

**Birmingham City Council**

**Adult Social Care**

**Market Position Statement 2023**

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## **Introduction: What is a Market Position Statement?**

The Market Position Statement is a document designed to support and inform providers working in adult social care and health within Birmingham. It gives an overview of the population and levels of need in the city, shows what the current care market looks like, and outlines what our current and future commissioning intentions are for adult social care.

Local Authorities face considerable challenges in terms of providing services with limited budgets whilst demographic demands and expectations are consistently rising. The Care Act of 2014 also places a statutory duty on Local Authorities to work with providers to shape the market and ensure information is shared.

The latest Market Position Statement is 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, promotes independence and is built around and alongside, the people we serve.

### **Introduction by Professor Graeme Betts CBE, Strategic Director for Adult Social Care**

Birmingham City Council has set a challenging agenda to support its citizens to live longer, healthier, and active lives that equips them with the ability to make positive choices and take control of their wellbeing. Broadly speaking the key role Birmingham City Council plays in its corporate responsibility covers several areas, from housing citizens with a diversity of needs to ensuring access to community assets including community centres, leisure centres, parks and transport.

Whilst most adults can access mainstream services independently or with the help and support of the families, friends, and community networks, for some citizens this is only possible with help from adult social care in partnership with other public sector agencies such as the NHS. Adult Social Care has a duty to protect and empower the most vulnerable citizens. This means supporting them to maximise their independence, health, and wellbeing, whilst ensuring that publicly funded care and support provides value for money for Birmingham citizens.

This report focuses on how Adult Social Care in Birmingham will work to support vulnerable adults to achieve their desired goals, and crucially how we will work with the NHS, the wider care market and other partners to ensure that safe and effective health and social care is joined-up across Birmingham. We greatly value the work of Birmingham's care providers, and commit ourselves to continuing to work with you to improve the quality of life for the people of Birmingham.



## **The Vision for Adult Social Care in Birmingham**

The goals that Birmingham City Council are seeking to achieve for adults and older people 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. These are a few examples of the mainstream services the Council provides or arranges.

This report focuses on how Adult Social Care services in Birmingham will work to support adults with disabilities and older people to achieve the desired goals.

The challenges facing the Council to achieve this have never been greater. While it is a great achievement for society that there are more people living longer with more complex needs inevitably this puts pressure on resources. While Birmingham is one of the youngest cities in Europe, the older population is growing rapidly. An estimated 10,000 adults suffer dementia. Further, there are significant numbers of young adults who have disabilities or suffer from mental illness. The resources previously available have been significantly reduced making the use of available resources more important than ever. The public have higher expectations of the public sector, standards are constantly rising and it is increasingly recognised that people want support to enable them to exercise independence, choice and control.

Consequently, the Council has to change and adapt to these new circumstances which means that the type of services arranged and provided and the way they are organised and delivered has to change. The structures and organisation all need to be revisited to ensure they are fit for purpose and it is essential that the staff have the right skills to meet the challenges they face today.

The full Vision and Strategy for Adult Social Care can be found here: [Birmingham's Vision and Strategy for Adult Social Care and Health](#)

## Population and Health

Birmingham’s Health and Wellbeing Board has produced a ten-year Health and Wellbeing Strategy, in partnership with people who live, work and receive services in the city. The strategy can be viewed in full here: [Birmingham's Health and Wellbeing Strategy](#)

The vision of the Strategy is “To create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy.”

Our five core themes within the Strategy set out our local priorities:

1. Healthy and Affordable Food
2. Mental Wellness and Balance
3. Active at Every Age and Ability
4. Contributing to a Green and Sustainable Future
5. Protect and Detect

There are three encompassing life course themes:

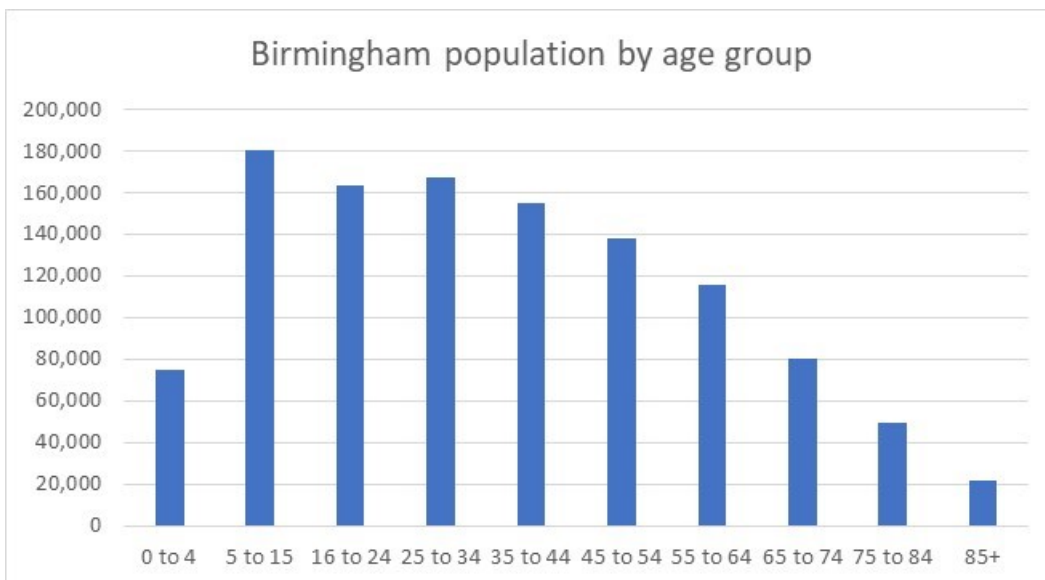
- Getting the Best Start in Life
- Living, Working and Learning Well
- Ageing Well and Dying Well



## Population

The latest estimate of Birmingham's population is the 2021 population census estimate. There are 1,144,900 people living in Birmingham according to the census. This is an increase of 6.7% (71,900) compared with 2011. This population change between censuses is moderately higher than the rate seen in England (6.6%). You can find more information on the Census in Birmingham here: [Population and Census information for Birmingham](#)

- 51.1% of Birmingham's population identify as female, 48.9% as male.
  - 22.3% of the population is aged between 0 and 15 years (255,295 people)
  - 42.4% are aged between 16 and 44 years (485,802 people)
  - 22.1% are aged between 45 and 64 years (253,334 people)
  - 11.3% are aged between 65 and 84 years (128,959 people)
  - 1.9% are aged 85 and over (21,527 people)



- 8.5% of the Birmingham population aged over 16 are classed as unemployed on the 2021 Census. This figure is likely to have changed slightly since 2021 due to changes caused by the Covid-19 pandemic and other economic reasons. The figure is significantly higher than the England average.
- There are 423,456 households in the city.
- Over a third (34.5%) of households have one or more occupant classed as disabled.
- Lone pensioners households account for 11% of total households in Birmingham (47,000 households)

## Ethnicity and Diversity

Birmingham is the most ethnically diverse city in the UK. This brings a unique character and perspectives, and creates different and ever-changing mixes of communities across the city. The population continues to change, with increases and decreases in different ethnic backgrounds since 2011. As well as the opportunities this diversity brings, it also brings challenges such as health inequalities and disparities in opportunity and levels of deprivation. It also means that we must ensure that health and care services are culturally aware and appropriate and accessible for all.

The table below shows how people classified their own ethnicity in the 2021 Census. Answers have been grouped together into broader categories to illustrate proportions and changes (however more detailed figures can be found in the link on page 7).

Whilst white British is still the largest single ethnicity in Birmingham (42.9%), other ethnicities combined together account for more than 57% of the population, making Birmingham the most diverse city in the UK. 31% of the population is Asian, with over half of these being from a Pakistani background.

There have been significant changes since the 2011 Census. The number of people from a black African background has increased by 122% in the last ten years, and the number of Bangladeshi people has increased by over 48%. There have been decreases in the white British population, which has generally an older age profile than many other groups, and in the black Caribbean population. Although relatively small in number, those classed in 'Other ethnic groups' have increased by just over 200% since 2011.

305,900 people, or 26.7% of the population, were born overseas, which is an increase of more than 28% since 2011.

**Table showing Birmingham Population by Ethnicity in 2021**

<b>Ethnicity</b>	<b>Number of people</b>	<b>Percentage of population</b>	<b>% Change since 2011</b>
White British	491,211	42.9%	13.9% decrease
White other (inc. Irish)	65,397	5.7%	27.2% increase
Mixed heritage	55,205	4.8%	16% increase
Asian (all)	355,384	31%	24.4% increase
➤ Indian	66,519	5.8%	2.9% increase
➤ Pakistani	195,102	17%	34.9% increase
➤ Bangladeshi	48,232	4.2%	48.3% increase
➤ Chinese	12,487	1.1%	1.8% decrease
Black (all)	125,760	11%	30.5% increase
➤ Black African	66,822	5.8%	122.8% increase
➤ Black Caribbean	44,718	3.9%	6.1% decrease
Arab	19,196	1.7%	75.9% increase
Any other ethnic group	32,769	2.9%	200% increase

Similarly, the faith and spiritual beliefs of Birmingham are very diverse. Whilst Christianity remains the largest religion, with just over a third of the population, the number of Muslims has increased by over 45% since 2011, and the number of people having no religion has increased by almost 20%.

**Table Showing Birmingham Population by Religion in 2021**

<b>Religion</b>	<b>Number of people</b>	<b>Percentage of population</b>
Christian	389,406	34%
Muslim	341,811	29.9%
No religion	276,327	24.1%
Sikh	33,126	2.9%
Hindu	21,997	1.9%
Buddhist	4,340	0.4%
Jewish	1,687	0.1%
Other religion	6,367	0.6%
Not answered	69,856	6.1%

Birmingham’s Public Health team are developing a series of short evidence summaries focusing on specific communities of interest. These are based on religion, ethnicity, disability and sexual orientation. This supports the Public Health Division’s work to improve the understanding of the diverse communities of Birmingham.

