



Bristol City Council

# Adult Social Care Strategic Plan 2016 - 2020

September 2016

## Introduction

Adult social care provides support in a variety of ways to people living in Bristol who have a disability or a long-term illness, and to unpaid carers. Social care helps people do everyday things, and safeguards people from significant harm.

The number of people who might need social care services in the future is expected to rise significantly. The numbers of people living with dementia, learning disability or poor mental health will all increase and the rise in demand for health and social care comes at a time when funding is decreasing - because the government continues to reduce local authority budgets to meet the national budget deficit.

The Care Act 2014 brought new responsibilities for local authorities, with new eligibility for services, support for carers, new areas of work around information, advice, prevention, support for the care market, and safeguarding.

During the period of this plan we will be integrating health and social care services across Bristol and work is already taking place as part of Better Care Bristol and the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan. Evidence shows that redesigning services around the needs of individuals provides the best opportunities to improve people's health and wellbeing including closing health inequalities, and helping to bring financial sustainability to the system.

This Adult Social Care Strategic Plan sets out the Council's approach to adult social care. It provides the strategic context to drive future commissioning, care management and our role in the integration of health and social care.

This is our plan for the next four years. It sets out how we will:

- Put in place a new, more cost effective approach to delivering adult social care.
- Provide services within budget.
- Work with partners to provide a more joined up health and social care system.
- Focus on preventative services which help people to remain independent or regain the independence they want and value.
- Reduce demand and focus resources on those who most need them.

## Context

Projections estimate that the number of people aged over 65 in Bristol will increase by 13% by 2024, and by 44% by 2039. (ONS 2014-based Sub-national Population Projections)

Nationally, social care budgets have been reduced by 26% in real terms over the last four years. Half of this has been through spending reductions and half through managing demand differently. To continue to do this means new ways of working.

In Bristol, the council has continued to prioritise social care and has adopted the 'Adult Social Care precept'. In 2015 Central Government announced that Councils would be allowed to increase their share of Council Tax by up to an extra 2% if the additional funding is all used to fund the increasing costs of Adult Social Care services. The Government has said that this precept must be

shown as a separate charge on all council tax bills. The income generated from this charge is 'ring-fenced', meaning it can only be used for adult social care services.

However, there is a requirement to save £29m to balance the budget in the short-term, and up to £60m in the medium term. The council is working with NHS partners to ensure social care is effective and part of the whole system, whilst making the necessary budget savings.

Read more:

- To find out more about the evidence base, please read the 'Joint Strategic Needs Assessment'
- Information on how well we are doing can be found in the council's 'Local Account for Adult Social Care'

## Our vision for adult social care in Bristol

In this context, adult social care in Bristol is changing. Our focus is to promote, maintain and enhance people's independence in their communities, so that they are healthier, stronger, more resilient and less reliant on formal social care services.

**Vision:** People can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people's independence.

There is growing understanding that councils cannot do many of the things that have been done previously. We want to focus on what we can do, what our partners and communities can do, and what individuals can do. Within available resources we need to:

- Ensure that everyone has access to information and advice which supports their wellbeing. Increasingly this will be online information, and telephone advice supported by trained customer service staff. This means information can be more responsive, up to date and tailored to individual requirements. Information will be available to enable people to assess their own needs, their eligibility for services and to understand the financial consequences of the decisions they are making. This will allow people to think ahead and plan for their future.
- Ensure that there is a wide range of information on services which may support people outside of the statutory social care services. This will enable people and families to help themselves through a range of preventative local services which can help people to stay healthy and well.
- Work with local communities and other providers of health and care services to develop local, community-based support that helps people stay independent and safe.
- Working with partners we will also be able to identify people who may be at risk of needing help in the future and for whom support in the short-term may prevent longer term needs developing. This will include working with colleagues in health services to ensure people's needs are diagnosed early, their care needs identified, and wherever possible people are enabled to manage their own care. Where people experience a crisis in their lives, rather than intervening to remove people from the crisis, we will work with

people and families to manage the crisis, become more resilient and develop skills to deal with issues in the future.

