

APPENDIX C – REGULATED COMMUNITY CARE COMMISSIONING STRATEGY

Introduction

Bridgend County Borough Council has developed 3 Commissioning Strategies looking at how current services will need to change and develop over the next 5 years, in order to continue to meet the needs of people in Bridgend County. This strategy describes how we will contribute to the wider health and wellbeing agenda by promoting independence and choice for individuals living in the County Borough. These strategies reflect the 7 wellbeing objectives laid out in the Council's Corporate Plan 2023-2028, which aim to have, a county borough:

- Where we protect our most vulnerable
- With fair work, skilled, high-quality jobs and thriving.
- With thriving valleys and communities
- Where we help people meet their potential
- That is responding to the climate and nature emergency.
- Where people feel valued, heard and part of their community.
- Where we support people to live healthy and happy lives

Our approach to commissioning recognises the importance of modern public services in meeting the needs of vulnerable people in our communities and of managing growing demands and expectations. There are increasing numbers of vulnerable people with complex needs who require support and care that will be delivered by a range of statutory agencies such as health, leisure housing and social services, and by the voluntary and independent sectors. There are benefits to be gained by actively coordinating and co-producing our responses with others in a cost effective and efficient manner.

It is our aim to make our approach citizen centred, accessible, flexible and responsive for those in greatest need and to enable people to maintain their independence for as long as possible in their own homes and local communities. We are committed to providing quality responses for our existing customers whilst also ensuring that support will be both sustainable and flexible to meet the needs of our future customers. As such, this Commissioning Strategy is both ambitious and far reaching.

Overall, we want to ensure we are investing in the right things, that will make the biggest difference and be of the most value to the people of Bridgend. We will always ensure that we commission services in a way that involves us working with other organisations, and most importantly local people. We all need to work together to get the best outcomes, and this way of working is at the core of this Commissioning Strategy.

Financial context

The SSWB directorate is projecting a considerable overspend position in 2023/24 – which is estimated to be more than £12M at quarter 3 – which is over 12.5% of the annual budget.

The overspend position is mainly due to the pressures of work to meet statutory duties against a backdrop of an exponential increase in demand. The directorate is also expected to make cost reductions/savings from 2024/25 as part of BCBC's MTFS plans.

This will mean that any of the priority areas and commissioning intentions proposed within this strategy must be subject to a rigorous business justification and decision-making process, where there will be a clear intention of reducing costs and making efficiencies, as well as providing creative and innovative services which will deliver the best possible outcomes for the citizens of Bridgend.

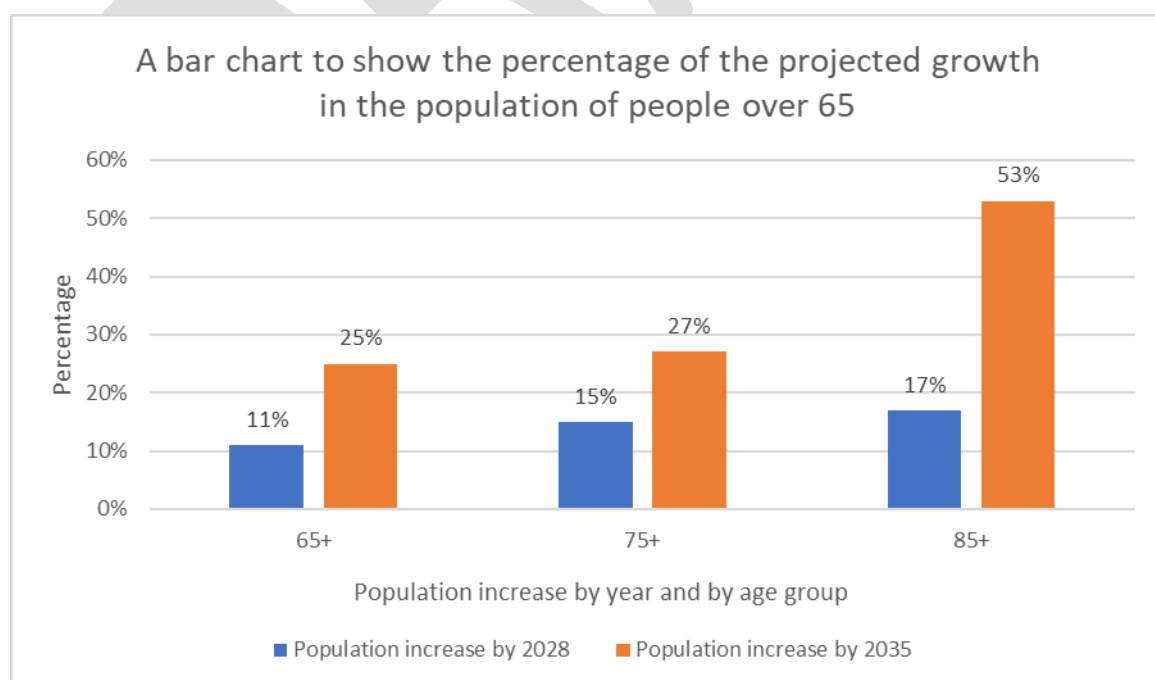
Bridgend County Borough Council sets out its future commissioning intentions for social care as statements highlighting priorities for local services to meet need and demand alongside the opportunities that are likely to be available for both existing and prospective providers. The commissioning intentions below outline our goals and planned activity during 2024 to 2029.