There are common objectives for each of the evidence summaries, which are:

- To identify and summarise the physical health, mental health, lifestyle, behavioural and wider determinants of health-related issues affecting the specific community both nationally and locally
- To identify and summarise gaps in knowledge about the physical health, mental health, lifestyle, behavioural and wider determinants of health-related issues that may be affecting the specific community nationally and locally.
- To collate and present this information under the 10 key priority areas identified in the Health and Wellbeing Strategy for Birmingham 2021
- To engage with the local communities on the evidence found and any gaps
- To promote these summaries for Local Authority and wider system use for community and service development.

Links to these community health profiles, along with other information can be found by following this link:

[Birmingham Community Health Profiles](#)

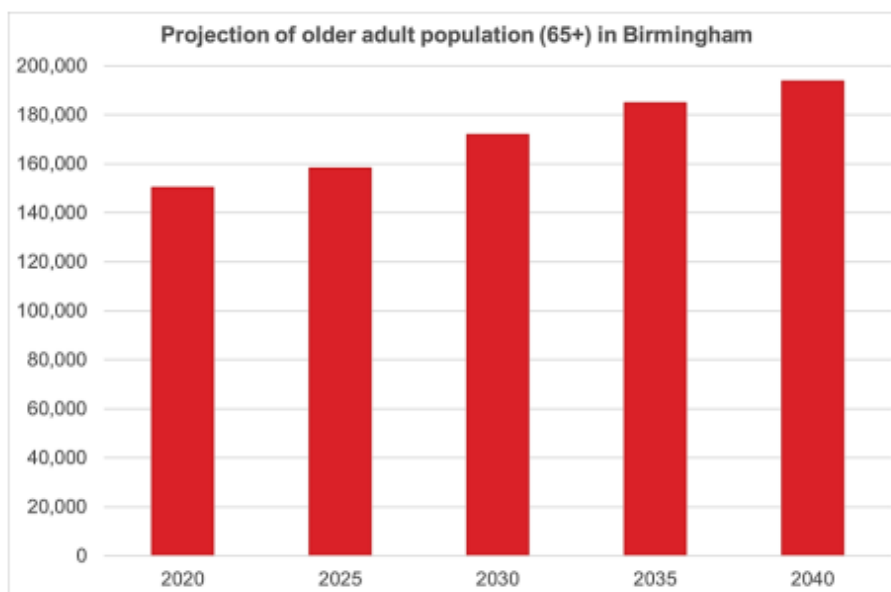


## Older Adults

For a full analysis of the population needs and projected population change for older adults, the Birmingham Public Health Team have produced a Joint Strategic Needs Analysis (JSNA), which can be viewed in full here: [Birmingham City Observatory: Joint Strategic Needs Analysis](#)

Older People's Population Projection By 2040, the population of older people is predicted to rise to over 194,000 (an increase of 43,000 from the 2020 estimate). Life-limiting long-term illness and disability also becomes more common with age, by 2040 affecting 75% of the population aged 85 and over. Prevention, delaying onset, and slowing the progression of long-term conditions are of principal importance for the health and wellbeing of population of older people.

### Projected older adult population



The increasing number of people surviving into the older age groups will influence future need and demand. If primary and secondary preventative measures are successful there will be greater proportions of this age group disability free until more advanced age. However, without a change in the factors which influence the onset of the condition, the difference in the disability-free life expectancy between affluent and disadvantaged communities will not change.

## **Mobility**

Mobility limitations are impairments in movement and affect between one third and one half of adults age 65 or older. Mobility also promotes healthy ageing, the benefits of physical activity include: helping maintain the ability to live independent and reducing the risk of falling and fracturing bones; helping to maintain healthy muscles, bones and joints; and also helping to control joint swelling and pain associated with arthritis.

The recent trend for Birmingham males and females aged 65 is significantly fewer disability-free years compared with males and females aged 65 nationally. This recent trend shows a slight decrease for Birmingham males, from 8.4 years in 2014-2016 to 8.3 years in 2016-18. The reverse national picture is true, with males showing a slight increase in disability-free years from 9.7 years (2014-2016) to 9.9 years (2016-2018).

However, Birmingham females aged 65 fare significantly worse than the females nationally for the same period. Although disability free years have increased, from 7.7 years (2014-16) to 8.2 (2016- 18), women in Birmingham still have fewer disability free years than women nationally: an increase from 9.7 years in 2014-16 to 9.8 years in 2016-18. Birmingham is mid-range when compared to Core Cities for both genders.

## **Dementia**

As the population ages and people live for longer, dementia has become one of the most important health and care issues today. After the age of 65, the likelihood of developing dementia roughly doubles every five years and over 4% of this age group have a recorded diagnosis. At present, there is no cure for dementia and, although medication can slow progression if diagnosed early, progression itself cannot be stopped completely and over time care needs increase significantly. Outside of formal care provision, it is estimated that there are around 700,000 informal carers for people living with dementia in the UK.

In 2023, there were estimated to be 11,123 people in Birmingham living with dementia. Evidence suggests there are many more people living with dementia than are diagnosed and recorded. The diagnosis rate currently stands at 61%.

By 2040, this is predicted to increase to 14,716. The incidence of dementia increases with age and estimated prevalence among those aged over 80 is around 17% compared to 3% in those aged 65- 79 (based on 2020 estimates).

## **Working -Age Adults**

For a full analysis of the population needs and projected population change for older adults, the Birmingham Public Health Team have produced a Joint Strategic Needs Analysis (JSNA), which can be viewed in full here:

[City Observatory: Joint Strategic Needs Analysis for Working Age Adults](#)

## **Learning Disabilities**

Birmingham Public Health are currently working on a 'Deep Dive' study into learning disabilities in Birmingham, which will expand upon what we know about the number of people living with LD in the city and their health and wellbeing needs. This document will be published on the Birmingham City Council website in 2023.

In 2019, baseline estimates of the prevalence of people with LD in Birmingham put the figure at 2.5% (17,556), with moderate increases in numbers expected through to 2035. The prevalence of those with moderate or severe LD was 0.6%. In 2023, there are 7,149 people registered with Birmingham GPs as having learning disabilities.

Around 2,500 working age adults with LD are currently receiving some form of social care support from Birmingham City Council. Of these, 79% receive services in a community setting, including in their own home or in a supported living environment. 21% receive care in residential or nursing homes.

Birmingham Adult Social Care is currently working with local partners to develop a Framework for Change for LD and Autism. The programme has the following priorities, which will inform future commissioning work for people with LD and/ or autism:

- Access and inclusion
- Quality and choice
- Holistic support
- Reducing health inequalities

## **Autism and ADHD**

When estimated through national prevalence figures, we would expect that at least 1% of the population is on the autism spectrum, meaning that within Birmingham there would be at least 11,000 people living with autism. However, as at February 2023 there are almost 15,000 people registered with Birmingham GP practices with a diagnosis of autism.

Birmingham ICS has commissioned an LD and Autism Transformation Programme, which will look at the scope and design of services and life pathways for people with learning disabilities and/ or autism.

## **Working Age Adults with Physical Disabilities**

In 2019, it was estimated that around 50,860 of Birmingham's adults aged 18-64 had a moderate disability and that a further 14,287 had a serious physical disability, representing 7.1% and 2% respectively for that age group. The number of adults with a moderate or serious physical disability is expected to increase by around 7% between 2019 and 2035 (4,736 individuals).

It is estimated that of the 65,147 adults with either a moderate or serious physical disability, approximately 29,300 (45%) have a personal care disability. These are adults who require assistance to undertake personal care tasks such as getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and using the toilet.

## **Visual and Hearing Impairments**

The number of working age adults with severe visual impairments was estimated to be 463 people in 2020, and is expected to remain at a similar level over the next 20 years.

The number of working age adults with severe hearing impairment was estimated to be 3,500 in 2020. This is expected to increase by around 4% by 2040, in line with general population growth in the city.

## **Mental Health**

'Mental health' and 'mental illness' are often used interchangeably, although mental health is more than simply an absence of mental illness. Everyone has mental health, just like everyone has physical health, and the state of that health is on a continuum. Not all people will experience a mental illness, but most will at some point struggle with their mental health just like we all have challenges with our physical health.

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Common conditions that effect mental health include: depression, anxiety, stress, panic disorders, obsessive-compulsive behaviours, and various phobias. Severe and enduring mental illness is a term that generally describes long term experiences of schizophrenia and psychosis.

In the 2017/18 GP Patient Survey, 9.5% of adults aged 18 and over registered with a Birmingham practice indicated that they had long-term mental health problems, in line with the England average of 9.1%. Aside from a reduction in 2016/17, the number reporting long-term mental health problems in Birmingham has been trending upwards since 2011/12, matching national trends.

The number of adults with a Common Mental Disorder in Birmingham is predicted to increase by 5% between 2019 and 2030 (6,884 individuals, which is higher with ONS population projections).

This is also reflected in ONS projections, which estimate there are currently just over 51,000 persons aged 18-64 in Birmingham with two or more psychiatric disorders. This is expected to increase to 55,000 by 2035.

## Carers

Carers are vital to the health and social care system, playing a crucial role in supporting family members and friends to live in the community and reducing the impact on NHS and social care services. Supporting unpaid carers, and helping them to look after their own health and wellbeing is an important part of the care system.

The National Census conducted in 2021 asked, "Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?". People were asked to exclude anything they did as part of their paid employment.

The results show that in Birmingham, 9.5% of people aged 5 years old or over provided some level of unpaid care in 2021, meaning a total of more than 101,000 people.

This compares to 9% across England and Wales, meaning that Birmingham has slightly more carer than the national average. However, Census results from the other local authorities in the West Midlands (Solihull, Sandwell, Dudley, Walsall, Wolverhampton and Coventry), show that the prevalence rate for carers is higher in the rest of the West Midlands than in Birmingham, with the average in the area being 9.8% of the population.

The Census shows the level of caring responsibility provided by number of hours of care per week, with 3.2% or 34,236 carers providing 50 or more hours of unpaid care per week.

