

**Birmingham City Council Business and Budget Pan 2013+:
Consultation response by Birmingham Community Health Care NHS Trust**

Birmingham City Council Adults and Communities Directorate

Option	BCHC response to consultation
<p>Strategic Direction for Directorate Services.</p>	<p>We welcome the Council’s key priorities and principles identified in the strategic direction for the Adults and Communities Directorate, and understand the need to direct reducing resources at those with most critical and substantial needs. We also support the need to shape a single health and social care system, based on the long term collective interest, and in doing so reduce the potential for any duplication of social and healthcare service delivery. This will be particularly relevant for service delivery in the areas of enablement (BCC) and rehabilitation / reablement (BCHC) to maximise the quality of life and independence of the local population and thereby reduce long-term care requirements and costs. We welcome the intention to safeguard all vulnerable people and promote wellbeing through Public Health and the work of the [Shadow] Health & Wellbeing Board, although we recognise the challenge of investing more in upstream prevention whilst facing a reduction in overall funding and services.</p> <p>There is limited detail in the description of how the budget reductions will be made, and our comments on the individual proposals have necessarily raised questions on the specific detailed proposals which will allow the impact on services to be better understood. In addition it would be useful to understand:</p> <ul style="list-style-type: none"> • How BCC will ensure that budget reductions do not adversely impact on the most vulnerable adults? • What risk assessments have been undertaken to determine risk to the most vulnerable adults? • What impact will the proposed budget reductions have on safeguarding adults and the multi-agency partnerships; will the proposals adversely impact on agreed multi-agency

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	<p>safeguarding adult procedures?</p> <ul style="list-style-type: none"> We understand that a significant percentage of the Directorate funding relates to adult learning disability and mental health services; please could you elaborate on the specific impact of the proposals / reductions to learning disability care services in 2013/14 and beyond?
<p>1. Adults and Communities Transformation Financing</p>	<p>It is unclear from the proposals whether the expected £1.41 million reduction in 2013/14 will impact on the proposed development of a local authority / healthcare shared electronic patient record. We see this as a key priority to share information about individuals receiving care to ensure duplication of cross-sector services can be eradicated and improve care coordination to enhance outcomes.</p>
<p>2. Reduction in directorate running costs.</p>	<p>We support the improved value for money proposed from reduced administrative costs through economies of scale, on the basis that this does not impact on the funding available to maintain and improve health and wellbeing of the local population. We wholly support the strategic intent of the Directorate in the work of the [Shadow] Health & Wellbeing Board. As stated above further investment in upstream prevention and wellbeing, whilst challenging at times of fiscal constraint, is crucial to reduce the future escalation of demand for and costs of care.</p>
<p>4. Alternative TeleCare financing</p>	<p>We welcome the continued commitment to TeleCare and would welcome the opportunity to discuss with Local Authority and Clinical Commissioning Group partners the potential to develop integrated service delivery that optimises shared equipment and staff skills to maximise the health and social care benefits and efficiencies that TeleCare provides, in support of a single health and social care system.</p>

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<p>7. Additional use of NHS funds to support eligibility criteria</p>	<p>We welcome the Council's commitment to maintain eligibility criteria at critical and substantial, and note this will be achieved through utilisation of additional NHS funds in 2013/14 as a one-off saving.</p> <p>As a consequence, does this mean if similar additional NHS funds are not available in 2014/15 and beyond that eligibility criteria will be restricted to critical only? If so, how will the needs of those vulnerable people meeting the substantial criteria be supported? There is a significant risk of non-health care demand being transferred to healthcare service delivery, with a consequent impact on capacity and services to vulnerable people. In support of your strategic principle to shape a single health and social care system, based on the long term collective interest, how will such an impact be jointly assessed and mitigated on a multi-agency basis in future plans?</p>
<p>8. Framework Contracts and Market Shaping for residential and home care.</p>	<p>We understand and welcome the need for the use of framework contracts for residential and homecare services to develop market-driven competitive prices and ensure value for money. We also welcome the emphasis on development of residential care and supported living for younger adults.</p> <p>As a significant provider of specialist healthcare for people with learning disabilities it would be useful to understand how Market Shaping within the Joint Commissioning arrangements will differentiate health-specific models of care from non-health care to ensure comparison of equivalent specialist health multi-disciplinary team services to individuals with complex health co-morbidities.</p>

