

Accommodation with care and support for older people?

Provider Engagement Event

26.05.23



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Welcome and Introductions



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Agenda

- Revisit the single framework
- Where we are now: pressures, challenges and opportunities
- Challenges and enablers
- Needs being met currently / demand
- Break 12:15
- Our progress
- Breakout groups
 - Flexibility - funding models, what difference?
 - Future models of ECH in Bristol

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Single Framework Structure

- An overarching Service Specification, Terms and Conditions, Pricing Schedule and Performance Framework
- Service Lots for elements of the care and support market:
 - Residential and Nursing Care Homes
 - Supported Accommodation
 - Extra Care Housing
 - Homecare
 - Support to Access the Community, Day Opportunities and Help When You Need It
 - Direct Payment Support and Individual Service Funds
 - Carers Support
 - Advocacy
 - Innovation



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The One Page Business Case: ASC Single Framework

At present...



- Adult Social Care currently purchases care from c. 480 providers at a cost of c.£170M per annum.
- The current purchasing mechanism comprises of 4 large frameworks: Care Homes, Home Care, Community Support Services, Sheltered Housing & additional spot contracts.
- Each contract and framework has a different structure, layout, terms and conditions, approach to financial rates and uplifts.
- The administration of the framework for commissioners, procurement and care providers is very resource intensive
- BCC spent over £8M off framework in 2021/22
- Out of date commissioning models
- Siloed contracting stifling innovation across the care ladder

This results in...



- **Confusion and frustration** for stakeholders and a **negative impact** on collaboration
- Inconsistent approaches to **price which is difficult to benchmark**
- **Diverse led and VCSE organisations struggling to engage** with the frameworks
- **Ineffectual use of resources**, diverting staff time from more value adding transformation work
- Inflexible purchasing model, **stifling innovation** in commissioning which could transform and reduce third party spend

Goal...



To procure a single financial, procurement and contract management compliant framework for the majority of ASC third party spend.

Key objectives...



- Financially, procurement and contract compliance
- Stakeholders report that new mechanism is easier to engage with
- Reduction of off-framework spend
- Reduction in internal staff time spent on administrating frameworks
- Reduction in contract enquiries
- A mechanism to allow BNSSG ICB partners to jointly purchase with us

Desired outcome...



- Simpler, consolidated contractual arrangement
- Enables flexible & innovative commissioning
- Enables robust financial management across care ladder
- Easier for VCSE and diverse led organisations to work with BCC

Benefits....



- More staff time available for value adding transformation, innovative commissioning and quality assurance activity
- Improved procurement compliance
- Clearer relationships with providers and stakeholders
- A mechanism for integrated commissioning

Pressures, challenges and opportunities: revisited (1)

The main pressures and challenges are:

- **Changing population needs, including:**

- A growing older population
- Health inequalities
- More people with more complex care and support needs

- **Challenges for health and social care**

- Increasing demand
- Pressure on/ lack of community options
- Reduce numbers of people moving into care homes
- Health inequalities
- Providing both planned care and support and more flexible unplanned support in ECH



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Pressures, challenges and opportunities: revisited (2)

Opportunities – a change in status quo is a must

- Market shaping: stronger community provision and new models of care and support
- Closer working between health, social care, providers and people using health and social care services
- ECH a key alternative to residential and nursing, including short term stays
- ECH without walls - within and supporting local communities



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Challenges and enablers: your feedback so far (1)

Challenges

- How to meet unpredictable/unplanned needs, day and night
- Current model inflexible – works like home care, time and task
- How to get the right support in a crisis, from BCC and other agencies
- Need for a working protocol to support timely moves for hospital/ D2A pathways
- Compatibility issues within ECH community
- LL/care and support not always in agreement over nominations



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Challenges and enablers: your feedback so far (2)

Enablers

- Flexible funding model – block funding to enable flexible staffing, night staff
- Fast access to equipment – OT assessment prior to move in and ongoing
- Support networks identified at outset
- Easy access to social workers and multidisciplinary working from move in - ongoing for shared risk management, support to ECH and individual
- Staff training – to enable specialist provision
- Respite/D2A is welcomed