### Table showing Number of Unpaid Carers in Birmingham in 2021

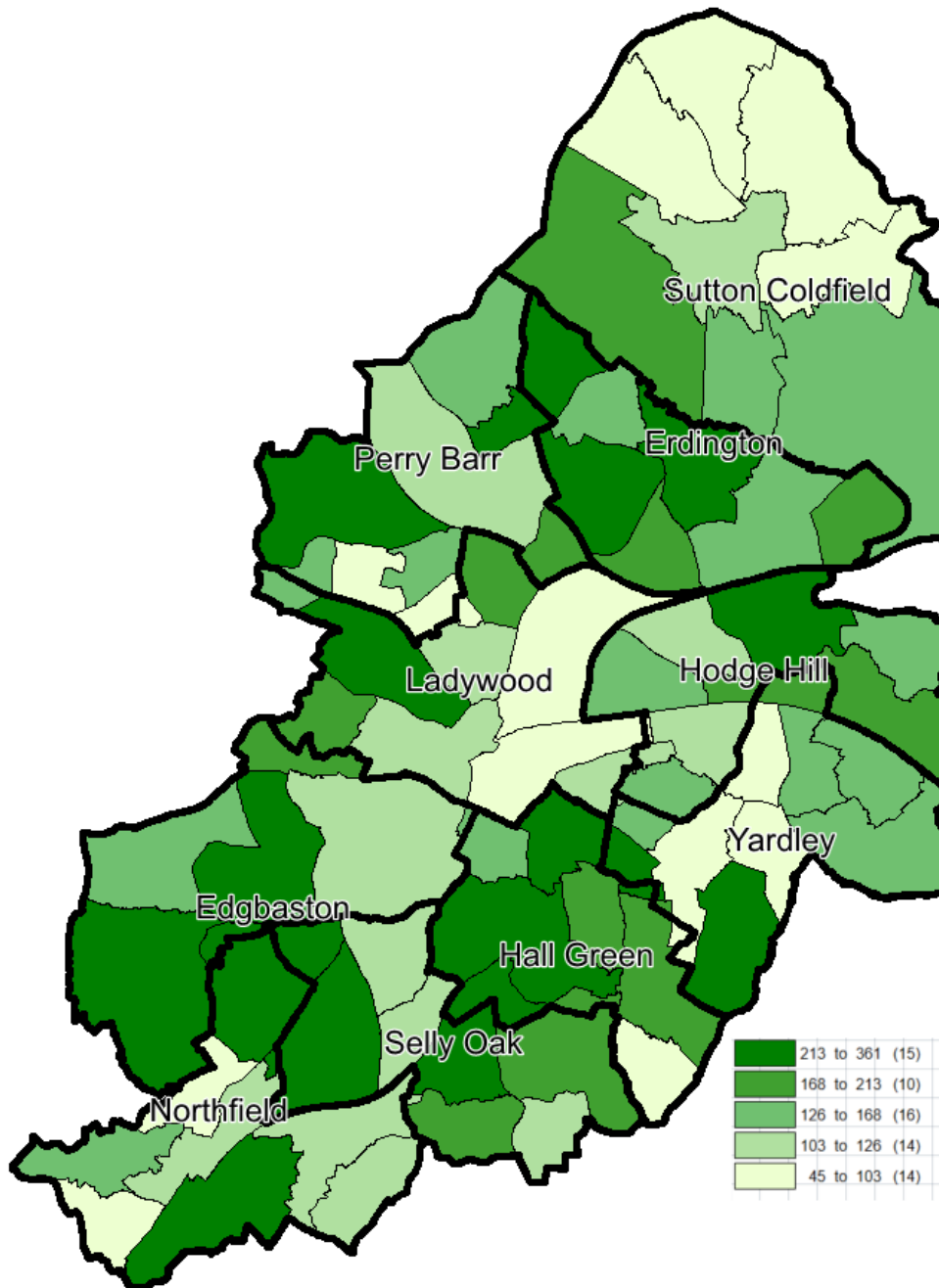
Number of hours caring per week	Number of people	% of population
50 hours or more	34,236	3.2%
20 to 49 hours	24,607	2.3%
19 hours or less	41,726	3.9%

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

## Adult Social Care Service Users

In 2023, there are more than 12,000 people receiving some form of adult social care commissioned by Birmingham City Council. The map below shows where service users live across the city. We can see trends showing lesser reliance on council services in areas of such as the north of Sutton Coldfield and areas of Yardley and Edgbaston, where the older adult population is larger but levels of deprivation are lower, and also in some inner-city areas where the population is much younger. There are clear concentrations of need in south-western Wards of Edgbaston, as well as Hall Green and Erdington.



Service user needs are diverse and varied, and many people have multiple disabilities or need types. However, we can broadly categorise service users into four main need groups: Older adults (aged 65 and over), Learning Disabilities, Working Age Mental Health and Working Age

Physical Disabilities (including sensory impairment). Birmingham’s adult social care service users fall into the following categories:

**Number of Service Users by Type of Primary Need**

Older Adults	7,166 service users
Learning disabilities	2,049 service users
Physical disabilities	1,696 service users
Mental health	657 service users

Likewise, the provision of services is incredibly broad and diverse. The Council is committed to providing appropriate services built around individuals and their needs and choices, and whilst there are many levels of service provision, service users with several different types of services and both short and long-term provision, we can categorise the services received into these overall types:

**Number of Service Users by Service Type**

Residential Home Care	2,449 service users
Nursing Home Care	1,328 service users
Home Care and Supported Living	4,740 service users
Direct Payments	3,231 service users
Day Opportunities	1,250 service users

Referring back to the Vision and Strategy for Adult Social Care, the narrative behind the strategy is that on the whole, people want to lead happy, fulfilled lives in touch with their families, friends and communities. They cherish their independence and prefer to live at home or in the community with support if necessary. The vast bulk of people do not want to be dependent on others but will accept one-off support or ongoing support if it helps them to maintain their independence. For most people, this is achievable and it is only those people with disabilities or who lose their abilities with age that require interventions from adult social care services. And of course, for some people, because of disability, placements in residential and nursing settings are the best way in which these people can lead good quality lives.

## **Birmingham and Solihull Integrated Care System**

Birmingham and Solihull Integrated Care System have published a ten-year strategy for partners across the local system, setting out their vision for the future and the improvements we all want to see over the next decade for everyone who lives, works and receives care in Birmingham and Solihull. The strategy can be viewed in full here: [Birmingham and Solihull ICS Integrated Care Strategy](#)

While the social care and health challenges faced by different neighbourhoods and communities across Birmingham and Solihull may vary dramatically – all have one thing in common: they can be much better addressed by creating the strong platform for local authorities, the NHS, the voluntary, community, faith and social enterprise (VCFSE) sector and other partners to work in a joined-up way delivering a shared vision to tackle inequality and genuinely improve the life chances of the citizens they serve.

It has always been true that where these organisations work well together much more can be achieved, but the 2022 Health and Care Act introduced new legislative measures that will make it much easier for health and care organisations to deliver joined-up care for people in the future.

The Act has created 41 Integrated Care Systems (ICSs) which are made up of two components: Integrated Care Boards with responsibility for planning and funding the NHS; and Integrated Care Partnerships - bringing together a broad set of system partners, including local government, VCFSE sector, NHS organisations and others to develop a health and care strategy for the area.

The overarching goals for the Birmingham and Solihull Integrated Care System will only be achieved by all of the partners within the area working together to ensure all our services work effectively for the best outcomes for our citizens. Over the course of the next 10 years the ICS want to ensure that we

- Increase life expectancy at birth and at 65 years for all; to at least be on a par with West Midlands average in 2033.
- Increase healthy (disability-free) life expectancy for all; to at least be on a par with West Midlands average in 2033.
- Reduce gaps in life expectancy between the least and most deprived and between different ethnic groups



## Health and Care Services in Birmingham: An Overview

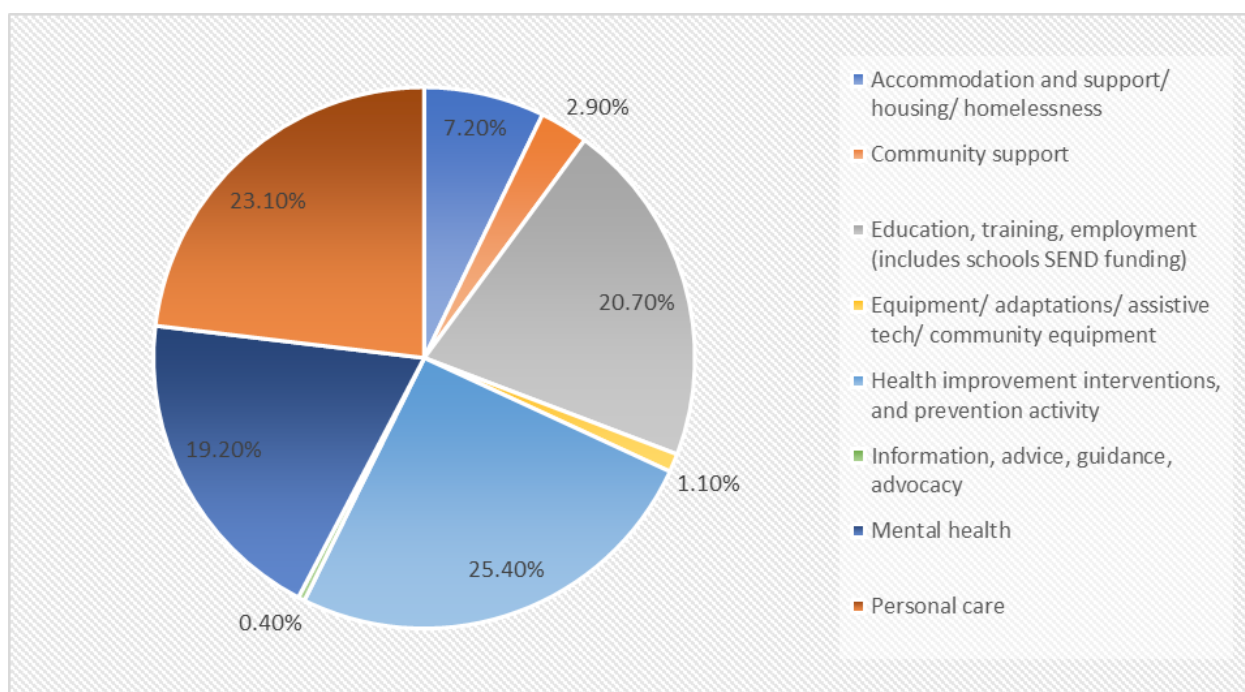
Public organisations in Birmingham are committed to working together, more than ever before, to improve the lives of people in the city and to make sure that our services are more joined-up, that our strategies and goals are aligned, and that we make sure that every pound of public money spent delivers the best value for money.

