

4<sup>th</sup> January 2013

Councillor Sir Albert Bore  
Leader, Birmingham City Council  
Council House,  
Victoria Square,  
Birmingham  
B1 1BB

Dear Councillor Bore,

### **Re Business Plan and budget consultation – Response from Birmingham Children's Hospital**

We have now had the opportunity to review the Authority's business plan and proposed budget reductions.

Firstly, it is important to highlight that the consultation period has been short and so difficult for all stakeholders to respond to given the Christmas period. This impacts on our ability to respond in as constructive a way as we would like, in particular we would like to explore the potential options around savings in a more collaborative way, looking at how by working together we can support you. The short timescale also makes it difficult for us and other providers to respond and reduce the services in a safe and planned way so that the impact on families during the transition is managed. The cuts will impact on jobs and our ability to properly consult and work with our staff is also made difficult.

The Business Plan recognises Birmingham as one of the most deprived LAs in Britain with many vulnerable and struggling families. Approximately a third of Birmingham children are currently living in poverty and planned benefit cuts for 2013 could increase that figure. The city has high numbers of children with disabilities and rates poorly against other local authorities on many public health measures. Birmingham is a young city with a growing population of young people and children which is estimated to grow by 15.6% by 2020. This is in contrast to other parts of the UK where there is a growing elderly population.

The Business Plan recognises the importance of early intervention, citing it as a 'guiding principle' that can save money in the long term. It sets a priority to tackle inequality and deprivation and to safeguard children.

We are concerned that the proposals contradict these principles and priorities and will lead to worse outcomes for children and their families at a time when the need will be increasing. In the long term these cuts will have a significant impact on the welfare of children and young people and mean more intervention is needed thereby costing more.

At Birmingham Children's Hospital we believe that we have a responsibility to the children of Birmingham to act as their advocate as well as being a provider of services that will be cut if the proposals go ahead. Therefore a detailed response is attached which covers three areas:

- Withdrawal of funding for Child and Adolescent Mental Health Services
- Withdrawal of hospital social work team
- Impact of other cuts

The key issues are highlighted below.

## **Withdrawal of funding for CAMHS**

The proposed cuts represent c25% of the funding for community CAMHS, therefore this would significantly impact the service provision available and savings could not be made through efficiencies alone. This would lead to the loss of 25 -30 frontline clinical staff meaning that access would reduce and the work on early intervention, particularly in schools, would reduce. This would increase the likelihood of symptoms escalating and potentially lead to an increase in cases presenting with more long standing and complex problems. This can create more reliance on inpatient and social care services, as well as a greater likelihood of progression into adult services.

Originally this funding was ringfenced as it came from the Department of Health with the purpose of providing services for vulnerable children and young people, including specific funding for Looked After Children, there is a risk that these cuts will increase the number of vulnerable children whilst reducing service provision.

We believe that there are options that will reduce costs and improve services and we would welcome the opportunity to discuss these further with you. This includes reviewing the needs of children and young people in residential placements, in particular those out of area. By working closely with the Council to repatriate these young people with complex needs and helping to meet their mental health and emotional well-being needs closer to home it will deliver savings and improve outcomes.

If, following the consultation the funding for CAMHS is withdrawn as proposed, this will have a substantial impact on some of the most vulnerable residents of Birmingham. Therefore we will request that this is referred to the Health and Social Care Overview and Scrutiny Committee ('OSC'), as these proposals cut across the areas that the Health and Social Care OSC state are at the heart of the work they do: prevention, a whole systems approach and working together.

A detailed response is included in Appendix 1

## **Withdrawal of hospital social work team**

BCH is a specialised hospital and deals with children with a number of highly complex and challenging needs. The current Hospital Team model has been recognised as good practice by the CQC and Ofsted and brings many benefits to families and children and supports multi-agency working. There are significant risks in changing this model including: an increase in the time taken to process child protection referrals; poorer working relationships across health and social care and less input by health professionals into strategy meetings; and a more inefficient service as social workers are not based on site. We believe that the Hospital Team model should be promoted as a good practice model and further strengthened by adopting the Multi-Agency Safeguarding Hub. In addition to further improve the service to families and children the Hospital Team should accept referrals from Emergency Departments, Outpatients and the CAMHS inpatient unit at Parkview, Moseley.

We are concerned to note that the Referral and Advice posts have already been withdrawn from the hospital in December. This was done at short notice and we do not believe that there was appropriate consideration of the risks and impact of this decision. We are still awaiting details on how the new arrangements will work.

A detailed response is included in Appendix 2.

## **Impact of other cuts**

So much has been done by the LA in tackling inequality and improving life chances for the children of Birmingham. But disadvantage, poverty, poor parenting and disability continue to be issues for many, resulting in poor life chances that are long term.

At BCH, we have worked hard to embed CAF into our systems and processes and been relatively successful so far but still have work to do. We have managed this in the context of constant change from LA children service colleagues. We currently have many children who come into the hospital with health and social needs which have not been addressed, even when known to universal

services. We have experienced difficulty in getting appropriate services for children in place prior to discharge due to high thresholds and the high workloads of community colleagues.

Reductions in services to this vulnerable group will be ineffective in terms of long term funding. Early intervention and prevention services are essential (Munro 2011, Marmot 2010), with a strong evidence base to support their impact and cost effectiveness (Olds Family Nurse Partnership research). For many BCH patients, prevention and early intervention is in the form of children's centres, IFSTs teams and short breaks. For some of our most vulnerable families access to these services is dependent on advocacy support like parent partnership.

Effective multi agency work with vulnerable families and effective early intervention and prevention work requires services to be available. We have struggled in recent years to access such services for the families we work with and have seen the consequences when they are not available. Further cuts will impact negatively on the health and well-being of Birmingham children.

A detailed response is included in Appendix 3.

## Conclusion

The proposals put forward by the Authority to make reductions to budgets are concerning and seem in contradiction to the principles of early intervention and prevention. In addition it is not in accordance with the principles set out in the COMPACT agreement signed up to by all providers within Birmingham. These proposals if implemented will have a direct impact, both financially and in terms of quality, on the children and young people of Birmingham and on NHS and voluntary sector providers.

We understand the significant challenge the Authority faces in meeting the cuts to funding and the difficulties in identifying how this can be achieved. However we believe that there are other options and these need to be explored as they would potentially reduce the impact of cuts. Therefore we would welcome the opportunity to work together to look at how this can be done in a more considered and collaborative way.

Yours sincerely



**David Melbourne**  
**Interim Chief Executive Officer**