

People Scrutiny Commission

12 September 2022



Report of: Hugh Evans, Executive Director, People

Title: Adult Social Care Transformation Update

Ward: All

Officer Presenting Report: Juliet Blackburn, Interim Director of Adult Social Care Transformation

Contact : juliet.blackburn@bristol.gov.uk

Recommendations:

Scrutiny notes the overview of the reset Adult Social Care (ASC) transformation programme set out in this report and specifically the approach being taken to ASC In-house services.

The significant issues in the report are:

- The ASC programme has been reset and is progressing activity across eleven workstreams and four areas of continuous improvement. It aims to increase the local availability of progressive care and support which enables independence.
- The programme incorporates the ASC savings within the Council's MTFP.
- The programme is operating within a very challenging context: growing demand (under 65s especially), significant financial challenges, market fragility, workforce pressures, national Adult Social Care charging and assurance reform, and health and social care integration.
- The ASC transformation topic focus for this meeting is the Council's ASC In-house services. These services are included in the programme and present good opportunities for being part of the provision of modern, progressive care in the city, working with the external provider market.

1.0 Summary

1.1 Bristol City Council has delivered a range of improvements through its previous Adult Social Care (ASC) transformation activity. The programme was reset in May 2022 with delivery structured around eleven workstreams and four areas of continuous improvement. The programme incorporates the Adult Social Care savings for 2022/23 in the Medium-Term Financial Plan.

1.2 This report provides an overview of the transformation work covering the following.

- Description of the reset transformation programme
- Governance and reporting of the programme
- Topic focus on how In-house services are incorporated in the transformation programme

2.0 Context

2.1 What is the reset transformation programme?

2.1.1 Transformation of Bristol’s Adult Social Care (ASC) has been delivered in several phases. The current programme builds upon the previous activity with a ‘reset’ around eleven workstreams and four areas of continuous improvement. The programme is funded through a range of sources including the Council’s ASC Innovation Reserve, the Council’s Corporate Change and Transformation Reserve, and grant funding from a number of sources. It is delivered under the management of an interim Director working with dedicated programme and project management capacity.

2.1.2 The ASC Transformation overview presented to the Scrutiny Commission meeting on 7 March 2022 identified the key drivers for Bristol’s ASC transformation:



2.1.3 The reset Transformation Programme has a timeframe of three years (April 2022 to March 2025). It has the following objectives.

1. To develop sufficient, local provision to meet all types of care and support needs, enabling independent living for as long as possible (see the Care Ladder at **Appendix 1** to explain the different tiers of provision).
2. People-centred, progressive processes which enable individuals to easily access appropriate support as their needs change, moving to integrated, whole system solutions whenever possible.
3. Establishing a new delivery model for Adult Social Care which also achieves corporate objectives for organisation change.
4. Delivering the ASC savings requirements set out in the MTFP, and establishing business practices which enable financial stability and control.

2.1.4 The programme activity is structured around eleven workstreams, some of which are linked directly to achieving savings in the Council's MTFP. In addition the programme monitors four areas of continuous improvement which are delivering MTFP savings. These are set out in Table 1 on the following page. The MTFP ASC savings are summarised at **Appendix 2**.

Table 1 – ASC Transformation Workstreams and Continuous Improvement

Ref	Transformation Workstreams	MTFP 2022/23 Saving £
1	Increase provision of long-term care alternatives – Technology Enabled Care, Shared Lives and Direct Payments	300,000
2	Learning Disability and Autism Strategic Partnering, including Concord Lodge	350,000
3	Home First and Discharge to Assess (D2A) programme, including admission prevention redesign. This is a programme managed by the Integrated Care Board (ICB) and is not a stand-alone BCC programme.	
4	Transformation of In-house services provision (focus of this Scrutiny Paper)	650,000
5	Increased provision and access to Specialist and Supported Housing, and supporting people to live independently in General Needs homes	800,000
6	Develop Voluntary Community Social Enterprise ASC offer in order to prevent need for residential or long-term care	
7	Growth of strengths-based practice in frontline delivery	
8	Intelligence-led decision making, digitalisation and Power BI	
9	Pricing Control - reduce cost of care through systematic review of care pricing and controls	800,000
10	Commissioning review and implementation	
11	Children to Adult Transitions	
	Continuous Improvement	
1	Direct Payments Contingency repayment	500,000
2	Increase S117 Funding (reducing cost of S117 packages, joint project with ICB)	200,000
3	Increase Continuing Health Care Funding	350,000
4	City Wide Reviews	1,000,000
	TOTALS	4,950,000

