

April 2024

Executive Summary: South Gloucestershire Adult Care Commissioning Strategy 2023-26

Introduction

Commissioning plays an important role in delivering the Adult Care Vision and “making a difference”, through analysing needs, co-production, designing and procuring services, and nurturing and supporting them.

We aim to work in partnership to develop and commission a wider range of services: both short-term outcomes-focused interventions that maximise independence, including for those with complex needs; and longer-term provision that supports people to be as independent as possible with maximum choice and control; and an improved range of accommodation other than care homes.

Our commissioning strategy is influenced by South Gloucestershire Council (SGC) strategies including our coproduced All Age Learning Disability Strategy, co-produced Carers Strategy and our developing Age Friendly approach.

Our strategy is based on addressing the recent challenges of staff recruitment and retention in the care sector, limited short-term intervention options, lack of alternatives to residential provision, expensive provision for younger adults, and a lack of Personal Assistants for those with Direct Payments (DP).

We work hard to engage with and support our providers and we receive positive feedback. We run several provider forums some of which are cochaired with providers. Quality of services is reviewed by a weekly quality group which reports into a monthly Care Provider Assurance Group involving a range of partners.

Key areas of Commissioning Strategies and Activity

Key intentions	What we are doing	What the impact is or will be
Home Care and Community Based Support		
Invest in home care to reduce use of high-cost agencies, reduce waiting lists, reduce placements, reduce non-personal care, avoid isolation and improve outcomes.	<p>Increased minimum rates to improve T&C's</p> <p>Re-developed Reablement with 2 providers</p> <p>Accessing short term funding where possible (e.g. NHS funding for a discharge block)</p> <p>VCSE support for non-personal care – our 'Welcome Home' service</p>	<p>Supported providers' sustainability, reduced use of high-cost providers.</p> <p>Reduced packages so home care is focused where needed – average 8hr less per week. Support hospital flow.</p> <p>Goal oriented for increased confidence and independence. Making community connections. Support loneliness and isolation and avoid placements.</p> <p>Overall: reduction in waiting list for home care from 110 Oct 22 to 6 March 24; Estimated savings of £2m so far</p>
Meeting needs in the community		
Develop social networks to address isolation and remain active in the community	<p>Pilot network of village agents in local areas</p> <p>3-yr joint Locality Partnership / ICB 'Prevention fund' for community development and a range of preventative services via VCSE</p> <p>Micro-enterprise and direct payments project</p>	<p>Positive community engagement. Anticipated people remain living at home longer with reduced interactions with NHS/ASC.</p> <p>Support community resilience, improve access to Information, Advice and Guidance, and reduce care home placements following falls, isolation etc.</p> <p>Increase flexibility from personal budgets, including ISF's, grow micro-provision and "small supports", and recommission support providers</p>

Key intentions	What we are doing	What the impact is or will be
Residential and accommodation-based support for older people		
<p>Address barriers to living independently through improved range of alternative accommodation options.</p> <p>Improve residential/nursing offer to address needs.</p>	<p>More flexible approach to Extra Care Housing so that people move in in good time, ensure more complex needs can be supported through to end of life, and develop an 'outreach' model into the community.</p> <p>Develop more ECH schemes – one planned for Thornbury.</p> <p>Ensure care homes respond to continued need for nursing, end of life and specialist residential care such as dementia.</p> <p>Pilot of 4 reablement 'step-up' beds to avoid long term placements when people's needs change.</p>	<p>Reduce reliance on care home placements and offer more appropriate settings that sustain independence.</p> <p>Occupancy of ECH has increased from 86% to 92%.</p>
Fair cost of care for care homes		
<p>Ensure cost effective, quality provision for those whose needs must be met in residential care; reduce out of area placements: ensure sustainable provision for non-self-funders.</p>	<p>Introducing fixed price at individual care home level, using cost of care work as a basis for negotiation.</p> <p>Monitor placements to ensure they are fair and cost effective.</p> <p>Working with the market to identify gaps that excess supply of residential care might meet instead – e.g. dementia or complex needs</p>	<p>Fair and cost effective placements, and sustainable provision.</p>

Key intentions	What we are doing	What the impact is or will be
Dementia and working age adults with complex needs		
<p>Co-develop a Dementia Strategy as part of Age Friendly work</p> <p>Improve dementia support to help people remain living at home and delay the point when a care home placement is needed.</p> <p>Ensure effective short breaks are available for complex needs to reduce placements outside of the local area.</p>	<p>Delivering training for more complex needs in the community and working with the market to develop sufficient local capacity</p> <p>Successfully bid for an Accelerated Reform Fund to increase identification of carers, support effective carers assessments, and develop short breaks to support carers of those with complex dementia, including onset of dementia in middle-age.</p> <p>Continue to commission Alzheimer’s Society to provide support to people and their families.</p>	<p>Dementia advisors are supporting people with discharge from hospital to reduce lengths of stay that causes distress, avoid cognitive decline and impact on wellbeing. 123 referrals to date are making a difference to this group of people.</p>
Provision for people under 65		
<p>Implement the co-produced All-Age LD Strategy priorities: smooth transition to adulthood; increase employment, education and training; range of housing and support options to meet high demand; promote independence and community connection; promote networks for family and friends; deliver better health and wellbeing outcomes; address barriers and support aspirations; improve range of support available</p>	<p>Co-produced specialist Provider Framework launched, using progression-based outcomes, for Community Based Support, Day Services, Mentoring and Supported Living.</p> <p>Developing more supported accommodation – Hornbeam Close and Oldland Common for early 2025, and other sites being identified.</p>	<p>69 providers signed up to the framework</p> <p>63 people with LD/autism supported into paid employment since 2021</p> <p>22 younger people into further education, work, specialist vocational provision and job coaching</p> <p>People waiting for support in the community has reduced and supported living waits have not increased despite higher referrals.</p>

For further details of this work, see the full strategy on page 5.

Many of these projects are part of our Commissioning Transformation programme to improve our use of resources and the range and quality of services available. The Programme is based on principles of: prevention and independence, place-based, personalised, equitable, co-produced, financially sustainable, with a range of diverse options and a continuous improvement in quality.

The South Gloucestershire Adult Care Commissioning Strategy 2023-2026

1. The South Gloucestershire Adult Care Vision

South Gloucestershire is committed to the Social Care Futures Model and “Making a Difference”:

We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us.

That's the social care future we seek. #socialcarefuture

Commissioning, in its widest sense, plays an important role in delivering this vision including the way we analyse needs, coproduce with people with lived expertise and design, nurture, procure and support a range of services. We need to ensure that the services and support we commission inform and are informed by the practise of our adult

social care operational colleagues. Practitioners have worked to move away from a process-led and service-led way of working with people to have a more natural conversational approach where staff work flexibly and creatively with people to build on their existing strengths and networks to connect them with their communities wherever possible in the spirit of the Care Act, 2014.

The 3 Conversations Model uses positive language that is accessible to all people. It focuses on prevention and wellbeing: finding out what is important for people and for their carers and ensuring that practitioners use their own strengths, resources and skills to work alongside the person to produce unique solutions to meet their goals and outcomes. We are working to develop our market and VCSE (Voluntary, Community and Social Enterprise) offer to support this approach.

The Role of Commissioning: Our Strategic Intentions

We will work in partnership to develop and commission a wider range of both short - term outcomes-focused intervention and longer -term provision (still focusing on best outcomes for people). To support people to live the lives they want, where they want, we need more informal strengths-based provision that maximises independence and avoids or delays issues. Where people have higher levels of needs, we want to create a better range of services that will enable people to develop or retain their own skills and independence. With people who have more long-term complex needs, we want to commission services to support people to be as independent as possible and to have maximum choice and control including through end of life.

