



Adult Social Care in Bristol

Market sustainability plan 2022/23

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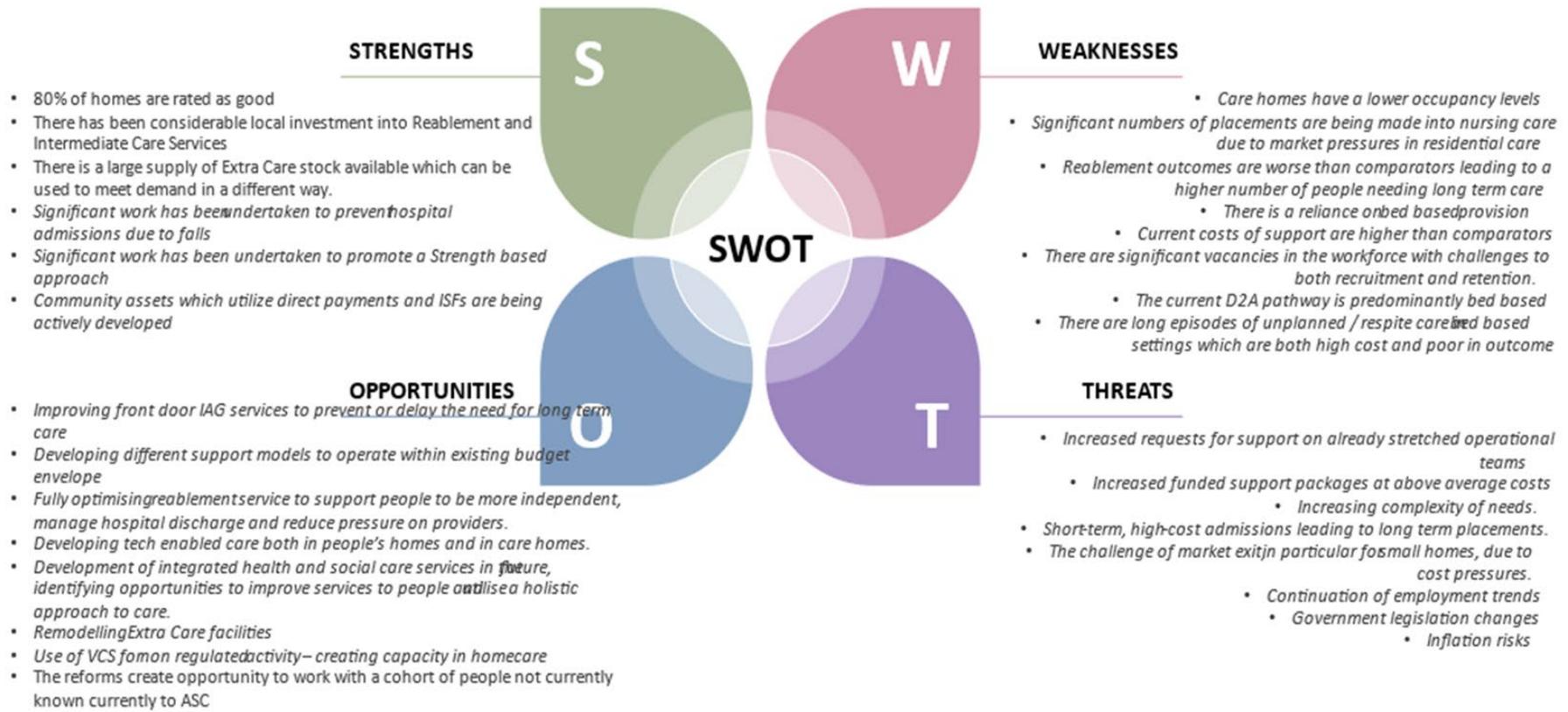
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Overview of Bristol Adult Social Care

Local Context

- Bristol is the largest city in the Southwest with a population of 472,400. It's the fastest growing city in England and Wales.
- The population density was 4,308 people per square kilometre. Similar in size to Liverpool, Nottingham, Southend on-Sea, Reading and Outer London.
- Bristol City Council (BCC) currently supports 5,376 Care Act eligible people with an annual ASC purchasing budget of £185M+
- Changes in demographic mean that the 18 to 64 market now accounts for 50% of total ASC commitments.
- The local care market is diverse. BCC commission care and support from 450+ organisations. These range from SMBs, Charities, up to local and national level private sector companies.

