

People Scrutiny Commission

27th September 2023



Report of: Hugh Evans, Executive Director: Adults and Communities

Title: Adult Social Care Transformation Programme

Officer Presenting Report: Hugh Evans, Executive Director: Adults and Communities

Recommendation:

Scrutiny notes the drivers and scope of the Adult Social Care Transformation Programme set out in this report and the progress to procure a Delivery Partner to provide additional delivery capacity, increase confidence in the delivery of plans in progress and identify, evidence, and then deliver additional opportunities to achieve the planned in-year savings.

The significant issues in the report are:

The Adult Social Care Transformation Programme has been refreshed for 2023/24.

A Delivery Partner has been procured and an initial diagnostic has been completed, identifying additional opportunities to achieve planned in-year savings and sustainable transformation.



1. Summary

This report provides an overview of the refreshed Adult Social Care Transformation Programme for 2023/24; including programme drivers, vision, aims and scope, and outline plans for addressing the financial challenges facing Adult Social Care.

2. Context

2.1. Programme Reset 2023/24

- 2.1.1. The Adult Social Care Transformation Programme was established in 2021/22 as a three-year programme, recognising that transformational activity would take time to deliver.
- 2.1.2. In response to additional financial challenges facing the directorate in 2023/24, the Adult Social Care programme was reset in order to accelerate activity to deliver within budget as part of a financially stable corporate position, whilst developing a sustainable model of care that builds upon community assets and improves outcomes. A delivery partner has been procured to provide additional delivery capacity, increase confidence in the delivery of plans in progress and identify, evidence, and then deliver additional opportunities to achieve the planned in-year savings. The programme reset; the programme budget and procurement activity was approved by [Cabinet on 6th June 2023](#).

2.2. National and Local Context

- 2.2.1. Like many local authorities in England, the council faces financial challenges in responding to post pandemic need, inflation, and the cost-of-living crisis. The council must deliver the planned savings and contain spend in line with the budget as approved by Full Council February 2023. As the cost of Adult Social Care comprises c.46% of the council's General Fund spend, it's imperative that Adult Social Care develops a sustainable model of care that builds upon community assets and improves outcomes, within a sustainable budget.
- 2.2.2. The Association of Directors of Adult Social Service ([ADASS 2023 Spring Survey](#)) showed that Bristol City Council is not alone. Councils are needing to support more people coming out of hospital with complex health and support needs and the size of care packages has increased.
- 2.2.3. The survey showed:
 - Social care leaders report a growing need for social care support to help people with poor mental health, homelessness and domestic abuse in our communities, and there are more unpaid carer arrangements breaking down.
 - The survey reveals that more councils overspent on their adult social care budget last year and there was a worrying increase in those relying on reserves to fund these pressures. Directors have had to identify an increased level of savings from their social care budgets for 2023/24, putting further pressure on the support they can offer people.

