

People Scrutiny Commission



7 March 2022

Report of: Hugh Evans, Executive Director, People

Title: Adult Social Care Transformation Update

Ward: All

Officer Presenting Report: Hugh Evans, Executive Director, People

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Recommendation:

Scrutiny notes the overview of the Adult Social Care transformation programme set out in this report

The significant issues in the report are:

- The transformation of Adult Social Care (ASC) has a number of drivers for change, including significant budget pressures coupled with increased demand for ASC services, national agendas for Health and Social care integration and complete reform of social care charging.
- To date, ASC transformation work has made progress in delivery of some key projects.
- The next phase of the transformation programme will focus on bringing a step change in key issues including housing provision, capacity in the community and voluntary sector, local market provision, cost management, and personalised and independent care.
- Bristol's Adult Social Care Transformation programme is ambitious, which means it carries risks around capacity and investment to deliver alongside day-to-day operational delivery.



1. Summary

- 1.1 Bristol City Council has delivered a range of improvements through its Adult Social Care transformation programme. Learning from the management of COVID-19, the service is continuing to work with partners and service users to shape and deliver the next phase of the transformation programme.
- 1.2 This report provides an overview of the transformation work covering:
- The key drivers for change
 - What has been achieved so far
 - What is happening next
 - Financial implications, resourcing, and governance
 - Risks to delivery of the transformation programme

2. Context

2.1 What are the drivers for change?

There are a number of drivers which are interlinked and can be summarised as follows.

- 2.1.1 **The need for new models of care** – this is a driver for much of the work to date which recognises that Bristol has previously had a traditional model with relatively high use of bed-based and residential care. This is not always the best approach for the individuals as well as being higher cost. What is needed is a care model which is:
- ✓ Personalised
 - ✓ Promotes independence
 - ✓ Preventative
 - ✓ Local and accessible
- 2.1.2 **The need for financial and operational stability** – Bristol is experiencing similar financial and operational strains on Adult Social Care as are being felt across the country. This is due largely to increased demand (partly demography, partly COVID-19, partly other factors), the rising costs of care, and difficulties in recruiting and retaining the necessary workforce across providers.

Exacerbating the financial strain locally is the fact that care costs in the South West are high against national benchmarks, with Bristol being particularly high. Gaps in local provision such as the shortfall in progressive services for people with Learning Difficulties and Autistic people have resulted in out of area placements which are often higher cost than a local provision would be.

The new models of care partly address the financial and operational challenges, but the transformation programme also focuses on development of local provision, cost control and workforce development.

2.1.3 **Changing national policy and operational context** – there is a suite of national reforms which are driving change at a local level, specifically:

- **Health and Social Care Integration**, locally through Bristol’s Integrated Care Strategy and the three Integrated Care Partnerships across the City.
- The **White Paper ‘People at the Heart of Care: Adult Social Care Reform’**, which sets out the Government’s ten-year vision and funding plans, covering issues such as housing, technology, workforce, information, and guidance. This includes substantial changes to how care is costed and charged. The paper also introduces a new inspection regime through the Care Quality Commission.

2.1.4 **Feedback and learning** – the transformation programme continues to be shaped by feedback from service users, from partners, and from staff, including learning from delivering throughout the COVID-19 era. In addition, independent reviews such as the May 2021 report by Sir Stephen Bubb on Bristol’s policies and action for people with learning difficulties and Autistic people (subject to a separate report on the agenda), are key to informing actions within the transformation programme.

2.2 **What has been achieved so far?**

2.2.1 The transformation programme has several different elements which are explained below. The scope is currently being reviewed for 2022/23 to include additional activities arising from the Business Planning and Budget setting (MTFP) processes, as well as new legislative requirements.

2.2.2 **Care Ladder**

At the heart of the transformation programme is the concept of the Care Ladder model (**see Appendix 1**). This sets out the different types of care and support activity from Tier 1/universal advice, progressing up to Tier 3/long-term care, as the level of need increases.

The transformation programme is about ensuring high quality, value for money provision at all Tiers (or rungs) of the ladder: provision which maximises independence, complemented by operational practice which avoids unnecessary use of high-level institutional services. This enables better outcomes for individuals whilst managing costs more effectively.