Our commissioning is further influenced by South Gloucestershire Council (SGC) strategies including our coproduced All Age Learning Disability Strategy, coproduced Carers Strategy and our developing Age Friendly approach which is in early stages of development. Our Service supports and leads several of our lived expertise mechanisms, as well as working closely with operational adult social care and community development colleagues.

We believe it is not only **possible** to provide **good services** and **manage bottom line budgets** as effectively as is possible, but that it is essential to have good short term focused services that maximise independence, and we need to further develop this kind of provision. We want to improve the range of accommodation available for people other than care homes and use our connections with housing colleagues to good effect.

Working closely with internal and external partners is essential: We work closely with health colleagues at both system and locality partnership level (see IR 22). Discharge to Assess processes and pathways can be a challenge in terms of pressures on service, and any emphasis on bedded provision undermining our strategy. However, we have been able to plan closely with colleagues, and gained support for our work with the care market in particular home care.

2. Our Commissioning Strategy

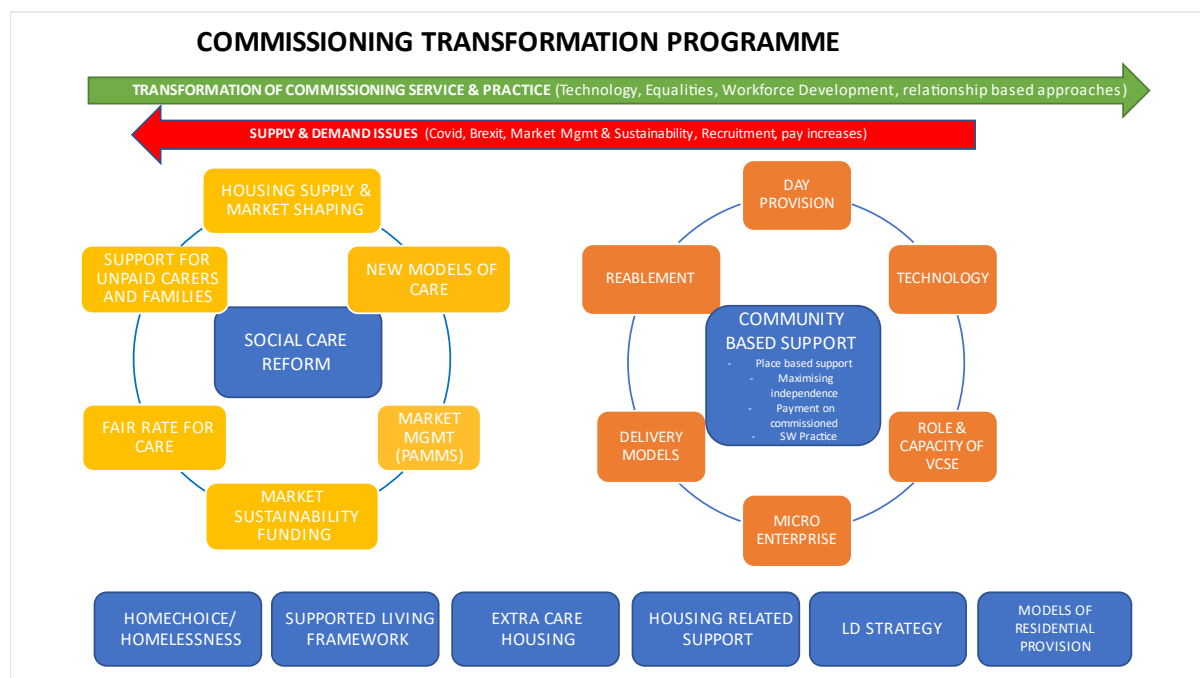
Our strategy is based on addressing the following recent challenges:

- In the context of full employment and rurality, social care workforce capacity has been an ongoing challenge. A long-standing issue in our most rural zone with recruitment and retention of staff led to difficulties in procuring provision (including a new lead provider ending a contract pre COVID). A contributory factor is lack of transport in rural areas that impacts workforce availability. During late 21/22 this localised issue of workforce capacity became a wide-spread care market issue nationally. From 22 until winter 23, lack of vibrant home care offer (due to recruitment issues) led to long waits for provision, over prescription of residential care and use of expensive self-funder market provision. Staff turnover continues to be a challenge for our providers and whilst home care provision has greatly improved, we continue to see challenges in the more rural areas of the county
- A limited short-term intervention offer potentially led to people losing skills, independence and confidence or not having the opportunity to develop them. This can lead to poorer life outcomes for them, and they are less likely to be “living in the place they call home doing the things they enjoy or that keep them independent”. The challenges in our market led to an overprescription of long-term provision. Where we did have short term provision, such as mentoring this was often used longer term and without clarity of outcome.
- Lack of alternatives led to an overuse of residential provision, often at high cost, impacting on independence for individuals.
- For younger adults we placed too many people at too high a cost, not always reflecting the level of their need or ensuring the best outcomes for them.
- Whilst we have a high number of Direct Payment recipients, a lack of Personal Assistants available for Direct Payment recipients to recruit and retain has led to people using DPs to commission expensive agencies and/ or not getting the choice and control they hoped for.

How are we addressing these challenges:

- Taking a relationship commissioning approach: from strategic commissioners through to the brokerage service which is now engaging with providers with a more personalised approach.
- Recognising the need to “invest to save” in some instances.
- Developing our market in a way that recognises the challenges for partner providers and impact of:
 - rurality, particularly given the highest number of over 65s live in our rural area.
 - Successful local high-end self-funder market, better able to recruit from limited labour market and charging, in some cases, high prices.
 - Premium cost of land and accommodation.
- Working with people with lived expertise and providers to redesign service specifications and framework to be more outcomes focused, including our specialist services for working age adults with learning disability/ autism or mental health issues.
- Emphasising the need to improve our community-based support for older people, investing in the partnership end of market, but also developing other provision to meet lower levels of need, and support needs other than personal care which lead to isolation and impact wellbeing.
- Developing an improved Extra Care Housing offer (ECH) We want to support people with lower level needs to enable people to move to a local provision timely so they can enjoy building their connections and activities. We also want to ensure ECH can provide better support for people, aiming for it to become a home for life unless people require the level of nursing or specialist support only available in a nursing home.
- Developing an improved supported living offer, by working with our housing colleagues and housing providers, and by developing improved outcomes-based specifications for services.
- Managing more effectively our spend on residential provision, balancing sustainability of our partnership end of market, through “fair cost of care” work with the need to reduce significantly price paid for some provisions.
- Developing a more flexible range of provisions, with more short-term services and more emphasis on maintaining independence.
- Considering different approaches to the market and meeting needs, especially in rural areas.

A Commissioning Transformation Programme was established in early 2022 to refresh approaches to commissioning and move to a relationship commissioning approach to support and develop our market. Projects within the Programme are working to improve our service offer and use of resource and develop new models to address challenges in our district and provide affordable quality services.



Our Commissioning Transformation Programme principles:

- Support and provision to individuals will be;
- Prevention and independence focussed; Place-based; Personalised (including housing), Equitable; Co-produced; Financially Sustainable; A range of diverse options; Continuous improvement in quality.

3. Working with our Market

The Commissioning and Partnership Service works hard to engage with and support our providers, (challenging for a small authority), and receives positive feedback. We run several provider forums, including a Strategic Provider Forum that is linked into our Commissioning Transformation Programme and brings together lead providers from across all kinds of services, including the VCSE. Several of our forums are cochaired with providers. Intelligence about, and support for, quality and organisational safeguarding issues is triangulated through a weekly quality group including commissioners and organisational safeguarding teams. This group reports into a monthly Care Provider Assurance Group including representatives from Commissioning, Organisational Safeguarding, Social Work, Community Health, Public Health, ICB (Integrated Care Board) and CQC. There is a proactive and supportive approach to addressing safeguarding issues. We are currently looking at how we can maximise outcomes and outputs by linking more closely the care home team and organisational safeguarding.