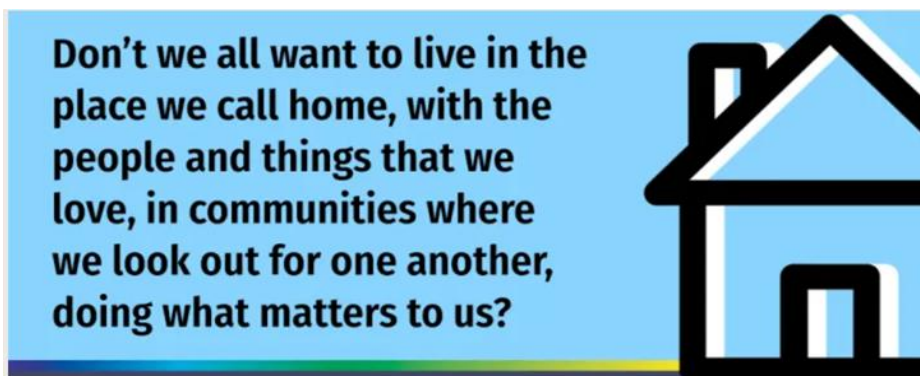
- Councils are having to focus more funds on providing complex care to people coming out of hospital, or increasingly people who should be admitted to hospital but are having their treatment delayed, undermining the ability to spend more on preventing people from getting ill in the first place.
- 2.2.4. After more than a decade of austerity, the COVID-19 pandemic has accelerated the already increasing demand for social care services, especially in the context of people of working age with mental ill-health. More people are experiencing multiple forms of disadvantage, and this is increasingly making the delivery of care and support more complex. At the same time the average cost of care services has increased due to inflationary pressures, shortfalls in service supply, and workforce challenges.
- 2.2.5. Demographically, Bristol is the fastest growing core city in England and Wales. Between 2011 and 2021, the population grew by more than ten percent (Bristol Census, 2021). Almost a fifth of the population is disabled (as defined in the Equality Act (2010)), and hence potential recipients of ASC services and support.
- 2.2.6. At present, c.5,500 people receive long term Adult Social Care support from Bristol City Council. Of these, nearly half are people of ‘working age’ (under 65), and over one fifth have a learning disability as their primary reason for support. Over the last five years, the total number of people receiving long term care and support services has remained stable, however the proportion of people of working age (under 65) receiving longer term support continues to increase.
- 2.2.7. Adult Social Care in Bristol continues to experience significant budget pressures. The most notable element of this is an overspend on core ASC purchasing budgets, which is primarily spent on services from external providers of care and support for Bristol’s most vulnerable citizens.
- 2.2.8. Bristol City Council spent 11.5% more than the average local authority on adult social care in 2021/22 (source: Use of Resources report compiled by Partners in Care & Health (PCH)).
- 2.2.9. Bristol City Council continues to benchmark high on unit price. This has been exacerbated by the recent increase in demand for services and support from younger adults, both with episodic and enduring needs. The local care market is at present unable to fully meet this demand, and due to this, people are sometimes placed ‘out of area’ in provision that is neither progressive, nor individually tailored to meet their needs. Whilst in recent years progress has been made in service availability for older people, for younger adults there has been an overreliance on high-level institutional care. This has improved in the last year, but Bristol City Council remains in the top quartile nationally on spend for ASC, based on population.
- 2.2.10. In response to the financial position, several specific ASC budget savings proposals were approved by Full Council in February 2023. These include significant savings across all areas of the service: spend on commissioned care (purchasing budget), staffing costs, and targeted transformation of in-house services.

2.2.11. These financial and operational challenges must be navigated, whilst simultaneously accommodating an increased drive towards promoting independence, wellbeing and personalised outcomes for people requiring support from Social Care. Bristol City Council continues to hold an ambition to enhance the quality of life for people with care and support needs and achieve better outcomes by transforming services and ‘keeping people at the heart of everything that we do’. People who use ASC services should increasingly have a positive experience, and people should get ‘the right help at the right time’ to promote independence and reduce or delay their need for long term support.

2.3. Programme Scope and Approach

2.3.1. The ASC Transformation Programme 2023/24 brings together all change activity within the ASC division, and building upon the progress and learning so far, will ensure strategic alignment and a single view of the benefits, risks, and issues.

2.3.2. Bristol’s vision for Adult Social Care



Social Care Future

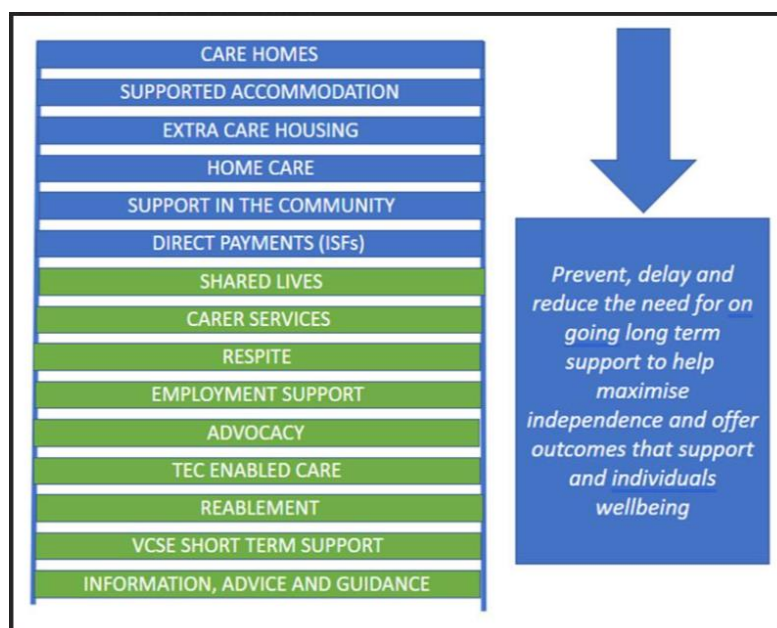
2.3.3. Partners in Bristol echo this national statement of aspiration underpinning Adult Social Care. Another way of describing this goal is that Adult Social Care intends to support people to lead [‘gloriously ordinary’ lives](#).

