help to free up larger family homes back to the community.

- ◆ Three of the centres in the city are run by Birmingham City Council, with the rest run by registered providers and Trusts. Tenure is a mixture of tenants owning their own apartments or renting. Some placements are self-funded, whilst others receive financial assistance from the Council. Care is often provided in-house by the Centre, but can be provided by other care providers or those contracted by the Council.
- ◆ Housing with Care establishments provide people with somewhere to live with their own front door; with domiciliary care provided either by the accommodation owner, or by another provider chosen by the service user. Choice and control is key, with quality monitored by Commissioning and by the CQC to ensure a good standard of care. Of the 25 Centres in the city, 22 are rated as Good by CQC, one as Requires Improvement and two not yet inspected (as of October 2017).

Location of Housing with Care centres , along with the total number of apartments in each Constituency



- ◆ Housing with Care provision is shown on the above map, with the individual centres marked in blue, and the background map showing the total capacity in each Constituency area. We can see clusters of provision in the south, east and west of the city, and clear gaps in Sutton Coldfield, Northfield and Hodge Hill.
- ◆ A study by Aston University in 2015 showed that the housing with care model reduced NHS costs, hospital admissions, falls, GP visits and reduced isolation in older people. For these reasons Birmingham continues to support the development of these services.

Commissioning Intentions

- ◆ Continue to support the development of housing with care villages across Birmingham, to help reduce health and care needs and help release large family homes back into the community.
- ◆ Housing with Care centres should have the capacity and the skills to care for residents who develop dementia, preventing the need for hospital admissions or care home placements.
- ◆ Providers must add social value to the wider community in their areas, acting as community assets for non-residents locally.
- ◆ Develop the potential for the housing with care model to be opened up to adults under the age of 55 as well as older people.

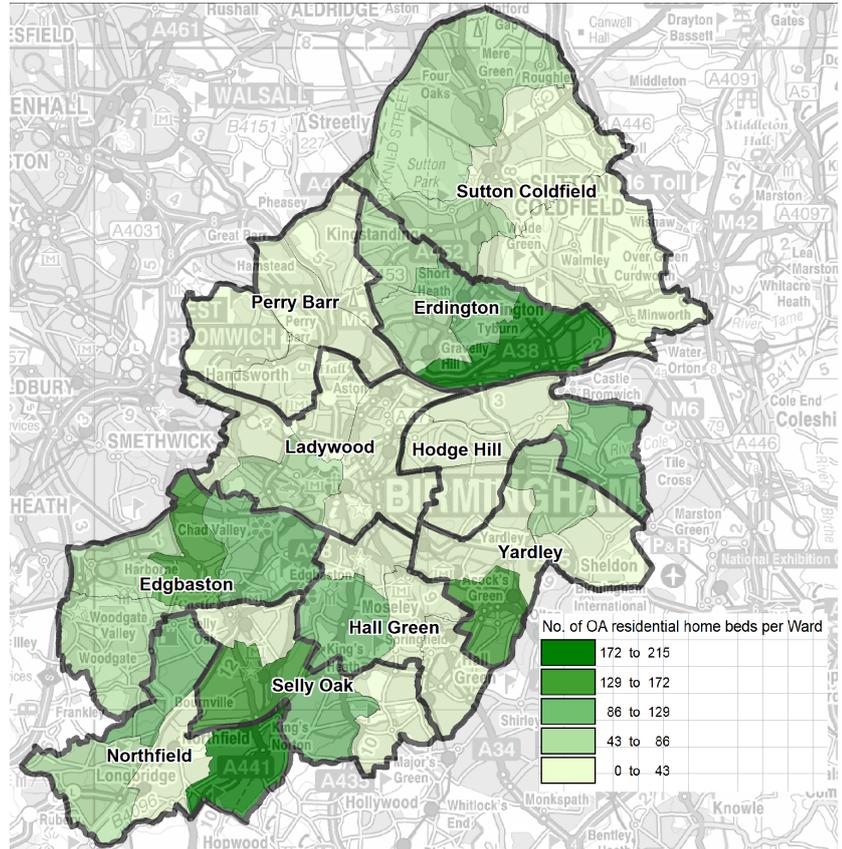
Residential Care

Birmingham has a large and established market for residential homes for older adults. Although the Council's use of residential homes has gradually reduced over recent years, they remain an important part of the care market, particularly for short-term enablement and respite care. It is anticipated that the use of long-term residential care will continue to reduce, and instead focus on enablement and care in peoples' own homes, and nursing care for those with the most complex needs.