- Where people do need support we will make it as easy to access as possible. People will be able to get the help, advice and support they need online, by phone, through clinic appointments or where required through pre-scheduled home visits. On first contact with people we will ensure that our support conversations enable people to access both community and family resources, as well as, where relevant, paid-for services, to maximise their independence and achieve the things that matter to them. We will do this because we know that it helps people to be more resilient and to be more in control of their lives; it reduces isolation and is more cost-effective.

This represents a significant cultural shift for staff, citizens, and partners away from a model of focussing on/assessing problems rather than strengths, and towards the promotion of social and individual responsibility, cohesive communities, and ensuring that the most vulnerable citizens can access the right support at the right time.

- Working with partners, sharing information, and joining up services will help us to avoid duplication wherever possible and also to understand people's total health and care needs.
- We aim to deliver services which will enable people to gain or regain skills to help them to live independently and recover from illness. We will do this in the most unobtrusive and least restrictive manner possible. This means that we will support people in the short term whilst expecting that wherever possible people will support themselves in the longer term. For most people, long term support from the local authority will be the exception rather than the rule. We will provide 'just enough' support to assist people to build on their current strengths and develop their abilities to look after themselves without creating dependency on council support.
- We will seek to use equipment and technology to provide less intrusive and more costs-effective care. Wherever possible we will keep people at home, with families and friends to enhance their social and personal experience.

Of course for some people, social care services are required for longer to enable them to live fulfilling lives. Where people need ongoing support we will share this responsibility with the individual, their families and their communities. We will try to meet people's needs in a personalised way which delivers the outcomes that people seek.

However, in delivering and commissioning services we want to achieve the best value and most cost-effective means of delivering high quality care. This is important, not just because local authorities are receiving less funding from government to provide care, but also because the vast majority of people using support services contribute to the cost, and many thousands of Bristol residents fund their own care entirely. Everyone should expect that the services they are buying or receiving represent the best possible value.

Therefore whilst choice is an important factor in people being able to manager their own care, it cannot be unrestricted. Wherever possible we will work with individuals to deliver personalised social care and health services, but we will only do this in the context that the services people

receive will maximise their independence and provide the very best value for money. Working with providers of care we will constantly review people's care arrangements to ensure their outcomes are being met in a cost-effective way.

We recognise that for some people there is an enhanced risk to their personal safety because of their particular disabilities or frailties, or due to wider issues in society. However we also recognise that we all need to take and accept a level of risk in order that we grow and develop as individuals. We will therefore work with people to enable them to understand and manage risks appropriately, whilst also providing arrangements to safeguard people from significant harm. Our response to concerns about people's safety will be proportionate, flexible and personal and will always be based upon the individual's wishes and feelings alongside the best interests of the wider community.

Across adult social care, we will be:

- Sharing learning and building on evidence based practice
- Listening and incorporating the voice of the citizen and carer about what works and
- Making decisions based on evidence, data and intelligence
- Delivering within budget

## **How we plan to achieve our vision**

To meet our obligations within the Care Act 2014 we have developed a three tiered model of care and support. It is designed to ensure that people can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people's independence.

In order to deliver this, the model has been tested with three teams in Bristol initially, with very promising results. An evaluation after 3 months of delivering this new approach has received excellent feedback from practitioners, service users and carers alike. Of the people interviewed who had been through this new approach, 67% of service users and carers were satisfied with the outcome they received, with the remaining 33% neutral. There was no negative feedback. One carer stated: "It's good, she [daughter] is really happy. She goes to the park and also to another support group and does pottery. When she is happy, I am happy." This approach has also been adopted in other authorities in the UK with excellent results.