2.2.3 **Increased Data and Intelligence**

Investment has been made in the development of high-quality service data and intelligence using PowerBI. Bristol Adult Social Care is now better equipped to track demand and provide effective business intelligence on activity and spend across the business. Commissioners are equipped with PowerBi dashboards that allow them to have real time data illustrating the demand pressures on the service and informing their recommissioning and service redesign projects.

The PowerBI suite of available dashboards (technically referred to as accelerators - easily accessible visualisations of complex data) was presented in January to the People Scrutiny Leads meeting. A view of the data for elected members is also being made available.

The accelerators have been used to investigate a number of changing trends that impact on demand for services as reflected on the Care Ladder, showing all service users that currently receive long term support. **Appendix 2** shows a Power BI extract on demand across the Care Ladder, our six key performance indicators and their change over time, and a summary of the key changes in demand and cost.

2.2.4 Specific projects

Using the Care Ladder concept and informed by PowerBI and financial intelligence, the Adult Social Care transformation programme is working on several key projects.

- i. **Move to locality working** – In Autumn 2021 Adult Social Care operational teams restructured into three locality teams, matching the boundaries of the Integrated Care Partnerships. This is to enable these teams to be more integrated with local communities and the partners working there, especially to build relationships with community and voluntary sector organisations in those localities. It also provides a basis for more locality commissioning, including joint commissioning through the integrated care partnerships.
- ii. **Standard Operating Procedures (SOP)** – Streamlined and improved processes have been developed for safeguarding and for a new ‘front door’ service. The latter is bringing together a joint social work and Occupational Therapy team for an improved service.
- iii. **Reduction in bed-based care and controlling spend in that area** – Through cross-team working, changing practice and tighter controls on larger packages of care this has been reduced by 13% (£12m) since January 2019.
- iv. **Implementing Discharge to Assess pathways** - In March 2020 we implemented a full Discharge to Assess model to support people’s safe discharge from Hospital. This was done in partnership with NHS and other partners to ensure that all patients were able to leave Hospital safely with the right levels of support that maximized their independence and ensured that, wherever possible they could return to live safely at home. Throughout the pandemic we have continued to work in close partnership with NHS and other partners to respond to high levels of demand and pressures in the acute care system. As a result, we have seen an average of 5% more patients being able to return to their own home, rather than needing to remain permanently in a care home.
- v. **Learning Disability and Autism Strategic Partner** – This is a priority area for improving local provision. The Council is undertaking a market development project to explore the potential to engage one or more strategic provider(s) in advance of a full tender process.
- vi. **Partnership approaches to housing provision** – Through the Better Lives at Home programme and joint work with Housing teams, more general needs housing will be available to people with ASC needs. The same team is working on a longer-term project to increase provision of Specialised Supported Housing.

A successful Housing and Adult Social Care project has been delivered called High Stability housing. It provides stable accommodation and flexible support at Longhills hostel, run by St Mungos, for people experiencing multiple disadvantages. This pilot has shown positive outcomes for the residents through increased use of support services and the stability of the accommodation. This avoids the need to access additional and higher cost services.

- vii. **In-house Rehabilitation service** – A project is underway to transfer part of the in-house bed-based rehabilitation service delivery to the community health partner, Sirona, and to close the South Bristol Rehabilitation Centre. This is subject to Cabinet agreement, consultation with staff, trade unions and partners.

2.3 **What is happening next?**

2.3.1 The Adult Social Care transformation programme is being reviewed for 2022/23 in order to incorporate additional activity identified through the Council’s Business Planning and Budget setting processes. The key projects outlined in 2.2 above will continue, along with the budget saving and income generation activity proposed in the MTFP for 2022/23 onwards (see section 2.4).

2.3.2 The transformation programme will focus on making a step-change in the following areas to improve outcomes for individuals as well as improve cost management.

- ✓ Care market transformation, both in-house and externally commissioned, to provide cost-effective, high-quality, local provision.
- ✓ Design and implement alternative models of care (particularly in Tier 1 and Tier 2) that can help people stay more independent (e.g. through use of technology and through community/voluntary sector support).
- ✓ Developing the capacity of the community and voluntary sector, and design procurement approaches that enable smaller, local organisations to compete fairly.
- ✓ Maximise personalised care through use of Direct Payments, Independent Service Funds, and Shared Lives.
- ✓ Supply of and access to appropriate housing.

2.4 **Financial implications, resourcing and governance**

2.4.1 The proposed Adult Social Care budget for 2022/23 reflects the level of demand the service experienced last year. It also includes several proposals for savings and income generation which reflect the planned service transformation and efficiencies and, if approved, will be tracked throughout the year. The proposed budget savings are at **Appendix 2**.