Background

Increasing population

Between the last two censuses (held in 2011 and 2021), the population of Bridgend increased by 4.5%, from just under 139,200 in 2011 to around 145,500 in 2021. Bridgend's population saw the third-greatest increase in Wales, behind Newport (where the population increased by 9.5%) and Cardiff (4.7%). Overall, in Wales, there has been an increase of 17.7% in people aged 65 years and over, and within Bridgend an increase of 21.5% of people aged 65 years and over.

Projections



The Demographic Challenge

As the number of older people living longer rises, there will also be an increase in the period of time in which an older person lives with life-limiting health conditions. By 2040 there will be:

- 45% more people aged 75-79 in need of help with daily living tasks.
- 57% more people over 80 in need of help with daily living tasks.
- There is also likely to be a 70% increase in number of people aged over 65 with dementia.

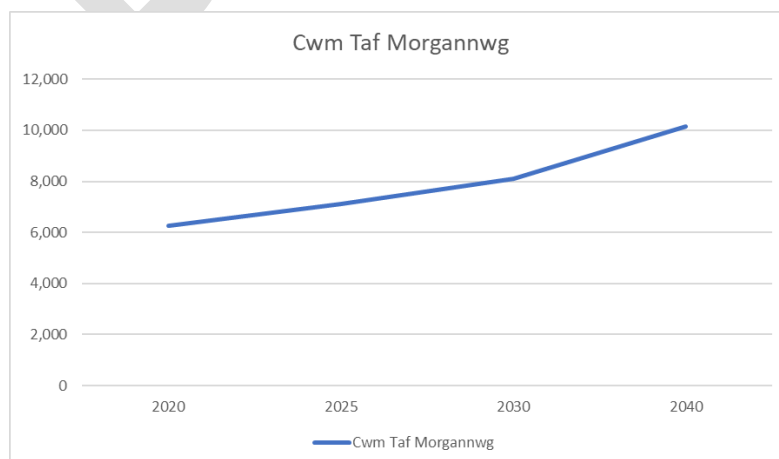
This aging population is going to have a considerable effect on the communities and the services that support them. In 2017 Bridgend provided services to more than three quarters of the over 85 population. If the current proportion of over 85 population requiring services continues, then we should expect the demand for services to increase from 2,850 people in 2017 to nearly 4,000 by 2025.

Life and Healthy Life Expectancy

The average life expectancy for people born in the Cwm Taf Morgannwg region (of which Bridgend is part) is 79.1 (2017-19 figures), which is below the Wales average of 80.4. In addition to simple life expectancy, when looking at care services it is important to consider healthy life expectancy (the number of years a person might expect to live in good or very good health). Across the Cwm Taf Morgannwg region males can expect to live in good or very good health until they are 61.1 years old and females until they are 62.8 years old. For both genders it is considerably lower than the Wales average of 65.3 and 66.7 respectively.

Dementia

The number of people living with dementia across Cwm Taf Morgannwg is expected to increase by 62% by 2040. The number of people in Cwm Taf Morgannwg with severe dementia is forecast to increase from 3,742 in 2020 to 6,832 in 2040, an increase of 83%. Projections of people aged 65+ living with mild, moderate, and severe dementia in Cwm Taf Morgannwg from 2020–2040 are shown on this graph:



These regional rates break down as follow:

Local authority	2020	2025	2030	2035	2040	% change 2020 v 2040
RCT	3,319	3,724	4,207	4,765	5,193	+56%
Bridgend	2,139	2,457	2,841	3,274	3,639	+70%
Merthyr Tydfil	813	931	1,063	1,209	1,308	+61%
CTM	6,271	7,112	8,111	9,248	10,140	+62%

Source: Social Care Wales

Perhaps not surprisingly the cost of social care for older people with dementia in Wales (publicly and privately funded) is forecast to increase from £770 million in 2019 to £2.13 billion in 2040, an increase of 176%.