2.1.5 The programme reflects the local health and social care integration agenda and the priorities of the newly formed Integrated Care Board (ICB). The ICB presents opportunities for truly transformational integrated work between the Council's People activities and health partners, both city wide and at a locality level. This includes joint commissioning, joint operational teams and pooled budgets. Early priorities are joint work on Learning Disability and Autism, and hospital discharge and admission prevention.

2.2 Governance and reporting

- 2.2.1 The ASC transformation programme is embedded in a number of priorities in the Council’s Corporate Strategy (see section 4 below). Progress is reported as part of the Corporate Strategy and through the Council’s financial monitoring reports.
- 2.2.2 The programme is operated as part of the Council’s Corporate Change methodology which includes project boards where appropriate. There is an ASC Transformation Board which is chaired by the Cabinet lead. Membership includes the Chief Executive Officer and Executive Director: People.
- 2.2.3 The People Scrutiny Commission will receive a report on a different aspect of the transformation programme at each of its meetings. The remainder of this report focuses on the topic of ASC In-house services as part of the Transformation Programme. It is proposed that the topic for the next meeting is the joint work between ASC and Housing, and the following topic is transforming joint work between the Community and Voluntary sector and ASC.

3.0 ASC In-house services in the Transformation Programme

3.1 What are ASC In-house services?

- 3.1.1 ASC is structured around three service areas, one of which is In-house services: services that are directly provided by the Council. This section includes services which are not statutory provision for the Council and are not provided or operated routinely by all Local Authorities. It is most helpful to think of these services as part of the ASC provider market, but ones which the Council is providing directly itself and not commissioning externally. The diagram below summarises what these are in Bristol City Council:



3.2 Why does the transformation programme include In-house services and what is in scope?

- 3.2.1 The purpose of including a number of the In-house services in the scope of the transformation programme is to review the delivery model for each and ensure this is the optimum way to achieve outcomes for service users and their families, value for money, and ways of working for staff.
- 3.2.2 Each of the In-house services in scope is different in nature and a bespoke approach is being taken to reviewing delivery and identifying the right model for the future. However, the key questions for each service are the same:
- 2.1 What is the current and forecast need and demand for this service?
 - 2.2 What is the external provider market for this service in Bristol, and what are its strengths, weaknesses and opportunities?
 - 2.3 What are the strengths, weaknesses and opportunities for innovation in our current in-house services?
 - 2.4 In light of the external market and our current provision, is there a continued role for the Council to provide these services?
 - 2.5 Is it right to expect the service to be cost neutral, or is it a service which will require subsidising?
- 3.2.3 The last question is potentially challenging, but it recognises that running in-house services presents the Council with the opportunity to have direct control of provision in a care and support market which has gaps, can be fragile, and expensive. Running services in-house presents the opportunity for creativity, innovation and to be a ‘provider of last resort’ i.e. guaranteeing provision which, if we had to rely on the market, risks being more costly and potentially sited ‘out of area’. The benefits of the Council being a direct provider have to be balanced with financial risks, and the fact that, as part of the Council, the service is subject to factors which do not apply to private providers.

3.3 In-house services and the ASC Transformation programme

3.3.1 **Table 2** below sets out how each element of the In-house services are linked to the Transformation Programme and comments on progress and issues.