2.4.2 Clearly, achieving the scale of transformational change required across the service will require investment and dedicated resource. This is evident when considering the skills and capacity needed to design and implement new models of care, market transformation, a new care charging regime, and the integration agenda. This will be funded through the Adult Social Care Innovation Fund reserve, as well as accessing funding made available from Central Government as part of national Social Care reforms and integration with the NHS.

2.4.3 The transformation programme is governed by a board as part of the corporate Change Programme. As it is embedded into the Corporate Plan, Business Plan and MTFP it is also governed through the corporate performance and financial monitoring and reporting processes.

2.5 Risks to successfully delivering the transformation

2.5.1 There are a number of challenges and risks which need to be managed and mitigated if the transformation ambition is to be realized, improving outcomes for individuals and ensuring a financially stable service. The risk register for the programme will be updated as part of the review of the programme for 2022/23, but the key risks and mitigating actions are summarised below.

	Risk description	Mitigating actions
1	Insufficient dedicated resource on Adult Service’s change and transformation activity – a reliance on transformation being delivered through operational managers means service delivery pressures are likely to take priority over change programmes.	Plan programme resourcing to have a combination of dedicated change resource (within Adult Social Care and other part of the Council) as well as operational staff. Monitoring delivery progress and address capacity issues quickly.
2	Continuing challenging financial context for the Council means there is insufficient investment funding available to design and deliver high quality change activity at pace.	Review of transformation programme for 2022/23 to include resource requirements for next three years. Secure funding through external grants and enabling funding, including as part of Integration work with NHS.
3	Factors outside of the Council’s control increase service demand, costs, or resource requirements (e.g. inflation) putting a strain on provider market, COVID-19 impact on care provider workforce, increased level of complexity of needs, pressures created in secondary care with long waiting lists to clear that leads to immediate pressures on bed based care in social care. These factors risk not achieving financial targets for the transformation programme, as well as requiring time and capacity from the same people who are delivering transformation.	Timely and detailed monitoring and modelling of demand, costs and workforce, including with the provider market and other partners. Identify issues early and prepare mitigation. As with risk 1, ensure sufficient dedicated change and transformation resource to work alongside operational delivery.
4	The dependencies and cross-cutting requirements of the transformation	Dedicated transformation resource to work with colleagues to ensure the

	programme are not properly understood and managed, leading to a disjointed programme and reduced benefits.	programme is well designed, with clear objectives and benefits to be achieved, and dependencies identified and managed.
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3. Policy

- 3.1 The Adult Social Care Transformation programme is embedded in the Council’s Corporate Plan through the corporate priority HCW1 Transforming Care, and also through dependencies with other objectives relating to Health and Wellbeing, Housing, and Being an Effective Delivery Organisation.

4. Consultation

a) Internal

Internal consultations are undertaken for Transformation activities at key points, depending on the nature of the changes being proposed. This is particularly relevant where the proposals include changes to staffing.

b) External

External consultations are undertaken for Transformation activities at key points, depending on the nature of the changes being proposed. This is particularly relevant where the proposals include changes to service provision.

5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
 - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons’ disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
 - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to –
 - tackle prejudice; and
 - promote understanding.
- 5b) Equality Impact Assessments are undertaken for projects within the Transformation programme at the appropriate point in the projects development and implementation. They are also undertaken for the budget proposals in the MTFP for 2022/23.

Appendices:

