

Direct Payments in Birmingham: Choice, control and flexibility

Do recipients feel informed and supported by Birmingham City Council's social care workers to take control over the choice of services they access?

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Summary



Do recipients of Direct Payments feel informed and supported by Birmingham City Council's social care workers to take control over the choice of services they access?

Direct Payments (DP) can have a positive effect on the lives of people who use them, by bringing greater autonomy and choice in the services they use. However, for the maximum positive effect, people need to be supported throughout the process. They need to be given accurate, timely information and advice, and be supported to make their own decisions about how they will use Direct Payments, without undue constraints and bureaucracy.

Healthwatch Birmingham is the independent champion for health and social care. We exist to ensure people are at the heart of care (see Appendix 1). In this study, we heard from 85 people across Birmingham about their experiences of Direct Payments, including 37 service users, 34 carers, four third-sector organisations and a manager for an individual service funds (ISF) provider¹. Nine people did not indicate their affiliation.

It is clear that DP can benefit service users' lives by giving them greater control over the services they use. However, people's experiences of DP varied, highlighting an inconsistent level of high-quality information, advice and support for the people of Birmingham.

Key findings



People need clearer information from Birmingham City Council about their entitlements to Direct Payments. This is needed to increase their uptake.

People need diversified ways to learn about Direct Payments. Well above two-thirds of people who shared their experiences had received the information from social care workers, with the remainder citing a third-sector organisation or word of mouth. Direct Payment users need freedom to plan flexible and innovative ways to meet their care and support needs.



Service users and carers need to know what they should expect when they try to access, and then use, Direct Payments. This includes how service users and carers can feedback to Birmingham City Council about their experience of trying to access and use Direct Payments.

People need to be supported through the process by being given the necessary information and advice, control of the Direct Payment and how it is spent, and support without undue constraints and bureaucracy.



Frontline council staff need a clear understanding of Direct Payments, the support offered by services, targeted training and support to ensure that Direct Payment users receive consistent information and support.

Direct Payment users need to be supported to build their capacity to manage their payment including guidance and training.

Assessments and reviews need to be genuinely person-centred, timely and accurate.



The constraints of the system, which lead to an inconsistent and/or lack of support from social care workers, needs to be addressed.

There has to be real collaboration with Direct Payment users to make a difference to how they lead their lives.

Healthwatch Birmingham shared our findings with Birmingham City Council (BCC) in January 2019 to help commissioning managers and social care workers at the Council to understand the experiences of those who apply for or use Direct Payments. We asked BCC specific questions in order to fully understand how its current work programmes will address the issues raised in the report. BCC has addressed each concern and outlined plans to help shape change and improvement (see Box 1, page 4). We request the Council evaluate their stated plans and inform Healthwatch Birmingham of their progress in August 2019. We will share the impact of these plans in a follow-up report in the autumn.

Introduction

At an engagement event with Thrive Birmingham, Healthwatch Birmingham was told that service users had been advised by their social care workers that they could not use Direct Payments to pay for Thrive's services. Thrive felt this was restricting choice about how recipients in Birmingham spend their Direct Payments².

The Department of Health's guidance states that Direct Payments are intended to increase independence and choice by giving service users control over the way services are arranged and provided³. Local authorities are advised to place choice in the hands of the individual, while satisfying themselves that the agreed outcomes are being achieved. Healthwatch Birmingham wanted to hear more about the experiences of those using Direct Payments in the city to understand the extent to which these aims are being met.

After we shared our findings with Birmingham City Council, it outlined changes it will make to improve the experience of service users and carers. Healthwatch Birmingham will continue to hold the Council to account to ensure these commitments are being implemented.



