Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Agenda Item 5

19th August 2015

REPORT TITLE: Care Home Re-commissioning

Ward(s) affected by this report: Citywide

Strategic Director: John Readman, Strategic Director, People

Report author: Leon Goddard – Service Manager

Contact telephone no. & e-mail address: 0117 9036158
leon.goddard@bristol.gov.uk

Executive Summary

1. Purpose

1.1 The specific purpose of this report is to:
- a) Make the Health and Wellbeing Board (HWB) aware of changes being proposed to the way care home services are commissioned
- b) Describe how these changes will be implemented
- c) Explain the expected benefits of the new way of commissioning

2. RECOMMENDATION for the Mayor's approval:

2.1 To approve the introduction of a 'Bristol Standard' for care home quality.

2.2 To approve the introduction of the care home commissioning model proposed in this report.

2.3 To delegate authority to the Strategic Director – People to implement the commissioning model described in this report.

2.4 To delegate authority to the Strategic Director – People and Section 151 (joint approval) to award contracts to care home providers as part of the implementation of this proposed commissioning model.

3. Care home services in Bristol

3.1 The majority of people that receive a social care service commissioned by the Council live in their own home and often the main aim of these services is to help them maintain their independence for as long as possible. When a person's

health and social care needs mean it is no longer possible for them to remain safe and well living in their own home, a care home is often the best option for that person.

3.2 A care home is an environment that aims to meet the health and social care needs of the people that live there. There are two main types of homes. Care homes with nursing (known as nursing homes) must have qualified nursing staff employed by the home and on duty at the home all day every day. Care homes without nursing (known as residential homes) are not required to have qualified nursing staff on-site. All care homes must be registered with the regulator, Care Quality Commission (CQC), and their registration will specify what type of home they are and the services they are allowed and required to provide.

3.3 The Council and Bristol Clinical Commissioning Group (BCCG) are responsible for how care homes are commissioned (which care homes are used), how the services are arranged (the process of moving a person into a care home) and how they are delivered (the way in which care home services are provided to residents). These arrangements are collectively known as the 'commissioning model'.

4. Consultation and Engagement

4.1 Formal Consultation Period – Significant consultation has occurred over the last 2 years to understand the views of key stakeholders. This centred on a formal 12-week consultation period from 6th August 2014 – 29th October 2014.

5. Current commissioning arrangements and reasons for change

5.1 Quality – Feedback from care home residents and their families highlights the importance of high quality services and the impact of when things go wrong. The changes being proposed in this report will address these.

5.2 Choice and Capacity – The choice an individual has when considering moving into a care home is currently limited, in terms of the location and environment of the home and the type of services they wish to receive.

5.3 Value for money – Care home services must be at a cost to the Council that is appropriate and does not exceed market rates.

6. Proposed commissioning model

6.1 Under the proposed commissioning model, the Council and BCCG will:

a) Have a single joint contract and service specification
b) Have a joint 'Bristol Standard' for the quality of services
c) Be able to commission services jointly – E.g. A joint contract for 20 beds in a care home with each commissioner using and funding 10 of these beds.
d) Be able to commission beds entirely separately from each other – E.g. the Council using some care homes and BCCG using different care homes.

6.2 In order for care homes to understand what is expected of them, and for

residents to be clear on what they can expect from their home, the Council and BCCG will introduce a clear set of quality requirements for all care homes called the ‘Bristol Standard’. The Bristol Standard will contain information about the key features of a high quality service (e.g. staff training) and the specific requirement on providers (e.g. 100% of care staff have completed manual handling training). Care homes will be required to periodically demonstrate that they continue to meet the Standard.

6.3 A Dynamic Purchasing System (DPS) will be used in this model, which is based on a framework agreement. Care homes that are deemed to meet the Bristol Standard will get onto this framework to access the DPS and be able to deliver services on behalf of the Council and BCCG. Care homes not on the framework will not be able to access the DPS and so will not be able to receive new referrals, or bid for any new contract.