- ◆ Reduce reliance on long-term residential care by enabling people to live independently
- ◆ Reduce or delay hospital admittance from care homes
- ◆ Improve quality and safety

- ◆ There are 69 residential homes for older people in Birmingham, although Birmingham City Council does not contract with all of these homes (around two thirds are on the Framework) with some placements outside the city (see p.18).
- ◆ The average size of an older adult home in Birmingham is around 35 to 40 beds. In total, there are 2,158 older adult beds in residential homes in the city.
- ◆ Long-term residential care is for those with high levels of need; however currently only 68% of homes are registered with CQC as suitable for people with dementia.
- ◆ Quality of care and service user outcomes are the key to the Council's priorities. As of October 2017, one home in Birmingham is rated by CQC as Outstanding, 62% as Good, and 28% as Requires Improvement. We will work with providers, the NHS and CQC to drive up the quality of care homes. Birmingham does not contract with Inadequate providers.

Number of older adult residential home beds per Ward



- ◆ Birmingham City Council also uses homes outside the city boundary (see page 18); and likewise many beds within Birmingham are used by other local authorities, along with significant numbers of self-funders.
- ◆ The distribution of care home capacity is uneven across the city, and does not closely match the areas in which the highest numbers of older people live; as shown by the thematic maps on p.6.

Commissioning Intentions

- ◆ All care homes should aim to meet the needs of residents with dementia and complex needs.
- ◆ As the residential care market reduces, providers should consider adjusting business models towards complex nursing and dementia care.
- ◆ Staff must have sufficient training to ensure people can be properly cared for in the home, reducing the need for hospital admissions.
- ◆ Registered Managers make a vital contribution to the quality of care. The Council will support providers to secure training for managers and staff to improve quality and help staff retention.
- ◆ Encourage providers to use Trusted Assessors to reduce unnecessary duplication and confusion for clients and staff.
- ◆ Encourage home providers to explore the model of co-locating a nursery in onsite annexes to increase wellbeing through interaction.

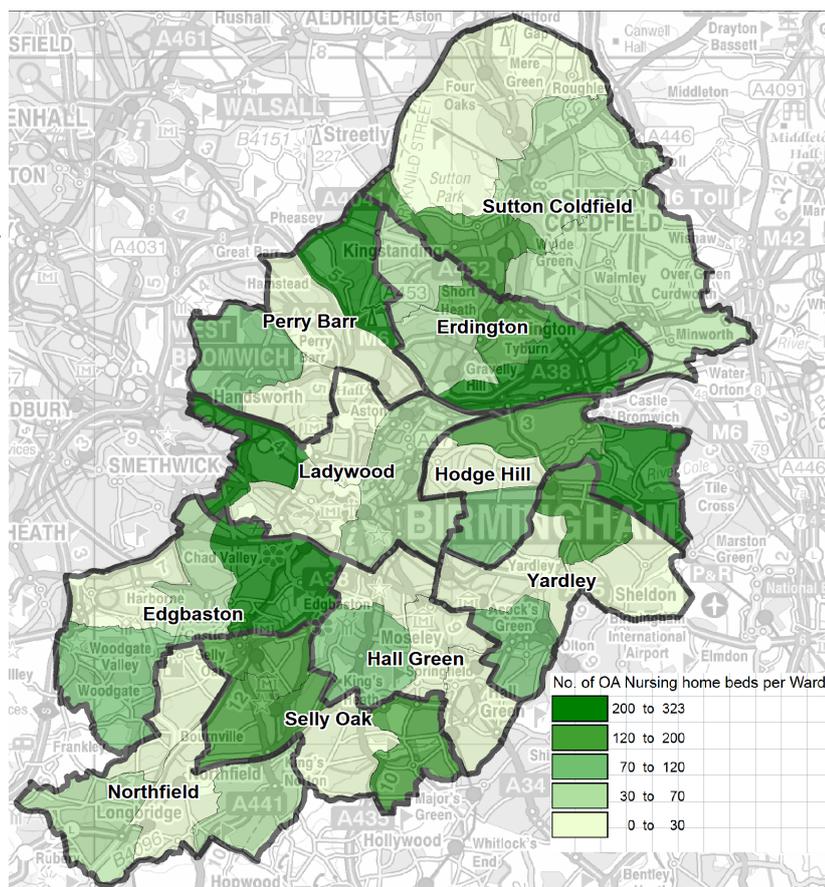
Nursing Homes

Nursing homes remain an important part of the care mix in Birmingham, but it is important to view long-term nursing care as a service of last resort for people whose medical and care needs mean they cannot have their needs met through other services.