Birmingham City Council Adult Social Care Directorate, the Birmingham and Solihull NHS ICB, Birmingham Childrens Trust, Education and Skills Directorate and Birmingham Public Health are working together on strategies and joint commissioning initiatives covering health and social care.

Initial work has been carried out to look at what types of services each partner commissions, and how commissioned services can and should align. At present, around 28% of commissioned activity identified is spent on adults services, 34% on childrens services (including in educational settings), and round 39% on services that are not age-specific.

Of the identified commissioned activity across health, social care and partners, around 85% of the money we spend is on targeted or specialist services, such as direct provision of care and support. The remaining 15% is more preventative and early intervention based. It has been recognised that a greater focus on prevention, early intervention and wellbeing services could have significant impacts on improving the life course and outcomes for citizens, along with in the long-term reducing the need for more intensive health and care services.

### Approximate proportion of spend on commissioned health and social care services in Birmingham, by type:



## Care homes and regulated care services overview

There are 277 care homes registered with the Care Quality Commission (CQC) within the city of Birmingham. These homes range from very large homes with both residential and nursing beds catering for older adults, to small specialist accommodation for adults with learning disabilities.

In total, Birmingham commissions placements with more than 500 homes inside and outside the city.

There are 300 providers of home care and/ or supported living in Birmingham registered with CQC.

Birmingham Adult Social Care has published a Commissioning Strategy for Regulated Social Care, which covers Care Homes, along with Home Care and Supported Living services. The vision for commissioned adult social care services is 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.

Quality of care and service user outcomes are the key to the Council's priorities. As of February 2023, 4 homes in Birmingham are rated by CQC as Outstanding, 75.8% as Good, and 18% as Requires Improvement. 3 homes are rated as Inadequate, and 10 had yet to be inspected.

## Framework for Adult Social Care Services

The Council will operate a flexible contracting arrangement or framework agreement for the majority of commissioned adult social care services, however these arrangements will be adapted to reflect current supply and demand. This will mean the following:

- Home support Sensory Loss – once the initial procurement has taken place, no new providers will be allowed to join this lot under the contract. This means the Council will contract with a fixed group of providers. This service will be a specialist city-wide home support service to citizens 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 flexible contracting arrangement on a city-wide basis, whereby the Council will allow new providers to join the contract at any time, subject to the relevant entry criteria being met.
- Care Homes (with and without Nursing) – this will be operated as an open flexible contracting arrangement, 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), the Council or the NHS as Inadequate or equivalent to enter the new flexible contracting arrangement.**

To ensure that Commissioning and quality arrangements support and are aligned to the need to offer citizens a choice (particularly in relation to accommodation), partners will work to ensure that chosen regulated provision can be incorporated into our contracting and quality arrangements. It is important this process is clear to all parties and that appropriate quality assurances can be obtained promptly, particularly where it is needed to support hospital discharge.

The contracting and procurement arrangements will be set out in the relevant Procurement Strategy, associated contracts and the Integrated Quality Assurance Framework. However, where these criteria and processes have been fulfilled, but a provider does not currently have either a CQC rating (albeit they must be CQC registered) or quality rating, the Council and/or NHS will conduct a baseline quality assessment in accordance with the Integrated Quality Assurance Framework. To protect citizens and providers, restrictions on admissions may be aligned to the overall quality rating. This will be designed to reduce the volume or complexity of citizens supported by new or lower rated providers and to allow time for improvement.

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

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

For more information and a detailed overview of the Framework criteria, please read the full Commissioning Strategy for Regulated Social Care here: [Birmingham Quality Assurance Framework](#)

## The Integrated Quality Framework

The Council has adopted an Integrated Quality Framework (IQAF) with partners across our Integrated Care System. This framework sets out the approach to quality assurance and the full detail of which will be incorporated into relevant contracts. The key principles of the IQAF, as set out in the NHS National Quality Board Shared Commitment to Quality (2021):

### Delivering quality care in systems: key principles

Based on learning from systems to date, there are six key principles that should underpin decisions around quality in health and care systems:



Providers will be given a Provider Quality Rating which will be based on whichever is the most recent of the following. Between them, these will act as a baseline of quality assurance for all commissioned services:

- The view of the regulator: the CQC inspection rating
- A baseline of all quality standards; the Quality Monitoring Visit rating

In addition, the following elements may be considered:

- An assessment of health care quality: the Healthcare Quality Assurance Level
- The view of the Provider: Provider Quality Assurance Statement (PQAS)
- The views of the Service User: Customer feedback

The Provider Quality Rating will be measured, and each service given an overall quality rating of either 'Gold', 'Silver', 'Bronze' or 'Inadequate'. The statements below reflect what services in the different quality categories should look like.

#### What do these services look like?

##### Gold

- People describe the service as exceptional and distinctive, with staff going out of their way to meet personal preferences and individual outcomes.
- The provider is striving to be a leader in their field.
- The provider exceeds the standards set down by CQC, and contractual terms and core standards.
- The exceptional level of service is delivered consistently over time.

## **Silver**

- People describe the service as good and that it meets their needs and delivers good outcomes.
- The provider meets the standards set down by CQC, and contractual terms and core standards.
- The good level of service is delivered consistently over time.

## **Bronze**

- People describe the service as not always good and that it does not always meet their needs or deliver good outcomes.
- The provider is working towards meeting all of the standards set down by CQC and contractual terms and core standards, but improvement is still required.
- A good level of service is not consistent over time.

## **Inadequate**

- The provider does not meet key standards set by CQC and contractual terms and core standards.
- People using the service are not safe and they are at risk of harm.
- Significant improvement is required, the service will be at risk of losing its registration.

## **What information will drive the rating?**

The Integrated Quality Assurance Framework aims to capture a range of views of the quality of services and use them to produce an Overall Quality Rating for all services and a Healthcare Quality Rating for those services providing FNC/CHC/Section 117 health and care support. These will be used to inform care commissioning processes and will help people to make informed choices. The Overall Quality Rating will therefore draw upon a range of data sources and be published regularly:

- The view of the citizen or service user: Customer feedback and social worker feedback
- The view of the regulator: The Care Quality Commission (CQC) inspection rating
- The view of the Commissioner: Birmingham City Council or NHS quality monitoring rating
- The view of the provider: Provider Quality Assurance Statement

The Integrated Quality Assurance Framework will be used to develop and improve commissioned regulated adult social care services and will set out all detailed quality improvement processes.

## **Commissioning Intentions for Regulated Care Services**

- Integration – preparing the sector and commissioners across the Integrated Care System for a move towards joint and/or delegated commissioning arrangements, including implementation of a revised Integrated Quality Assurance Framework and a move towards joint commissioning and contracts.
- Investment and stability – investing existing resources into the care sector in a more structured way, including with our NHS and other partners, 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.
- Commissioner-led support – a package of support from commissioners and partners 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 – implementing an Integrated Quality Assurance Framework that recognises the best care provision and informs choice.
- Market shaping – developing mechanisms and specifications that support reduced reliance on the Council and support ongoing development and sustainability of the market.
- Efficiency and modernisation – developing integrated systems and processes that are efficient and fit for the future.
- Robust contract management – clear specifications focussed on enabling, independence, choice and control and that make clear the requirements, with robust and consistent management against these.
- Employment and skills – having a health and social care system that acts as an economic driver for change at a local community level; ensuring the sector is an attractive prospect for those entering the job market; and that those within the sector are supported and trained to remain and develop their skills.
- Reduced reliance on commissioned adult social care services – the Council will do further work to; develop alternatives to more traditional models of care commissioning and delivery which will incentivise providers to enhance the independence of citizens; and support the development and understanding of community-based services.
- Partnership with providers – having transformed the Council’s relationship with the market by being open and transparent, the Council will have a range of high-quality providers who want to work with the Council to deliver services in the future, are clear about what is required and are able to work with the Council/NHS to influence the future direction.

## Older Adults Residential and Nursing Care Homes

Birmingham has a large and established market for residential and nursing 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. It is anticipated that use of nursing homes will remain fairly consistent in future years.

There are 135 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. Many older adults care homes offer both residential and nursing placements, and there remains significant need for both models of care.

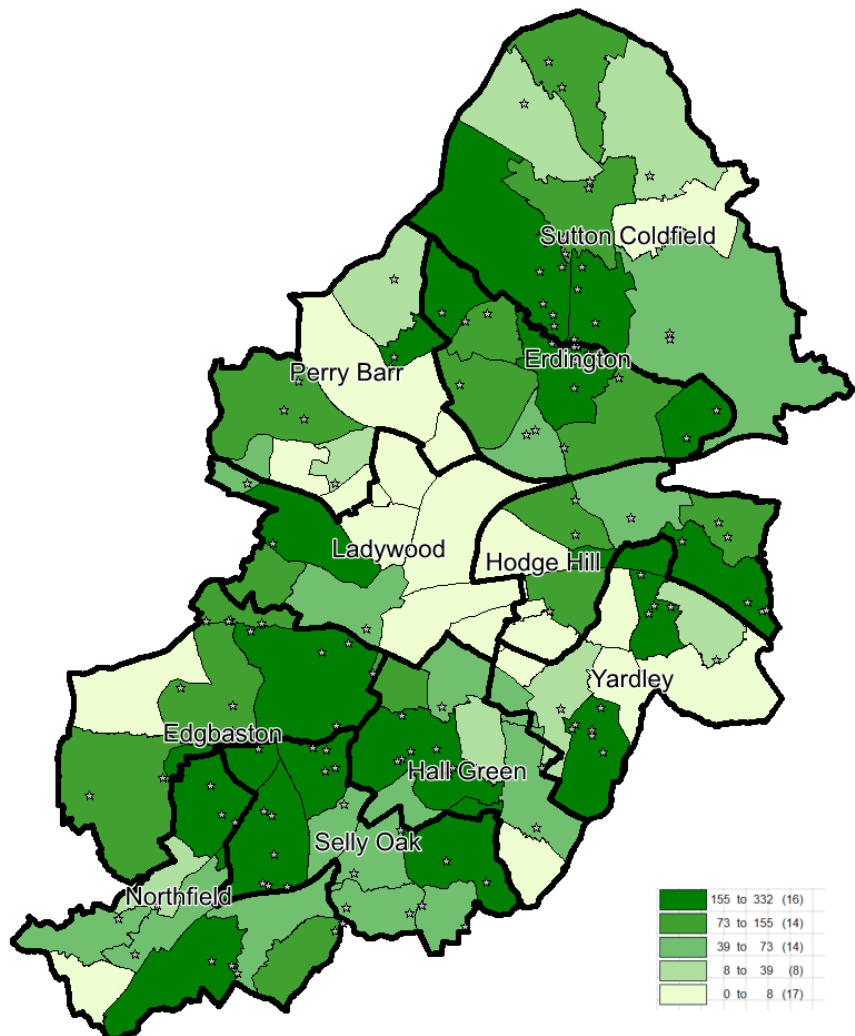
The average size of an older adult home in Birmingham is around 35 to 40 beds. In total, there are around 6,000 older adult beds in residential and nursing homes in the city.