Regional work is currently underway to develop and implement new Dementia Standards. In addition, Dementia services (both preventative) and regulated care continue to be commissioned by BCBC and will be embedded within the priority areas identified within this report. The scope and purpose of Bridgend’s Adult Services Commissioning Strategy for Regulated Community Care for the next 5 years is to identify and develop services to meet future demand. To achieve this, we will co-produce and re-shape services within the county to ensure we commission high quality services within the social care market.

Accommodation-based Services



Develop Housing with Care and “Extra Care” Provision sufficient to meet future need and demand

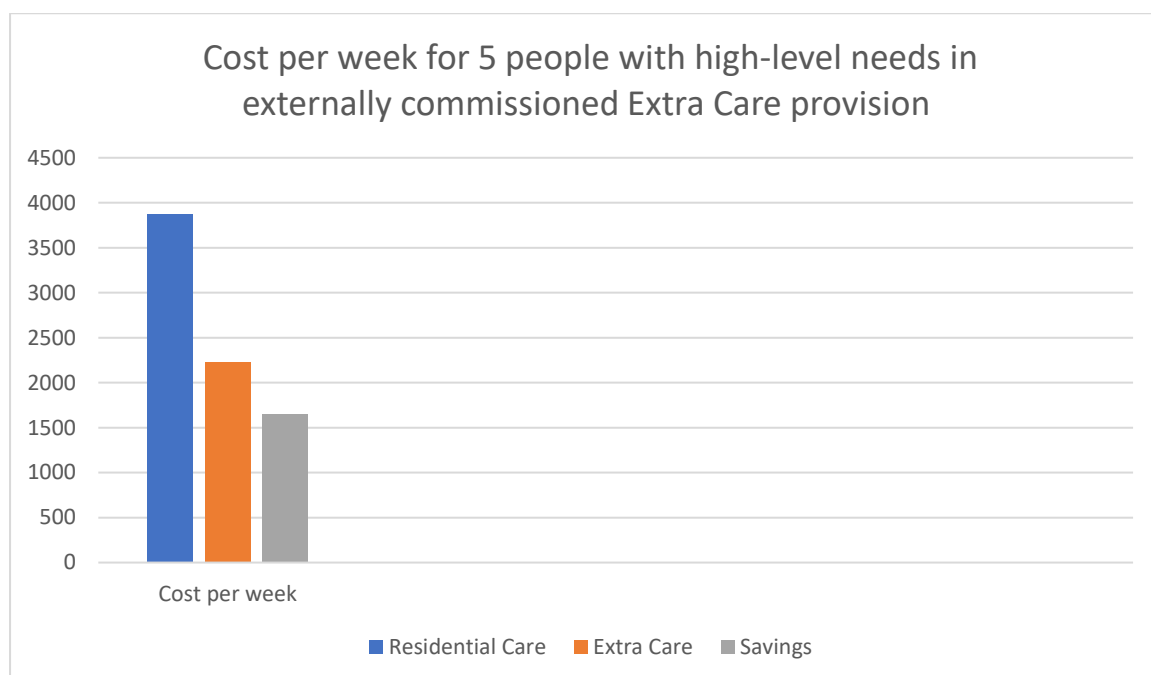
Rationale

Extra Care Housing (ECH) is housing with care, a community-based alternative to residential care. Tenants have their own self-contained dwellings and maintain their own tenancies. Planned care and support is normally available 24 hours a day, 7 days a week; schemes provide communal facilities such as a café, laundry and communal space, plus social activities for tenants.

Care and support is normally provided by an on-site team, but tenants can choose to have them provided by an external agency. Extra care housing tends to be much more flexible and responsive to a person’s changing needs and contributes to people being able to remain much more part of the local community than in residential care.

The Market Stability Report 2022 and the HICO Older Persons Housing, Care and Support Strategy Report 2022 have projected a shortfall in available Extra Care provision over the next ten years, where current stock will not meet future demand. In addition, ECH can produce financial savings when compared to the cost of standard residential care (Figure 1)

Figure 1(August 2023)



This is a potential saving of 42% per week when compared to standard residential care for “high-level” placements. There are 3 schemes currently in Bridgend and they cater at the current time primarily for people with relatively low needs. It is reasonable to assume that these needs will increase over time given the demographics of people in them.