Table 2 – In-house services and the Transformation Programme

In-house Service	Link to Transformation	Progress comments
Bristol Community Meals	The ambition is to grow the service so it is self-sustaining and able to generate a profit. Options for growth include expanding into evening meals, diversifying the meals offered, and generally increasing referrals from the community and partners. There is a project to enable this growth which is part funded by grant from Public Health and is managed by a project board.	Business planning support is in place to support the growth of the service, as well as new marketing and communication. The biggest issues for the service are the increasing costs of ingredients, fuel, gas and electricity. Prices charged to customers have not increased. Difficulties in recruiting drivers places additional challenges on the capacity of the service to grow.
Bristol Community Links (BCL)	The Council is preparing for the recommissioning of day opportunities and community services. Needs and demand analysis have been undertaken, as well as market engagement and review. The Council's BCL model is being reviewed alongside this recommissioning work. The BCL review is also linking to the Council's asset and estates review as it operates from two Council-owned buildings.	The BCL review is a new project which has just started and a project team established. The aim is to engage with staff, users, families and carers as well as other providers in the market in the Autumn 2022. This will inform a decision if there are any changes needed to BCLs by early 2023. A full engagement programme is currently being designed.
Shared Lives	The intention is to grow Bristol's Shared Lives provision as a sustainable alternative to long-term residential care. Investment has been included in the programme to enable this.	Bristol's current service is relatively small compared to other Local Authorities. To achieve growth the project is seeking to increase rates for carers which are historically low. Detailed planning is underway to look at ways of attracting new carers and increasing and diversifying referrals made to the service from practitioners.
Concord Lodge	Concord Lodge is being considered as part of the Learning Disability and Autism (LDA) workstream. This workstream focuses on how to increase the provision of progressive LDA services in the City, reducing the need for long-term institutional care which is often out of area. Concord Lodge is an important part of local provision, so it is being considered within the LDA market development.	LDA provider engagement has been undertaken to identify opportunities for increasing local provision. Work to grow the market will continue, jointly between the Council and Health partners. Savings related to Concord Lodge had been included in the MTFP for 2022/23 but these are being met by in year vacancy underspends. This provides sufficient time to develop the right delivery model for Concord Lodge as part of the wider market development.

In-house Service	Link to Transformation	Progress comments
Reablement / Intermediate Care and Redfield Lodge	These services are a significant part of the Discharge to Assess (D2A) and Home First programme which are jointly delivered and governed with the Integrated Care Board (ICB), including Sirona. The focus is ensuring a ‘whole system’ approach which maximises the flow of patients from hospital into appropriate care, either at home, in intermediate care, or residential care where necessary.	<p>The D2A and Home First programmes are an established part of the ICB work. There is a focus now on preparation for winter and the additional pressures this will bring to the system. Opportunities for using East Bristol and Redfield Lodge further to support this work are being developed as part of the Home First programme.</p> <p>It is important to note that the Council’s reablement service undertakes a significant amount of community referral work, not just hospital discharge.</p>
Rehabilitation Services	<p>Work has been undertaken this year to close the Council’s South Bristol Rehab Centre and secure ongoing provision at the South Bristol Community Hospital (provided by Sirona Care and Health).</p> <p>Consideration will also be given to the opportunities to develop the role of East Bristol Rehabilitation Centre, in collaboration with Health partners.</p>	<p>The South Bristol Rehab service was closed in July and the management of change process for the affected staff is due to complete at the end of this month. Important lessons have been learned in relation to working with health partners and the impact on staff during this process, and these will be applied to future work.</p>

4. Policy

4.1 Activity in the Adult Social Care Transformation programme is embedded in the Council’s Corporate Strategy through a number of the priorities:

1. ES5 - Digital Inclusion (increased use of Technology Enabled Care)
2. HCW1 – Transforming Care
3. HCW2 – Mental Health and Wellbeing
4. HC1 – Housing Supply (enabling people with social care needs to live independently in their communities and increasing the supply of specialist and supported housing)
5. HC4 – Disability (improve transition between childhood and adulthood for children and young people with special educational needs and disabilities)
6. EDO3 – Employer of Choice (healthier working environment for social care workforce)

5. Consultation and Communication

5.1 Clear directed communication and consultation is key for the delivery of the Transformation Programme. A programme wide communication plan has been developed and consultation will be undertaken in two key areas:

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. This will include service users, their families and carers, specialist groups and organisations representing equalities communities, external providers and delivery partners.

6. Public Sector Equality Duties

- 6a) 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.
- 6b) Equality Impact Assessments are undertaken for projects within the Transformation programme at the appropriate point in the project’s development and implementation. They are also undertaken for the budget proposals in the MTFP for 2022/23.