4. Needs Analysis

We need to improve our access to and use of good data both in terms of population need service use and delivery.

Unfortunately, a move to a new case management system in 2023, which we expected to improve data processing, has had a negative impact on the commissioning service and providers. Issues are being addressed through the introduction of a Provider Portal, and work on redressing and improving systems relating to payments and billing.

We are working closely with public health colleagues to improve our broader use of population health information. This includes an Ageing Well Needs analysis which is in final stages before formal publication whilst the underpinning analysis is already informing our work.

We are placing increasing emphasis on the whole commissioning cycle, on curious commissioning and reimagining services based on full analysis and co-production rather than re-contracting based on service data only. This includes emphasis on fuller equalities impacts, especially given the increasing diversity in our area, and qualitative data from people with lived expertise.

5. Key Areas of Activity

For updated data information on progress please see Appendix 2.

5a. Home Care Market and Community Based Support

Key Intentions

- Invest in home care to secure “partner” providers, reducing high-cost fees to self-funder type organisations, improving waiting list and reducing unnecessary placements
- Ensure the best use of commissioned home care capacity, and improve outcomes, by developing improved reablement and non-related/ personal care offers.
- Ensuring a range of support is available, in addition to regulated personal care, to address wellbeing and isolation issues, ensure range of skilled support, and make best use of personal care capacity.

Home Care

What are we doing?

Working with the market, through our Commissioning Transformation pilots to address recruitment, sustainability and spend has included:

- work on increasing rates to allow for improved terms and conditions (and recruitment). For 23/24 we raised our minimum rate to the UKHC rate of £25.96 for home care providers.

- This investment led to an improved offer at that rate and ensured that some of our smaller local providers did not exit the market. It also reduced our need to resort to the very high-cost end and supported a renegotiation of very high price and commissioning approach with the majority provider in a rural area.
- For 24/25 our home care provider rate was increased to £27.52 by 5.9%
- Re-developing a specialist reablement offer, through two lead providers. This has helped improve independence, supported the market, and reduced spend through reduction in size of packages. This ensures that the invest to save spend is focused where it is needed and helped manage spend overall. Reablement must be a quality service and we are working closely with providers to address issues arising.
- We have accessed short term funding where possible (often NHS related e.g. we developed a discharge block provision to further support flow.
- We have ongoing work with key VCSE organisations to develop a commissioned offer to support non personal care needs and ensure that issues relating to loneliness and isolation do not lead to unnecessary placements despite an improved home care offer. This has been a long-term piece of work to grow capacity which is now starting to lead to an improved offer.
- A new output from this approach is our ‘Welcome Home’ discharge service supporting people home from hospital. A short-term intervention model offering practical nonregulated care with trained volunteers meeting social and wellbeing needs. Aligns with and helps progress our broader strategy:
 - Focus on enabling people to increase their confidence and independence, building greater networks within their communities.
 - Place-based volunteers with greater knowledge of their communities
 - flexible in its delivery of outcomes utilising number of contacts rather than days, weeks or hours. This allows the service to ensure that goals set for the person are meaningful and supported in a way that optimises the outcome and is complementary to our regulated provision.

What is the Impact?

Outcomes from this work so far include:

- Increase in independence for people accessing reablement, represented by an average 8-hour reduction in package size
- A reduction in waiting list for home care from 110 in October 2022 to 6 in March 2024
- Estimated savings amounting to £2M
- We are now reviewing learning outcomes and feedback on all our pilots to develop a new approach to be delivered for July 2025.

5.b. Other Approaches to meeting Needs in the Community.

Key Intentions

- Investing in longer term approaches to develop local social networks to address isolation, and support people to remain active within their communities.

What are we doing?

- We have commissioned a pilot network of village agents, working in local areas.
 - These part-time roles, held by local people, identify and support isolated people gain access to high quality information and services and coordinate informal networking and support mechanisms. This enables often isolated rural older people to feel more secure and remain independent in their own homes for longer.
 - In the longer-term people will hopefully require fewer interventions and interactions with the NHS or social care. The work has been commissioned in close partnership with our Locality Partnership.
 - The role also includes identifying local micro providers and working together with other local agencies to enrich those communities and the lives of people within it.
- South Gloucestershire has a Prevention Fund, which is a joint fund with our Locality Partnership/ICB, over 3 years. This broader work supports our Commissioning Strategy:
 - Asset Based Community Development will support the resilience of local communities to support each other.
 - Work on improving access to and use of Information Advice and Guidance will help us ensure people are better aware of choices available to them.
 - A range of preventative services are being developed through VCSE which will also, in the longer-term help reduce care home placements following falls, isolation etc.
- A newer project within the Commissioning Transformation Programme is our micro-provider and direct payments project which will:
 - Review process and practice to enable people to get most flexibility from a personal budget, including from ISF's
 - Recommission the support available to those who have direct payments, particularly those who employ PA's
 - Encourage the growth of micro-provision and "small supports"

What is the Impact?

Village Agents work still developing, however already:

- Positive work engaging with communities, good relations with majority of Parish Councils, and many other Community Groups. Local steering groups.
- Quantity of referrals still quite low but steadily increasing with some cases quite complex – approx. 80 as at the end of February.
- Wide variety of issues including social isolation, mental health, physical health, access to services, help with forms etc, financial.
- Worked with communities to set up new hyper local facilities,
 - warm hubs in Marshfield;
 - Seated Yoga in Hawkesbury;
 - Outreach foodbank in Severn Beach
 - Roadshow for local people held in Oldbury on Severn

5.c. Residential and Accommodation Based support for Older People

Key Intentions:

To address barriers to living independently (“Home”) by

- Improving range of accommodation options,
- Where people do require specific residential/ nursing provision to improve offer of appropriate effective provision able to address needs.

Provision for older people

Reducing reliance on care home placements to meet needs.

The Use of Resources 22/23 report for South Gloucestershire, suggested an overemphasis on residential provision. In some part this reflects the issues of supply in our home care market (see above), but as part of a two-pronged approach we are reviewing and updating our ECH offer.

South Gloucestershire was an early adopter of Extra Care Housing and delivered innovation in this area in the earlier decades of this century. However, the approaches embedded and some of the stock now needs refreshing. Our care and support

contracts in ECH's are commissioned separately from the landlord and are a block provision. This has led in some cases to a restrictive approach in terms of the amount of support available to an individual to really offer an alternative to a care home placement, lack of personalisation (e.g. people retaining their DP) and difficulties in encouraging people to move to ECH in a timelier fashion.

What are we doing?

Where landlord and care provider are distinct, we want closer partnership a more holistic support offer. A possible new model for the provision of care and support in ECH is to incorporate it into the same framework as homecare, allowing the option for ECH providers to deliver home care on an outreach basis. The core contract will be recommissioned 2024/25 and an additional provision is being planned for the Thornbury area. With we have altered the eligibility criteria to support a broader range of needs, including a preventative approach.

We are fortunate to have a very close positive working relationship both with our HomeChoice and Homelessness service (accountable to the same Service Director) and with our Housing Enabling colleagues. Our Housing Strategy includes reference to the need for accommodation for older people and people with learning disability/autism. We are also working closely with our Place colleagues on the Local Plan, considering how future development could address/ avoid our current issues, particularly in terms of rural areas where there are older people but not a local social care workforce. Our developing Age Friendly Strategy, which is a council priority will also support council wide place based and place shaping work, addressing the barriers that impact on older and disabled people.

Our Commissioning Transformation Programme proposes a broader range of support in the community reducing the demand for standard residential provision whilst reflecting continued need for nursing, end of life and specialist residential care, such as dementia. We need to ensure sufficient capacity in our more rural areas.