6.4 The proposal is for a ‘mixed commissioning model’ to be used to allow different types of contract to be used to commission different types of services for different types of need. Only care homes on the framework / DPS will have the opportunity to bid for these contracts. The proposed commissioning model will involve two types of contracting arrangement:

a) Spot – Where the Council does not give any commitment to any care home about the future number of referrals or placements it will make and the care home has no obligation to accept a referral from the Council.
b) Block – Where the care home will keep a number of beds for the exclusive use of the Council / BCCG, who will pay for these beds whether they are being used or not.

Bristol Clinical Commissioning Group

BRISTOL CITY COUNCIL
HEALTH AND WELLBEING BOARD
19th August 2015

REPORT TITLE: Care Home Re-commissioning

Ward(s) affected by this report: Citywide

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leon.goddard@bristol.gov.uk

1. Purpose of the report:

1.1 Bristol City Council (BCC) currently commissions care home services for approximately 2000 people, from 380 different care homes, with approximately 70% located in Bristol and the other 30% across England and Wales. The annual cost of these services is £67.1million, of which £13.2million is received by the Council from service user contributions, with a net cost to the Council of £53.9million. See Appendix 1 for further details about the type, cost and location of placements.

1.2 There are significant challenges that need to be addressed by the re-commissioning of these services in order to ensure that people receive a high quality service that is suitable for the needs. The Council believes that in order to meet these challenges and ensure the people of Bristol receive high quality care home services, significant changes need to be made to the way these services are commissioned. This report will set out what these challenges are, the proposed actions to address these and the expected outcome in terms of service quality, service user choice and value for money.

1.3 The specific purpose of this report is to:

a) Make the Health and Wellbeing Board (HWB) aware of the changes being proposed
b) Describe how these changes will be implemented
c) Explain the expected benefits of the new way of commissioning

2. RECOMMENDATION for the Mayor's approval:

2.1 To approve the introduction of a 'Bristol Standard' for care home quality.

2.2 To approve the introduction of the care home commissioning model proposed in this report.

2.3 To delegate authority to the Strategic Director – People to implement the commissioning model described in this report.

2.4 To delegate authority to the Strategic Director – People and Section 151 (joint approval) to award contracts to care home providers as part of the implementation of this proposed commissioning model.

The Proposal

3. Care home services in Bristol

3.1 The majority of people that receive a social care service commissioned by the Council live in their own home and often the main aim of these services is to help them maintain their independence for as long as possible. When a person's health and social care needs mean it is no longer possible for them to remain safe and well living in their own home, a care home is often the best option for that person.

3.2 A care home is an environment that aims to meet the health and social care needs of the people that live there. One distinction between a care home and other type of accommodation is that in a care home the staff that deliver care and support to residents are based on-site. This means that in addition to receiving regular and structured visits from staff (e.g. to give medication at a specific time), residents receive any additional care and support they require as and when it is needed (e.g. help visiting the toilet).

3.3 There are two main types of homes. Care homes with nursing (known as nursing homes) must have qualified nursing staff employed by the home and on duty at the home all day every day. People that live in nursing homes will have health needs that require support, care and treatment from qualified nurses. Care homes without nursing (known as residential homes) are not required to have qualified nursing staff on-site. However, they must have well trained and knowledgeable staff that are able to meet the often complex and significant needs of the residents of the home. All care homes must be registered with the regulator, Care Quality Commission (CQC), and their registration will specify what type of home they are and the services they are allowed and required to provide.

3.4 The Council is responsible for how care home services are commissioned (which care homes are used), how they are arranged (the process of moving a person into a care home) and how they are delivered (the way in which care home services are provided to residents). These arrangements are collectively known as the 'commissioning model'. This report will seek approval for a new

commissioning model and will describe all aspects of the requirements and conditions of the proposed model that the Council will use in relation to how these services are commissioned, arranged and delivered.