Appendix 1 – Care Ladder Model

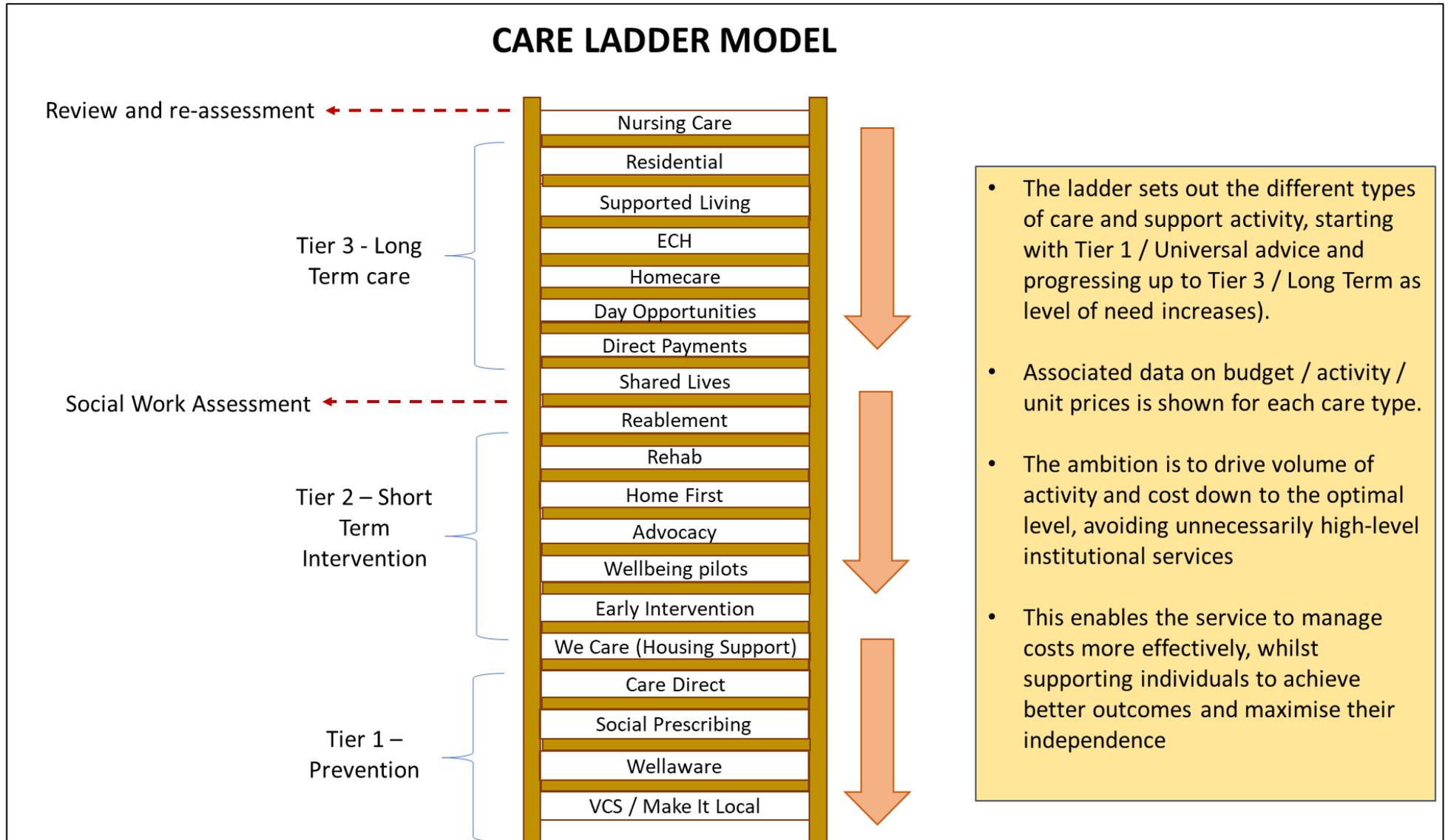
Appendix 2 – Summary of key performance insights

Appendix 3 – Summary of proposed Budget savings for 2022/23 relevant to Adult Social Care

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:

None



- The ladder sets out the different types of care and support activity, starting with Tier 1 / Universal advice and progressing up to Tier 3 / Long Term as level of need increases).
- Associated data on budget / activity / unit prices is shown for each care type.
- The ambition is to drive volume of activity and cost down to the optimal level, avoiding unnecessarily high-level institutional services
- This enables the service to manage costs more effectively, whilst supporting individuals to achieve better outcomes and maximise their independence

Appendix 2 – Key demand and cost changes in the Care Ladder

This is an extract from PowerBI covering February 2022 which shows all our service users who are currently receiving long term support. This information is used to understand changing trends that impact on our demand upon the Care Ladder

Care Type	Number of Current Service Users	Average Weekly Cost	Full Year Effect
⊕ Nursing	635	£898	£29,660,090
⊕ Residential	822	£1,233	£52,690,275
⊕ Extra Care Housing	444	£227	£5,244,251
⊕ Supported Accom	676	£926	£32,561,331
⊕ Supported Living	684	£290	£10,326,053
⊕ Homecare	1,303	£291	£19,748,614
⊕ Shared Lives	55	£301	£859,486
⊕ Direct Payments	924	£351	£16,863,235
⊕ Day Services	242	£205	£2,576,999
Total	5,324	£616	£170,530,333

