

Market Sustainability, Commissioning, Co-production and Integrated Care

Hugh Evans

9 June 2021

Key issues

- Health, care and wellbeing in the post-COVID 19 era
- Integrated Care Systems and Integrated Care Partnerships
- Creating a sustainable model of Adult Social Care delivery in Bristol
- Working as a co-productive system instead of doing 'things better', we want to do 'better things'

Health white paper

Integration and innovation: working together to improve health and social care for all (11 February 2021)

- To deliver on the NHS Long Term Plan
- Integration legally mandating partnerships within the health and care system called integrated care systems (ICSs) and allowing systems to work together more seamlessly.
- The white paper describes two component parts of the ICS:
 - the NHS body, which is mandated to integrate NHS services
 - the **health and care partnership**, which is aimed at the wider integration of partners, including local government and voluntary sector partners.
- Undoes the Lansley reforms
- Commits to bringing forward detailed proposals later this year MH pilot in BNSSG

Integrated Care System (ICS)

- The ICS will become a formal structure
- The NHS will work as an 'equal partner' with local government – 'health, care and wellbeing systems'
- Will provide a flexible, 'enabling' framework for local partners to build on existing partnerships at <u>place</u> and <u>system</u> levels
- Systems will agree their own arrangements to suit particular circumstances and characteristics.
- Commitment to 'place', building on existing arrangements

The new system

Integrated Care System (ICS) - Healthier Together

- Bristol, South Gloucestershire, North Somerset
- Hospitals, GPs, AWP, Ambulance, Sirona, LAs

Integrated Care Partnerships

- Three localities in Bristol
- Two localities in North Somerset
- One locality in South Gloucestershire

Primary Care Networks x 19

Integrated Care Partnerships (ICP)

- These will build on localities in Bristol.
 - Bring together systems to support integration.
 - Place-based joint working between NHS, local government, community health services, and the voluntary and community sector.
 - Place level commissioning and contracting where applicable and locally beneficial – subsidiarity
 - Key issues for local authorities ...

Role of providers in ICPs

- Provider conversations on ICS/ ICPs
 - Opportunities to meet health and social care needs in different ways;
 - Identify gaps in provision and fill those gaps;
 - Locality as focal point for mapping/ understanding needs in an area
 - Joint investment and spend: what are providers 'bringing to the table' in localities?
- David Smallacombe joining the Bristol South ICP

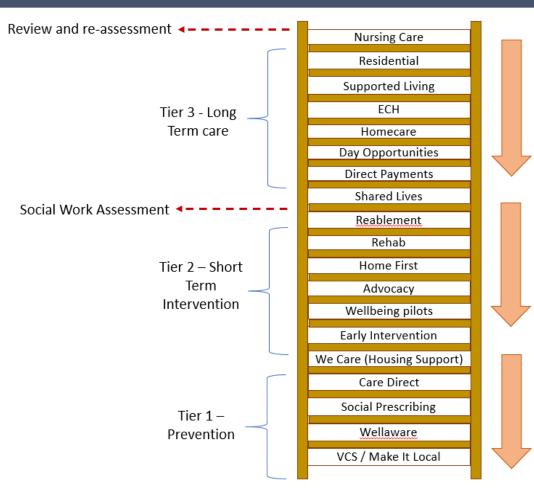
Adult Social Care transformation programme

- Creating sustainable
 ASC services for Bristol;
- Improving outcomes for service users;
- Addressing ongoing budget pressures.

Themes

- Partnership and Localities
- Reviews
- Commissioning and Market Management
- Knowledge management / PowerBI
- Debt Recovery and Direct Payments
- Care Ladder and Budget

Care Ladder Model



- 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 offer the right level of support to people that avoids unnecessarily high-level institutional services and maximises independence
- This brings broader benefits to communities, through greater investment in community-based organisations and local infrastructure.
- This enables the service to support individuals to achieve better outcomes, whilst managing costs more effectively

Use of Resources

- Against national benchmarks, Bristol is a high spender on Long, Short and non age specific ASC.
- 10th highest spender in the country for ASC (out of 150 Local Authorities).
- The SW region is a high spending region on long term care as a whole and is a specific outlier as a region on 18-64 spend
- Bristol is not a significant outlier on activity.
- BCC is in line with the England average for the number of 18-64 year olds being supported, and in line with the CIPFA average for the number of older people supported (only slightly higher, by 0.5%, than the England average).

Use of Resources

Over use of bed based high cost care at the top end of the Care Ladder.

