

# Supporting people to lead healthier lives

## Indicative score:

**3 - Evidence shows a good standard**

## What people expect:

"I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally."

"I am supported to plan ahead for important changes in my life that I can anticipate."

## The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

## Key findings for this quality statement

Supporting people to live healthier lives was a key tenet of Birmingham's approach to delivering under the Care Act 2014. This had been a deliberate strategy led by the Director of Adult Social Care (ASC) since 2017. We were told that Adult Social Care had a clear vision, and that councillors and broader local authority leaders were confident in the Adult Social Care leadership team.

People told us that the work carried out to help people live healthier, more connected lives was positive, successful, and made a long-term difference. For example, young people from an advocacy group told us about the support that individuals had received to access learning opportunities. This had enabled them to gain confidence and learn new skills in relation to gaining more independence.

Staff across Adult Social Care demonstrated a good understanding and commitment to early intervention and prevention work. However, mental health social workers noted that they were not able to do as much preventative work as they would like, and the Early Intervention service eligibility criteria did not include admission avoidance or discharge planning in relation to mental health crises.

Local authority monies were distributed at a local level by a panel consisting of people and voluntary sector groups through bids to fund locally-developed provision. Voluntary sector partners across different constituencies, community groups and specialist teams were supported to access funding to meet people's bespoke needs and provide equity of support. This was built into early intervention and prevention strategies. Neighbourhood network schemes were actively asked to identify gaps and put in bids for funding to bridge them. The local authority also invested in the community through contracting with these 10 neighbourhood network schemes, each led by a voluntary sector organisation for 5 years at a time.

National data relating to supporting people to be healthier noted that people sometimes found it hard to access information about support. This was reflected by feedback we received from some providers, the voluntary sector, and from people about the time it took to get through to the Customer First team. However, the service was found to be informative and useful when accessed. Similarly, some people told us that the reliance on web-based information systems did not always suit their needs, which made it harder for them to get the help that they needed. These issues created a barrier to implementing this key priority for the local authority.

The Early Intervention and Community Teams engaged with people to facilitate discharge from hospital, or to prevent admissions. Integrated or co-located team structures and ways of working supported practice enabling independence, a 'Home First' approach and a reliance where possible on community places and services. There were multiple discharge pathways that varied based on people's needs, from bed-based to very minimal or no intervention, and that support reablement and independence. There were no reports of delayed discharges from hospital.

National data showed that significantly more people aged over 65, received reablement or rehabilitation after discharge from hospital than the national average. Birmingham was in line with the national average in terms of people over age 65 who were still at home 91 days after a hospital stay, followed by reablement or rehabilitation.

Local authority partners from the voluntary sector, including the local Birmingham Voluntary Service Council, were very supportive of the local authority's commissioning strategy regarding support for people to live healthier lives, and of the integrated team and neighbourhood network approach that focused on supporting people to maximise independence, choice, and control.

The Better Care Fund for 2023-25 had been used to set up the Early Intervention and Community Team. It was now planned to be used for expanding the integrated neighbourhood teams, as well as continuing to support timely and safe discharges from hospital and supporting people with eligible care to maintain their independence, focused on preventative actions and support for unpaid carers.

To ensure that housing decisions from the Council take account of health and wellbeing considerations, the local authority had recently published a new housing strategy that focused on 2 aspects – the quality of homes and linking to Adult Social Care, to understand issues in the health and care sectors that are housing related. The Housing department had recently become a lot more engaged with adult social care at a strategic level. They were also full members of the Adults and Childrens Safeguarding Boards and contribute in relation to any housing issues. Housing was a full member of the Health and Wellbeing board, which sits underneath the Integrated Care Board.

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