Capacity and demand work as part of our Better Care Fund planning identified that we had no "step up" social care bedded provision to avoid long term placements where peoples' needs change. We are piloting 4 reablement beds, linked with reablement at home. This also supports a strategy to address the impact of short-term placements leading to long term placements due to deconditioning.

What is the Impact?

The impact of the ECH work has increased our occupancy rate from 86% to 92%.

5.d. Fair Cost of Care for Care Homes

Key Intentions:

- Ensure cost effective quality provision for people locally who have needs that must be met through residential placements,
- Reduce out of area placements
- Ensure sustainable quality provision available for non-self-funders.

We are moving away from a pseudo dynamic purchasing (variable pricing) to fixed pricing at individual care home level, including for older people's care homes at private-funded market prices to manage costs should people's own funds drop below the threshold for social care funding. We have used the results from the Cost of Care work as a basis for price negotiations with care homes and use the Care Cubed tool with homes to assess cost pressures.

We have reviewed processes and practice and continue to closely monitor care home placements to ensure that they are fair and cost effective.

As a result, overall spend in care homes is on target and average net costs of placements are reducing.

We currently have an over-supply of both residential and nursing home beds and will be working with the market to identify gaps of provision in the market that the excess supply might meet instead. For example, dementia and complex needs.

5.e. Dementia and Working age adults with Complex Needs

Key Intention:

- To improve provision to support people living with dementia and their families to remain living at home.
- To ensure effective permanent and interim/ short break placements are available.

There is a lack of local provision for those with complex needs with placements sometimes being made outside of the local area. Onset of dementia in middle aged ('early-onset' dementia) and those with long term neurological conditions have proved particularly difficult to provide for, especially where a whole-family approach is needed and where the dementia will progress rapidly.

Our ambition is to be able to provide increased levels of support in the community before care home placements become necessary and to be able to provide a variety of more flexible short breaks for families and carers that can progress to longer term provision.

AS part of our Age Friendly work, and alongside our Locality Partnership and public health colleagues, we have commenced working on co-designing a new Dementia Strategy.

We want to ensure integrated stakeholder engagement and co-design the strategy by including insight and engagement from lived experience. We are proposing to frame our strategy around the five themes from the Dementia Well Pathway, these being Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well. We have recognised the importance of dementia and as part of our Age-friendly Communities Plan have committed to having a pillar dedicated to dementia. We will develop an action plan with the Dementia Strategy and the oversight of the action plan will be led by our Dementia Strategy group which will report into our Age-friendly Communities Board.

What are we doing?

We have commissioned a training organisation to deliver training for more complex needs to support providers to increase the level of complexity that can be supported in the community.

With our Bristol and North Somerset neighbours, we have successfully bid for an Accelerated Reform Fund, this is a unique opportunity to seek solutions across the BNSSG footprint as a whole ICS. The priority areas the funding will support include; identifying carers in the locality areas; encouraging people to see themselves as carers and supporting effective carers assessments and the development of short breaks to support carers, for complex dementia. All align to the ambitions of South Gloucestershire's Carers' Strategy.

We will be working with the care home market to develop sufficient local capacity for complex dementia support, and we will be working with a range of local care providers to explore solutions for supporting those with early-onset dementia.

We commission a VCSE specialist dementia organisation, Alzheimer's Society, to provide Dementia support services to people living with dementia and their carers. The service delivers community-based support which focusses on enabling people living with and affected by dementia to live well following a diagnosis. The service provision includes information, signposting and advice delivered by Dementia Advisors as well as memory cafes and singing for the brain sessions and a local support programme for carers of people with dementia.

What is the Impact?

In July 2023 we commissioned a Hospital Discharge Service. Delivered by a team of Dementia Advisors working alongside the existing dementia support in South Gloucestershire, they provide an in-hospital presence and work closely with other services to support discharge from hospital. People living with dementia stay in hospital up to four times longer than those without dementia and experience worse healthcare outcomes compared to those 65+ without dementia. A stay in hospital can cause distress due to an unfamiliar environment and a lack of mental stimulation and activity

can cause cognitive decline, this can have a negative impact of the individual's wellbeing.

Once discharged one-to-one support for the people living with dementia is provided for a period of up to six weeks. A tiered system ranges from a one-off intervention of either a face to face or telephone call for advice and guidance to face to face support for six weeks. This service has received 123 referrals, making a difference to a group of people who often end up with extended periods in hospital and poorer outcomes in terms of return home.

5.f. Provision for People under 65

Key Intentions:

For adults with Learning Disability, we are working across the Council to align to the priorities and actions of the co-produced All-Age LD Strategy. The vision of the strategy is “People with a learning disability in South Gloucestershire will be empowered to have more choice and control and will live, safe, good, health and fulfilled lives as part of their community. They will have the right support at the right time to achieve their full potential” There are 6 priorities of the strategy which are particularly important to people with lived expertise:

- Effective planning for smooth transition for young people preparing for adulthood.
- Increase employment and vocational education and training opportunities
- Provide a range of good quality housing and support options
- Promote independence ensuring people are safe and connected to their community
- Promote support networks for family, friends, parents and carers
- Work in partnership with health to deliver better health and wellbeing outcomes
- For all “working age adults” and In line with the Social Care Futures Vision we want to ensure that we can deliver on a social model of disability, address barriers and provide the right kinds of approaches to support people’s aspirations.
- Improve the range of support available, e.g. support into employment

Specialist Provider Framework

A new Specialist Provider Framework has also been developed and launched on the 01 September 2023. This was also co-produced with adults, providers, practitioners and commissioners and the aim of the framework is to support individuals to achieve

maximum independence and wellbeing. This uses an approach that is grounded in progression based on outcomes and delivered by high quality, sustainable services. The framework is predominantly for people of a working age and services included within the framework are – Community Based Support, Day Services, Mentoring Services and Supported Living Services. Since the launch in September 2023, the Council has onboarded 69 adult social care providers to the framework and are now working with providers to support the progression of individuals based on their outcomes. The Framework will remain open throughout the contract term, and we welcome new providers to South Gloucestershire to work with us. We are communicating with our existing providers to transfer over to this new framework to promote progression based on outcomes for all individuals where appropriate.

New Supported Accommodation – Future Plans

In line with the All-Age LD Strategy and Priority 3 of ‘Providing a range of good quality housing and support options’ the Council is committed to increasing the number of supported accommodation options available for people in South Gloucestershire. The Council is working with colleagues in Housing Enabling, Housing Association partners and care and support providers to increase the number of supported accommodation options that will meet the increasing demand we are seeing in Adult Social Care but also transitioning for children services over the next 5-10 years. We know from the All-Age LD Strategy that people want to live in their own home with their own front door and generally not sharing with others like they may do in shared supported accommodation traditionally. Previously we have been able to work with LiveWest (Housing Association) to build two schemes to support people to live independently:

- 98 Gloucester Road North
- Blackhorse House

These services have been successful in supporting people to transition into independent living and or transition into general needs housing.

The Council is currently working with colleagues in Housing Enabling and Housing Associations to increase options for people to live in their own homes and options and is planning to deliver two schemes over the next 12 months to meet the demands:

- Hornbeam Close
- Oldland Common (MH re-habilitation through joint working with Bristol CC)

Supported Accommodation is a key priority area for the Council, we know that currently we have a demand that is higher than the supply. We are working with our care and support providers to develop new services in line with the demand but are always interested in hearing from new organisations (housing associations/care and support providers) on development opportunities.

Specialist Supported Housing

We are working with our housing enabling colleagues to develop Specialist Supported Housing for those individuals that required bespoke and tailored accommodation to meet their complex needs. We are in the early stages of scoping this work but have been working with Bristol City Council on how we can use Specialist Supported Housing to support those with complex needs. We are working again in partnership with our housing enabling colleagues and housing association to continue to scope out this potential area of work and how this would enable individuals to remain locally in good quality housing in line with the strategy.