3.5 Bristol Clinical Commissioning Group (BCCG) also commission care home beds in Bristol and faces many of the challenges faced by the Council in terms of service quality, capacity and value for money. The Council and BCCG have been working closely over the last 18 months to deliver more effective and better integrated commissioning arrangements. This report also describes how this integrated work will be formalised to improve care home services in Bristol.

4. Consultation and Engagement

4.1 Formal Consultation Period

4.1.1 During 2014 the Council undertook a significant consultation and engagement exercise with people that had different knowledge and perspectives of the care home sector. The residents of care homes and their family and friends were central to this consultation, which also included the providers of care home services, BCC social care staff, Councillors, health colleagues and members of the public. This was arranged around a formal 12-week consultation period from 6th August 2014 to 29th October 2014, but in reality the discussions, engagement and interaction with these groups ran throughout 2014 and into 2015. To support this consultation, the Council issued a consultation document (Appendix 2) that described the current situation with care homes in Bristol and posed questions to those involved to establish what they wanted from care home services in the city and that change needed to be made to achieve this.

4.1.2 This consultation was very useful and provides the basis for the proposals described in this report. Appendix 2 contains information on the outcome of this consultation and the action the Council has taken as a result.

4.2 Co-Development Group (CDG)

4.2.1 Having established what the changes to the care home commissioning model must deliver, the Council began to design the detail of a new commissioning model. This process involved the Care Home Provider Forum (CHPF), which is held every 2 months, to ensure care home owners and managers that form the CHPF were aware of the proposed changes and able to use their knowledge to inform these changes.

4.2.2 Representatives from the Council, BCCG and the CHPF have set up a sub-group of the CHPF to work on the detail of the new commissioning model. This is called the Co-Development Group (CDG) and it has met approximately every 4 weeks since September 2014.

5. Current commissioning arrangements and reasons for change

5.1 Overview

5.1.1 Work has taken place over the last 2 years with service users, their families and those with knowledge of care home services to understand their view of care home services. The Council has also obtained information from its quality assurance, safeguarding and complaints processes, close work with the Care Quality Commission (CQC) and its knowledge of wider economic and legislative factors. This has been used to:

a) Understand the current situation in the care home market
b) Assess the impact of the Council's current commissioning arrangements
c) Inform proposals for change outlined in the document
d) Design how best to manage the care home market in the city.

5.2 Contracting and making placements

5.2.1 Spot contracts are used for almost all placements made by the Council. This approach gives no commitment to care homes from the Council about the number of referrals they will receive and no commitment from care homes to accept referrals from the Council. Nor is the process for making individual placements sufficiently transparent as care homes are only aware of the referrals they receive (not those they do not directly receive) and they do not receive feedback on why a person referred to them chooses to moves into another home. This means care homes have no chance to predict the number of referrals they will receive, or any opportunity to change the services they offer to attract more referrals or residents.

5.2.2 These are major reasons why care homes accept placements from other sources and of all the care home beds in Bristol, 50% are used by people that arrange and pay for their own care or people whose care is arranged and funded by other Local Authorities or CCG's.

5.2.3 Any changes to the commissioning model must address this situation to bring greater certainty, predictability and transparency for all parties. Where these improvements can be made, they should lead to a more stable and growing market where service users have much greater choice than at present.

5.3 Service Quality

5.3.1 The Council uses over 380 homes that offer very different types and levels of service. This document is not the place for a detailed analysis of quality in each of these homes, but overall judgements have been made about the quality of service provision, the suitability of this provision and where change is needed.

5.3.2 It is the Council's view that the majority of these homes are set up and operate in the right way. They deliver the types of services that the Council and BCCG needs to commission on behalf of residents and these services are delivered to a consistently high standard. Their approach also ensures that where things do go wrong, the appropriate practice and procedures are in place to quickly identify and resolve the problem. However, the current commissioning model does little to encourage or incentivise these homes to continue to improve their services. This partly relates to the problems described in 5.2 and also because the Council does not endorse, acknowledge or communicate the quality of these services.