- ◆ Reduce the reliance on long-term nursing care by helping people to regain independence
- ◆ Ensure sufficient places are available to reduce DTOC
- ◆ Reduce hospital admittance

- ◆ There are 56 nursing homes registered in Birmingham, although Birmingham City Council does not contract with all of these homes, and there are some placements made outside the city. 29 homes in Birmingham are registered on the current Framework.
- ◆ In total, there are 3,134 beds in nursing and dual-registered homes.
- ◆ Although there are no homes rated by CQC as Outstanding (as at October 2017), 50% of nursing homes are rated Good.
- ◆ No homes are currently rated Inadequate, however 35.7% are rated as Requires Improvement. Eight homes have yet to be inspected by CQC.
- ◆ We expect that all nursing homes should be able to meet the needs of people with dementia and complex needs, however 16% of homes in the city are not registered to care for people with dementia.
- ◆ The NHS pays for the FNC (Funded Nursing Care) element on top of care home fees, and also uses a proportion of the market for CHC (Continuing Health Care) placements.

Number of older adult nursing home beds per Ward



Commissioning Intentions

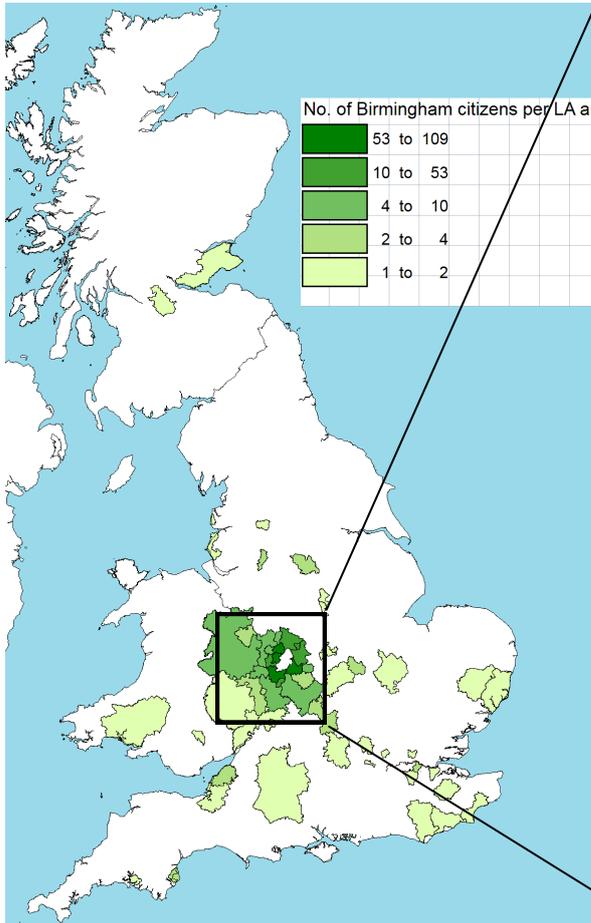
- ◆ Work with NHS, CQC and providers to improve the quality of nursing homes in Birmingham.
- ◆ All nursing homes should be able to meet the needs of residents with dementia and complex needs.
- ◆ Staff should have sufficient training to ensure service users can be properly cared for in the home, reducing the need for hospital admissions.
- ◆ Registered Managers make a vital contribution to the quality of care. The Council will support providers to secure training for managers and staff to improve quality and help staff retention.
- ◆ Work towards seven-day per week admissions from hospital to care homes, in line with the NHS' move towards seven-day working.
- ◆ We encourage providers to use Trusted Assessors to reduce unnecessary duplication and confusion for clients and staff.
- ◆ Homes should include Bariatric rooms and facilities where possible, to cater for the needs of service users.