Appendices:

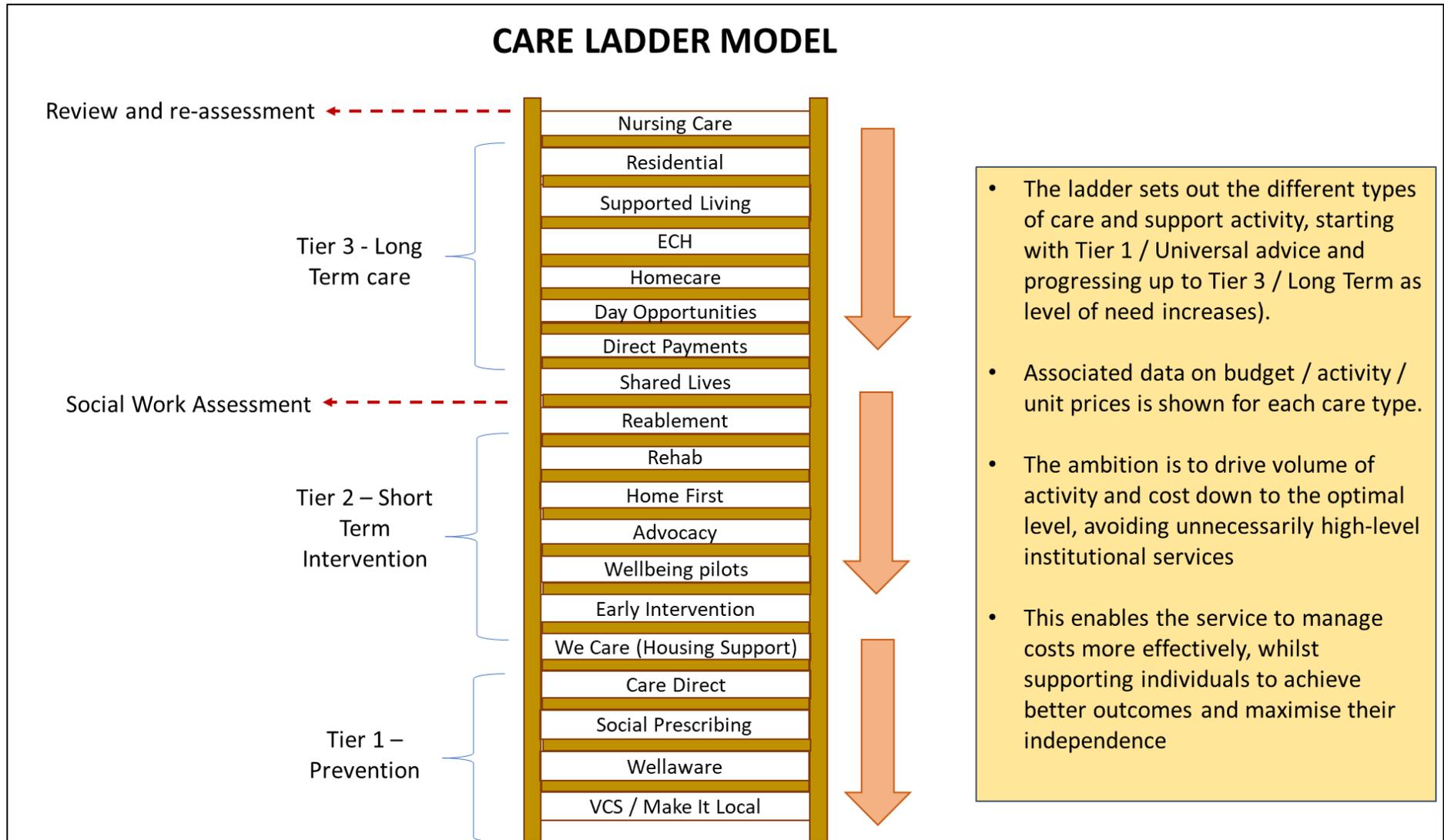
Appendix 1 – Care Ladder Model

Appendix 2 – Summary of MTFP savings for 2022/23 relevant to Adult Social Care

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:

None



Appendix 2 – 2022/23 MTFP 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