5.3.3 The Council also recognises that there are homes where the quality of service provision is not at the required standard. Some homes do not operate in a safe way and this can either be a long term situation caused by fundamental problems within the home, or an isolated incident for a specific period of time. There are robust safeguarding procedures in place to identify these homes and work closely with partners and the regulator to take strong action against them. However, these situations often come to light when things have gone wrong and commissioners currently have few tools that provide early warning signs. An ideal scenario is where homes have a strong incentive to maintain and improve standards and be required to share information with commissioners to enable them to understand what is happening within the home and to recognise potential triggers for future problems (e.g. high staff turnover).

5.4 Type of service

5.4.1 Care Home services are constantly evolving and at their best, service providers can be innovative and lead the way in improving what they offer to their residents. However, there are homes that are unwilling or unable to deliver the services that are needed. The homes may be safe, but the services they deliver are; not suitable to the needs of the residents, not an appropriate way to look after people or not the type of service the Council wishes to continue commissioning. Under the current commissioning model, the focus is on delivering services that keep people safe and well. This is obviously paramount, but must be integrated within the right culture that also allows people to live the lifestyle they want. At the moment the culture in some homes leads to people being de-skilled and becoming more dependent on care and support from others. In the future, the council must encourage, incentivise and require care homes to do better at supporting people to live the lifestyle they want, to maximise their independence and where appropriate, move out of the care home.

5.5 Changes to supply and demand of these services

5.5.1 The current commissioning model has been in place for some time, during which there have been changes in the:

a) Type and level of needs of people living in care homes (e.g. increase in the number of people living with dementia).
b) Expectations of people living in care homes (e.g. greater control over their lifestyle and care).
c) Different source of referrals to Bristol care homes.
d) Level of funding available to commissioners.
e) Cost pressures on providers.
f) Legislative and policy requirements on the Council.

5.6 Conclusion

5.6.1 Based on the Council's view of the current situation, a new commissioning model is needed and must give:

a) Care homes greater commitment about the number of referrals they will

receive
b) The Council and BCCG greater access to care home beds in Bristol
c) Care homes clear standards around the type and quality of service that commissioners require
d) The Council and BCCG more information about what is happening in care homes, how well a home is performing against quality standards and early warning signs of potential problems.
e) The market greater clarity on what type of service provision commissioners requires now and in the future.

6. Proposed commissioning model

6.1 Council and BCCG – Joint working arrangements

6.1.1 This report has been written by Council officers seeking approval to implement changes to the Council's commissioning arrangements. This report is being presented to the Health and Wellbeing Board for approval because of the importance of care homes in the wider health and social care system and the role the Council and BCCG have in commissioning these services. This report also seeks endorsement of a more integrated approach to commissioning between the Council and BCCG, with joint contractual documents and the ability to share commissioning arrangements.

6.1.2 If this report is approved, the following changes will be made:
a) Introduction of a joint Care Home Contract between the Council and BCCG.
b) Introduction of a joint Care Home Service Specification between the Council and BCCG.
c) Introduction of a joint 'Bristol Standard'.
d) Further integration of commissioning practice and processes to manage the care home market, with BCCG able to use the Council's Framework contract, where appropriate, for the commissioning of care homes services.

6.1.3 This joint approach is a key part of the new commissioning model because it will ensure that where a home does not meet the standards set out by the Council or BCCG, or operate in the way they require, they will not receive placements from either commissioner. This adds to the weight of these measures and the importance of care homes achieving them. If this report is approved, staff from the Council and BCCG will finalise a new Contract, Specification and Bristol Standard, which will go through the appropriate governance processes in each organisation and be introduced by 1st April 2016.