What is the Impact?

- 63 clients with learning difficulties/autism into paid employment since the WECA funded project started in 2021 to the end date for this project in December 2023. We have new funding to continue this programme for the rest of this year only.
- 22 Young people aged between 16 and 25 who has SEND into positive outcomes between Sept 2022 and October 2023 this includes
 - 4 into further education or vocational training
 - 4 into part time work
 - 6 into full time work
 - 5 into specialist vocational provision
 - 3 into specialist job coaching
- Supported living since the implementation of the framework (September 2023) we have seen an increase in the number of referrals for this service. This increase in referrals has not seen an increase in the number of people waiting for a package of support.
- We have increased our number of providers offering supported living services from 35 to 47 since the start of the framework with more providers requesting to join the framework.



- With the increase in provision for Specialist Community Based Support we have seen a significant reduction in the number of people waiting for a package of support. With the launch of the framework, we have been able to increase our Specialist Community Based Support providers from 35 to 48 providers currently. This has enabled us to reduce our overall waiting list for those under this framework.



- With the introduction of the new Specialist Provider Framework and a new way of working with our providers, focussing on outcome-based commissioning it is taking its time to embed but following the initial quarterly returns as part of the framework, providers are working with the Council to evidence and support individuals towards identified outcomes in the care and support plan. Work will continue throughout the framework to evidence and partnership work with our providers to support towards outcomes. Overall, the response to the framework has been positive and providers are engaging fully in the requirements of the framework.

Appendix 1: Market Analysis and Development

The adults social care market in South Gloucestershire has historically been very stable, with good quality services, but a largely traditional range of services. It is a very mixed market, reflecting the area. There are partner providers who deliver services largely, or even exclusively, for local authority funded people. There is also a thriving self-funder market offering a much more expensive service for self-funders. Our Commissioning Strategy is addressing several issues. The biggest issue is long standing difficulties with recruitment.

Skills for Care data for 2022/23 shows that there has been an increase in the turnover over of staff within South Gloucestershire from 27% 2020/21 to 32% in 2022/23. This figure remains lower than the Southwest Average of 32.2% and comparable with our closest neighbouring authorities 31-35%. The vacancy rate has also increased – by two thirds since 2020/21 and remains higher than average at 12.5% vs a regional average of 9.6% with our closest neighbours around 9.8% to 12.7%. Issues about recruitment are particularly challenging in more rural areas. We have been working closely with our partner providers to try to support recruitment (IR36)

	Turnover 2020/21	Turnover 2022/23
South Gloucestershire	27%	32%
SW Average	32%	32.20%
Neighbouring LA's	33- 35%	31-35%

	Vacancy Rate 2020/21	Vacancy Rate 2022/23
South Gloucestershire	7.50%	12.50%
SW Average	6.60%	9.60%
Neighbouring LA's	7.40%	9.8-12.7%

Home Care

We are currently reviewing the model for home care in South Gloucestershire which we will be publicly consulting on in Summer 2024.

The current model has a mixture of framework and ‘framework-style’ spot-purchased home care provision, as well as two locality-based ‘cluster lead’ providers, who have first refusal of packages in their areas and opportunities to pilot new ways of working. In total there are 60 providers registered with the Care Quality Commission in South

Gloucestershire (not all providers with offices here deliver in the area). There is a diverse range of business models in the market some are small family-owned businesses only operating locally, some franchises, some medium sized providers that operate in other neighbouring areas, and one that operates more widely, but no national organisations. There are 39 providers delivering regulated activity to the Council. Despite the number of providers operating in the market there has been insufficient supply available to the local authority at affordable rates. Through strategic working, this is improving.

As of 12/04/2024 based on home care providers registered with our framework:

- 39 providers –
- 4 no inspection,
- 1 Requires Improvement
- 34 providers Good or outstanding rating – 87% of registered providers in area

In 2023/24 we raised our minimum rate to the UKHC rate of £25.96 for home care providers. We then uplifted the £25.96 by 5.9% for 2024/25 to £27.52. It should be noted that this is a minimum fee for domiciliary care with some care providers receiving higher fees, particularly if we have had to purchase care in the past from what would be considered as the self-funder market. We are not awarding the same % increase to those providers, to support our “partner market” to grow their capacity.

The average price currently paid for home care across all providers accredited with South Gloucestershire is £29.00 per hour.

Care Homes

We have a reasonably stable care home market in South Gloucestershire. Since 2017 five residential homes (84 beds) and two nursing homes (79 beds) have closed, but there has been a growth in the number of care homes, from both existing and new providers: four residential homes (259 beds) and three new nursing homes (177 beds) have opened with a further nursing home due to open in Autumn 2024. There is a range of ownership including national providers, locally owned groups, independent, charities and local authority. Most homes in South Gloucestershire are in the urban areas and market towns but eight are in more rural locations. Care homes raised lack of public transport as a significant challenge in recruiting and retaining staff. This is likely to become more problematic going forward due to difficulties recruiting bus drivers and the ceasing of routes in the region. Homes also feel that fewer individuals wish to work in care and career pathways need to be available to attract good quality candidates. There are several high-cost provisions, aimed at self-funders. This does impact on the broader market, and on South Gloucestershire’ use of resources, impacting on staff recruitment and retention. We also experience people self-funding in expensive

provision where, when their own resources run low, due to existing length of stay on a home or complexity such as dementia best interest assessment suggests should remain. This is being mitigated more with agreed rates with homes including placements for individuals who become eligible for Council funding.

South Gloucestershire has a framework contract for care home provision, with 44 care homes supporting the 65+ market, in the area with a current total of 1825 beds. The providers are of generally good quality, and currently there are 9 homes rated as Outstanding, 25 homes rated as Good. 8 homes rated as Requires Improvement and 2 homes are currently unrated.

However, a small number of providers repeatedly fall into the category of Requires Improvement and are working closely between commissioners, organisational safeguarding and CQC. Workforce recruitment and issues, agency staffing, and levels of turnover were significant factors behind the quality issues in these homes and we reviewed fees up to address issues. We are now addressing leadership issues.

Supported Living

Prior to the launch of the Specialist Provider Framework in September 2023, supported living services were included on the wider Community Based Support Framework and the Council contracted with 35 providers for supported living services.

Since the launch of the framework this number has now increased to 47 providers of supported living services. These services are not all within the Council area as individuals may want to live in neighbouring local authorities (Bristol, BANES, Gloucestershire etc.).

As of 12/04/2024 based on providers registered with our framework:

- 47 providers in total, 37 are delivery regulated activity.
- 35 providers are rated Good or above – 94% of the providers
- 2 providers rated Requires Improvement
- 10 providers not registered with CQC for regulated activity

We are working with our accredited providers to develop a supported living directory to support our commissioning of supported living services for the future. We know that we need more supported living services and are always keen to hear from care and support providers.

Provider Sustainability Panel

A provider sustainability panel exists to consider cases where providers require additional funding to sustain services. Evidence is provided and considered through the sharing of financial information, making the use of the “Care Cubed” system and our Fair Cost of Care work.