2.3.4. To do this, Bristol’s transformational approach promotes a **shift of emphasis** in Adult Social Care and broader health services.

2.3.5. Activity, service capacity, resources and system workflows will be shifted from high-level, institutional, and bed-based services, to concentrate on community-based, personalised services that make the most of people’s strengths and capabilities and empower communities and individuals to support each other as best they can.

2.3.6. The programme will continue to place consideration of the Care Ladder model at the heart of the transformation of adult social care. The Care Ladder concept was developed in the previous Transformation Programme as a framework for analysing activity and spend across the service, and therefore as a tool for change. The Care Ladder concept is as follows:

- The Care Ladder sets out the different types of care and support activity, starting with Tier 1 or Universal Advice and Guidance, up to Tier 3 or longer-term forms of care and support, such as that received in care homes.
- The ambition is for Adult Social Care to offer the right level of support at the right time to prevent, delay and reduce the need for on-going higher-level support and to maximise independence and achieve better outcomes, whilst managing cost more effectively. This brings broader benefits to the communities, through greater investment in community-based organisations and local infrastructure.
- The diagram below sets out the ‘rungs’ of the Care Ladder.



- Using the Care Ladder approach, over time there will be a reduction in demand at the higher rungs of the ladder, and an increase in activity at the lower level, accompanied by a reduction in unit costs of care.

2.3.7. The programme will review, develop, and transform the way we work to maximise the use of resources to achieve outcomes for those who draw upon ASC services. Workstreams have been designed to coordinate the activities necessary across ASC and with partners to jointly implement the Transformation Programme objectives.

- **Meeting people’s care and support needs (Managing Demand)**
 - Better systems of assessment and care management decision-making practice to ensure optimal outcomes for new and reviewed cases.
 - More robust scrutiny of long-term committed spend.
 - Helping people to live at home, independently for as long as possible.
 - Earlier intervention and prevention, and more effective working with children’s services, the NHS, and the wider system.
- **Meeting people’s need for care and support (Managing Supply)**
 - Establishing a single commissioning framework to make contracting with third party organisations for the delivery of care and support simpler, more flexible, more innovative, and drive better value.

- Developing a new model of care to develop the capacity and quality of care and support that is co-produced, locally delivered, innovative, sustainably cost-effective, integrated across the health and care system, and targeted to meet needs.
- Increasing the use of Technology Enabled Care and work with the NHS to enable more personalised, predictive, proactive, and preventive approaches using remote monitoring to reduce the risk of hospital admissions, enable earlier discharges and support informal carers.
- **In-house service design and workforce**
 - Organising available staff and resources to address the social care workforce crisis, concentrating on recruitment and retention.
 - Reviewing operating model and organisational culture to support staff to optimise working practice and deliver more effective responses, first time, for those who draw on adult social care services.
 - Review fees and charges to ensure that these are fair, and minimise debt by reviewing systems and processes. Consultation will take place as required.

2.4. Single Commissioning Framework

2.4.1. The strategies in setting up the single framework will target price control and better value for money by allowing for greater competition during 2024 and beyond:

- Core lots will be opened every six months allowing new providers to enter but also existing providers to change and update their pricing to remain competitive under the price cap.
- Increasing the use of block call offs to encourage suppliers to increase provision within unit price where there is currently no or little supply in the city and increase the number of people who can receive local care and support.
- Ability to direct award, restricted and open tender across lots to allow for responsive commissioning. This may effectively reduce prices offered, where unnecessary barriers are removed for providers wishing to respond quickly to individual/market requirements, or where commissioners believe a more open tender approach will yield better financial and non-financial outcomes for people receiving care and support.
- An automatic membership of all framework providers on an innovation lot, to allow for ‘test and learn’ opportunities where there may be a more effective solution not easily available immediately through the other lots, and allows commissioners to respond quickly where markets are disrupted by new innovation or capabilities (e.g., new technology) that cannot be currently foreseen.

2.5. Key progress so far

2.5.1. Meeting people’s care and support needs (Managing Demand)

- Enabled people to access a home of their own as an alternative to supported accommodation.