The main notable changes to the care ladder in recent years have been:

Changing Client Profile – of the gross market spend on care shown above 57% (£96.5m) is with clients of working age 18-64. Numbers of clients have grown by 11% since 1st January 2019. This client age group are on average 30% more expensive to support in more bespoke packages and placements than service users over 65. On top of this service users 18-64 only qualify under financial assessments for very small service user contributions (around 7%) whereas over 65 service users pay around 30% in service user contributions. This point is the main reason for growth on the ASC budget over recent years. In contrast over 65s in long term care continues the long-term trend and has fallen by 8% during the same period.

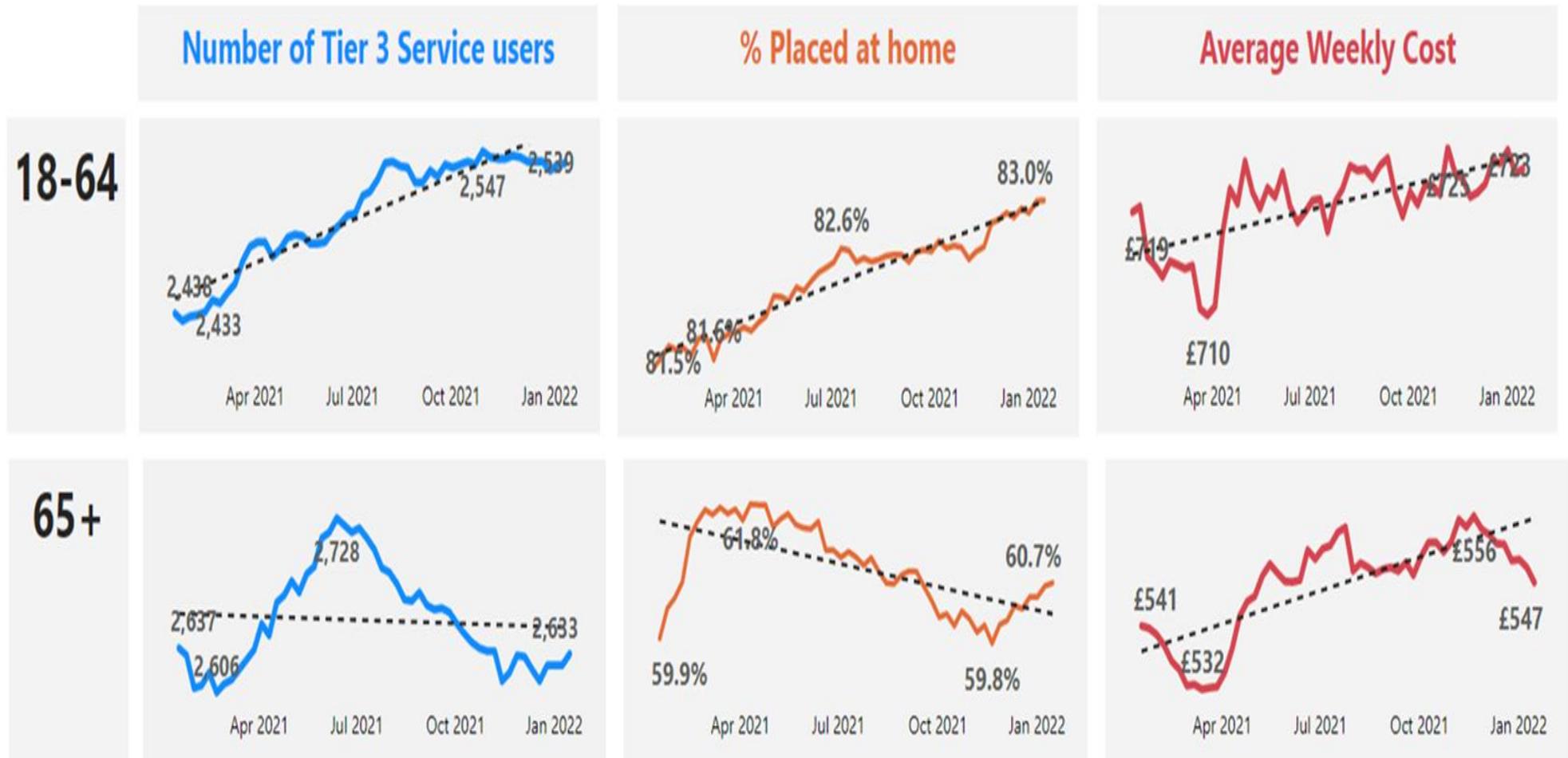
Fall in traditional Bed Based Care – Bristol has in the past been an outlier using too much bed-based care. However, since 1st January 2019 numbers of service users of all ages in either nursing or residential care has fallen by 13% (£12m). This is due to a number of factors including that people want the opportunity where possible to remain in their own home, enhanced discharge to assess options have meant that more people than ever are supported out of hospital back home without the need for a step-down bed and supply in home care available within the city has increased dramatically largely due to increased hourly rates which promote living wage.