We heard, they did



We Asked BCC	BCC Response	We will report the evidence received from BCC about:
How will BCC raise awareness of Direct Payments?	We are supporting staff to be more confident in offering Direct Payments and their awareness of the support on offer for those who have Direct Payments. We will be working within locality hubs, with GP's and District Nurses etc. Part of this will be raising awareness of Direct Payments and Personal Health Budgets.	Evidence of BCC monitoring of the number of Direct Payments across all Social Care Worker Teams. Achievements of targets across teams combined with feedback and complaints regarding Direct Payments.
How will Three Conversations and Neighbourhood Network Schemes (NNS) give people genuine involvement and flexibility while taking into account other financial considerations?	Three Conversations is listening to the citizen and how they want to live their lives. This gives more control to the citizen. We are collecting stories of the difference Three Conversations is making to citizens. Neighbourhood Network Scheme (NNS) will help to support communities to develop community assets and support for communities increasing opportunity for citizens in their local area.	The stories BCC have heard which demonstrates the difference being made through Three Conversations and the Neighbourhood Network Scheme.
How will improvements to assessments and reviews be addressed in BCC's plans?	We are re-designing the way we are working with a new 'customer journey'. The principles of this will result in limited hand-offs and no waiting lists for citizens. This should improve the citizen experience. Three conversations is changing the way assessments and reviews are carried out with the citizens at the centre.	Update on progress towards the new 'customer journey' and details of how citizens have been involved in the development of the 'customer journey'.
How will The Learning and Development Service (TLDS) develop the skills of people who receive Direct Payments, especially budgeting skills?	We are providing training through TLDS for recipients of Direct Payments. We will ensure this training is disseminated increasing awareness of training available and attendance.	The numbers of service users and carers that have participated in the training and what training has been developed.
How will the Three Conversations model address DP user concerns around varied support and understanding of DPs by Social Care Workers? How will support continue once a package is in place?	The varied understanding across Social Care Workers is something we are working on at a team level and there is a directorate challenge group set up with representation from each Social Care Worker Team. One of the principles of Three conversations is that the Social Care Worker does not close the case as soon as a package goes in but will remain involved to ensure everything is working well for the citizen. This includes identifying where the citizen may need additional support. There is a system in place for learning from complaints.	What BCC has learnt from complaints and the impact on practice? Stories of where additional, ongoing support for citizens has made a difference.
How will developments around Three Conversations and other work Programmes (NNS) give people greater choice and involvement in decisions about which services they use?	Neighbourhood Networks (NNS) are to support the community to develop services that meet the needs of that community. Social Care Worker Teams will be working closely with the NNS to ensure they are aware of the services available for citizens.	The work done by NNS to develop Services. Examples of diverse, flexible use of Direct Payments, excluding personal assistants.
How will you know that plans (Three Conversations, Neighbourhood Networks and new Locality Models) have made a difference in the experiences of the	We are on the journey with citizens. Citizens have been involved in the development of the customer journey. We have citizen involvement in the	The stories about the Difference Three Conversations are making, and improvements made because of the involvement of citizens in the Direct Payment Board and the Citizens Partnership Group.

We Asked BCC	BCC Response	We will report the evidence received from BCC about:
individuals in receipt of Direct Payments and their carer?	Direct Payment Board. We are collecting stories of the difference Three Conversations is making to people's lives. The directorate now has a monthly citizen partnership group where new developments are discussed. All these mechanisms are utilised to drive improvement.	
How is this monitored (you mentioned the monthly Direct Payment meeting and feeding back to Social Care Workers)?	We have a monthly Direct Payment Board with citizen representatives; We report monthly how we are progressing against targets directly to the cabinet member. Teams have individual team targets which they are monitored against, along with a challenge group with Social Care Worker representation from each team.	Team targets and achievements against targets.
What are the timescales for implementing the Three Conversations, Neighbourhood Networks and Locality Models?	Three Conversations will be fully rolled out by the end of the year. Currently in phase four of the roll out with all constituency Social Care Worker teams working in the Three Conversations Model. Two Neighbourhood Network Schemes have now been commissioned with the programme progressing over the coming year. The locality Model is working with Health partners who are now all signed up to the agreed localities and multi-disciplinary team approach. These changes will take place at agreed pace with health partners.	Update on progress of the three programmes of work.
How are you developing the customer Journey? What are the timelines for developing this and how will the findings of the report be implemented?	BCC are finalising the timelines for the customer journey to enable BCC to involve citizens throughout the development of the new 'customer journey'. Learning from this report will be used to develop plans and focus improvement.	Update on progress and timelines, including how the learning from the report has been implemented and details of how citizens have been involved.
How can the Council support Direct Payment Recipients to ensure that they have a support worker or personal assistant to cover when their regular staff is not available? You indicated that this is part of Direct Payment users managing the situation as employers and that they are able to come back to the finance team for assistance with this. Can you please expand on this?	This is part of the discussion that Social Care Workers should be having with citizens when they offer a Direct Payment. The Social Care Worker and finance team can support and advise citizens. BCC are developing a Personal Assistant Strategy, developing the Personal Assistant market in Birmingham.	Guidelines that are used and shared with Direct Payment Users. Update regarding the development of the Birmingham Personal Assistant Strategy.