Currently there are over 1,674 older adults placed in residential homes by Birmingham City Council, along with around 1,100 older adults in nursing home placements.

We will work with providers, the NHS and CQC to drive up the quality of care homes. Birmingham does not contract with Inadequate providers.

Birmingham City Council also uses homes outside the city boundary, and likewise many beds within Birmingham are used by other local authorities, along with significant numbers of self-funders.

The compositional structure of the Birmingham Care Home market is dominated by small, single suppliers. 91 suppliers operate in the city; of these suppliers 71 (78.0%) run one home within the region, 18 (19.8%) run 2 to 4 homes and 2 (2.2%) run over 5 homes.



Care homes in Birmingham are long established with 56.2% being established over 10 years. 17.7% were established less than 4 years ago and of these 15 were nursing homes, suggesting that demand for and investment in nursing homes is greater.

Spare capacity varies across the geography, highest capacity is in Edgbaston, and the lowest capacity in Perry Barr. Evidence suggests demand may outstrip supply in some areas, including Ladywood, Hall Green and Erdington.

Care Home demand has had a slow decline in the last three years, and Birmingham's projections are demand will decline further by 1 to 2% over the next three years. While capacity varies across the region, the Council have not experienced issues brokering placements for service users in their preferred care home, indicating capacity is appropriate to the needs and choices of citizens.

**Commissioning Intentions can be found on page 17, and a guide to the Quality Framework on page 14.**



## Care Homes for People with Learning Disabilities

During recent years the Council’s use of residential care homes has gradually reduced in favour of bespoke packages of care that enable citizens to remain in their community and in their own homes. Short-term enablement and respite in care homes remain an important feature of this market. Whilst it is predicted that long term residential care on the whole will continue to reduce slowly, for those with complex learning disabilities, care homes will continue to play a crucial role in delivering this type of care.

There are 112 Residential Care Homes for people with Learning Disabilities in Birmingham. Many of these homes also offer services for adults with other and complex conditions, including mental and physical health needs.

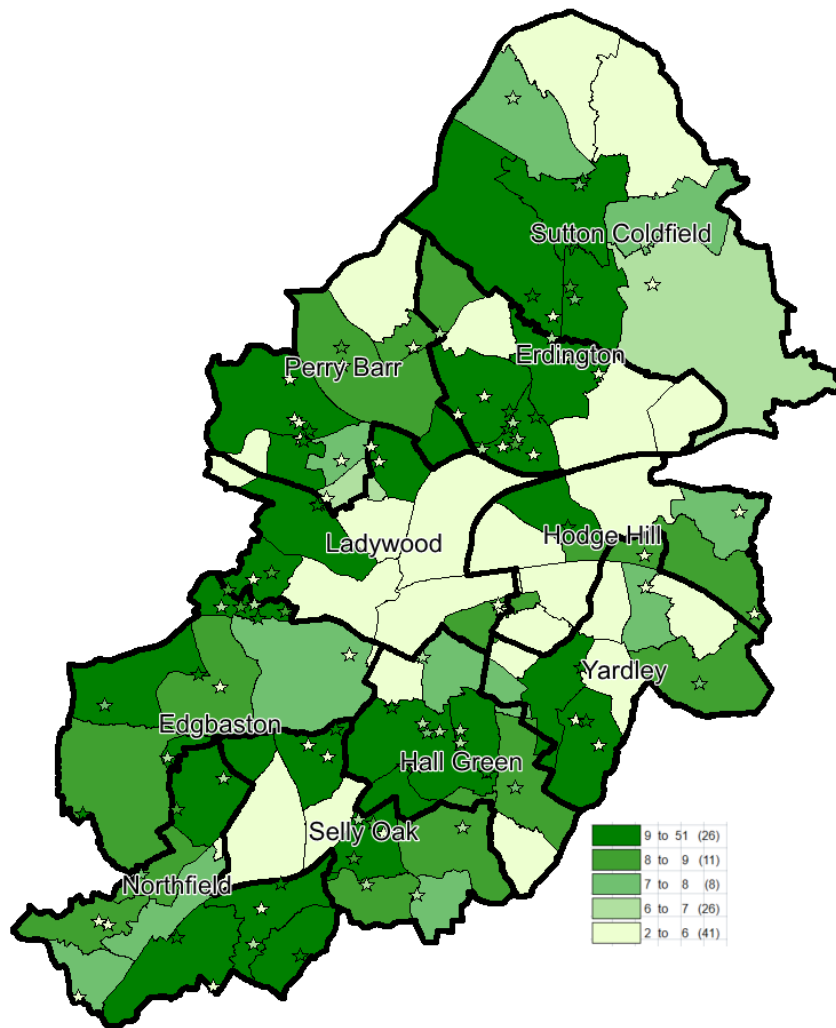
There are over 800 beds in homes specialising in caring for people with learning disabilities in Birmingham. The average sized LD care home is much smaller than for older adults, having between 5 and 8 beds.

Birmingham City Council also uses care homes outside of the city boundary, however whilst the vision is to deliver care close a person’s local community, some specialisms can only be delivered further afield.

There is an uneven distribution of LD providers and beds across the city. The north-west Wards of Birmingham have the largest number of providers and beds, along with a concentration of capacity in the south.

Central areas of Ladywood Constituency, along with parts of Hodge Hill and Yardley, have lower than average capacity, and there may be opportunity for development of services in these areas. As all care services, it is important that homes are integrated as part of the local community wherever possible, and that they develop and maintain close links with activities and community initiatives such as through Neighbourhood Networks.

**Commissioning Intentions can be found on page 17, and a guide to the Quality Framework on page 14.**



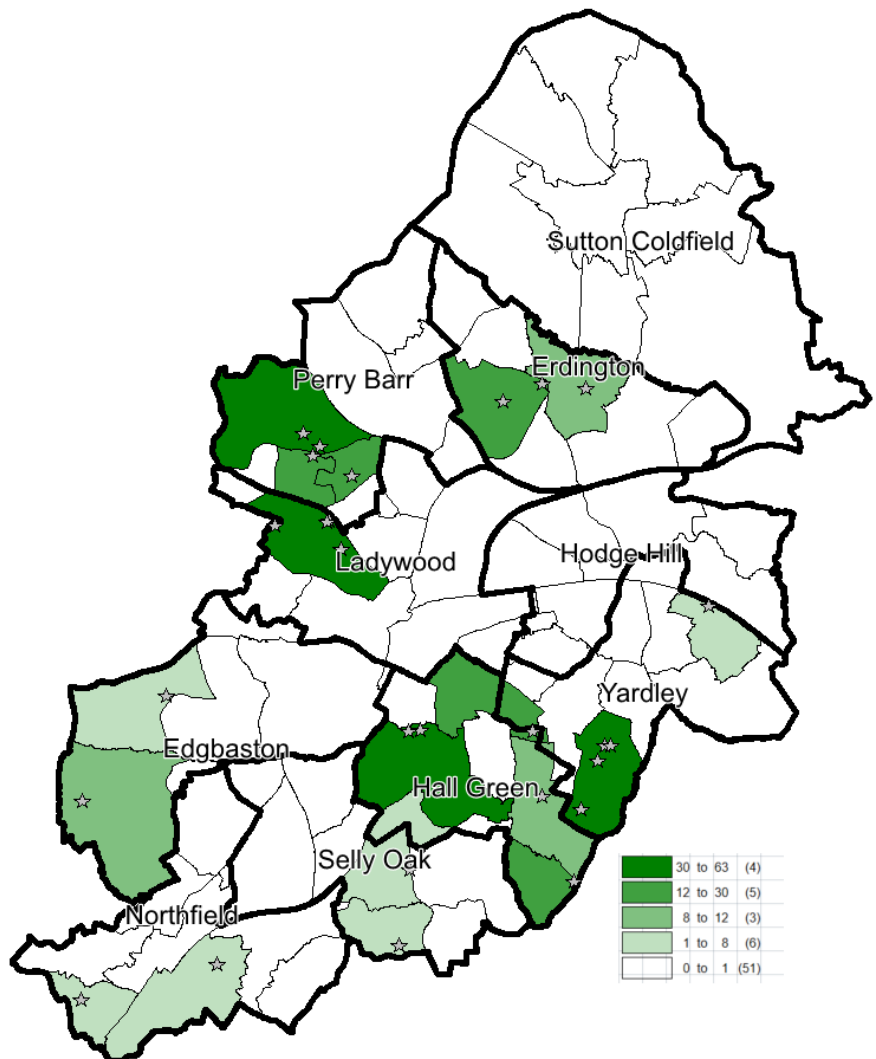
## Care Homes for Mental Health Conditions

There are 27 care homes offering specialist services for people with mental health conditions within Birmingham, with a total capacity of over 300 beds. Some homes offer specific services for older adults, some for working-age adults and others offering universal services.

Birmingham City Council currently commissions residential or nursing home placements for around 160 working-age adults with mental health conditions. Some of these placements, particularly for complex provision where there may not be appropriate local capacity, is sometimes outside of the city.