Rise of alternative bed-based care – records only accurately start from February 2019 but show a 20% increase in the use of alternative accommodation such as supported accommodation and Extra care Housing providing the real alternatives to traditional bed-based care. Supported accommodation for 18-64s though shows the largest unit cost increase in being able to broker this supply in the market with average unit costs going up around £200 per week.

Growth in home care hours – as of 1st January 2019 Bristol was delivering 15,857 hours of care in that week. In the first week of January 2022 we are delivering 21,121 hours per week a 33% increase in care hours across the city meaning on current hourly rates we commission around £5.5m more home care provision today.

Investment in other alternatives for long term support has stalled – since January 2019 the numbers of service users accessing Direct Payments, Sharded Lives and Day Opportunities across all age groups has fallen by 17%. These are the services promoted under strength-based practice and in the recent White Paper on adult social care. This is a key area for transformation activity to focus on.

Our new core KPIs that are reported on quarterly help us to understand at a high level how we are doing on activity (number of Tier 3 service users), where on the care ladder our activity is (% supported at home) and finally the spend (average weekly unit price achieved). Power BI extracts up to end January 2022 are shown below:



Appendix 3 – Proposed 2022/23 savings in Adult Social Care

Saving Name	Description	Savings 2022/23 £000	Savings Reference
Increase return of unused direct payment funds.	Support people who receive a Direct Payment to return any unused contingency funds	(500)	ASC2
Review local Section 117 funding arrangements for care and support services under the Mental Health Act 1983	This proposal involves reviewing after care arrangements for people who have been detained under the Mental Health Act, where their care is jointly funded by the local authority and the clinical commissioning group. A saving should come from more efficient commissioning and better use of resources.	(200)	ASC10
Review the Bristol Community Meals Service	Review how the Bristol Community meals service is run and identify how to transition this into a self-funded service by attracting new service users.	(100)	ASC11
Manage and control cost of care for people with care and support needs	Work with care providers to implement agreed pricing tools to ensure consistent costings for care services for both adults with complex needs and older people who use social care services. Develop joint commissioning arrangements with NHS partners to deliver better value and outcomes for people who are eligible for social care services.	(800)	ASC3
Undertake Care Act reviews	Undertake planned Care Act reviews for people who are receiving care services to ensure we are helping people to maximise independence, access the right support, make best use of community resources and technology-enabled care. This will help ensure people get the best value for money from care services	(1,000)	ASC4
Increase access to Continuing Health Care Funding	Implement a dedicated Continuing Health Care (CHC) team to ensure packages that are CHC eligible are appropriately funded.	(350)	ASC9
Increase the use of Technology Enabled Care	Invest in the use of Technology Enabled Care (TEC) as alternative to traditional care and support through continued development of the TEC team and innovation work.	(300)	ASC5
Review Concord Lodge service delivery and consider alternative model	Review of service model delivered at Concord Lodge and consider transfer to alternate provider. Concord Lodge is a facility with self-contained flats for adults who have learning difficulties and complex needs	(350)	ASC12
Review Shared Lives Services delivery and consider alternative model	Review of alternative commissioning models to deliver the Shared Lives service.	(50)	ASC13
Review Home Choice processes and criteria	Review process and criteria for the Home Choice register (our housing waiting list) to enable people with adult social care needs to be prioritised and access appropriate housing more quickly.	(800)	ASC14
Transfer rehabilitation services to external partner	Transfer rehabilitation service delivery to the community health partner Sirona and close the South Bristol Rehabilitation Centre, subject to cabinet agreement, consultation with staff, trade unions and partners	(500)	ASC6