Background

The Care Act 2014 gave eligible service users the choice of having their needs for relevant services met through Direct Payments, with the intention of providing them with greater independence, choice and influence over the type of care provided, and how and by whom it is delivered⁴. For example, a recipient may use the funds to employ a personal assistant to help with care, or to enrol on a course that will help them gain employability skills and meet new people. BCC says its approach to Direct Payments ‘puts users and carers at the centre and builds support round them rather than fitting people into rigid services’⁵.

The uptake of Direct Payments in Birmingham has increased by 39% over the past five years. As of December 2018, 2,377 Birmingham citizens receive Direct Payments, representing 28.5% of those eligible. The Council’s target is 30% by April 2019⁶. Take-up is greater among people aged 18-64, with only 14.7% of eligible adults aged 65 and over using Direct Payments. Take-up in Birmingham is lower than national averages, according to the Care Quality Commission⁷.

BCC’s commissioning strategy aims to increase take-up by working in partnership with the NHS, particularly in raising awareness, streamlining the process through the use of pre-payment cards, developing and diversifying the provider market, and integrating Direct Payments with Personal Health Budgets⁸.

What we did

Healthwatch Birmingham used online questionnaires and individual interviews to gather the views of 37 service users receiving Direct Payments, and 34 carers responded on behalf of a service user. These people were from across Birmingham. We also collected evidence from six third-sector organisations and an individual services fund (ISF) manager.

Birmingham City Council sent an online questionnaire to Direct Payment recipients through its contacts list. Healthwatch Birmingham also sent the questionnaire to over 86 relevant organisations in Birmingham. The survey ran for three months between October and December 2018. We also collected feedback about people’s experience of Direct Payments through community engagement activities.

We observed events organised by BCC, including a workshop with 12 participants, comprising four carers, two service users, representatives from Supporting People and Thrive Birmingham respectively, three BCC commissioning managers and one volunteer. We also attended a Direct Payment conference for staff.

2,377 Birmingham citizens receive Direct Payments, representing 28.5% of those eligible.
(as of December 2018)



A total of 85 people were engaged in the study.

This was made up of:

- 71 users and carers responded to the online questionnaire (29 were interviewed)
- 4 people from third-sector organisations (Thrive, Cotteridge Church Day Centre, BVSC and Apna Ghar)
- 1 manager at Penderels Trust
- 9 people who did not indicate their affiliation.

What we heard



Awareness

Most people had heard about Direct Payments from social care workers, with only twelve hearing from local voluntary organisations or informally through family and friends. However, third-sector organisations expressed concern that awareness is not as widespread as it needs to be, both among potential recipients and support organisations:

“You’re talking about ‘Direct Payments’ like it’s a known thing out there ... in my experience, working with clients who have social care workers and care plans, I have no memory of ‘Direct Payments’ being mentioned by the social care worker.” (Caseworker, third-sector organisation).

“Maybe we (the staff team) should have known about Direct Payments. But we know our client group very well, and we work with a lot of professionals, and that only two people in the team knows that they exist can’t be a reflection on us. I just find it amazing that social care workers haven’t told us about Direct Payments!” (Third sector caseworker).

One of BCC’s commissioning priorities is to work with GPs, hospitals and other partners to increase awareness of Direct Payments⁹. The feedback we received shows that this area needs development.