Care Homes outside Birmingham

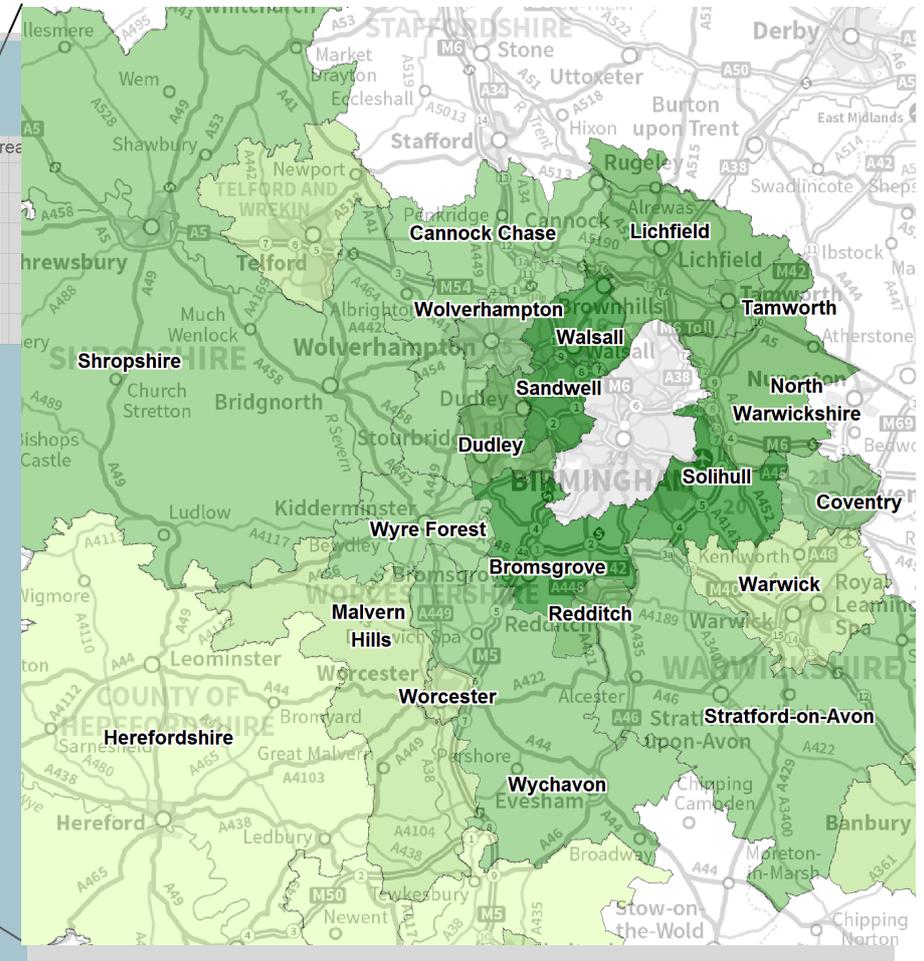
In addition to high levels of residential care in Birmingham, there are also significant numbers of Birmingham citizens living in care home (residential and nursing) placements outside of the city; in some cases far outside the West Midlands. This is usually due to citizen choice.

- ◆ Ensure there is enough good quality care within Birmingham to meet peoples specific needs.
- ◆ Offer local alternatives to long-term bed based care.

Birmingham citizens in commissioned care and nursing home beds in other LA areas



Birmingham commissioned beds in the West Midlands region



- ◆ There are currently over 500 Birmingham citizens aged 65 and over in commissioned care homes placements outside the City boundary. This is around 17% of total older adult care home clients, but has reduced since 2015, in line with our commissioning intentions.
- ◆ Just over half of these residents are in homes within the West Midlands conurbation (Sandwell, Walsall, Solihull, Dudley, Wolverhampton and Coventry).
- ◆ 190 people are in homes in the wider West Midlands region, as shown on the map to the right, with the remaining 75 further afield; including some in the South East of England.
- ◆ It is important that those homes commissioned outside of Birmingham retain the same high standards of care and focus on outcomes we expect from those inside the City. We will continue to develop partnership approaches with neighbouring Councils to ensure that this is the case.

Commissioning Intentions

- ◆ Commission placements in Birmingham where possible, working with providers to ensure the right kind of care provision exists in the city.
- ◆ Share intelligence and quality monitoring with other Local Authorities to ensure best quality of care and outcomes for Birmingham citizens.
- ◆ Work to develop a shared and systematic means of regional intelligence and joined-up commissioning.