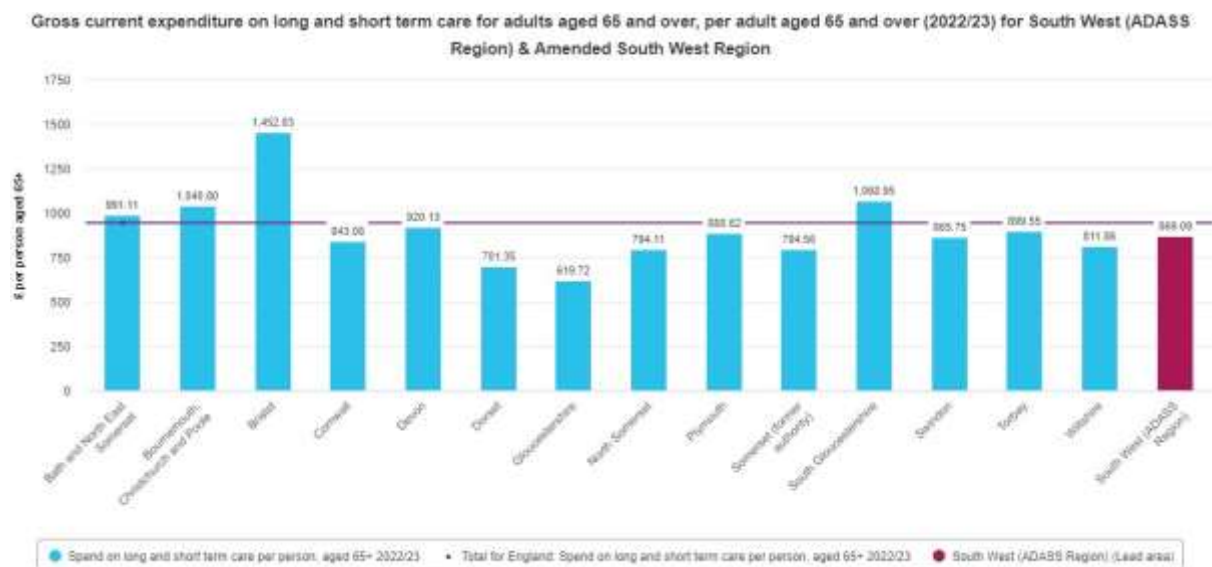
Appendix 2: Use of Resource and Progress.

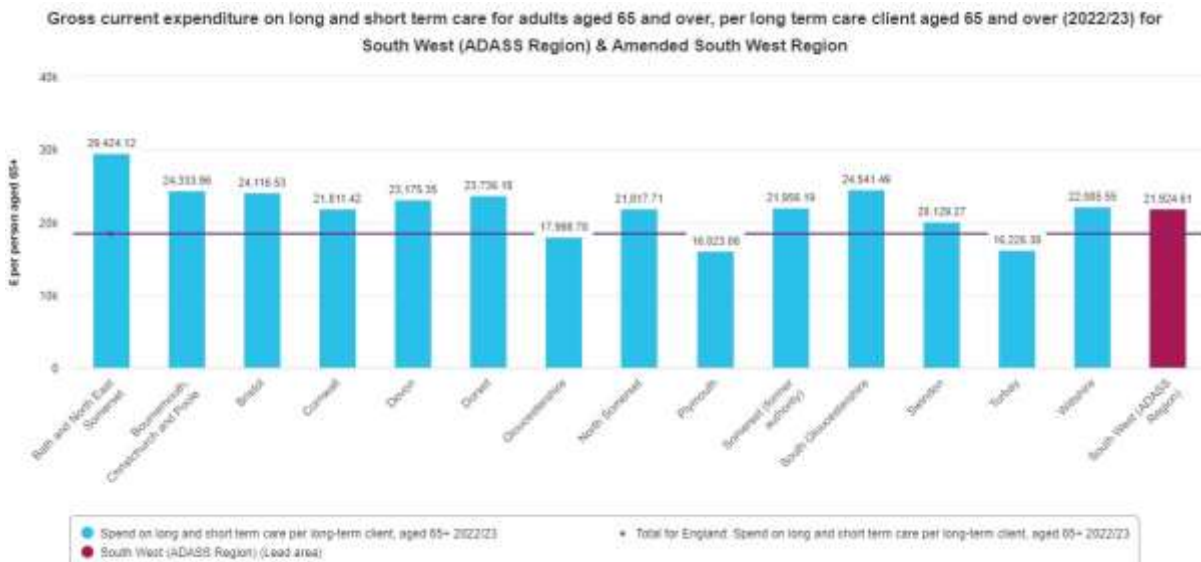
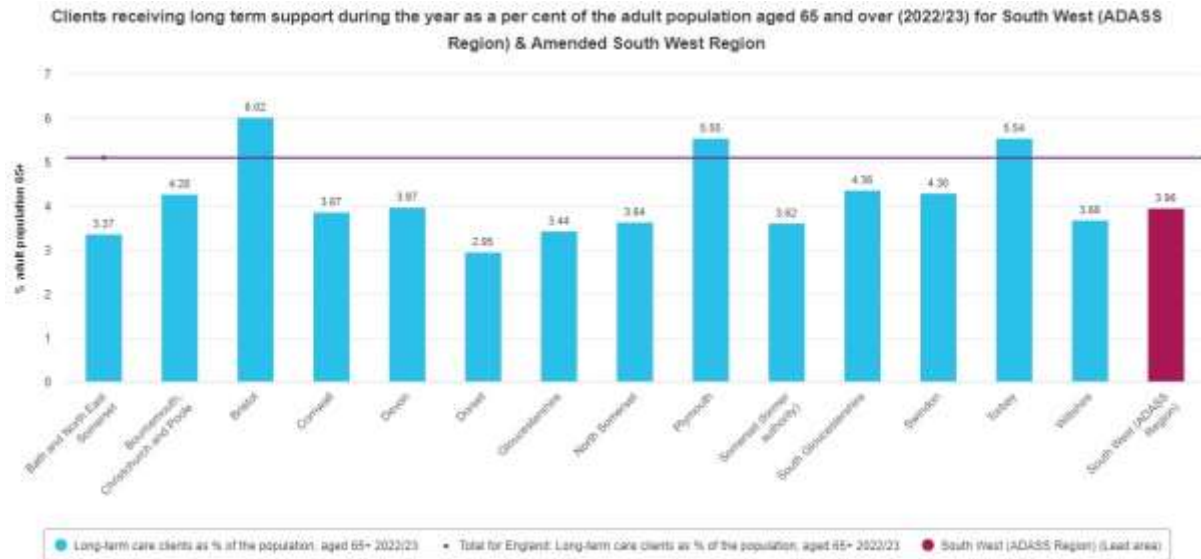
Since moving case management systems, we have been more challenged in terms of data to further support our analysis of use of resource. Our sight on current waits, demands and costs is good and collected in our SITREP, but this does not enable us to understand trends.

We have made use of our Use of Resource report. This is based on 22/23 data, and given progress with aspects of our strategy, is now likely to be out of date in places.

Over 65s

We have an increasing emphasis on community-based provision as opposed to residential care. Our CTP aims to develop a more sustainable approach to provision to support people at home with a broader range of services. We aim to grow the supply of home care services to the Council at affordable rates and reduce demand for standard residential provision. Home care supply at rates that are higher than the Council can afford will exist for the self-funded market.





How does this reflect our understanding of our performance market and supply 22/23?

We believe this reflects a situation of:

4.36% population 65+ receiving long term care, slightly above the South West average and below all England.

Gross expenditure averaged across population and per client is high.