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<p>10. Reduce subsidy for intermediate care at the Norman Power Centre.</p>	<p>We are of course concerned with the planned removal of the subsidy of intermediate care at the Norman Power Care Centre.</p> <p>We welcome the commitment given to work closely with partners in the health and social care economy to review provision of the intermediate care service. We need to understand the impact of the subsidy removal in detail. If the £400,000 reduction is not picked up by health commissioners, the impact would be to reduce the care support staff employed at the Centre and, for clinical safety and quality, would necessitate a reduction in the number of beds available for intermediate care.</p> <p>We will need to review notice periods on this contractual change with health commissioners, in terms of any necessary mandatory redundancy consultation with the affected staff, and assess any resulting financial impact continuing into 2013/14. In this regard joint discussions to clarify the impact and service changes will need to take place over the next month to reduce ongoing financial commitments into 2013/14.</p>
<p>11. Reduce subsidy to University Hospital Birmingham for delayed discharge schemes</p>	<p>The impact on reduced NHS reablement funding invested in the Kenrick Centre will have a direct impact on the health economy through the inability of patients who have completed their acute healthcare treatment to move from the acute hospital to a more suitable place of care.</p> <p>We note the commitment to work closely with partners in the health and social care economy, in support of the strategic intent to shape a single health and social care system, based on the long term collective interest. We view the inclusion of BCHC as a participant in the discussions as essential given the impact on community hospital and community healthcare services is likely to be significant.</p>

Birmingham City Council Children and Young People and Families Directorate

Option	BCHC response to consultation
1. Voluntary sector funding reduction	<p>We welcome the council’s key priorities and principles identified in the strategic direction for children and families, and pro active approach to more integration and co location of teams, however we are particularly concerned regarding the reduction in funding of short breaks and services for disabled children, and the increased stress this will lead to for families and therefore potentially of safeguarding disabled children.</p> <p>We note that the Voluntary sector provides valuable support services to some of the most vulnerable children and families within Birmingham.</p> <p>The potential impact of reduction in this area of the budget will be:</p> <ul style="list-style-type: none"> • Reduced support to children on a child protection plan • Reduced support to children and families who are coming “off” a child protection plan • Reduced support to families in crisis • Reduced preventative work which increases family parenting capacity and resilience and prevents family breakdown • Increased pressure on families with disabled children <p>The impact of this proposal may increase the number of children and families requiring a child protection plan and entering the looked after system</p> <p>Budget restriction in this area appears in conflict with the intention detailed in option 3. It is noted that 5.5k of children will no longer receive a service from the voluntary sector and the impact of the reduction on children with special educational needs or disabilities and their parents will need a detailed impact assessment.</p>

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	<p>It is difficult to comment fully on this proposal until we have clarity on the impact of the budgetary reduction on the voluntary sector funding.</p>
<p>2. Teenage Pregnancy Funding</p>	<p>Although this isn't clear from the consultation document, if the migration of teenage pregnancy support and educational activity migrating into IFSTs applies a threshold to the activity, it may exclude a group of young people currently accessing the service who have and will benefit. This would have wider social consequences and impacts on both the Social Care & Health economies and given the wider impact of teenage pregnancy this may be a false economy. The detail of what is proposed and how this will work would be useful along with the specific impact of any change.</p> <p>The consultation identifies the intention to integrate this work into the IFSTs:</p> <ul style="list-style-type: none"> • How will preventative work with teenagers to prevent conception be developed, protected and the outcome measured? • How will preventative work with teenagers be prioritised by the IFSTs with competing agendas to support families with children. • How will C&YP manage variation of service provision between the IFSTs and ensure that teenagers across the City have equity of access to information and support. <p>The detail in this proposed savings area does not provide sufficient information as to how this change will impact on the lives of young people and the educational opportunities they will have and how this change will be managed.</p> <p>It is difficult to comment fully on this proposal until we have clarity on the impact of the budgetary reduction on teenage pregnancy funding.</p>

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<p>3. Remodelling and integration of preventative and targeted services</p>	<p>Option 24 identifies significant reductions in the budget for Children Centres- how will the impact of these two significant budget restrictions be measured to prevent an adverse impact on supporting capacity and resilience building with the most vulnerable families.</p> <ul style="list-style-type: none"> • How is the model for planned integration being developed, Education Welfare, IFST, Connexions and Children Centres interface with the most vulnerable children and families. • How will an integrated model ensure that there is equity of access for families, that the service are accessible and have the appropriately qualified staff targeting services across the age span- these services will be providing services to all C&YP. • How will the resource be distributed across the age span as there is a risk that that integration will increase inequity? <p>Further detail is required on how the model is being developed and how partners are being engaged.</p> <p>There is an assumption that reducing the number of children in care – this will require resilient robust community services- the budget reductions in Option 1, 3 and 24 will reduce community capacity to support families, thus potentially undermining the assumption that there will be a reduction in Care.</p> <p>Whilst we would support the underpinning principle of supporting a child from the point at which additional support is required and adopting the principle of one front door he above represent our concerns and additional issues. As a key partner we would wish to be involved in the development of an “early support” strategy.</p> <p>It is difficult to comment fully on this proposal until we have clarity on the impact of the budgetary reduction on remodelling and integration of preventative and targeted services</p>