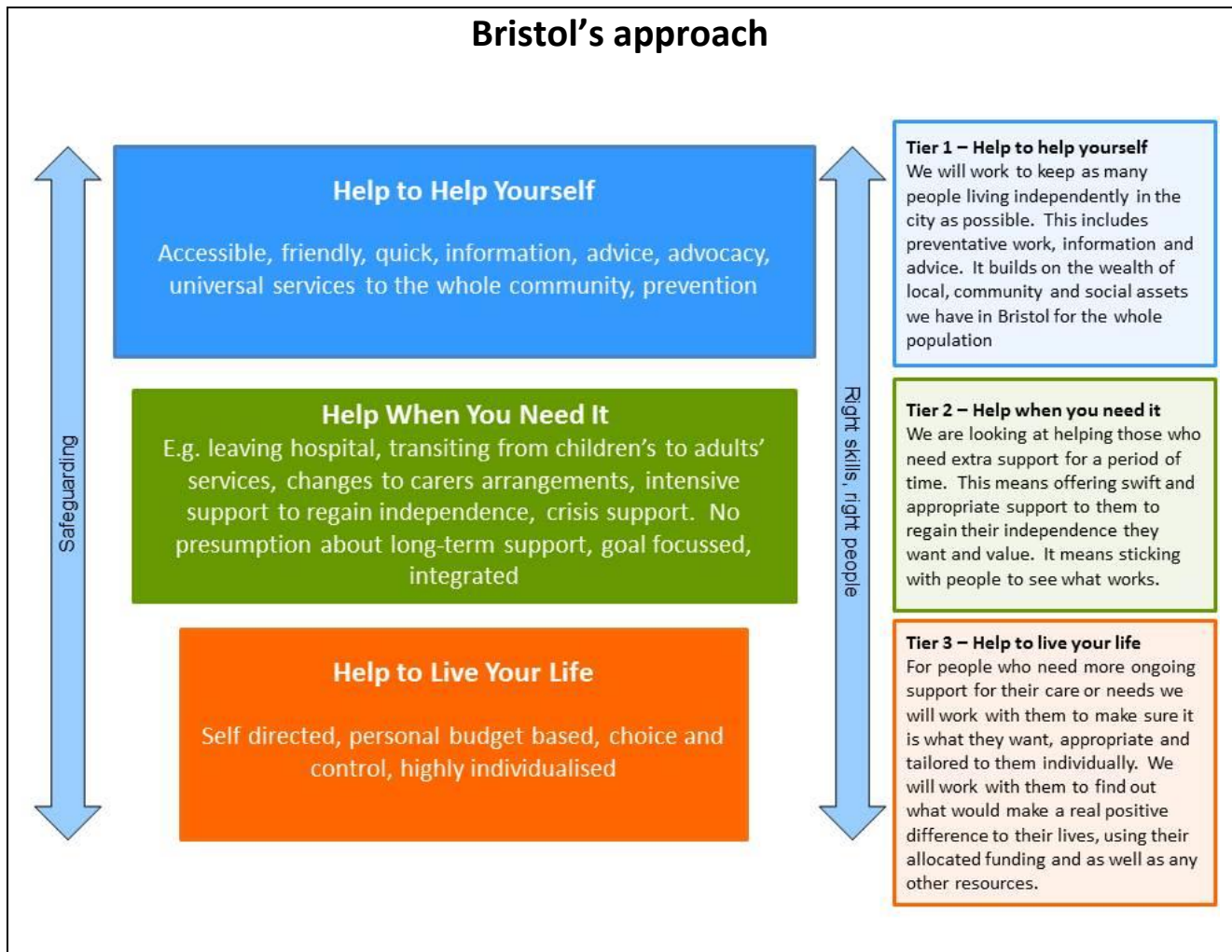


Figure 1: Bristol's strategic approach to adult social care

## 1. Help to help yourself

### How it works now:

In depth research with existing users of services and carers highlights that:

- People don't know how to find the information they want
- When people do find information it is difficult to understand and take in
- There is an assumption that 'paid for' services are the only option available to people – whether they want them or not
- People feel confused about what might happen to them, and when it might happen
- People do not understand (and do not need or want to understand) the differences between health, social care, and other community based services. The language used by the Council which makes these distinctions just causes more confusion