Analysis of the Bristol Care Market



Strengths

- 80% of homes are rated as good
- There has been considerable local investment into Reablement and Intermediate Care Services

- There is a large supply of Extra Care stock available which can be used to meet demand in a different way
- Significant work has been undertaken to prevent hospital admissions due to falls
- Significant work has been undertaken to promote a strength based approach
- Community assets which utilise direct payments and ISFs are being actively developed

Weaknesses

- Care homes have lower occupancy levels
- Significant numbers of placements are being made into nursing care due to market pressures in residential care
- Reablement outcomes are worse than comparators leading to a higher number of people needing long term care
- There is a reliance on bed based provision
- Current costs of support are higher than comparators
- There are significant vacancies in the workforce with challenges to both recruitment and retention
- The current D2A pathway is predominantly bed based
- There are long episodes of unplanned and respite care based settings which are both high cost and poor in outcome

Opportunities

- Improving front door IAG services to prevent or delay the need for long term care

- Developing different support models to operate within existing budget envelope
- Fully optimising reablement service to support people to be more independent, manage hospital discharge and reduce pressure on providers
- Developing tech enabled care both in people's homes and in care homes
- Development of integrated health and social care services in future, identifying opportunities to improve services to people and utilise approach to care
- Remodelling Extra Care facilities
- Use of VCS for non regulated activity – creating capacity in homecare
- The reforms create opportunity to work with a cohort of people not currently known to ASC

Threats

- Increased requests for support on already stretched operational teams
- Increased funding support packages at above average costs
- Increasing complexity of needs
- Short term, high cost admissions leading to long term placements
- The challenge of market exit in particular for small homes, due to cost pressures
- Continuation of employment trends
- Government legislation changes
- Inflation risks



The system flow for 65+ identifies that the Council uses a higher number of Nursing Care placements than comparators, and that the average annual spend per person in long term care is also greater than comparators. 24% of people who approached the Council for support were referred into reablement, however 33% of people went on from reablement to receive a long-term package of care. This suggests that reablement is being used to manage flow through the system and is not targeted on those most likely to benefit from the service.

Section 1: Revised assessment of the current sustainability of local care markets

Care Homes for people aged 65+

There are 46 care homes in Bristol 59% are Nursing homes. 7% of homes offer residential care and nursing support. 80% of the care homes in Bristol are rated as 'Good' by CQC. There are more homes rated as 'Requires Improvement' (3) than 'Outstanding' in Bristol (2). This indicates that while there is a consistently good level of care in the city, there are minimal excellent quality care homes in the area.

BCC currently has 27 home care providers on the framework and 15 providers from whom we are able to spot purchase from. Of the providers whom Bristol City Council commission homecare from, 90% of the volume (16,412 hours) are commissioned from 20 providers (48% of providers in the market). 88.1% of providers in the market are CQC rated 'Outstanding' or 'Good'.

Residential Care with nursing is used at a higher rate than comparator authorities which is attributed to Care Home providers being less willing to accept people with perceived high needs. The Fair Cost of Care exercise also identified that fewer nursing hours are provided per bed (c6.5 hours per bed per week). This therefore leads to complex needs being purchased at a significantly higher cost from specialist providers.