Current Extra Care tenancies (3 schemes) percentages by need:

High (14hrs/wk +)	8%
Medium (7-14hrs/wk)	46%
Low (less than 7hrs/wk)	46%

Current position: Currently the three Extra Care schemes in Bridgend have a total of 84 units, and feedback from a variety of key stakeholders suggests they could be developed further in both capacity and approach to better meet the needs of people with higher level needs in the future. On the basis of population projections, we estimate that net demand will continue to grow.

The additional build needed by 2025 and then 2030 is likely to be:

Type of Accommodation	No of additional units 2025	No of additional units 2030
Housing with Care/Extra Care for rent	51	106

Commissioning intention:

Our commissioning intention is to work with partners to secure sufficient extra care units to meet demand and reduce reliance on residential provision by 2025 and 2030. To achieve this we will:

- Complete a comprehensive analysis of needs, finances and potential approaches to commissioning and delivery for future schemes and use this as the basis for a detailed service specification for a 4th extra care scheme to be delivered by September 2025.

At this point we are assuming that costs and income from these schemes will allow us to increase provision and meet future demands by matching the current financial commitment that the local authority makes to the provision of residential care, and that capital costs will be negotiated with partners. We therefore assume we will achieve the targets without additional resources to those already committed in existing budgets, but these will need to be tested in the initial comprehensive analysis and business justification stages.

2

Reprofile BCBC's accommodation-based services (both internally and externally delivered) to ensure the most appropriate and best levels of care can be achieved

Rationale:

While many people as they get frail are supported successfully in their own homes, there will always be those for whom accommodation-based support is needed. Traditional ideas about care home provision are rapidly changing and in Bridgend we want to ensure that there is both sufficient available accommodation-based support and that it meets the changing expectations that people have, particularly for those requiring nursing care. We also want to make sure that these services complement the investments we make in extra care in the Borough. The Market Stability Report 2022 and the HICO Older Persons Housing, Care and Support Strategy Report 2022 have projected an increase in the number of people with more complex needs needing this form of care.

Current position: Occupation levels within care homes (both residential and nursing) are currently in excess of 95% - which when accounting for turnover and closures means they are full to capacity. The below table shows the total number of Residential, Nursing and EMI placements (Long-Term Care) by category as of 23 August 2023, and the number of citizens awaiting care.

Category	No of Placements	No Awaiting Care
EMI Nursing	62	2
EMI Residential	117	3
Nursing	120	9
Residential	171	8
Total	470	22

EMI Care (Nursing/Residential) currently accounts for 38% of placements. To achieve any additional capacity means that we need to look at accommodation-based services we currently have and consider whether new and/or alternative models might need to be looked at to meet this need. On the basis of current trends and population projections we estimate that the following additional units will be needed in 2025 and then 2030:

Type of Accommodation	No of units 2025	No of units 2030
Nursing Care	117	192
Residential Care	0	0

We think that these units will be needed specifically in the nursing care sector as population needs for intensive care grow and extra care provision meets any additional less intensive support needs previously met by residential care.

Commissioning intention:

Our commissioning intention is to secure sufficient additional nursing care and maintain residential provision to ensure they meet needs and demand over the next 3 years. To achieve this we will:

- Complete a comprehensive analysis of needs, finances and potential approaches to commissioning and delivery for nursing and residential care and use this as the basis for negotiations and partnership work to maintain residential care provision and expand nursing care from September 2024. This will include an analysis of the needs for specific provision such as EMI provision, re-ablement and step up / step down care, respite care.
- Complete a further comprehensive analysis and specification for delivery of additional nursing care units from March 2025.

At this point we are assuming that income from these services will at least match the current income that the local authority receives, and that capital costs will be negotiated with partners. We therefore assume we will achieve the targets without additional resources to those already committed in existing budgets. These will need to be tested in the initial comprehensive analysis and overall costs will depend primarily on the level of demand from people with very limited resources drawing on local authority funding to meet their placement costs.

Non-accommodation-based services

1

Implement the 'reablement reset' programme in our internal homecare services

Rationale: Reablement offers a time-limited (up to 6 weeks), short period of therapeutic and social care support in a person's own home. People accessing these services receive support from a team of different professionals, such as Physiotherapists and Social Workers or solely from an Occupational Therapist.

