Overall summary

Local authority indicative rating

Good: Evidence shows a good standard

Summary of strengths, areas for development and next steps

The local authority had strong, effective leadership. This was driving a shift in practice away from a resource-led needs-based model, to a proactive investment in community facilities – groups, buildings, and places (sometimes known as assets) and a strengths-based assessment model. This means assessing people by starting with what they can do and what resources and networks they already have available to them, to support them to achieve their desired outcomes. This was designed to help people be resilient and more engaged with their local networks and communities. The aim being that they stayed healthier, remained independent for longer, and reduced dependence on formal services.

Staff, leaders, and partners were all passionate about supporting the people of Birmingham to achieve the outcomes that were important to them. The local authority had launched an evidence-based culture change programme called Owning and Driving Performance. The intention was to create a culture based on accountability and keeping records that showed a clear rationale for all the decisions made (known as defensible decision making). This focused on delivering improved outcomes for people and was well embedded with staff.

There was a clear and effective focus on partnership working across the whole health and social care system in Birmingham, with a shared respect and commitment to co-production, particularly with people and local groups. Joint commissioning happened often. Formal integration at an operational level was not as advanced, but was developing fast. The integrated Early Intervention Community Team had been established for some time and was working well.

When assessments and reviews took place, we heard of good, person-centred and strengths-based practice where professionals built good working relationships with the people they were assessing and, as appropriate, those who were important to them.

Delayed discharges from the acute hospital sector were rare, and there were multiple effective pathways, which were tailored to meet people's specific needs and circumstances.

Most people in Birmingham had access to a varied market of organisations who provide social care services (known as providers), and there was enough supply of both homecare (domiciliary) and residential care to meet demand.

There was robust management and oversight of delivery across all adult social care, with coherent strategies, action plans and a framework of governance. Where issues were identified, plans were implemented, and the improvement journey monitored for its effectiveness, including any unintended consequences. Where appropriate, revisions to plans were implemented.

The local authority was committed to learning, which included having a positive focus on joint research with academic and other partners to better understand and meet people's needs in evidence-based ways.

Some people, carers and providers told us that it could be difficult to get access to the first line of information and support, social workers and commissioners at the local authority. The local authority has taken steps to address this, but further work is needed to ensure the impact of these measures. We were also told there could be delays for people to be assessed or reviewed, and some social work teams had waiting lists or were overstretched, especially the mental health and transitions teams. The local authority told us this was due to recruitment difficulties. This included general recruitment challenges, but also some more specific to specialist teams that dealt with more complex matters.

Birmingham is a city where people from ethnic minority groups are the majority of the population, and there was still a high degree of inequity of outcomes and experience. We were told that the local authority was aware of this and its commitment to change this through the equality, diversity and inclusion strategy, 'Everyone's Battle, Everyone's Business', was a golden thread through everything it did.

There were some gaps in bed-based respite care, care for people with complex needs, and culturally appropriate provision to meet the bespoke needs of some people.

The local authority had a backlog of investigations into enquiries, which it has determined meet the threshold for investigation under Section 42 of the Care Act. There had also been qualitative issues with work undertaken, a lack of evidence of professional curiosity and of defensible decision making. The local authority acknowledged that its safeguarding practice needed to improve and was able to demonstrate that a plan was in place to address identified shortfalls in practice.

The local authority also had a backlog of applications for Deprivation of Liberty Safeguards (DoLS) waiting to be authorised. The local authority has risk-assessed these and they were prioritised based on this assessment.

There was a list of 217 young people waiting for an assessment of their needs at the point of transition to adult services, of which 114 had been waiting for more than 90 days. The local authority is aware of this and has a plan to address the waiting lists.

There were pockets of inconsistencies in the way in which the local authority fulfils its duties, both across teams and types of provision. These limited the effectiveness of the strong partnerships, governance, and efforts to improve, which are in place.

Summary of people's experiences

People told us that the work done to help them live healthier, more connected lives, was positive, successful, and made a long-term difference. National data relating to supporting people to be healthier showed fewer positive results, with issues around people not finding it easy to find information about support. This was reflected in the feedback from people we heard from, who said it could take a long time to contact the frontline information and support team, and that they found it hard to navigate the web-based information service.

We heard mixed feedback about people's experience of accessing and having an assessment, or a care review. Those who had a good experience valued the approach of the individual worker, and felt listened to. Others, particularly unpaid carers, had to wait a long time, were not always able to have a face-to-face assessment when this was their preference, and did not always feel that their needs or the views of the cared for person were valued.

Many people recognised that the local authority sought the views of people with lived experience, to identify needs and to co-produce strategies and services to meet those needs. This was appreciated by those who took part. However, we also received feedback that local authority consultation exercises were not always accessible to everybody who might want to contribute.

People told us it was not always easy to get the type of care that they wanted, for example bed-based respite, and those on Direct Payments had difficulties recruiting and retaining staff. (Direct payments is a means of local authorities giving individual people funds to directly purchase services to meet their assessed care needs.)

At the point of transition between services, most people received the help they needed. People were more likely to be offered rehabilitation and reablement after a hospital stay, they stayed in hospital for shorter periods and were more able to remain at home for longer afterwards. We heard positive stories about the experiences of young people with preparing for adulthood service.