

Care provision, integration and continuity

Indicative score:

3 - Evidence shows a good standard

What people expect:

"I have care and support that is co-ordinated, and everyone works well together and with me."

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Birmingham has a large and diverse care market with proportionately fewer care home beds per 100,000 adults than the regional average. This reflects the lower admission rate to residential care, and a focus on the Home First strategy for people discharged from hospital.

Proportionately fewer registered providers in Birmingham were rated by CQC (Care Quality Commission) as good or outstanding than the West Midlands and national averages. This was brought down by the proportion of homecare (domiciliary care) providers who perform less well. Birmingham's care homes had higher CQC ratings than West Midlands local authority comparators. The local authority's approach to quality assurance showed that over 75% people whose support they funded were supported by a provider rated as good or outstanding. The local authority had placed contract embargoes on 2 providers in the previous 12-month period due to concerns about the quality of the care provided.

Commissioners told us they had a good understanding of the regulatory market and were confident in the way they are managing it. They had developed their own risk dashboard and had an internal intelligence team who regularly reviewed data around safeguarding, falls and complaints as well as provider credit ratings, which fed into their assessment of risk. They used this information to inform their Integrated Quality Assurance Framework which had been developed in partnership with the Integrated Care System (ICS) to ensure that people had access to high-quality and person-centred regulated adult social care. Feedback from health partners was positive about the intelligence the local authority had shared with them to inform their decision making. its

People who used services and their carers were positive about the care and support provision available to them. The local authority commits funds from their Adult Social Care budget and the Better Care fund to commission a Carers Hub for a 5-year contract. There was a lead provider, Forward Carers, of services to unpaid carers in the area, and partnership arrangements which could flex to respond to the diversity of needs presented by carers. Carers told us care services were well integrated and offered them good continuity of support. They were also well supported by Forward Carers.

In terms of the volume of need, the local authority told us the care home market was able to meet current and future demands. For people aged over 65 there was a 14% over-supply of beds in the residential market, due to a decline in demand related to the pandemic. Despite some providers exiting the market for residential care and homecare (domiciliary care), there was no significant impact on capacity in either provision. There were no known delays in meeting requests for homecare support and no areas within the local authority footprint where it was more difficult to commission care.

Although there were sufficient services for people with less complex needs who could be supported to live at home, in residential care or in supported accommodation, there was a lack of provision to meet more complex care needs. These included the needs of people with a learning disability and/or autistic people, services for people with complex needs such as a dual diagnosis, and of bed-based emergency care or respite for working age adults. We heard of younger people having no option but to be admitted to services intended for older people, because of a lack of alternatives.

The local authority told us that it had co-produced a review of day opportunities with experts by experience and service users, supported by a commissioned facilitator. Completing this work and developing a commissioning strategy for the external sector was an important priority for developing its support offer over the next year. Access to other daytime support is signposted through the Birmingham connect to support website.

Feedback from minority groups indicated that people wanted culturally appropriate care, but that they believed the market was not developed enough to meet those needs, particularly around residential support, or care that reflected their preferences.

Providers in the homecare and older adults residential care sectors told us they had good relationships with commissioners and felt engaged with them. Some providers recognised the local authority's good culture in terms of promoting people's independence. They cited good relationships and communication with the local authority and attended regular meetings with a local forum to discuss issues and promote networking. These providers also told us that the local authority's market intelligence briefings were highly informative, and that the local authority quality assurance team engaged with them in a positive way.

In contrast, some other providers, and one trade body, were less positive about commissioning at the local authority. Some spoke of unhelpful and unsupportive relationships, limited communication, one-way partnerships and feeling disconnected.

Commissioners also told us that they took their responsibility to keep the wider market sustainable seriously. For example, during the local authority's last homecare tender in 2019 it had commissioned the Institute of Social Entrepreneurs to support any decommissioned providers who were removed from its framework. People were also given the option to take a Direct Payment if they wanted to stay with their previous providers where they were no longer on the framework. Of the providers that were decommissioned at that time, 70% were still in the market at the time of our assessment.

Hospital discharge worked well, with integrated and co-ordinated resources that were effective in delivering good outcomes. There was a clear remit of discharge to assess with a series of pathways depending on need, including bespoke housing and homeless pathways. These meant that people could access temporary accommodation to enable discharge from hospital while housing solutions were explored, to prevent vulnerable people being left without appropriate support. There were no reported issues with delayed discharges.

The Early Intervention and Community Team was funded jointly between health and social care to plan, commission, and deliver appropriate care and support to people.

Staff spoke with pride of the responsiveness and skill of the in-house service provision, who usually provided a reablement service, for their ability to provide short notice or replacement care for people who were hard to engage with.

Co-production took place with health partners and others to ensure the right services were commissioned for the population. There were clear strategies for commissioning, focusing on integration, investment, and stability. They also focused on market shaping, commissioner-led support, incentivising quality, efficiency, and modernisation. The local authority placed an emphasis on robust contract management.

The local authority had a strategy to reduce reliance on commissioned adult social care services, backed by the intentional spend on supporting people to live healthier lives, which reduced, delayed, and prevented the need for formal service provision.