Birmingham's Commissioning Framework for Quality and Outcomes

The Council will operate a framework contract for all commissioned adult social care, however these arrangements will be adapted to reflect current supply and demand. This will mean the following:

- ◆ Improve outcomes for citizens through person-centred services
- ◆ Improve the quality of services
- ◆ Improve the resilience and sustainability of the health and social care system.

Home support – this will be operated as a closed framework, whereby the Council will contract with a fixed group of providers on a geographical model. However the following home support services will have separate entry criteria as follows:

- Quick Discharge Service – to support services users to go home from hospital within 4 hours of them being medically fit. There will be a single provider sought who can demonstrate experience of delivering this level of service.
- Approved Premises – home support within residential units which provide accommodation for offenders under the supervision of the Probation Service. We will be seeking 4 providers with experience of delivering this type of service.
- Dual Sensory Loss – provision of home support to service users with sensory loss including Congenital Sight and Hearing Loss, Usher Syndrome and Acquired Sight and Hearing Loss. We will be seeking providers with the necessary skills and experience of delivering services to meet the needs of those with sensory loss.

Supported living (personal care elements only) – this will be operated as an open framework on a city-wide basis, whereby the Council will allow new providers on to the framework, subject to the relevant entry criteria being met.

Residential homes and Nursing homes – this will be operated as an open framework, whereby the Council will allow new providers to join the contract at any time, subject to the relevant entry criteria being met.

To drive up quality, the Council will not allow a provider who is currently rated by the Care Quality Commission (CQC) as Inadequate to enter the Framework. Where a provider has not received a CQC rating under the new ratings system, the Council will work with the CQC, to understand planned CQC inspections. Should this identify the provider as Inadequate under the Council's proposed rating system, this provider will not be allowed to enter the Framework.

All providers seeking to join the framework will therefore have to have at least one of the following, the most recent of which will be considered for entry onto the framework:

- ◆ A CQC rating of Requires Improvement, Good or Outstanding;
- ◆ A Birmingham City Council quality rating of Gold, Silver or Bronze (as detailed in the Quality Framework below); or
- ◆ An NHS Joint Quality Assessment Framework (JQAF) score of Amber, Green or Bright Green – currently only applicable to nursing.

Beyond this, a more detailed set of entry criteria will maximise the quality of providers that can enter the framework and to reduce potential risks to all parties, this will include (but not be limited to) provision of the following:

- ◆ CQC provider registration certificate
- ◆ Bank account details and copies of correct financial accounts
- ◆ Employers Liability and Public Liability insurance certificates
- ◆ Company registration details
- ◆ Details of any bankruptcy or convictions of owners/responsible persons
- ◆ Data protection and modern slavery compliance
- ◆ Confirmation of Food Hygiene Rating for Care Homes with and without nursing
- ◆ Details of electronic call monitoring system for Home Support providers

Copies of a range of policies to include (but not limited to) Safeguarding Policy, Health and Safety Policy, Recruitment and Selection Policy, Business Continuity policy, Equal Opportunities Policy, Environmental/ Sustainability Policy, Care Planning and Risk Assessment Policies.

A combination of these results will form the basis of the criteria which determines those providers who are eligible to join the framework.

As the model for commissioning of home support will be based on five geographic areas, there are additional entry criteria which are set out in the Geographic Home Support section. These specific home support requirements will be in addition to those listed above which apply to all commissioned adult social care services.

The same requirements must be met by Residential Homes, Nursing Homes and Supported Living care providers should they wish to join the framework at a later date. The only exception being those placements that are outside of the Birmingham City Council boundary.

Further details can be found at: www.birmingham.gov.uk/downloads/file/6479/cabinet_report_appendix_1_draft_full_commissioning_strategy

Other useful links:

Birmingham City Council Vision 2017 to 2021: www.birmingham.gov.uk/info/50061/how_the_council_is_changing/954/how_and_why_the_council_is_changing/2

Commissioning Strategy for home support, supported living and bed-based care: www.birmingham.gov.uk/downloads/file/6479/cabinet_report_appendix_1_draft_full_commissioning_strategy

JSNA (Joint Strategic Needs Assessment) for Birmingham: www.birmingham.gov.uk/info/50120/public_health/1337/jsna_themes/4

Find out how we rate the quality of adult social care providers: www.birmingham.gov.uk/info/50130/performance

Protecting adults from abuse or neglect: www.birmingham.gov.uk/safeguardingadults