Experience of the process

People reported different experiences of the Direct Payments process. Service users (73%) and carers (46%) said they had been involved in making decisions about whether they receive Direct Payments through a bank account or a pre-payment card (PPC). Some service users preferred PPCs because they found them more flexible. Some DP users told us they were being ‘steered towards’ a PPC by the social care worker.

“I used to have a bank account, but then was told I had to get the prepaid card. Until recently, I was under the impression I had to use the card. I did not know it was optional.” (Carer).

“The social care worker told me a pre-payment card is the only way to pay the agency. When I asked the social care worker if “there are no other services available”. The social care worker said there is no extra services you can pay for.” (Service User).

“I was told I have no choice but to go on it. So I had to do it. Not happy with it, preferred money through the bank rather than pre-payment card.” (Service User).

Others expressed concerns about the flexibility and lack of information/advice when using pre-payment cards. They were not always clear about what PPCs could be used for.

“We have a card but it is not clear what it can be used for, as far as I know not much, we were not advised about what to use it for.” (Carer).

“We knew the payments would go into a council account but very little info given before choice on Direct Payment made by us.” (Carer).

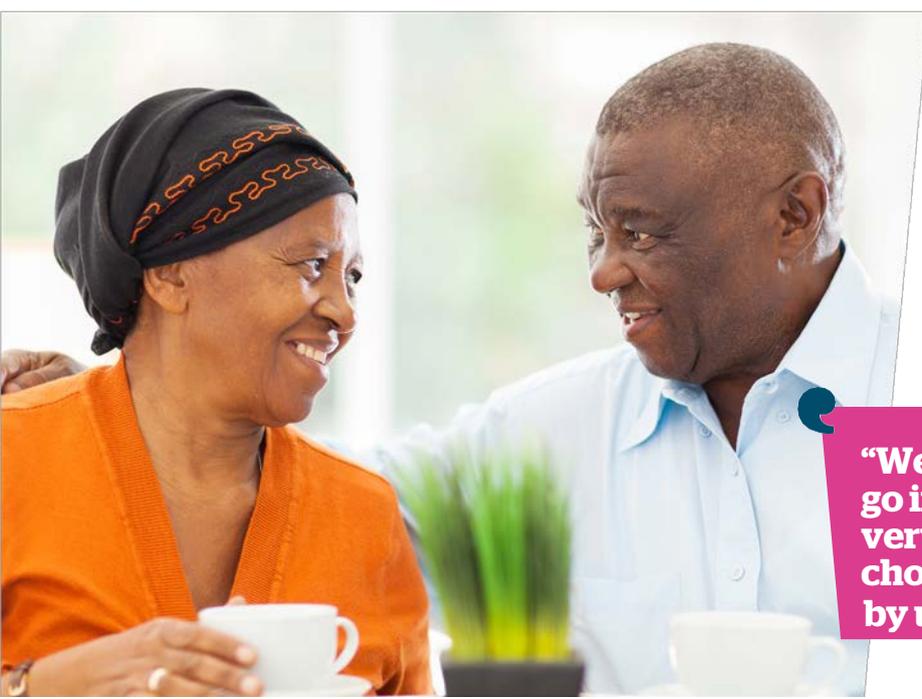
“I was given a card and the social care worker told me I could get to the machine and get the money out. However, this is not the case. The day care services my partner access are often church/community centre based and do not take Direct Payments PPC because they aren't on the 'supplier list'. Social care worker told me the Council doesn't have facility to pay supplier as Holly Oaks is the only registered service on the system that they use. As a result I have to pay for the services out of my own pocket. I have to keep the receipts and do the administration to get the money back. So what the social care worker told me was wrong.” (Carer).

There is variation in the experiences people report in relation to the DP process, pointing to a need for greater consistency in training and communication.



Assessments and Reviews

People told us about their difficulties in getting timely and accurate assessments, including through BCC's Adults and Communities Access Point (ACAP), which is responsible for assessments for people aged over 65. Concerns expressed related to the process of applying, waiting times and the accuracy of assessments.



“Original assessment never took place. Details were not accurate and confusing. Even using 3rd party to manage the payment, information was contradicting.” (Service User).

