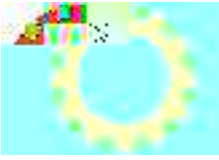


Big challenges for health & social care "The Birmingham and Solihull Sustainability and Transformation Plan





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- >>**9,999** or >: **H** of the footprint population live in the **I**bottom **19HJ** most deprived areas of England.
- 1 in ' children live in poverty.
- Birmingham has a gap in life expectancy of **G** years





market failure because councils cannot afford higher fees, which in turn causes more upward price pressure for councils when they have to find more expensive alternative placements. All of these have combined to create more intense demand on the adult social care system. This has a knock-on effect of causing increasing difficulties for the NHS in the form of patients being unable to be discharged promptly from hospital due to inadequate social care provision.

:' The impact of these pressures on the adult social care budget has been growing over recent years. These, taken in conjunction with the failure to rea



- :.G This paragraph is referring to the fact that, in relation to the council's 2016/17 expenditure on adult social care, it had been planned originally that approximately £10m in NHS savings which were to be made through the Better Care Fund by reducing non-planned emergency hospital admissions, would be made available in 2016/17 to be used by the local authority to alleviate some of the financial pressures in adult social care. This never happened due largely to increasing numbers of patients ending up at A&E departments leading to increasing unplanned admissions and a lack of available capacity to deal with the increasing demand. Subsequently it was planned to utilise the retained 10% contingency fund estimated at £10m to alleviate identified financial gaps in the system. It is now clear that this will not happen. This means that these significant pressures will have to be met by the local authority for the current financial year and very probably also for 2017/18 and 2018/19. The fact that there will be no NHS money available to support the adult care system for the next two years, contrary to what had previously been anticipated by the council, was acknowledged by the System Lead, Clark Rogers, in his evidence to the committee.
- :.) /age (G of the ST/ document spells this out in stark terms: *2% significant level of savings (£10m) was apportioned to be achieved in 2016/17 via whole system reform plans with health. By the 27th July 2016: a strategy was supported by NHS partners to seek to gain NHS support to utilise the retained 10% contingency fund estimated at £10m if this were possible to alleviate identified financial gaps in the system. It is now clear that given a thorough review of system finances and NHS pressures the utilisation of the £10m will not be possible under the current NHS priorities.**
- :.; The loss of these anticipated resources puts our adult social care services in an extremely precarious position. It also raises a number of questions over the budgetary assumptions the council had made in previous years, with regard to both its own savings proposals and the belief that NHS contributions will be coming across to maintain the adult social care system which have subsequently not been realised. Lessons need to be learned about the consequences of making unrealistic assumptions when dealing with the current adult social care financial challenge and when making decisions about the current council budget.

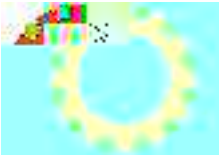
. Prioritising prevention and early intervention

Public health and prevention

- G.1 Prevention and the promotion of wellbeing will be vitally important if both the NHS and social care are to succeed in addressing the financial challenges and increased demand set out in the previous paragraph. Prevention, and in particular public health initiatives and interventions aimed at facilitating and encouraging longer-term behaviour change, will be critical in closing the care gap and achieving the transformation needed to make the available resources go further while still delivering quality care. Maintaining health and wellbeing need to be at the forefront of the plan so that people are helped and enabled to take action to make a difference in their own lives to have any hope of closing the gap.



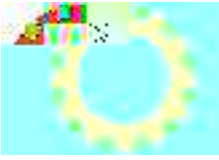
- G.+** The importance of prevention and the promotion of wellbeing across the system is recognised in the **Community Care First** work programme and in particular through the **Improving Health and Wellbeing*** strand of work. It aims to address the gap in life expectancy, **Quality of life and life chances** across the life course to enable people to achieve **Active, meaningful and independent lives***. Six priorities have been identified and it is explicit that in order to be effective, these all need to be an inherent part of all the ST/ work programmes, not just the improving health and wellbeing workstream. **One of the top five milestones**



obvious example of this would be interventions that support people who are homeless, especially



communications strategy which is included on one page near the end of the Plan would appear to be very much an afterthought and needs a considerable



.G There is also a continuing role for health scrutiny in looking at the operational plans and taking an overview of the engagement and consultation processes as they develop across the system.

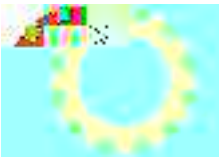
2 The #est Birmingham 7uestion/

; .1 The boundaries of the geographical area covered by the Sandwell and Dest Airmingham =linical =ommissioning !roup are not co5terminous with the l



making any provision for increased homecare or social care resources, which could actually increase the gap and thus worsen the immediate crisis in social care.

- 19.+ Secondly and thirdly, taking a longer view, does the Plan provide a basis for bringing about the longer term system changes that will be needed and will the Plan bring about the kind of changes in behaviour and the environment needed to support more people to stay healthy for longer to relieve pressure on the health and care system in the future? The answer to this seems to be that whilst it provides a potential basis for achieving this, it has a long way to go before it can deliver. We can only reiterate what was said by the Cabinet





11 Key Steps

- 11.1 The purpose of bringing this report to Councillors in full Council was to raise awareness among all elected members in Birmingham about the scale and importance of the changes that are happening and planned across the health and social care system under the remit of the ASoI ST. It was also to highlight the importance of elected members engaging in the debate to decide where they want the health and social care system to go over the next five years and over the longer term into the future. The changes that are taking place and the new models of care that are being and will be developed will have a huge impact on the health and care for the people of Birmingham and Solihull.
- 11.2 The Health, Wellbeing and the Environment Overview and Scrutiny Committee is also seeking a mandate from the Council to continue to focus its efforts in scrutinising the Plan including the operational plans with a view to bringing a further report to Council on developments in 12 months time. The Health Scrutiny Committee will be seeking meaningful progress on the issues flagged up in this report.
- 11.3 The range of organisations involved in the Plan is extensive and the importance of the changes that are happening and will be happening across the health and social care system cannot be overstated. It is therefore of paramount importance that Councillors are informed, engaged and approach the process knowing the implications and issues and with a realistic understanding of the position of social care within the health and care system. There can be no more pressing priority