Changing Social Care

A strategic programme 2012-15

Health & Social Care Directorate Leadership Team • November 2011

People who need social care and support in Bristol will have easy access to support and services, real choice in the help they receive and maximum control over the way they live their lives.

The delivery of health and social care services to vulnerable people in Bristol is a vital function for the City Council. Health and Social Care is the largest directorate in the City Council, with an annual budget of £145 million. Today's exceptional economic and political conditions mean that we need to make significant changes in the way the directorate operates: not just cuts, but a strategic response.

What people want

At the heart of our change programme is personalisation. We know that self-directed support and direct payments offer people increased choice and control, as well as improving health and wellbeing. Currently, self-directed support is an option only for people living in the community, but the government is looking at extending this approach to residential settings. Our community engagement work tells us that users and potential service users want to see services delivered in a new way, with users in control. This approach is supported by government, building on the Putting People First Programme.

We in Bristol are making progress on personalisation. The proportion of people in receipt of personal budgets is up from 4.5% to 16% in the last year alone. We will keep up this pace, as there is more to do. Increasing personalisation remains a key aspect of our change programme; personalisation and direct payments must become a reality for more people, as we make them a realistic choice by simplifying the process and providing support and assurance. We know that increased personalisation means reduced demand for "traditional" social care services, so pursuing it will shift our identity and relationships away from a provider role, towards commissioning.

Demand up, resources down

Demand is high, and rising. Our region has the country's highest proportion of older people, the second highest prevalence of learning disability, and the greatest prevalence of people with moderate or serious personal care disabilities. People are living longer, with more complex needs, so the proportion of higher need will increase, with a big impact on costs. At the same time, resources are shrinking. We are making directorate savings of £8 million this year, and will contribute to the further £42 million savings BCC is to make in 2012-14. Demand for increased choice, demographic shift, and resource constraint mean that we need to change our entire way of doing things.

Principles & implications

Any changes to the model of delivery will be undertaken using the following principles:

- Full consultation and involvement of service users and carers, and of Trades Unions and staff, to develop services in new and creative ways.
- Building on work we've already done, such as Residential Futures.
- Awareness of safeguarding and the need to protect vulnerable people.

Care management

The way in which we assess people, agree their outcomes and arrange their support.

Getting care management right is key. A new process is being designed and will be thoroughly tested and refined through consultation with staff and service users.

Re-ablement services

How we support people to enjoy maximum independence and prevent admission to hospital or care.

If we want more people living at home appropriately and safely, then we need to develop our community-based services. Key deliverables will be:

- A single assessment process, directing people to the most appropriate care for their needs.
- Crisis response service, preventing unnecessary hospital admission or long-term placement.
- Rehabilitation and reablement service, providing both beds and community-based rehabilitation.
- A service jointly managed with the NHS, working across Health and Social Care, so that people move seamlessly in and out of reablement.

Dementia services

Increased life expectancy means more people living with dementia. In response, a new specialist dementia service, linked to reablement, is under development. This will provide a short-term domiciliary service for people with dementia at points of crisis.

Extra Care Housing

Independent housing with flexible support.

ECH is an alternative to residential care, an opportunity to remain living with a partner. The Council will use its influence and leverage to encourage further ECH development in the city, both for rent and to buy.

Preventative services

Helping people to maintain their independence.

The pattern of future demand indicates that improvement of health and wellbeing now, as well as improving resilience to poor health, is an essential investment. We will establish joined-up partnership working with the NHS to ensure a co-ordinated response.

Supporting People

Housing-related support for vulnerable people.

The funding for this work is being integrated into both Health & Social Care and Neighbourhoods. This will enable us to incorporate the former Supporting People services into the prevention programme.

Day opportunities

A range of community based opportunities that promote social inclusion and prevent isolation.

As personalisation increases, will day centres be a chosen model of care? Nationwide, we see a shift away from investment in building-based services towards more flexible community-based services. This is our favoured direction of travel, but the evolution of services will depend upon formal review, including a full exploration of alternative models.

Residential care for older people

Accommodation services with 24-hour care on site.

Change in care management and the development of personalisation point to a reduction in residential care and a shift to community-based services. We currently have fewer older people in care than at any time in the last two years; the aim is to maintain this trend.

A considerable amount of work has already been completed through Residential Futures. Building on this, we will:

- specify need for the in-house service within a 3-year plan
- undertake a full review of cost, efficiency and effectiveness
- assess building standards and condition
- shape proposals by fully involving users, carers, staff and other key stakeholders
- consider closures in tandem with creative approaches to service provision
- take detailed proposals to Cabinet in March 2012.