“They filled out forms and rushed the process. It took 3 months to get it sorted.” (Service User)

“We knew the payments would go into a council account but very little info given before choice on Direct Payment made by us.” (Carer).

“Direct payments are a headache and often they do not match the assessment.” (Carer).

“For the last 2 to 3 years have wanted them to change our entitlements. The care agent charges more than Direct Payment - we tend to pay more from our own pockets so if they told us then I would know. Want to be sure am paying the right amount to the right people.” (Carer).

“I have asked for them to increase the hours but my support worker is being funny. I have never come across someone like her who thinks the money is coming out of her pocket. She doesn’t want to help me at all. Just wants to know about my income.” (Service User).

“At the moment my entire support package has been cut. BCC have repeatedly refused to help me with any support whatsoever. Since 2008, I have actively requested assistance from BCC they have done so called assessments with no agreed outcomes. This has been an ongoing situation.” (Service User).

Services users, carers and third-sector organisations all pointed to the complexity of the process and workforce capacity as factors affecting the timeliness of assessments and reviews.

“I have not had a permanent social care worker and the last one took a year to do my review. March 2017 to April/May 2018.” (Service User).

“For one and half years I had no social care worker and no review.” (Service User).

“I don’t get a consistent social care worker - 4 social care workers in 3 years.” (Carer).

“The main blockage is the complexity of the process, along with the number of social care workers ... It takes too long to get an assessment, and when there is a need, it doesn’t get passed to have Direct Payments.” (Caseworker, third sector).

We say more about the capacity of social care to deliver Direct Payments on page 14.

Services users, carers and third-sector organisations all pointed to the complexity of the process.





Accessing information, advice and support

A large proportion of carers (65%) and almost half of service users (48%) told us they were only partially or not informed at all about how to plan, manage and control their spending of Direct Payments. There was also frustration among respondents, who were unsure what the funds could be used for.

“Social care workers have told us various things over the years. No one puts anything in writing. So you don’t know what you can do... all we get is a financial form.” (Carer).

“It has been a problem, and Social Services have eventually told me what I can’t use it for, but not what I can use it for, despite several requests to find out. They were woefully ignorant of it, & tried to get out of finding out.” (Service User).

We heard about a lack of flexibility in managing Direct Payments. For example, people said they were required to keep receipts for the smallest items of expenditure. Others said advice was contradictory at times.

“Social care workers don’t seem to understand that you don’t get receipts for things like coffee.” (Service User).

“One social care worker told us we have money left in the account (because the carer cancelled) and that we can give that money to someone to care for our daughter whilst we go away. Another social care worker said this is wrong.” (Carer).

Others said that the system is bureaucratic, and at times seemingly illogical:

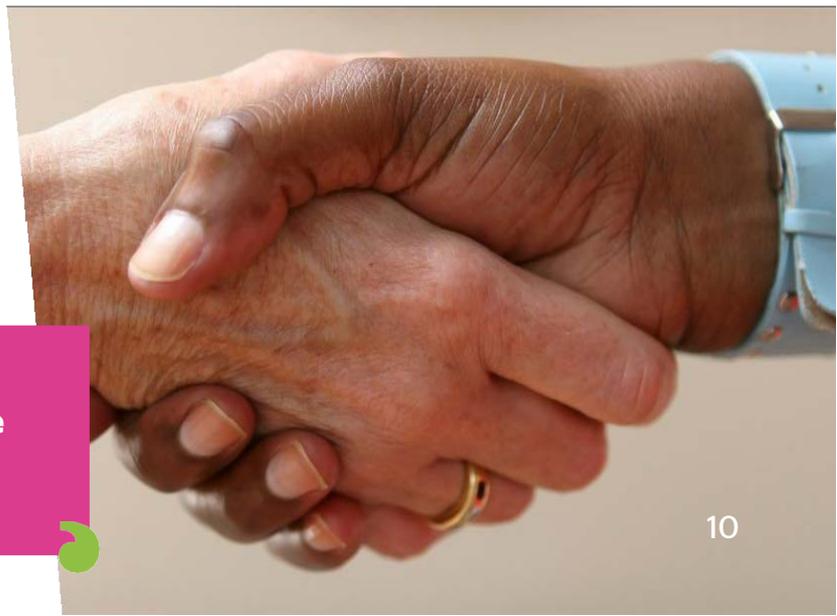
“I have been trying to put my daughter in the Ark for a day or two. It costs £65 for transport. I tried to save money to pay for the Ark, but the social care worker told me that I would have to pay any money left over back to the Council, so it’s not worth it.” (Carer).

