Bristol City Council

Adult Social Care Strategic Plan 2016 - 2020

December 2016

Introduction

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

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 describes the Council's approach to adult social care over the next four years. It provides the strategic context to drive future commissioning, care management and our role in the integration of health and social care.

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

The number of people who might need social care services in the future is expected to rise significantly. The numbers of people living with for example, 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.

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).

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.

However, 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.

The needs of people who use our services

In 2015/16 32,629 people contacted adult social care services. The following charts show a breakdown of the 6,986 people who used adult social care services in 2015/16, by their primary support needs. They are divided into two age groups, '18-64 year olds' (1,937 service users in 2015/16) and 'aged 65 and over' (5,049 service users in 2015/16). Some people receive more than one service.

Chart 1: Primary Support Reason (18-64)

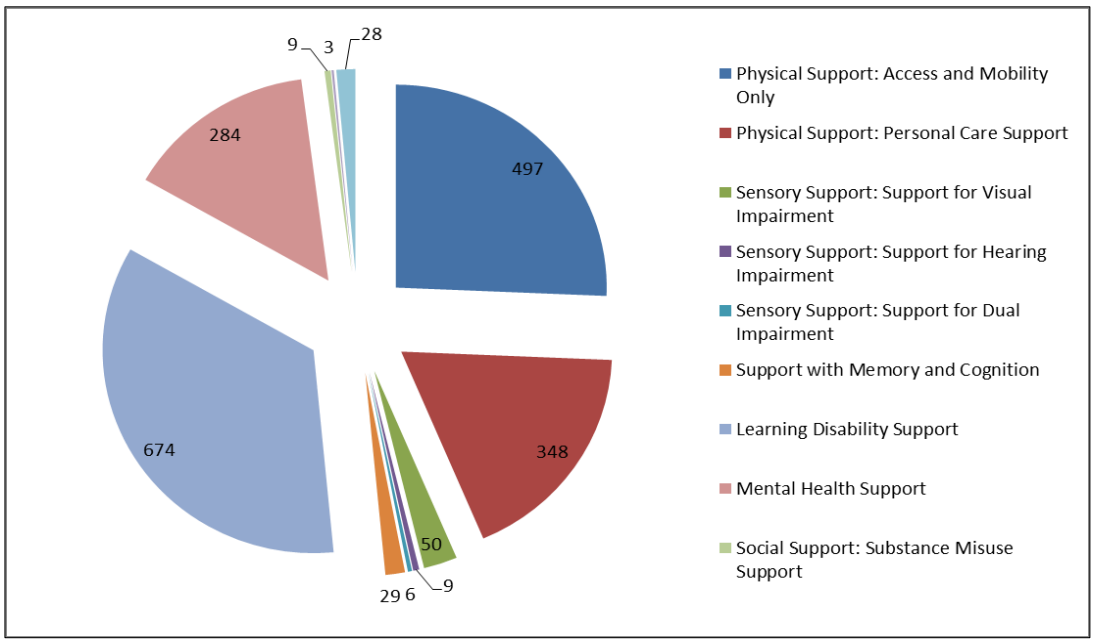
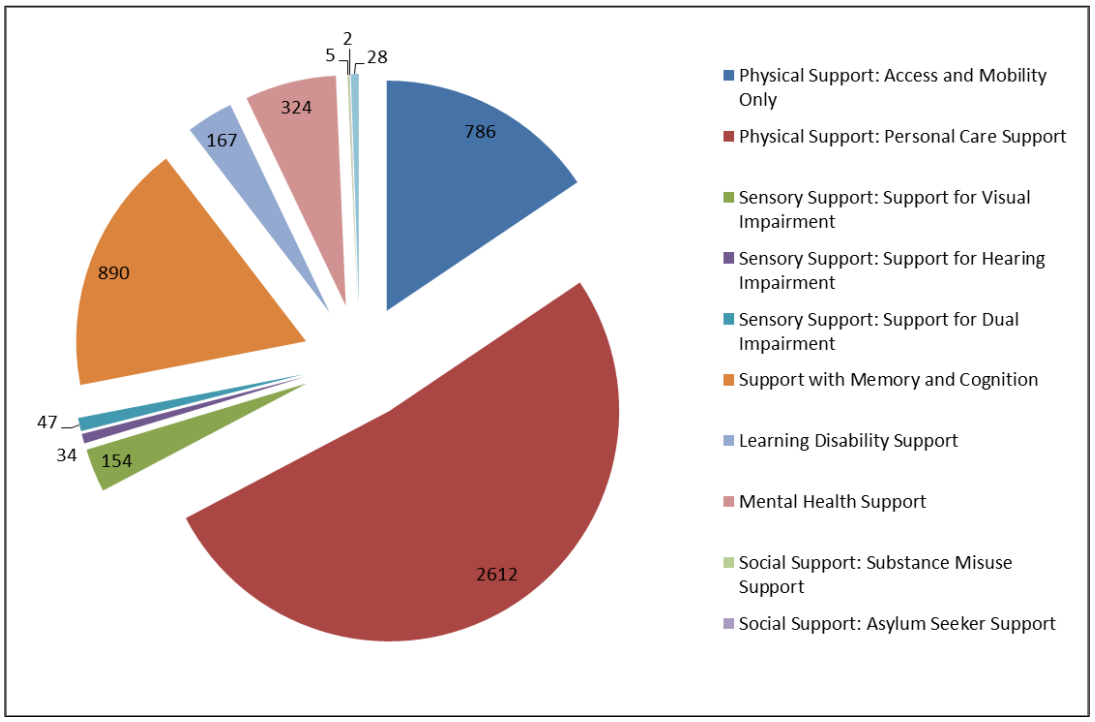


Chart 2: Primary Support Reason (65+)



In 2015/16 we spent £144.5 million on adult social care, which is 34% of the Council's total revenue spend. Of this, on the two most significant primary support reasons we spent:

- £32.2m on physical support for people aged 65+
- £44.5m in supporting people with a learning disability

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. We believe that people know best how to meet their own needs, and we will support people to do that. 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.