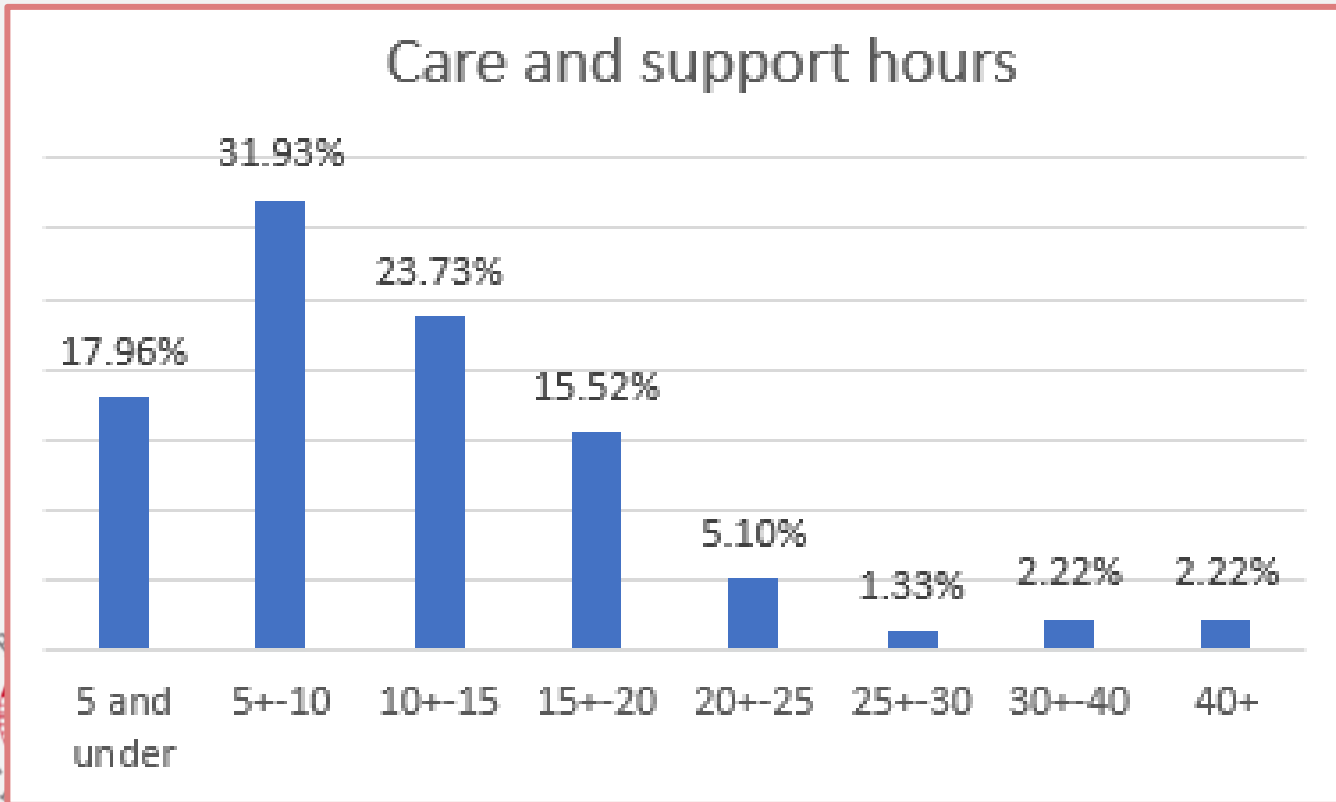


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Current needs being met in ECH

- Mostly low need moving in (under 10 hours) with a few exceptions
- Increasing demand for low planned care but more unplanned support
- Possibly increasing need for additional Support to Access the Community



Age of people living in ECH with BCC funded care and support	
Age	Number of people
91+	46 people
81-90	124 people
71-80	128 people
55-70	147 people
Under 55	6 people
TOTAL	451 people

Breakout session 1: Moving forward

More flexible funding model

- **How would it work?** Block or spot – or hybrid of this e.g. block for core/background `support`
- **How would that enable ECH to be a real alternative to residential care (for some people) – what else would be needed to make a shift?**
- **Care and support (what is support) conversation**



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BREAK



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Our progress

- Building links with ICB and Sirona – who else do ECH need as `partners`
- Learning from recent case work – supporting more complex needs in ECH
- Planning more test and learn – moving from residential to ECH? Any schemes interested?
- Developing new cost / funding models – for flexibility and supporting higher/ unplanned/ complex needs
- Talking to other LAs and work with Housing LIN
- Tri-party agreement – need to develop



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Breakout session 2 : Future models

What should the future of housing with care and support for older people look like in Bristol?

- Specialist ECH`s – do we need these? if so how and what?
- How to best meet needs in the future - Locality community health partners – what do ECH/ECH residents need from them ?



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Group Feedback and Next Steps



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