Currently money is building up because I have been paying for a friend to come and look after her. I know I have to give this money back even if there was something else we could pay for.” (Carer).

We heard that there is sometimes a lack of information and support for the financial and administrative side of managing Direct Payments. An ISF manager stressed the importance of people being able to manage the administrative aspects of Direct Payments, which may include an employers’ legal responsibilities if a personal assistant or other help is employed directly.

“I didn’t get information about time sheets, liability insurance and who pays, taxes. Learnt from the other people rather than from social services. I had no information on what to do if you become an employer. Didn’t tell us about the companies who can help and time sheets.” (Service User)

We heard that there is sometimes a lack of information and support for the financial and administrative side of managing Direct Payments.



"I had no training on how to use my Direct Payment. The [social worker wanted] to take money away coz I was not doing it very well, quite bullying. [The ISF agency] seem to be given a lot of power especially considering the type of organisation they are." (Service User).

"I haven't had any support in managing my Direct Payment budget, I was just advised to use the [ISF agency]. I haven't attended training courses that have been offered by the [ISF agency]" (Service User).

Others told us that they needed clarity to understand the support available when a support worker or personal assistant is not available.

"More support around the cost of sending someone on training. There are lots of free training but no support for cover personal assistant. If your personal assistant is self-employed (paid 4 hours they do) you can send them on training and negotiate on pay. But if the person is on payroll then its different circumstances coz you have the legal responsibility to pay." (Service User)

For people who had used ISF agencies, experiences again varied. Some said that ISF agencies lacked personalisation, transparency and independence.

"Every ISF agency on the council list; I have gone through all of them! I started off with [name redacted], that was like working with a corpse. Because you 'put up and you shut up'... you don't have a say in anything. They were too controlling, whenever I put the time sheets in they would say that they would deal with it when they want to. I had the following problem with them, and I do with my current ISF agency, they don't want to give you a printout sheet on your budget, so you don't know who is taking what and why. They have all these different things that they charge for and you're not aware of them." (Service User).

"Personal contact is best. Had [ISF agency] one instance to help me but they took over so will never invite them again." (Service User).



We also heard from people who received information when they signed up for Direct Payments and reported positive experiences.

"We had a lot of printed documents with information and a home visit or two and we were given a phone number in case of queries. I also receive regular emails and clear printed statements by post." (Carer).

"I had information about employment and things of that nature." (Service User).

We also heard from people who received information when they signed up for Direct Payments and reported positive experiences.

"I was clearly informed and positively guided as to how Direct Payment can be used. My enquires were answered." (Service User).

"I was given an outline by social services & a bump (reading materials) package." (Carer).

This variation in the amount and quality of advice and support leads to different outcomes and experiences for DP recipients. From this, we note that it is important for Direct Payment users to be given clear guidance about what is expected of them in terms of records and paperwork, whether this is through an ISF agency or provision of a 'user manual', as suggested by one carer. Information needs to be relevant, ongoing and timely, so that people can make informed decisions.



Choice and Control

The involvement of users in the planning process is crucial to achieving the aim of giving them autonomy and greater control over the services they use¹⁰. Local authorities, such as Birmingham City Council, are encouraged to explore innovative and creative options for meeting people's needs:

Direct Payment is designed to be used flexibly and innovatively and there should be no unreasonable restriction placed on the use of the payment, as long as it is being used to meet eligible care and support needs¹¹.

In spite of this intention, the vast majority (80%) of people told us that they use their Direct Payments purely to pay for personal support, for example that provided by a carer, care agency or personal assistant. Although there was some evidence of more innovative use of Direct Payments, this was minimal, and limitations on what Direct Payments can be used for proved a stumbling block for some people.