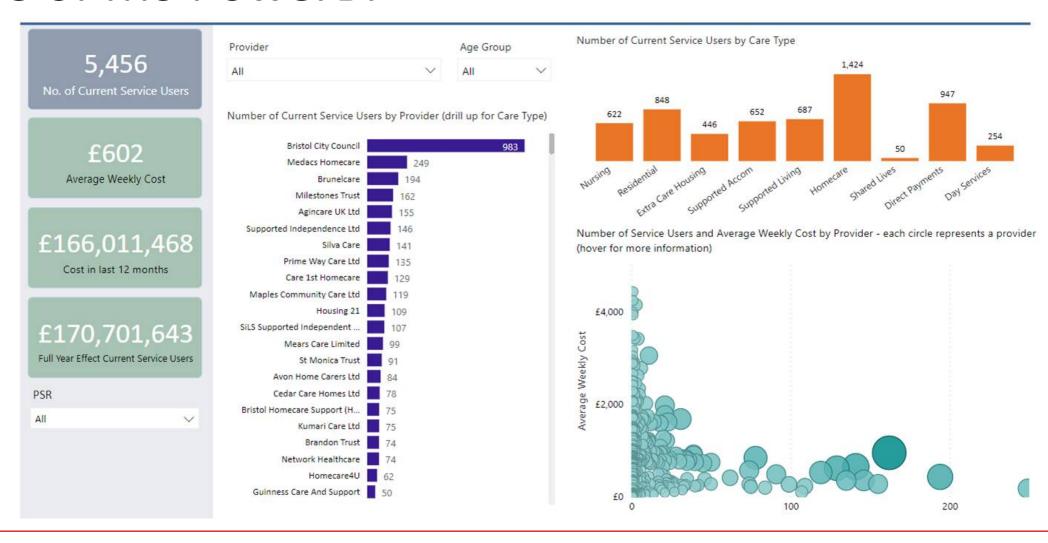
- The 'Proportion of adults with learning disabilities who live in their own home or with their family for Bristol' is 66% (England average for single tier councils is 78.6%)
- 'Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population for Bristol' is 812 (England average for single tier councils is 599)

Unit price.

- Resi & Nursing Average weekly rate for residential and nursing care by age for Bristol
 in 2019/20 is £1,543 for 18-64 (England average £1,285) and £881 for OP (England
 average £694)
- **Dom care:** Average hourly England rate for 2019/20 was £16.81 compared with Bristol £18.20 (top 30). NB. high regional mean for the South West (£18.57).
 - £19.32 in 2021/22, including a commitment to pay Real Living Wage.

Improvements in data/MI

Use of MS PowerBI



Market sustainability

- Transformation programme commissioning objectives
 - Sufficiency of supply
 - Quality services within budget envelopes
 - Maximising people's independence,
 - Needs met locally, home based care
 - Reduced reliance on lower-level bed based care
 - Financial control demand management/ reduction, service redesign, use of CareCubed to set viable prices.
- Co-production we want to work with you to redesign our community model of care
 - OP residential home COVID-19 recovery
 - diversification into respite, pathway beds OOH,
 - develop specialist (e.g. dementia) nursing care jointly with CCG
 - care homes as community assets, e.g. blended developments with Extra Care Housing.
- BCC commissioners, care managers, locality partnerships and others now need to facilitate these conversations

Commissioning and Co-production

Latest reading on the occupancy issue - care homes

- 83.12% level of care home occupancy
- 19 homes between 50-75% occupied
- Bristol rate (£740 week for residential) assumes 90-95% occupancy rate.
- New dementia rates being trialled to acknowledge higher complexity needs and different staffing ratios for this care and impact of COVID-19.

Development of accommodation with care

- Market development work underway with providers (of both care and support and accommodation/landlords). Supported living event on 11/6 with Housing Benefit colleagues.
- Better Lives@Home market prospectus in development (due for publication shortly)
- **Better Lives@Home site pipeline** process is live providers can discuss prospective sites / renovations / change of use with the team blahsites@bristol.gov.uk

Commissioning and Co-production

How can we engage and co-produce more effectively?

- Real progress made on our relationships with providers over past few years. Want to build on the trust and work done together through COVID-19 and the agility in which the system worked together
- BCC commissioners doing a stock take of provider forums and meetings with CSW.
 - We want to increase attendance at meetings, and make them work better for providers.
 - We want to return to face to face meetings, bring in care management, CCG, system partners to these conversations esp. in light of ICP developments.
 - Want to keep the strategic meetings with Exec Director for People and the Director of Adult Care.
- Need to do more work with users of our services, their families and advocates.

We're open to other ideas.

- Locality based conversations through ICPs / Locality provider forums?
- More/ better quality community of interest forums / reinvigorate partnership boards.
- Refreshed engagement strategy.
- Immediate work on delivery of the new Commissioning Strategy and how we deliver it together.

Thank you.

Any questions?

hugh.evans@bristol.gov.uk