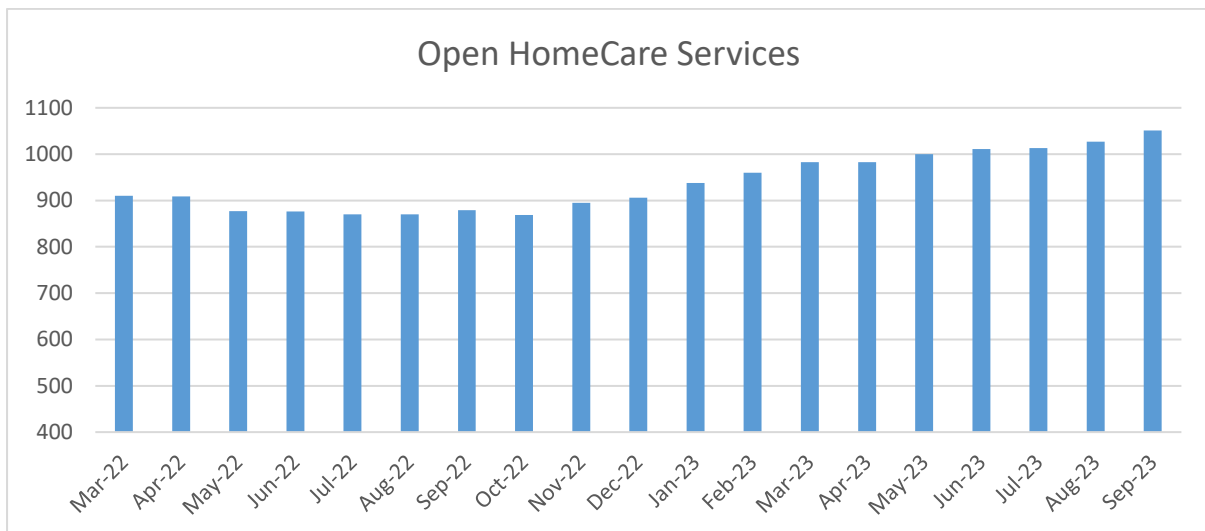
- Affluent, healthy population, so lower % require support through LA. However, we think there is still room for improvement on this, through improved short-term offer.
- Use of the 3 Conversations model leads to fewer people coming into long term support.
- Higher cost per client where we are supporting:

- Affluent full employment area, impact on recruitment and market Supply
- Further impacted by expensive end self-funder market
- This in turn impacted on price we pay.
- Relatively high number of placements
- Need to understand whether complexity plays a role.

How is our Strategy addressing these issues ?

- Data is prior to our recommissioning and structuring of reablement, so, especially post hospital, people were not achieving optimal independence.
- Improved offer of reablement and increasing informal support offer through VCSE
- Our ECH work is changing criteria and working with the providers to extend at both end of “spectrum” the criteria for council nominated ECH provision.
- Working with Market on Fair Price of care, moving away from DPS, provisions to avoid unnecessary placements.

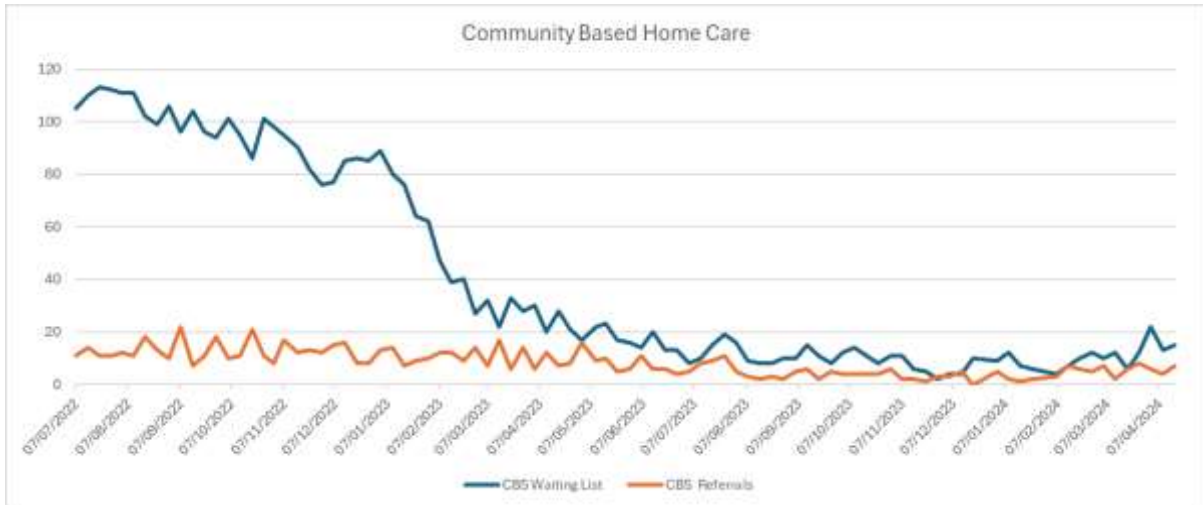
Progress



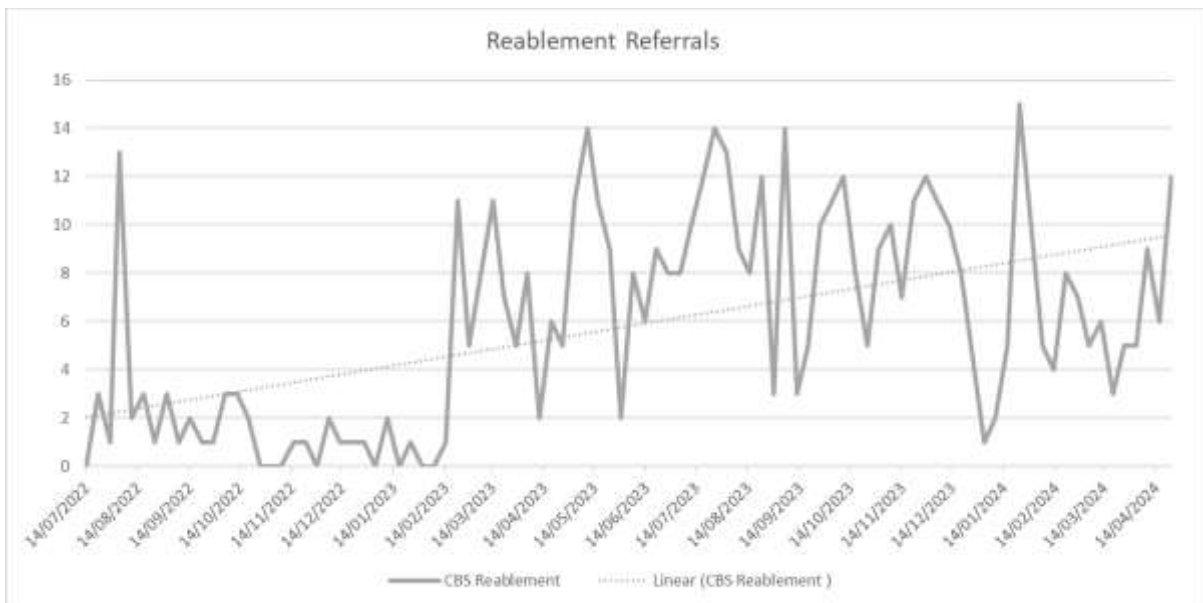
The above graph shows the increase in people receiving home care. To the most part this increases coincides with the dramatic reduction in people waiting for a homecare service in the first months of 2023 as shown in the graph below.

[OBJ]

We are proud of our achievements in reducing the number of people waiting for homecare from over 100 in July 2022 to 14 in April 2024.

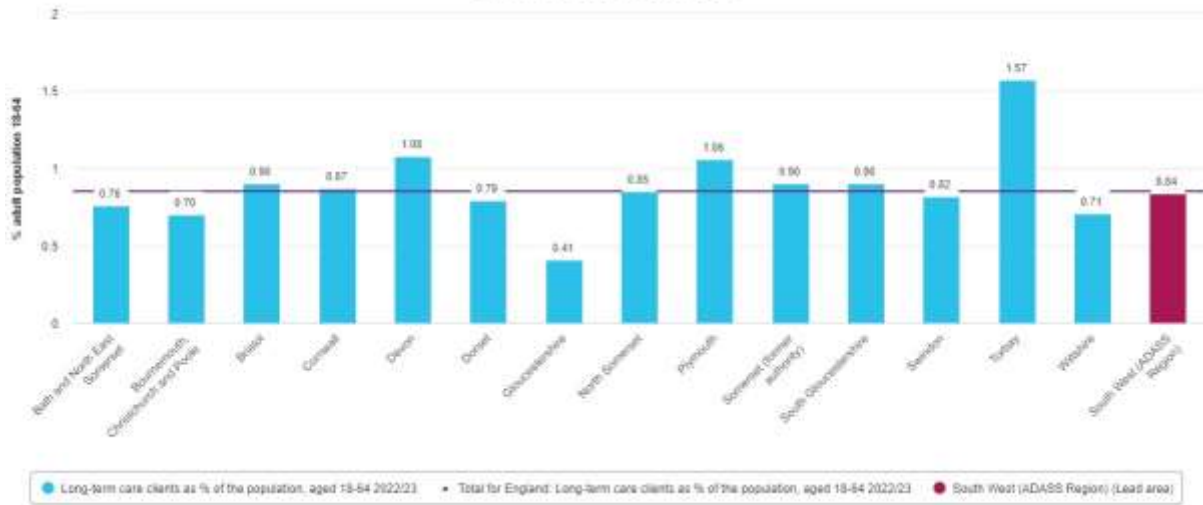


Our strategy is to increase the number of people receiving home care in place of residential care. This is not borne out through the above graph as an increase in referrals, but we believe the demand is partly reduced by our reablement service.