- New roster IT system implemented in Reablement service, to improve efficiency and reporting accuracy.
- New joint project underway with Children and Education service to improve transition from children’s social care to adult social care.
- Improved processes in place to monitor and control spend.
- Ongoing reviews of care and support plans

2.5.2. Meeting people’s need for care and support (Managing Supply)

- Single Commissioning Framework on track for procurement in Autumn
- Specialist team fully recruited and in place to negotiate with providers to reduced cost of commissioned placements delivering savings.
- Joint Technology Enabled Care Project

2.5.3. In-house service redesign

- Consultations with service users and their families, staff and wider stakeholders have been undertaken for key in-house services.
- East Bristol Intermediate Care Centre has closed.
- Ability to take debt repayments over the phone delivered.

2.6. Delivery Partner Diagnostic Report

2.6.1. During June to August 2023, Peopletoo carried out a review of Bristol City Council’s Adult Social Care to measure current performance (phase one) and develop proposals to reduce the Purchasing Budget overspend (phase two). Peopletoo undertook a variety of activity, including co-locating and practice observations, interviewing health partners, reviewing policies and advice and guidance, analysing data and benchmarking outcomes.

2.6.2. The diagnostic report found in summary:

- There are examples of excellent practice, however this is not consistent, with capacity, systems and processes adversely affecting this.
- Confirmed that national social care workforce challenges are also affecting service delivery in Bristol.
- Benchmarking suggests that Bristol receives less income from NHS funding than comparable local authorities.

2.6.3. The diagnostic report **recommends** the following:

- Clearly defined and co-designed **Adult Social Care Vision** with teams understanding their roles and responsibilities in delivery the vision.
- Establish a **workforce with the right mix of skills**, access to training opportunities and expertise to deliver the vision.

- Adapt **processes to enable concise recording** that ensures preventative steps are followed but also reduces admin time.
 - Use **data and insights** available to take an evidenced based approach to decision making and inform future planning for services.
 - Ensure **practice and policies** support the approach so that employees feel comfortable making changes to their ways of working.
 - Produce a **communications plan** to keep everyone informed of the transformation process and feel included on the journey.
- 2.6.4. Given the financial challenge this year, Peopletoo have identified tactical in-year opportunities to save money against the adult social care purchasing budget. In addition, the proposals recognise the need for long term sustainable change and therefore also include projects to transform business process, target operating model and development of in-house provider services to further improves outcomes and value for money in 2024/25 and beyond.
- 2.6.5. In-year savings proposals include:
- **Operational process changes** designed to reduce demand at the front door, increase capacity and prioritisation of reviews and optimise reablement.
 - **Contract renegotiations with providers** supported by expertise and benchmarking capabilities to drive increased value for money and outcomes.

2.7. Next Steps

- 2.7.1. Continue to deliver the projects and transformative activity within the programme to deliver both the required in-year efficiencies and income generation required in the Council budget.
- 2.7.2. Complete mobilisation and implementation of the Delivery Partner projects to accelerate the programme deliverables.
- 2.7.3. Continue to monitor and manage risks and issues, and where necessary identify mitigations to any under-delivery of savings.

3. Policy

3.1. The Adult Social Care Transformation Programme aligns with Bristol City Council's [Corporate Strategy 2022-2027](#) and contributes towards the following building blocks and themes:

- 3.1.1. Good Governance (ED05): The Programme aims to ensure Bristol City Council Adult Social Care is financially competent and resilient, offering good value for money by

taking safe but proportionate approaches to risk, performance, project, and contract management.

3.1.2. Health, Care and Wellbeing (HCW1): The Programme aims to ensure that provision of care and support contributes to Bristol City Council’s priority to support people to be as resilient and independent as possible, developing their assets to live fulfilling lives.

3.1.3. Effective Development Organisation (ED01): The Programme will deploy a One City Approach to take a collective, partnership-focused approach to city leadership to enable strong civic participation and the joining-up of activities by partners towards our common goals.

4. Consultation

a) Internal

Not applicable

b) External

The ASC programme activity set out in this report has savings targets to deliver set out in the 2023/24 budget and these were included in the [budget consultation](#).

5. Public Sector Equality Duties

- a) 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.

A full Equality Impact Assessment (EqIA) was undertaken for 23/24 as the programme was reset. [Read the 2023-24 EqIA.](#)

Appendices:

None

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers:

None