Following assessment, goals that help the individual achieve what matters to them will be agreed. These will support them to regain/maintain their independence and live as safely as possible in their own homes. Progress will be monitored regularly, and the support provided will be adjusted accordingly.

The Market Stability Report 2022 has identified the need to increase reablement provision to meet future demand and ensure that all appropriate individuals benefit from reablement services in a timely and effective way.

The table below shows the effectiveness of BCBC’s internal short-term/reablement services, where in the last year on average, more than 4 of every 5 people who received a short-term reablement package did not require an on-going package of care:

	2019/20	2020/21	2021/22	2022/23*
No. of Reablement Packages Completed	563	475	406	336*
No. where there was no ongoing need for support following Reablement	323	247	288	280*
% with no ongoing need for support following Reablement	57.37%	52.00%	70.94%	83.33%*

* 2022/23 figures are annual projections based on April to end of September figures.

The declining numbers of ‘reablement packages completed corresponds with the high levels on internal services waiting lists (in excess of 100 waiting) and highlights the capacity pressures for the team due to high absence and vacancy levels.

Current position:

As of the end of July 2023, 265 hours of reablement per week are being provided, with 155 hours (out of a target of 400 hours per week of reablement) remaining to be filled. Staffing levels are almost back to pre-pandemic levels.

Commissioning intention:

As can be seen from the table above, the effectiveness of the reablement service is clear, and the intention is that 100% of individuals assessed who are eligible will receive reablement/short-term assessment services, prior to any long-terms packages of care being commissioned from the independent sector. Work is currently being undertaken to map existing capacity against future demand with a view to reshaping existing internal provision and increasing flow. The findings will inform any future commissioning intentions.

2

Review working arrangements with independent domiciliary care to take a more outcome-focused and strengths-based approach

Rationale:

Domiciliary services is typically personal care and support (example – washing/dressing) provided within a person’s home. The Market Stability Report 2022 identified the need to increase domiciliary care capacity to meet future demand. BCBC estimates:

- **4.5% annual pressure** on short-term services over the next 10-year period
- **1.5% annual pressure** on long-term services/Independent Domiciliary Care over the next 10-year period – which recognises the effectiveness of BCBC’s reablement services

	22/23	23/24	24/25	25/26	Moving forward
Independent Domiciliary Care – hours per week	8,806	9,617	10,428	11,239	> 1.5% growth
TOTAL	12,157	12,381	12,606	12,830	

Current position:

Independent domiciliary care is still delivered in a traditional/time & task way, but recently commissioned service contracts allow for outcome-focussed and strength-based ways of working. A detailed breakdown of the current hours (as at end of October 2022) delivered within BCBC is shown below:

Homecare Service	Packages	Assessed Hours	
Long Term (Critical-complex)	65	1265	
Long Term (Dementia care)	26	258	
Short Term & Better@Home	88	602	
Short Term (awaiting IDC’s)	35	226	Proportion
BCBC	214	2351	21%
IDC Total*	685	8806	79%
TOTAL HOMECARE	899	11,157	

*Independent externally commissioned domiciliary care

The total homecare hours currently provided are circa 1,000hrs/wk less than pre-pandemic levels, which is reflective of the large numbers of individuals on BCBC and IDC waiting lists and the capacity deficit within internal services.

Commissioning intention:

During early market-shaping conversations, independent homecare providers have stated an intention to increase capacity by up to 3000 hours per week over the next 2 years. However, this is fully dependent on providers being able to recruit and retain the required workforce – where there are significant pressures currently across social care, but in particular for homecare services.

Current contractual arrangements with independent providers end in April 2026, at which point care at home services will need to be recommissioned. With this being the target date for initial transfer of all long-term hours to be delivered by independent providers, this will give BCBC the opportunity to assess if overarching contractual arrangements and/or the service model might need amending to help deliver the expected outcome(s).

The long-term Domiciliary Care Remodelling Plan vision is for:

- BCBC internal services to focus solely on short-term/reactive services; and
- All 'long-term' packages of care to be commissioned and provided by IDC's

In Autumn 2023, a workshop is taking place with IDC's and other care in the community providers to introduce the new strength-based model of practice adopted withing Adult Social Care. Following this workshop, a pilot will be developed and undertaken in order to define and set out how outcome-focussed working will need to work in BCBC, prior to a sector-wide roll-out.