Map showing the location and capacity of older adults care homes in Birmingham, by Ward area. The map to the right shows the capacity of care homes specialising in mental health, calculated as number of beds per Ward. Because of the smaller size of the market, we can see that much of the city has no provision of specialist beds, including Sutton Coldfield and Hodge Hill. Highest capacity is in the west of the city, and the south-east.

Additional mental health services are provided by Birmingham and Solihull Mental Health NHS Foundation Trust, but these specialist services are not included within this mapping.



Commissioning Intentions can be found on page 17, and a guide to the Quality Framework on page 14.

## Care Homes for Working Age Adults with Physical Disabilities

The care homes market for working-age adults (aged 18-64) with physical disabilities is small. There are currently less than 100 younger adults with physical disabilities placed by the Council in residential or nursing care homes. Most working-age adults receive services either directly-commissioned in their own homes or in community settings, or choose to manage their own care through the use of Direct Payments.

There are 13 care homes in Birmingham registered with CQC offering specialist residential care placements for adults with physical disabilities, with a total bed capacity of around 170 beds.

Within this, there are 9 homes offering specialist care for people with sensory impairment (loss of vision or hearing).

**Commissioning Intentions can be found on page 17, and a guide to the Quality Framework on page 14.**

## Shared Lives

Shared Lives formerly known as Adult Placements, offers a person-centred alternative to care homes. It is a regulated model of care which involves people living with carefully recruited carers in their homes, so that they become part of a family unit and are supported to become involved in community life. Traditionally the provision in Birmingham was focussed primarily on people with Learning Disabilities, however it is open to adults with other types of needs. Around 10% of placements are adults aged 65 and over.

There are currently 107 adults placed with Shared Lives carers in Birmingham. This is an increase of almost 37% since 2018.

Birmingham Shared Lives is always looking to recruit new carers to share their home and family life with a young person or adult who needs support to live an enjoyable life. We promote Shared Lives as a great alternative to traditional models of care. To find out more about Birmingham Shared Lives and how to become a carer, more information can be found via this link:

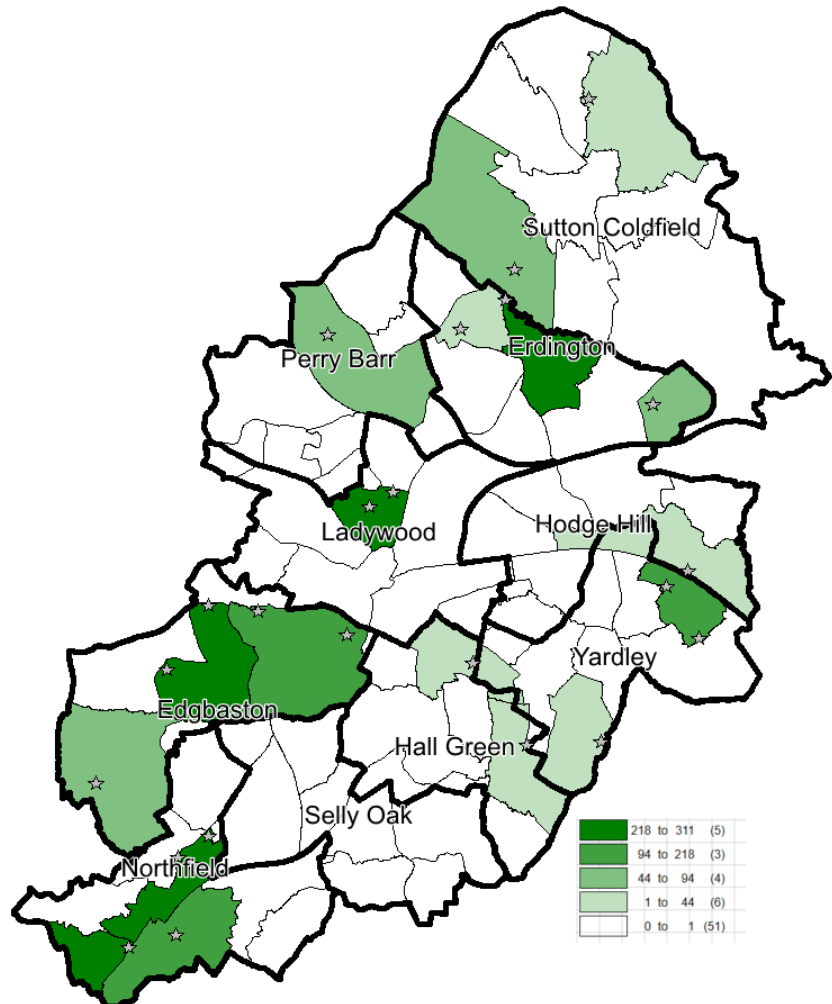
[Birmingham Shared Lives](#)

## Extra Care Centres

There are 25 providers of Extra Care in Birmingham, with more accommodation being developed. Extra Care (also known as 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.

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.

Extra 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.



Extra Care provision is shown on the above map, with the total capacity (number of beds) in each Ward area. We can see clusters of provision in the south, east and west of the city, and clear opportunities for development in Sutton Coldfield, Selly Oak, Hall Green, Perry Barr and Hodge Hill.

### 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.

## Home Care and Supported Living

There are 278 providers of home care in Birmingham, with 125 who provide services to supported living. Not all providers are contracted with the council as part of the Commissioning Framework.

As shown on the map below, the city is divided into 5 Commissioning Areas, aligned to Ward boundaries. Providers of home care are assigned to specific geographical areas, to help ensure sufficient provision locally, and to help reduce travel time for carers. Details of the Quality Framework can be found on page 14.

Birmingham domiciliary care market is composed of a large number of small suppliers and is not dominated by a small number of large firms. 74.4% of providers in the market support less than 50 service users and only 5% of providers work with over 200 service users. This high concentration of small providers promotes market sustainability and competition.

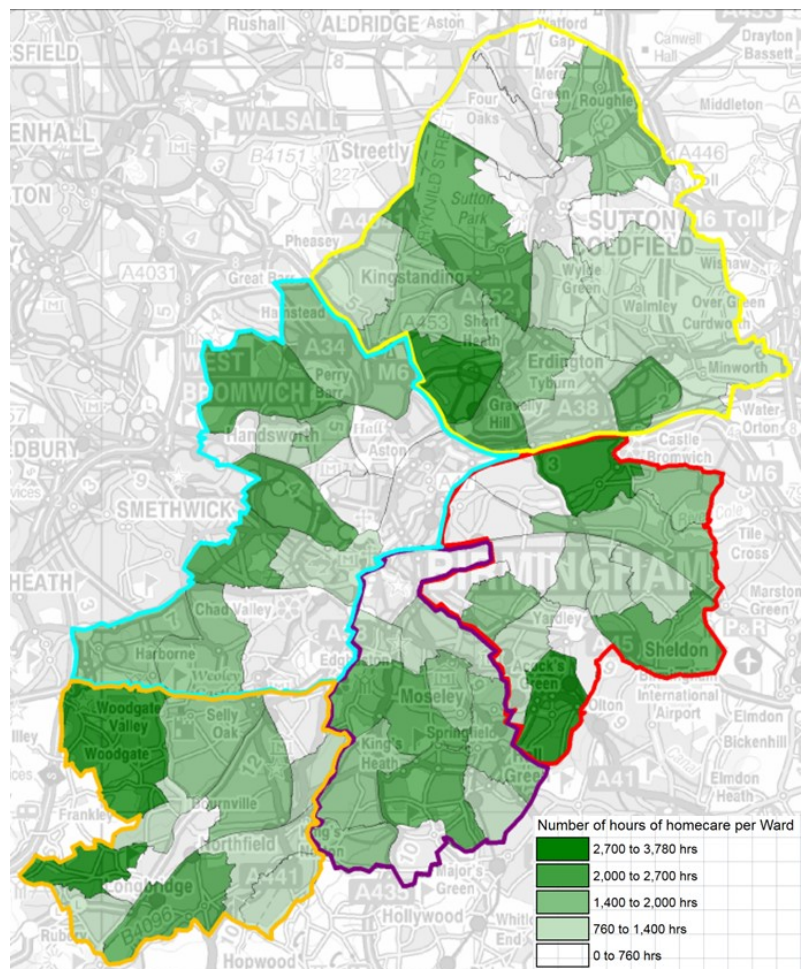
For working-age adults, the council supports the development of specialist supported living facilities, to provide people with safe places to live with as much independence as possible, with appropriate support built around the individual.

The Council commissions around 125,000 hours of home care per week. For older adults this is most often in their own homes, which sometimes means Extra Care centres or Sheltered Housing. For younger adults, particularly those with learning disabilities, a high proportion of care hours are provided within Supported Living environments.

The map to the right shows the average number of hours of care provided per Ward, per week across the city. This does not always correlate to the physical location of the care provider's base of operations.

Around 43% of care hours are provided to older adults (aged 65 and over); 38% of care hours are provided to adults with learning disabilities; 11% to working-age adults with physical disabilities (including sensory impairment); and around 8% of care hours to adults with mental health conditions.

**Commissioning Intentions can be found on page 17, and a guide to the Quality Framework on page 14.**



## Direct Payments

Direct Payments (DP) are a way for people with care needs to have control over their care and support personal budget. They are a vitally important way of making social care more personalised. The service users can choose to have a Direct Payment rather than a commissioned service, where the council makes payments directly to them so they can buy the care and support they need themselves, rather than the council arranging it on their behalf.

Direct Payments are flexible. People can choose the services they want, as long as they are able to show how they meet their assessed needs. DPs can only be spent on things that meet the needs identified in your assessment and agreed in your support plan. Each person's support plan will be different, and most people use Direct Payments to either pay a care agency or to employ someone to help with their personal care.

There are currently over 3,200 people in receipt of Direct Payments in Birmingham. In context, this is more than a quarter of all people who receive social care services from the council. We have increased the number of people receiving DPs significantly over the last five years, and continue to promote their use as a person-centred alternative to commissioned services.