### In four years' time:

- We will have an easily accessible digital information service, supported by an online self-assessment process, to enable people to identify their own solutions without needing to contact the council or other services

- Bristol will have a single coordinated approach to information, advice and guidance that will mean citizens do not need to know the difference between health, social care, housing, welfare
- Bristol will have an integrated approach with the NHS, particularly with primary and community care, to our work to keep people living independently
- Citizens in Bristol will be supported to maintain their own health and wellbeing, and engage with the resources in their own community, with the right information, advice, and tools to do so
- Citizens in Bristol will be enabled and supported to think about their own futures, and plan ahead in case they or their family members need support

**We will:**

- Develop and implement our information, advice and guidance offering, taking a whole system approach to include all areas of the council and health where relevant
- Support initiatives in the community which help people to stay independent
- Promote and facilitate access to 'universal services'
- Further improve our work with the voluntary and community sector to enable greater signposting, links, and sharing of resources and consistency of approach
- Support the whole system culture change across the whole health, social care and housing pathway to ensure effective access for all citizens of Bristol.

## 2. Help when you need it

How it works now:

- Short term packages of care, for example, on discharge from hospital, can sometimes create dependency
- People are sometimes unable to access services as quickly as they need to avoid crisis, which often results in costly interventions such as hospital admissions

In four years' time:

- Health and social care staff will be supported to take managed risks
- When people reach, or are close to, a point of crisis, they will be able to access immediate short term support to enable them to regain their independence after the crisis has passed
- We will help those who need extra support for a period of time. This means offering swift and appropriate support to them to regain their independence they want and value. It means sticking with people to see what works
- We will, where appropriate, promote the use of assistive technology to support people to maintain independence

We will:

- Ensure that short term packages of care are outcomes focused, and with a clear end date, to enable people to return to independence
- Ensure that reviews of short term packages of care and support are undertaken in a timely manner, as agreed with the individual
- Ensure that we communicate with people to let them know what is happening, when it is happening, and how they can plan for their own future
- Work to support staff and health colleagues to undertake the cultural shift needed to deliver a new approach and support people to take responsibility for their own health

### 3. Help to live your life

How it works now:

- Our current approach creates dependency
- Research has shown that service users and carers find the system confusing, complicated, and with a lack of transparency about what will happen to them
- Reviews are not completed in a timely manner, with people often waiting several months after a change in circumstances before they have their packages of care looked at
- Our model is based on meeting needs rather than maximising independence and achieving outcomes for people

In four years' time:

- People in Bristol with the greatest vulnerabilities will be enabled to access the right support to meet the outcomes that are important to them, to help them live their life in the way in which they want
- People will be able to access a wide range of support options to achieve what they want to in life – including community based support, friends and family, and where relevant, appropriate paid for packages of care
- We will have integrated management of people's needs across social care and health, with the most appropriate practitioner co-ordinating care

We will:

- Ensure that our support conversations enable people to access both community and family resources, as well as, where relevant, paid for services, to maximise their independence and achieve the outcomes that matter to them
- Where people do require a full assessment of their care and support needs, these will be undertaken in a way that puts the individual at the heart of their care
- Work closely with health colleagues to develop a whole system approach to delivering health and social care, and maximising people's independence

#### Key activities to deliver the approach

We will need to take action to underpin our approach and help us to deliver what we have set out.

#### Workforce

We will:

- Develop our staff to ensure that people have the right skills and knowledge and the right tools available to deliver the Bristol approach.
- Acknowledge the importance of the support, management, working environment and wellbeing of staff.
- Support staff to work collaboratively with partners in health and the community; and to understand each other's roles

#### Strategic commissioning

We will:

- Gather and use good information about the needs of the Bristol population, what the market is supplying and what works.
- Further develop our relationship with current and potential providers to achieve a diverse and responsive market place.