Service users (42%) and carers (30%) alike said that there were services that they felt met their needs, but it was not possible to pay for them using Direct Payments. Examples given included covering the costs of counselling, gym membership, payroll services, befriending services and a therapy dog, none of which was covered by Direct Payments, although a small number of other people had had success in funding similar services.

"I don't think Direct Payments are holistic in meeting needs as they only tend to focus on paying for human support. It took a while to get my assistance dog's needs recognised even though that's cheaper than extra PA hours." (Service User).

"I would like to pay for some payroll services but this would take money away from care. It does not allow me any luxuries." (Service User).

"I need to lose weight and manage my health better, I have asked social care worker if I could use Direct Payment to pay a personal trainer and gym membership." (Service User).

"I would like to use some of my Direct Payment to pay for leisure activities. Currently cannot pay towards leisure activities." (Carer).

Participants at a BCC run workshop¹² suggested that the inconsistency in provision might be because:

“...the social work service... might take the view that social or community activities are ‘just hobbies’.”

A service user said they had been unclear about the choices available:

“I was told I had to use the Council services. Then a nice social care worker asked me, ‘why are you using the Council?’ and I realised there was a choice.” (Service User).

“It seems the Direct Payment is very prescribed and that in effect there is actually very little freedom of choice.” (Carer).

“A lot of the providers are known by the council staff... when they refer you; they often refer to someone that they know. They don’t give you a list, they just tell you who you are going to use. I was told I had to use the Council services. Then a nice social care worker asked me ‘why are you using the council?’ and I realised there was a choice. She signed my papers.” (Service User).

Carers felt that the lack of choice was as a result of an undeveloped market:

“There is little out there to choose for young people that’s meaningful.” (Carer).

“There is no choice, the market is undeveloped. It needs more local development.” (Carer).

“Often the same old model nothing interesting. The new local hubs could be developed and an information portal run by a third sector organisation with these skills.” (Carer).



Social Care Professionals capacity

Birmingham City Council social care workers remain the ‘gatekeepers’ to DP services, but beyond that, people told us that the level and accuracy of knowledge among social care workers varied, as did the support they offered.

Some people told Healthwatch Birmingham that they were happy when social care workers listened to their views and included these in their plans:

“I had positive rapport with social care workers. They showed genuine interest in me and my preferences.” (Service user).

“My social care worker is good and helped me. She gave me enough information about what I need” (Carer).

I was told I had to use the Council services. Then a nice social care worker asked me, ‘why are you using the Council?’ and I realised there was a choice. (Service User).



However, others said support from social care workers stopped once their package was in place:

“Funding was agreed, but no other support has been provided since implementation and use of Direct Payment card.” (Carer).

“Social care workers signed off from me before the Direct Payment was up & running.” (Service User).

“No visits or telephone calls from social care worker. Only when it’s time for their yearly review. Received a telephone call it was all done on the telephone did not get to meet the person who was new.” (Service User).

Some felt that some social care workers had a poor understanding of Direct Payments. This made support somewhat patchy and, at times, ineffective:

“The information given by the first social care worker was very sketchy. The present social care worker is much more informative and helpful, but for some questions, we have to contact the Direct Payments team.” (Carer).

“At the moment it seems I know more about Direct Payments than some social care workers.” (Service User).

“Because social care workers have little knowledge of what’s out there to use your Direct Payments on they cannot advise you.” (Carer)

People pointed to the system that social care workers work within and the constraints this may place on them:

“Social care workers are not to blame. The blame falls on those monitoring – they need to stop making it difficult for Direct Payment users who want to be innovative.” (Carer).

Conclusion



Feedback from service users, carers and third-sector organisations shows that Direct Payments can have a positive impact on the lives of people who use them in Birmingham. However, for the maximum positive effect, people need to be supported throughout the process, by being given the necessary information and advice, the skills to control their budgets, and consistent support without undue constraints and bureaucracy. Service users and carers need to know what to expect when they access and use Direct Payments. Importantly, they need to be fully involved in decision-making. With all this in place, Direct Payments can work well.