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7. Disabled Children's services	<p>The consultation identifies that savings will be made from staffing efficiencies</p> <ul style="list-style-type: none"> • What assurance is provided that the staff delivering the service will be competent and provide the necessary support to ensure that the service user continues to receive a high quality response? <p>It is difficult to comment fully on this proposal until we have clarity on the impact of the budgetary reduction for disabled children</p>
8. Safeguarding and development service	<p>The BSCB receives an income from partners:</p> <ul style="list-style-type: none"> • What assurance is there that the partners' income is not being utilised to contribute to these budget restrictions. • How will partners on the BSCB be assured that the statutory functions of the BSCB are being met and not being undermined by the budget reduction? <p>Reduction in resource that delivering Learning and Development to C&YP staffing</p> <ul style="list-style-type: none"> • How will C&YP ensure that their workforce has the skill and knowledge to protect and safeguard children, particularly with reference to Option 23 which will increase requirement for skill and knowledge with the proposal to undertake Child Protection specialists' assessments in house? <p>Option 3 will require remodelling of the work force:</p> <ul style="list-style-type: none"> • How will this be delivered and assured if there is a reduction in learning and development • Will there be an opportunity for partners to be involved in these decisions <p>It is difficult to comment fully on this proposal until we have clarity on the impact of the budgetary reduction for safeguarding and development service</p>

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12. Youth Offending Service	<p>Whilst understanding the need to make savings, the reduction of delivery of prevention work and intensive supervision and surveillance programmes relating to YOT services, we are concerned about the potential impact on the wider system, such as increased crime and the consequences for the wider health economy</p>
14. Parent Partnerships	<ul style="list-style-type: none"> • How will C&YP ensure that the proposed budget reduction in this area will not negatively impact on partnerships with parents and children • What is the associated risk that the voice of parents and children will be lost and that services will be professionally driven rather than being developed in partnership with parents and children. <p>It is difficult to comment fully on this proposal until we have clarity on the impact of the budgetary reduction for parent partnerships</p>
15. CAMHS	<p>The impact of reducing funding for CAMHS is also particularly concerning as mental health conditions such as self harm continue to rise, and there are few alternative services with skills to support these young people early before serious mental health problems arise which will impact on later life and adult services.</p> <p>Whilst understanding that the proposal will mainly impact on BCH there is the potential for an impact on the wider system in respect of the retrenchment of CAMHS and although not clear, this proposal may have a significant impact on the wider system. Whilst again understanding the need to make savings, there is a possibility of activity being displaced to other areas of the system. We are concerned to understand:</p> <ul style="list-style-type: none"> • What activity is being decommissioned and what is the likely impact of this? • How has the risk associated with the proposal been evaluated, what assurance is there that CAMHS waiting times will not increase?

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	<ul style="list-style-type: none"> • Will the reduction in the CAMHS service result in unintended consequences on wider children's healthy and well being strategy, is there a joined up approach being adopted to these proposed changes <p>We would be particularly concerned on a negative impact on the strategy for emotional health, in particular the potential for other areas of proposed reduction to indirectly impact on this important area of care.</p> <p>It is difficult to comment fully on this proposal until we have clarity on the impact of the budgetary reduction for CAMHS</p>
21. Hospital Social Work Team	<p>The proposal to remove Hospital Social Work teams and deliver the service from within social work teams gives some cause for concern in terms of the wider system. These teams have been effective in working with health teams to facilitate appropriate discharge. This would not be impossible to achieve as proposed but there is a concern that timeliness will slip. What safeguards are being built into the proposal to manage this?</p> <p>The reduction in funding for the hospital social work team is concerning as this could lead to potential delays in ensuring services are in place for children returning home from hospital, leading to increased pressures on community services and delayed discharges.</p>
23. Child Protection specialists assessments	<ul style="list-style-type: none"> • Where is the capacity and expertise to deliver the assessments in house • Where is the assurance that the knowledge and skills is available?
24. Children Centres	<p>The consultation proposes significant budget restrictions to Children Centre</p> <ul style="list-style-type: none"> • How will a model of building community capacity and parenting resilience be achieved against a backdrop of a reduction in services to children and families which specifically supports parents.

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	<p>The reduction in funding for Children’s centres raises challenges for sustaining the drive for health and local authority joint working to enhance parenting.</p> <p>It is difficult to comment fully on this proposal until we have clarity on the impact of the budgetary reduction on children’s centres</p>

Overall comment

We acknowledge the pressures on spending faced by Birmingham City Council as a result of government reductions in local authority budget which amounts to £332m between 2010/11 and 2015/16.

The level of funding reduction proposed raises number of concerns in relation to the impact on the wider system and more importantly on vulnerable children and families in the city. Given the level of detail in the consultation document we do not consider that we would be in a position to support any of the proposals until further clarity can be gained on:

- How BCC C&YP has measured the risk of the cumulative impact of these proposed budget reductions?
- What action has been taken to ensure that these significant budget restrictions will not have long term consequences on the life chances for the most vulnerable children and families within the City?