- Ensure value for money and effectiveness of services
- Continue to maintain quality providers
- Increase the proportion of our resources invested in prevention and early intervention year on year, aiming to shift from:

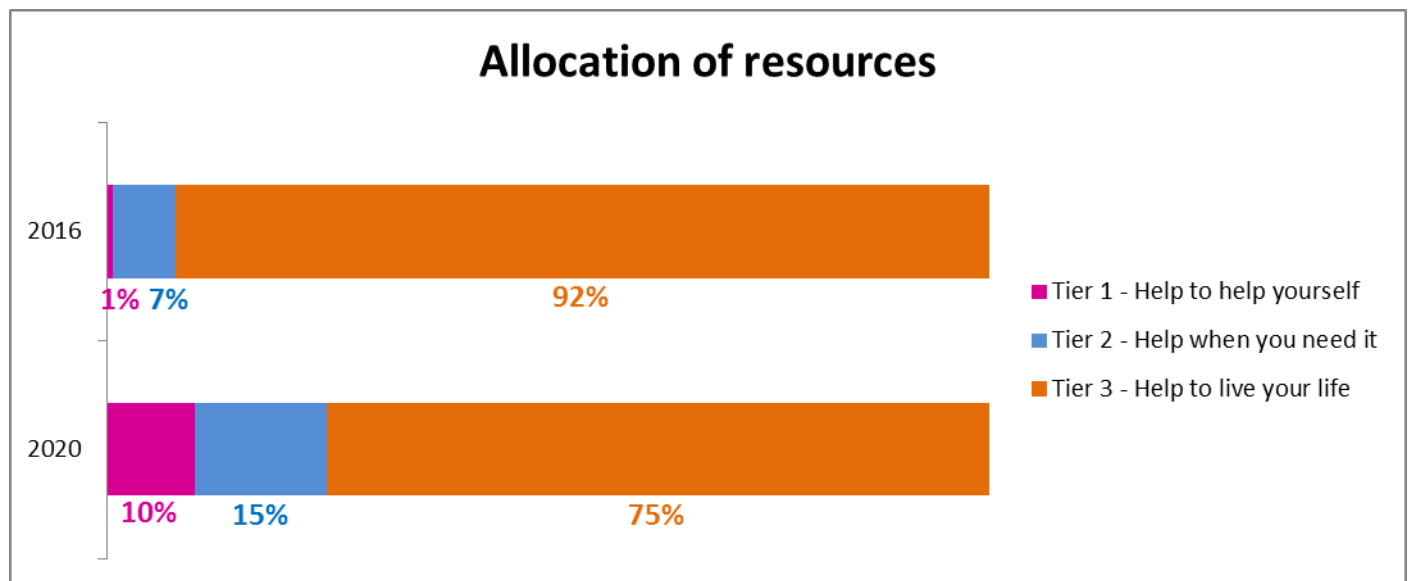


Figure 2: How resources will be shifted

## Technology

We will:

- Maximise the use of assistive technology to promote independent living.
- Provide mobile digital technology, supported by training, to staff to enable more effective working.

## Collaboration

We will:

- Explain and promote understanding about what adult social care does and its role and contribution within the wider community, health and social care system.
- Work together across the Council and with partners in health and the voluntary and community sector to prevent the need for care services, and promoting and supporting the focus on strengths and assets of each individual.

## How will we know it is a success?

- We have reallocated resources, and evidence demonstrates that the Bristol approach is preventing and reducing the need for care.
- We operate within the budget available.
- The workforce is highly skilled, effective, productive and enjoying their jobs.
- We exploit the potential of technology for citizens, carers and staff.
- Citizens and carers tell us that they are able to achieve the things they want to.
- We are planning and commissioning effectively and have strong and constructive relationships with providers.

## **Monitoring our performance**

We will have an annual delivery plan with detailed measures, and progress will be reported through the Local Account each year.

We will also report annually to the Association of Directors of Social Services (ADASS), and must submit performance data against the measures set out in the Adult Social Care Outcomes Framework (ASCOF).

Draft