Around 44% of people using a Direct Payment in Birmingham are older adults (aged 65 and over). The second largest group are working age adults (18-64) with a physical disability or sensory impairment, accounting for over 26% of DP users. Working age adults with a physical disability are far more likely than any other group to choose a Direct Payment. 19% of people using a Direct Payment have a learning disability, and 4% have mental health conditions. With the use of support services and help from families and carers, we would like to encourage a wider take up of Direct Payments for people with these types of needs.

### Support for people with managing Direct Payments

Support is available from social workers and the council's Direct Payments Team, and the council has commissioned additional support services from specialist providers that offer support for people to manage their Direct Payments, including payroll services.

Birmingham uses a prepaid card system for Direct Payments instead of cash, which means service users have a card similar to a debit card for use on care and support.

Full information about Direct Payments, how to use them, how to apply, eligibility, prepaid cards and the support available for managing a Direct Payment, can be found here: [Birmingham City Council information on Direct Payments](#)

#### Commissioning Intentions:

- The council continues to encourage the use of Direct Payments as an alternative to commissioned services, so that people can maximise their independence and build the support they want around their own lives and choices.
- Develop the market for Personal Assistants, and improve access to support and training for personal assistants working in Birmingham.

## Day Opportunities

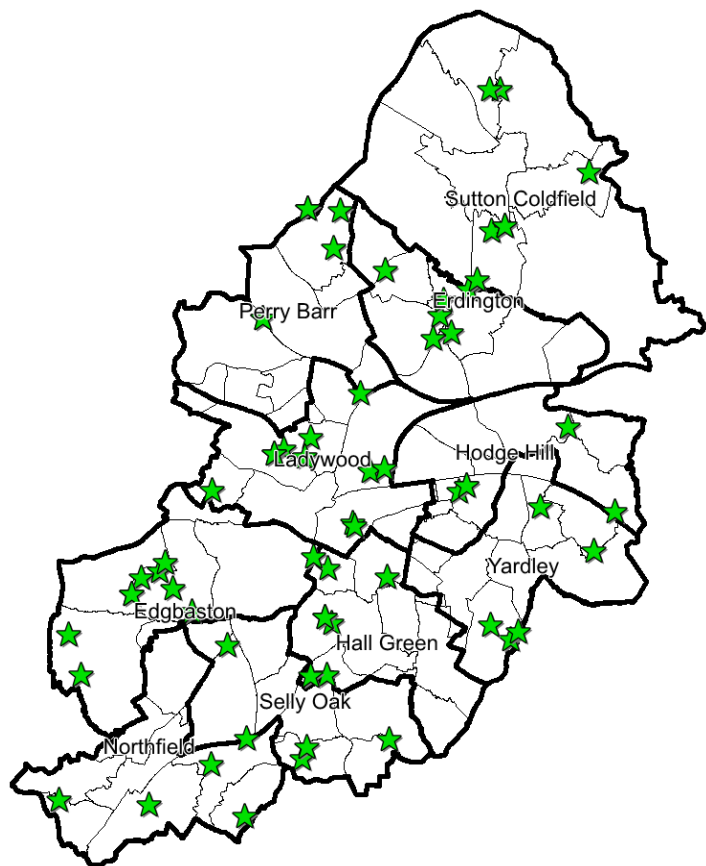
Day Opportunities can be used as a regular care and recreation setting for service users wishing to get out and meet other people, and can also provide a valuable respite service for carers needing some time away from caring, and enabling them to have a quality of life outside caring.

There are 66 centres offering day opportunities for adults in Birmingham, which are shown on the map to the right. This includes 9 services run internally by the Council. There is also support available through local services supported through the Neighbourhood Networks Scheme (NNS).

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, or use

Direct Payments to purchase services, whilst other community centres offer places free of charge. 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.

Birmingham Adult Social Care currently commissions places within Day Opportunities for more than 1,000 people. Over 50% of these places are for adults with a learning disability; 20% for adults aged over 65, and around 11% for working age adults with a physical disability.



Location of Day Opportunities services

### Commissioning Intentions:

- Develop and implement a commissioning strategy for day opportunities, following a co-produced review of service provision.
- Continue to utilise 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.
- Ensuring day services continue to be safe.

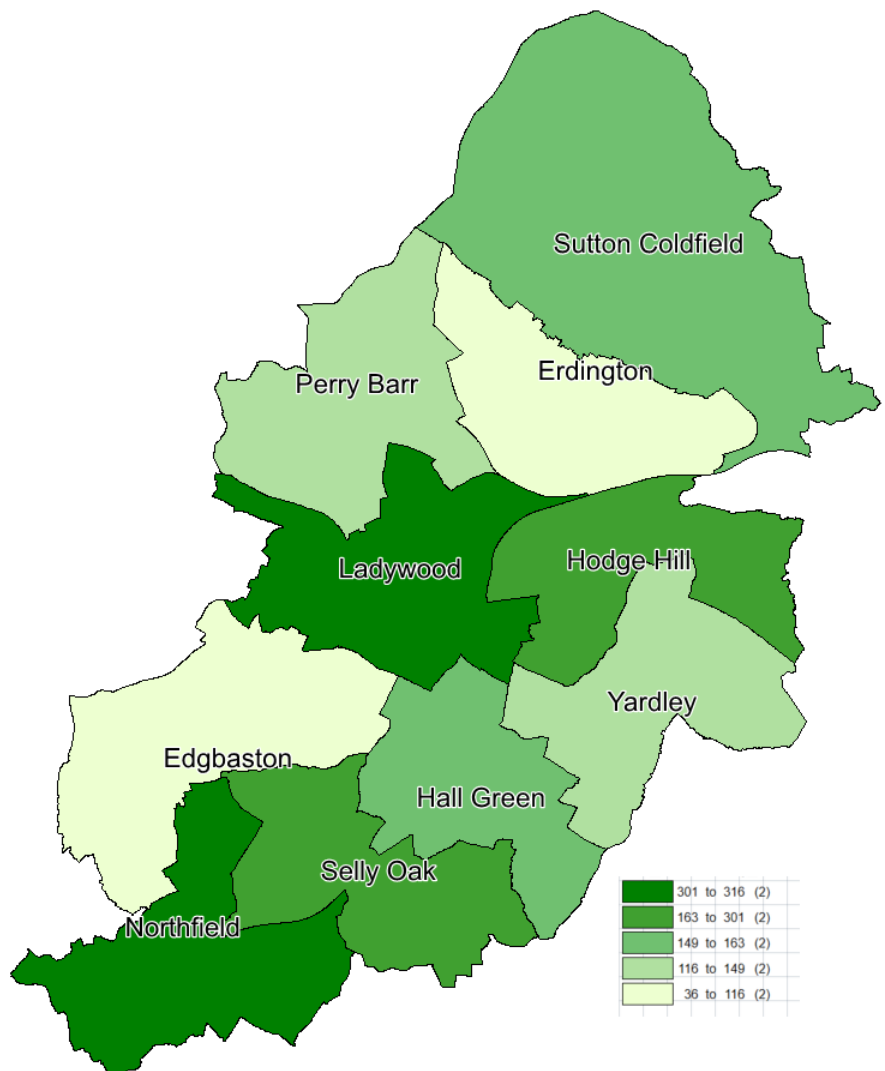
## Neighbourhood Networks

Neighbourhood Network Schemes (NNS) are funded by Adult Social Care, Birmingham City Council to develop the support people need to lead happy, healthy, independent lives in their own homes and communities. There is a Neighbourhood Network in each of Birmingham’s 10 constituencies, most of which are run by a range of voluntary and community sector organisations.

Each NNS works with community groups, organisations, and local services to develop activities and support people in need to lead happy, health, independent lives. The NNS was initially focused on support for older people, but due to the success of the scheme, it has been extended to include younger adults [aged 18 – 49 years] with additional support needs/ disabilities from April 2022. Each NNS has development workers who build partnerships with local assets as well as with professionals working in the community. A partnership steering group brings together social workers, local assets, and other community-based professionals to oversee this work. All the NNS leads meet regularly to share learning and support each other.

There are currently more than 1,800 voluntary, third sector and community organisation and initiatives linked to the Neighbourhood Networks. They are spread across the ten Constituencies:

Birmingham and Solihull Integrated Care System is developing locality-based care models across the city. These systems will eventually function in each of the five locality areas, and bring together social care, health and voluntary sector staff and services. This will mean that service users will receive support from the most appropriate sources, and enable support to be built around individuals’ needs, within the community that they live.





Each constituency NNS has a grants process in place to target small, local organisations. Each NNS has an allocation of funding for small grants. Applicants are expected to engage with their local NNS, this includes checking that the proposal contributes towards local NNS outcomes and gap analysis. The NNS Lead will also support organisations to consider other funding options that might be available. Applications for an NNS grant are submitted to a local funding panel which includes representation from local citizens, the SW team, commissioning and other partner organisations. Grants are up to a maximum of £10,000 with most NNS also having micro grants available of less than £1000.

You can find out more about Birmingham's Neighbourhood Networks Scheme, and how to apply and become involved at:

[Birmingham Neighbourhood Networks Scheme](#)

**Commissioning Intentions:**

- Continue to expand Neighbourhood Networks and create links to more local organisations.
- Improve social participation and encourage healthier lifestyles for citizens.
- Help to maximise income for citizens.
- Help people to live independently in their own homes.
- Ensure carers feel more supported.
- Improve links between community and voluntary organisations within local areas, share best practice and resources.

## Employment, Skills and Training

Employment rates for people with learning disabilities vary locally with some authorities seeing an average of 6%. National Audit Office analysis suggest that only a small percentage of this variation is actually linked to local labour markets. In Birmingham, only just over 1% of the population with learning disabilities is in paid employment. This suggests that there is opportunity for Birmingham to learn from those areas with higher employment rates, and so improve people's independence, confidence and quality of life.

The PURE project is a European Social Funded project, which engages with vulnerable adults and those with disabilities who are seeking to get into work, or to build skills and experience, or to become involved in volunteering programmes and other opportunities. It brings together a range of coordinated interventions which will assist the needs of 4000 vulnerable people including those with learning disabilities

The project will assist through a series of support interventions which enable an inclusive local economy. To support these people BCC will commission a range of activities which will build upon our existing network of providers

The range of activities will include: confidence building, basic skills and ESOL training, support for those who need pre work assistance, money management and basic financial skills programmes, volunteering opportunities to encourage social engagement and get people used to the idea of work and the opportunities it may bring them, first contact events by engaging people where they are located and feel able to access, local networks and support groups and softer personal skills such as anger management and motivation.