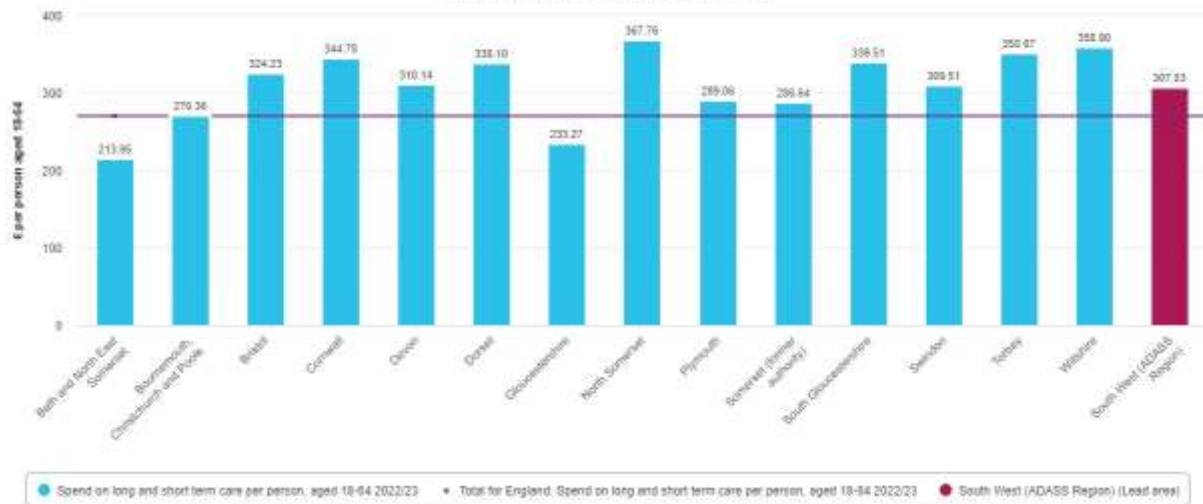


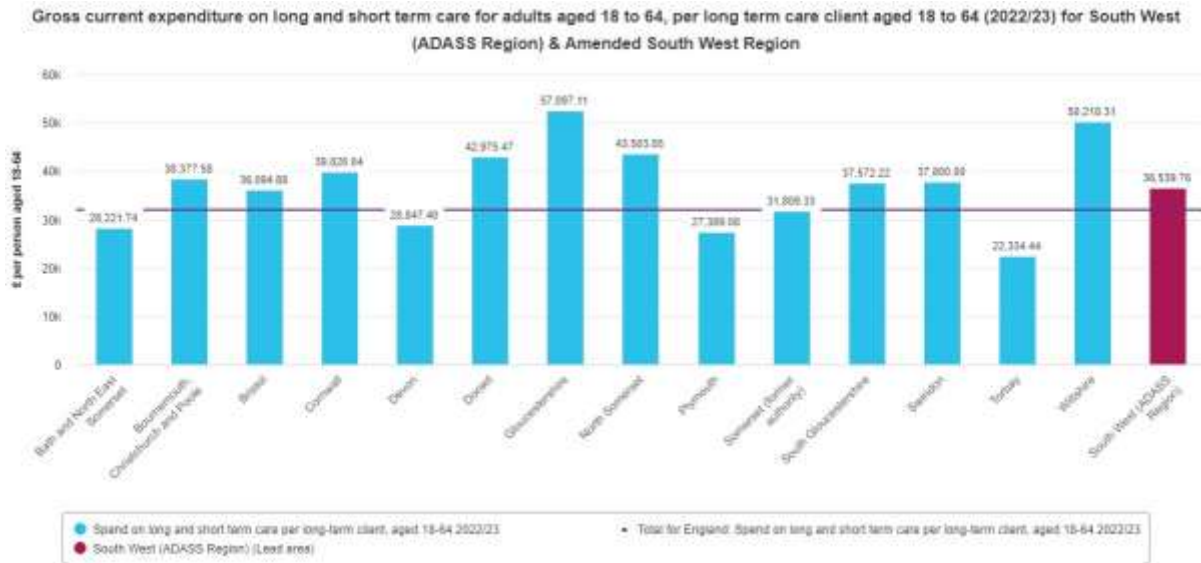
Adults 18-64

Clients receiving long term support during the year as a per cent of the adult population aged 18 to 64 (2022/23) for South West (ADASS Region) & Amended South West Region



Gross current expenditure on long and short term care for adults aged 18 to 64, per adult aged 18 to 64 (2022/23) for South West (ADASS Region) & Amended South West Region





How does this reflect our understanding of our performance market and supply?

We believe this reflects a situation of:

- % 18–64-year-olds receiving support is average.
- However, our expenditure is high. We had the 5th highest spend averaged across all 18–64-year-olds, but only the 8th highest per person with funded care.
- Amount spent averaged across all 18–64-year-olds relatively high: is this in part impacted by a relatively older population?
- Expenditure per actual service user high relative to national average, about midway for region.
- What is causing this?
 - Relatively high use of placements
 - High-cost placement
 - Use of out of area placements Inadequate short term support offer for working age adults.

How is our CTP and All Age Learning Disability Strategy going to address?

- Emphasis on improved outcomes, including independent living and employment (revised spec, enabling services)
- Improvement in non-placement options: supported living options; enabling services

- Increased number of providers growing the market to provide a varied number of options to people under the Specialist Provider Framework.
- Working closely with partners to develop services and address need
- Increasing the number of supported living accommodation to increase independence where possible.
- Improvement in price (fair cost)
- Improvement in housing options (Supported Accommodation) in area to promote keeping local.
- Working across the council to improve outcomes for people living in south Gloucestershire including housing, Education, Skills etc.

The below table shows a snapshot of the past two years for the below areas. High-cost placements are all placements over £2,000 per week, (although we recognise that increasingly £2,500- £3,000 is more representative of “high cost”). We are seeing an increase in the number of out of area residential placements we are making. This could be due to the increase in the numbers of people being supported, transitions from children to adult etc. Out of Area placements includes those placements in neighbouring authorities (Bristol, BANES, Gloucestershire etc). We are seeing an increase in supported living, which reflects our strategy. Our pipeline for supported living includes some provision that will accommodate people with more complex needs, and initial discussions regarding a future purpose build transitions provision to address some of these issues.

	September 2022 – Snapshot	September 2023 – Snapshot	April 2024 - Snapshot
Number of Placements	225	225	216
High-Cost Placements	68	76	75
Out of Area Placements	125 (80 of 125 in neighbouring LAs)	129 (80 of 129 in neighbouring LAs)	137 (91 of 137 in neighbouring LAs)
Supported Living	149	187	202

Caveating information with the potential errors in recording in 2022 vs 2024 as we have been working more closely with the data since the transfer to Mosaic.

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