Through the engagement events with providers, it was articulated that the current rates offered are not sustainable. The average rate of carer pay reported within the FCOC exercise with £10.43 with nurses being paid £18.68 per hour. These hourly rates are supported by the local authority however, there remain

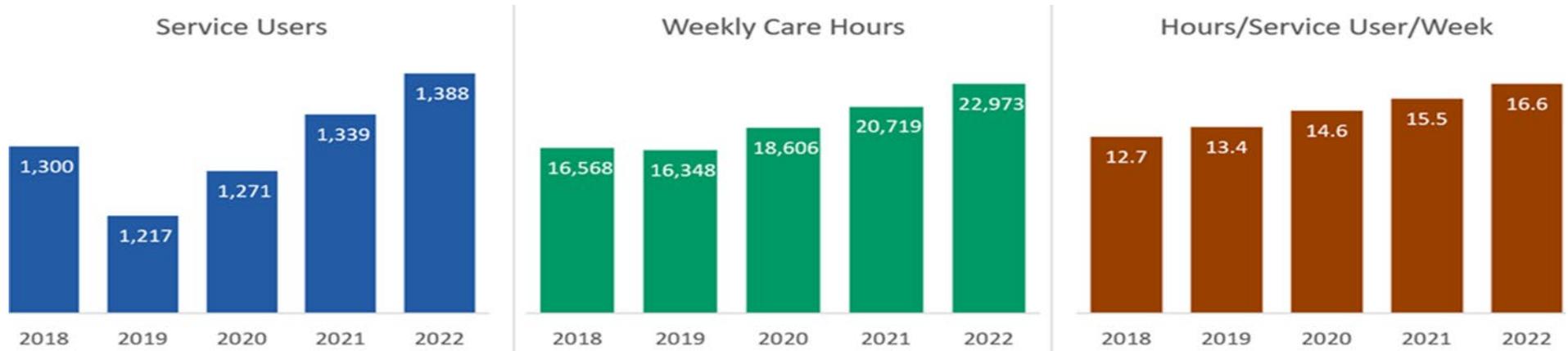
significant discrepancy of range in the operating costs submitted. This causes the overall package to benchmark significantly higher than other southwest authorities. Also it was reported that occupancy within homes is at c86% which suggests an oversupply of beds. As BCC is seeking to reduce reliance on bed-based care as part of its commissioning strategy, it is likely that not all of the market will be sustainable.

In considering the market impacts and moving forward with the Cost of Care, in line with the requirements of the fund, there is also likely to be impact on other service areas, particularly extra care and specialist home support services. It would not be holistic to consider care homes and domiciliary care independently of the wider market. Activity (such as increasing the unit price) in one part of the social care economy is likely to have adverse impacts on sufficiency in other areas, especially as providers are recruiting from the same pool of workers locally.

Home Care for people aged 18+

BCC commissions 22,973 hours of care, extrapolating this week an estimated annual volume of care to be 1,194,596 hours, an increase of 15.5% on 2021-22. Historical data of homecare provision shows slight increase in active number of service users, but a consistent increase in average hours of care per week for each service user. This is also reflected by stakeholders in the council who indicate that an increasing number of service users enter long-term care at a younger age, thus require the services for longer, and that service users generally are frailer and therefore need higher intensity of support to remain within the community.

Current data shows that whilst there has been a dip in the number of people accessing home care, it is not much above pre-pandemic levels. Rather what has changed is the volume of support and subsequently the complexity that is managed in the home.



The Bristol area is a mix of urban and rural; the most rural areas being the north and areas of the south juxtaposed with a densely populated city centre, which provides specific challenges for the delivery of homecare and is generally difficult to drive and park in. Given the current pressure on fuel costs, as well as some providers paying for travel time, many providers are only accepting packages within certain areas, to minimise travel to far away service users.

Geographical location can have an impact on the timeliness and ease with which the person receives care; the typical wait time for package commencement is 2 to 3 weeks, although this is dependent on where the person is based. Once a package is allocated to a provider it typically takes around 7 days before care begins, this can however range from immediate up to 6 weeks, depending on the pressures on the market.