### Commissioning Intentions:

- Improve the opportunities for people with learning disabilities, and other vulnerabilities to access employment, training and volunteering.
- Work with employers to help them to develop a greater awareness and understanding of learning disabilities, and to increase opportunities.
- Work with providers to develop job searching websites that are user-friendly for people with disabilities.
- To ensure that Birmingham City Council is an equal opportunities employer.
- Providers contracted by Birmingham Adult Social Care are required to comply with the Birmingham Social Value Charter, which means that services must add social value through local employment, apprenticeship, or contribution to social enterprise or voluntary activity in the Birmingham area (link here: [Birmingham Social Value Policy](#))

## Appendices

Listed in this section are brief overviews and links to key pieces of national legislation, local strategies and reports that shape the picture of adult social care, and are important interlinks with this Market Position Statement.

### **1.1 Care Act 2014** [Legislation.gov.uk Care Act 2014](http://legislation.gov.uk/CareAct2014)

People have the right information and advice, so they understand what support is available and how they can get it

People's wellbeing is promoted, with an emphasis on prevention and health promotion

We provide early intervention services which will prevent delay, or reduce people's need for care and support

### **1.2 Valuing People: A New Strategy for Learning Disability for the 21<sup>st</sup> Century, (revised in 2009),**

[UK Government Valuing People Strategy](#)

Sets out how the Government would provide new opportunities for people with learning disabilities, their families, and carers, to live fulfilling and independent lives as part of their local communities. Since the publication of Valuing People, there have been several other government publications, for example

### **1.3 Valuing Every Voice, Respecting Every Right (2014)**

Produced to address the lack of awareness amongst professionals of the Mental Capacity Act

[UK Government response to Mental Capacity Act](#)

### **1.4 No Voice Unheard, No Right Ignored (2015)**

Consultation paper examining how to strengthen the rights of people with Learning Disabilities, with a focus on living independently in their community and make choices about their lives.

[No Voice Unheard, No Right Ignored 2015](#)

### **1.5 The Winterbourne View Scandal 2012**

Highlighted the need for change and transformation of the care and support for people with learning disabilities and/or autistic people, which resulted in two significant pieces of work:

### **1.6 The Winterbourne View Concordat– Programme of Action (2012)- Vulnerable People,**

[Winterbourne View Concordat](#)

[Winterbourne View Final Report](#)

### **1.7 Building the Right to Support Service Plan**

The national service model supporting people with a learning disability and/or autism. The service model describes a range of services and support that should be in place within any local area. It aims to support commissioners in working together across health and social care, to commission the range of services and support required

[Building the Right to Support Service Plan](#)

This service model includes 'Valuing People' and 'Valuing People Now' which focused on rights, independence, choice, and inclusion for people with a learning disability and/or autistic people.

Which dovetails with the National Service model which sets out how the NHS and partner organisations will turn their identified improvements into reality

[NHS National Service Model](#)

### **1.8 The Children and Families Act 2014**

System for children and young people with special educational needs and disabilities (SEND) with the introduction of Education, Health, and Care Plans for people from birth to 25 years of age with a focus on joint commissioning across the system.

[Children and Families Act 2014](#)

### **1.9 The National Learning Disabilities Mortality Review Improvement Programme LeDeR (2015- Present) - Learning from lives and deaths-People with a learning disability and autistic people**

To improve care, reduce inequalities and prevent early deaths for people with learning disabilities and/or autism. LeDeR reported 11,000 deaths by 2021 that shed light on the huge inequalities such as the experience of people from the BAME (Black, Asian, and Minority Ethnic) populations.

[Action from Learning: National Learning Disabilities Mortality Review Improvement Programme](#)

### **1.10 NHS Learning Disability Improvement Standards 2018**

Evidence provided by citizens with LD (Learning Disability) can experience poorer treatment compared to the general population when accessing NHS Services. The standards cover the following:

- Respecting and promoting rights
- Inclusion and engagement
- Workforce
- Specialist Learning Disability Services

[NHS England » The learning disability improvement standards for NHS trusts](#)

### **1.11 Health and Social Care Integration: joining up care for people, places, and populations (February 2022)**

Outlines measures to make integrated health and social care a reality for everyone across England regardless of their circumstances and location. It outlines plans to integrate the following

- Patients and service users
- Staff looking for ways to better support
- Organisations delivering these services to the local population

It is predicated on a whole system partnership approach and better person-centred care.

[Health and social care integration: joining up care for people, places, and populations - GOV.UK \(www.gov.uk\)](#)

### **1.12 People at the Heart of Care: Adult Social Care Reform White Paper (December 2021)**

A ten-year vision for Adult Social Care with three objectives:

- People have choice, control, and support to live independent lives
- People can access outstanding quality and tailored care and support
- People find Adult Social Care fair and accessible

[People at the Heart of Care: Adult Social Care Reform Paper 2021](#)

### **1.13 SEND Review: Right Support, Right Place, Right Time (2022)**

Identified three key challenges that the SEND System faces:

- Outcomes for children with special educational needs or who are in alternative provision
- Navigating the SEND system and alternative provision is difficult for children and families
- System does not deliver value for money despite unprecedented investment

[Right Support, Right Place, Right Time 2022 report](#)

### **1.14 The Independent Review of Children's Social Care (2022)**

A Framework for Change includes:

- A revolution in Family Help
- A just and decisive child protection system
- Unlocking the potential of family networks
- Fixing the broken care market and giving children a voice
- Five missions for care experienced people
- Realising the potential of the workforce
- Improving transition for disabled children

[The Independent Review of Children's Social Care 2022](#)

### **1.15 National Strategy for Autistic Children, Young People and Adults and Implementation Plan 2021-2026**

The government's national strategy for improving the lives of autistic people and their families and carers in England, and implementation plan for 2021 to 2022.

[National Strategy for Autistic Children, Young People and Adults and Implementation Plan 2021-2026](#)

### **1.16 The Kings Fund the Health and Care Act 2022: Our work to inform and make sense of the legislation**

Content and commentary aimed at helping you to make sense of the Health and Care Act, in addition to The Kings Fund's recent work on integrated care.

[Health and Care Act 2022: Kings Fund](#)

### **1.17 Birmingham and Solihull Integrated Care System Strategic Vision Autism 2022-2032**

Strategy to enable all autistic individuals in Birmingham and Solihull, throughout their life to maintain their independence, lead fulfilling, healthy, socially, and economically active lives. Autistic individuals have told us they want to enjoy life in Birmingham and Solihull, to feel welcome and have the same chances of achieving their full potential as other residents

[BSol ICS Strategic Vision for Autism 2022-2032](#)

### **1.18 The state of health care and adult social care in England 2018/19**

Most of the care that we see across England is good quality and, overall, the quality is improving slightly. But people do not always have good experiences of care and they have told us about the difficulties they face in trying to get care and support. Sometimes people do not get the care they need until it is too late, and things have seriously worsened for them.

[Care Quality Commission State of Health and Social Care Report](#)

### **1.19 Older Adults 2019 Joint Strategic Needs Assessment**

Along with life expectancy at birth, life expectancy at age 65 is an extremely important summary measure of mortality and morbidity. On average, men and women in Birmingham aged 65 are predicted to live less than the England average, with Birmingham residents who are most deprived not living as long compared to the least deprived

[Birmingham Joint Strategic Needs Analysis Older Adults](#)

### **1.20 Working Age Adults 2019 20 Joint Strategic Needs Assessment**

One of the Council's priorities for working age adults is that we have a city that is an entrepreneurial city to learn, work and invest in. The Birmingham and Solihull Sustainable and Transformation Partnership (STP) also have adulthood and work as a priority, achievable through breaking the cycle of deprivation

[City Observatory: Joint Strategic Needs Analysis for Working Age Adults](#)

### **1.21 The Homes, Health and COVID-19 Report – Centre for Ageing Better with the Kings Fund**

- The Covid-19 pandemic has exposed and amplified housing related health inequalities
- Some demographics are more likely to live in poor housing and are often the same groups who are vulnerable to COVID-19
- Poor Quality Housing has a profound impact on health, particularly living in a cold, damp home
- Overcrowded housing poses a significant health risk and is more common amongst the BAME community
- One of the major causes of death, injury and decline in older adults is falls in the home
- Quality of built environment is linked to mental and physical health outcomes
- Improving housing quality can be highly cost-effective means of improving health outcomes

[Health, Homes and COVID 19 Report: Centre for Ageing Better/ Kings Fund](#)

### **1.22 Supported Living and Care Homes (with and without nursing) and Home Support (Sensory Loss) Commissioning Strategy**

This commissioning strategy recognises that relationships between health, social care and wider community services are integral to the health and well-being of local communities and builds upon the previous commissioning strategy for these services (2017). Birmingham City Council is mindful of its role as a significant commissioner of these services and the underlying price pressures in the social care sector - along with rising demand for services - which it must provide for through its social care budget. A key requirement in meeting these financial challenges is to work more collaboratively with our partners and increase joint commissioning across health, social care, and housing with support.

[Commissioning Strategy For Regulated Social Care](#)

### **1.23 Cost of Care Exercise**

Further to the government announcement of the Market Sustainability and Fair Cost of Care Fund - Market Sustainability and Fair Cost of Care Fund 2022 to 2023: guidance - GOV.UK ([www.gov.uk](http://www.gov.uk)) Birmingham City Council carried out cost of care exercises for older adult care homes, home support, extra care, and supported living services during the summer of 2022.

[Cost of care exercise 2022 | Cost of care exercises | Birmingham City Council](#)

### **1.24 Build Back Better: Our Plan for Health and Social Care**

Published by Government in September 2021 sets out significant reform for the health and social care sector. The plan aims to address the catastrophic impact of the Covid-19 Pandemic on the NHS and social care sector, focussing on addressing extensive hospital backlogs, but also reforming the adult social care system in England to meet the increasingly complex needs of an ageing population, as well as those of younger adults who need support.

[Build Back Better: Our Plan for Health and Social Care](#)