- Work with partners 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.

- Make it as easy as possible to access support when people need it. 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.

- Work 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.

- 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.

- 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.

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.

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 manage 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.

Our work in adult social care will be underpinned by the following set of principles:

- Sharing learning and building on evidence based practice
- Listening and incorporating the voice of the citizen and carer about what works
- 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.

Case study 1 – Listening, sharing knowledge and providing information and advice
A daughter with increasingly frail, elderly parents contacted our First South team seeking help. They engaged in a 'supportive conversation' that helped them find the ways to manage their own personal care and medication. They were helped to use their attendance allowance to buy in help with chores, organise daily hot meals and arrange specialist home deliveries. In the past, we would have carried out an assessment, with an expensive agency support package for many years

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

Case study 2 – Use of assistive technology to promote independence and self-care
A very overweight person was provided with a 'floor bed' meaning they can operate the controls themselves, raise the bed so they can get in and out, and manage their own personal care needs at night. This removes the need for hoists and carers, and means there is no longer a need to consider a residential care placement. The outcome is that the person can remain independent in their own home.

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

Case study 3 – Working together to make a positive difference to lives
A woman with ongoing mental health concerns was at risk of losing her council tenancy due to disputes with her neighbours over excessive noise late at night. A discussion with her highlighted that she uses music as a form of therapy to positively control her mental health and prevent crisis. The social worker supported her to purchase a pair of good quality headphones to enable her to continue to do this, meaning that she is no longer at risk of eviction. She also agreed that the ongoing dispute had prevented her from engaging with support services to reduce her isolation, develop her independence, and build her self-esteem. With this dispute resolved, she feels able to focus on this, and agreed to engage with her support service. This will be monitored and reviewed by the social worker and the support provider in six months' time.

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:

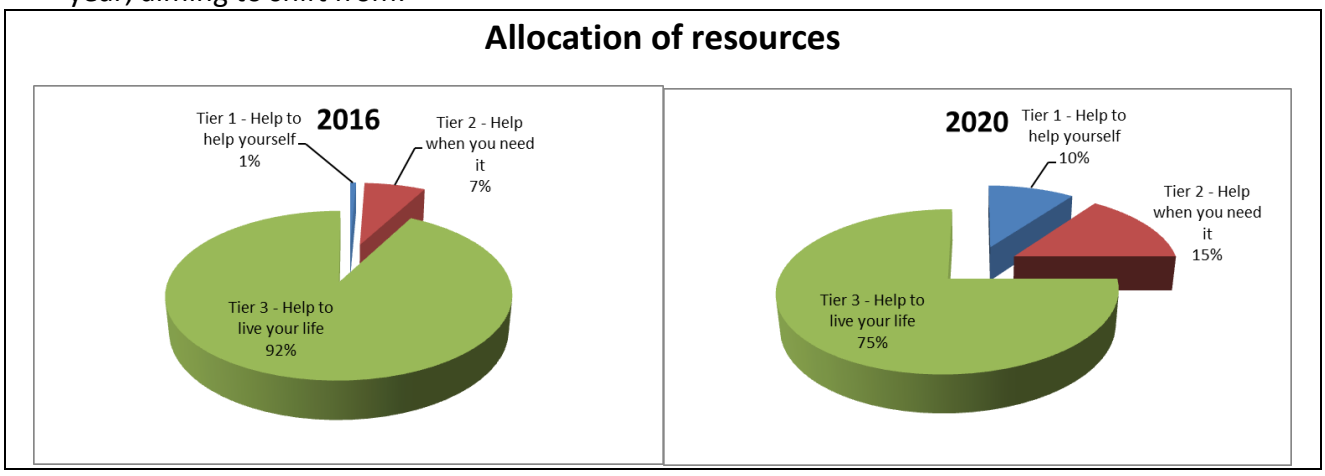


Figure 2: This illustrates how resources will be shifted over the next four years

Technology

We will:

- Maximise the use of assistive technology where appropriate 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?

In four years' time we will know the approach has been successful when:

- 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.

Safeguarding adults

Local authorities have a statutory duty under the provisions of the Care Act 2014 to lead a multi-agency, local adult safeguarding system that seeks to prevent the abuse and neglect of adults at risk, and stop it quickly when it happens. Bristol City Council will continue to enact this duty through the Bristol Safeguarding Adults Board (BSAB), working closely with the Police, Clinical Commissioning Group (CCG) and other partners in the delivery of a three year strategic plan to reduce harm to adults at risk in Bristol.

The BSAB also commissions Safeguarding Adult Reviews, lessons-learned enquiries into the death or serious harm of an adult at risk, where there is a concern that agencies have not worked together to address the situation. The current BSAB Strategic Plan 2015-2018 and annual action plan will be reviewed and refined during 2017, ready for implementation in 2018.

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).