Further challenges have arisen with the introduction of Bristol's Clean Air Zone, as charges will be levied to cars not meeting the emission standards. Given the low income of care workers this may disproportionately impact care workers who may be driver older less fuel and emissions friendly vehicles.

Providers have reported that capacity in the domiciliary care market has been severely impacted over the last 12 months primarily due to challenges in recruitment and retention. This is a sector wide issue that was reported in the 65+ residential and nursing market engagement as well. This may be the most significant issue facing the sector.

The employment rate in Bristol 78.1% in December 2021 and is the highest of the UK core cities and also above the national rate at 74.8%. This will impact on the availability of a local workforce as a number of other sectors compete for a similar workforce.

Section 2: Assessment of the impact of future market changes between now and October 2025, for each of the service markets

The primary issues in ensuring the sustainability of the market in the next 12 to 24 months can be summarised accordingly:

Risk of rising costs and inflation

Whilst the impact of the fair cost of care exercise on costs could have a significant impact on cost, there is a further challenge posed by rising inflation and the cost of living, which would further increase the cost of all types of care provision and put BCC further out of step with the results of the Cost of Care exercise.

Delivering sufficient high-quality care as acuity of need and demand increases

As the acuity of people's needs increase, the challenge of consistently delivering high quality care can be difficult due to resources required and adapting to different circumstances. As with most markets, Bristol is aiming to ensure the care delivered is of high quality and supports outcomes in line with the enabling ethos outlined in the commissioning strategy.

Capacity challenges

Occupancy within the residential care market is below the expected 90 to 95% and Nursing Care is used at a higher rate than equivalent authorities. This suggests there is a challenge in the supply of residential care that can meet needs appropriately, and an oversupply of beds overall.

Hospital Discharge and Flow

Since the COVID-19 pandemic, there has been a national priority to ensure hospital beds are available, however due to the high volume of hospital admissions, this is placing intense pressure on the social care sector as a whole. These pressures are very present in Bristol, and the high flow of people leaving hospital

is having an impact on the market due to the requirement to quickly respond to requirements for care and support. The variance in prices paid between the ICB and BCC continues to further distort the market.

Risks posed by a high volume of short-term packages of care

Due to the pressures of hospital discharge above, there are a high volume of short-term packages of care, aiming to support people for a period until they recover. However, the short-term packages of care are reducing capacity in the market, as there is a need to meet demand very quickly, without a sustainable and consistent workflow. There is further pressure in this space due to the challenges within the Reablement service.

Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified

Overall

Whilst BCC recognises the data from the exercise shows a need for an overall increase in current funding. there remain some concerns around the method used in data collection and verification. As such, the data will be used in conjunction with a range of other regional and national benchmarking tools to set sustainable and equitable pricing that supports the activity in line with the wider commissioning strategy. At present BCC source 80%+ of all Care Home beds at rates below the result of the exercise.

It is recognised that the grant funding allocated as part of the exercise cannot be allocated across the entire market as it is non-recurring and equates to less than a 1% overall increase. Therefore, whilst some will go to contributing to a more targeted inflationary increase for home care and BCC have targeted the remaining grant using its existing sustainability process.

In tackling the issue of overall rising inflation, BCC seeks to address this in changing the model by which it commissions bed-based care. Increasing the percentage of block vs spot contracts that will allow increased market share and sustainability whilst addressing the issue of an oversupply of beds.

This approach should also, through increased management of KPIs contribute to the increased complexity being met within good quality provision with better oversight of the market. This consolidation and approach to commissioning jointly will also include the purchase of D2A and other short term bed capacity. Updating commissioned frameworks to allow joint purchasing of care with the ICB at consistent and sustainable rates.

Bristol remains committed to delivering better outcomes for service users and with this in mind, aim to continue to sustain a sufficient homecare market with rates coming towards the Cost of Care exercise rates. This in conjuncture with a renewed focus on increasing extra care housing provision with the city.

Further information on how BCC is addressing sufficiency of the care market can be found in our Market Position Statement and Commissioning Strategy.