We find that recipients need to be supported to build their capacity to manage their own funds. They need clear guidance on what to expect in terms of records and paperwork: solutions include optional budgeting training, and multiple referral routes to providers from all types of organisations¹³. People should be able to receive as much or as little support as they feel they need.

Direct Payments may require a change in culture for staff at Birmingham City Council. It may require a shift in power, with recipients given more control and flexibility in their use of the funds. There has to be transparency and genuine collaboration with service users for Direct Payments to make a difference.

Acknowledgements

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Appendix 1: Background to Healthwatch Birmingham

What is Healthwatch?

The Health and Social Care Act (2012) stated that every English local authority area should establish a Local Healthwatch. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice.

Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services. Examples of such services are general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre (www.healthwatchbirmingham.co.uk/your-feedback/), and through our community engagement activity, led by staff and volunteers. You can read more about Healthwatch Birmingham at www.healthwatchbirmingham.co.uk/about-us/.

How do we select the issues on which we collect evidence?

Some of the issues we hear about from patients and the public may require deeper exploration in order to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System (TIPS). We describe this system in more detail in our 2017-2018 Annual Report (www.healthwatchbirmingham.co.uk/about-us/reports/).

By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham Board Members, patients, members of the public, service users and carers. They provide us with their experiences of health and social care and share other relevant knowledge, skills, and support. Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are looking at. This helps us to form a deeper understanding of the issue from the perspective of these professionals and encourages them to take prompt action to effect positive changes for patients and the public.

What differences do our reports make?

We follow up our reports to measure the impact they have had. That is, we ascertain if our findings have made services better for patients and service users. We hold service providers and/or commissioners to account for changes they stated they would make because of the report. If Healthwatch Birmingham finds no improvement, we may decide to escalate the issue to Healthwatch England (www.healthwatch.co.uk) and local regulators. We also monitor the changes to see if services sustain improvements.

Appendix 2: Three Conversations, Locality Model & Neighbourhood Networks

Three Conversations

Birmingham City Council's new social work model is built on 3 conversations which focus on people's strengths, and what community assets there are, helping frontline colleagues have three distinct and specific conversations:

- One: to explore people's needs and connect them to personal, family and community support
- Two: a client-led conversation, to assess levels of risk, plus any crisis contingencies that may be needed, and how to address them.
- Three: focuses on long-term outcomes and planning, built around what a good life looks like to the user, and how best to mobilise the resources needed (including personal budgets), and the personal and community assets available.

This move from traditional assessments gives people the power, confidence and responsibility to make plans for their own life¹⁴.

Locality Model

Birmingham's health and social care organisations use a locality model to deliver services across the city. Birmingham has 5 localities each made up of 2 constituencies. These are:

- Central: Hall Green and Selly Oak constituencies
- East: Hodge Hill and Yardley constituencies
- North: Erdington and Sutton Coldfield constituencies
- South: Edgbaston and Northfield constituencies
- West: Ladywood and Perry Barr constituencies.

There is a variety of information available on each local area, including population, age, employment and health. These profiles allow commissioners and planners to identify health and social care needs in their local area and work with Public Health to develop evidence-based priorities to improve health and wellbeing and reduce inequalities¹⁵.

Neighbourhood Networks

They are about older people and communities

- Universally accessible assets and activities, which older people can benefit from
- Assets and activity specifically for older people

Constituency based networks

- Bringing together voluntary, community and social enterprise sector organisations and groups, as well as statutory bodies to engage with, work with and support older adults and communities
- Organised by a 'lead facilitator' with delegated responsibilities and budgets from Birmingham City Council to implement and manage the Neighbourhood Network Scheme in each Constituency.

Birmingham City Council are working to deliver NNNS in all constituencies to make changes which benefit access to a relevant and diverse community offer; access to more opportunities to participate in neighbourhoods; reduced social isolation; healthier lifestyles; maximised income; housing which supports independence; carers feel more supported (as people and as carers); better experience of the social care system; and making safeguarding personal¹⁶.

References

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- ¹⁴ https://www.birmingham.gov.uk/info/50120/public_health/1332/local_area_health_profiles
- ¹⁵ <https://brumnns.wordpress.com/>



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