6.2 Bristol Standard

6.2.1 The information and feedback provided throughout this process gives a clear and simple message that people want high quality services in care homes. However, the picture becomes much more complex when we look at what makes a high quality service and how different providers set up their service to ensure this. Conversations with care home residents and providers highlighted the importance of many different factors, including the:
a) Layout of the care home – e.g. is it easy for residents to move around?

b) Fabric and environment of the building – e.g. is it in good condition?
c) Staff recruitment and training – e.g. Induction training
d) Policies that govern how staff operate – e.g. Whistleblowing

6.2.2 It is clear that 'quality' means different things to people depending on their point of view. Residents and their families, care home operators, commissioners and the regulators all have slightly different priorities and perspectives. An attempt was made to identify a set of standards currently in use that would cover these different perspectives, but all existing approaches focus too much on e one perspective or another and do not provide the broad view of quality that is required.

6.2.3 Therefore, the Bristol Standard will be introduced as a single, overarching statement of care home quality. It will reflect and complement the requirements of others, for instance, it will include the same 'resident satisfaction' questions used by care homes to allow comparison over time and it will also use some of the same measures used by CQC. In addition to the key issues described in 6.2.1, the Bristol Standard will include broader measures of quality, including:
a) How safe and well led is the service? – E.g. Consider staff turnover and the number of people admitted from the care home to hospital
b) Does the service offer value for money? – E.g. Compare costs and quality to comparable services
c) Does the home offer the right type of services? –
d) How does the service support the independence of residents? – E.g. Are residents supported to live the lifestyle they want and are residents supported to move into different accommodation?

6.2.4 The Council and BCCG recognise their important role in shaping the care home market in Bristol. To reflect this, the Bristol Standard and the requirements within it will be well publicised so it is widely known and understood by care homes, residents, families and other key stakeholders.

6.2.5 Care homes that achieve the Bristol Standard will have the opportunity to receive referrals from the Council and BCCG. These homes will be able to publicise that they meet this Standard and use it as an endorsement of their services. We will issue regular communication and press releases about the homes that meet the Standard, which will be targeted at people who arrange and fund their own care (approximately 50% of people that move into a care home in Bristol). This is aimed at creating a scenario over time where people will only move into homes that meet the Bristol Standard and the homes that do not will need to improve the quality of their service in order to remain financially viable. This reinforces the incentive for care homes to participate, helps the Council and BCCG manage the market and supports increased standards in care homes for all Bristol residents.

6.2.6 A procurement process will be used to assess care homes against the Bristol Standard. As part of this process, care homes will be required to submit information on many aspects of their service. This will include, but not be limited to, how they; arrange and deliver care to residents, recruit, train and reward staff and communicate with residents and their families / friends.

6.2.7 Care homes that are deemed to meet the Bristol Standard will get onto a Framework to deliver services on behalf of the Council. The BCCG can also choose to commission services through this framework or use their own specific commissioning processes. However, both organisations will commit to only using homes that meet the Bristol Standard.

6.2.8 Any care home that fails to meet the Bristol Standard, or that does not participate in this process, will not be on the framework and so will not be able to take new residents commissioned by the Council or BCCG. This will remain the case until they can demonstrate they meet the Bristol Standard and they will have periodic opportunities to do this – expected to be every 6 months.

6.2.9 The Bristol Standard will be underpinned by on-going quality assurance and will be include a set of information reporting requirements on care homes. This will require all care homes to submit information periodically (expected to be every 3 months) on key aspects of how they operate. The Council and BCCG will use these processes to consider:

a) If the home has provided the required information – Failure to do so could mean that the Council and BCCG no longer work with this home.
b) If the data indicates any emerging issues – This is particularly important as it can help identify and address problems before they have a significant impact.
c) If the date indicates that the home may no longer meet the Bristol Standard – This is likely to direct further quality assurance work and could result in the Council and BCCG no longer using that home.

6.3 Dynamic Purchasing System

6.3.1 A key part of this new commissioning model will be an IT system known as a Dynamic Purchasing System (DPS). The system provides an interface to allow the Council to share information about a new care home placement in a quick, clear and secure way. Care homes on the framework will be able to access information about new care home referrals through the DPS. They will then have the opportunity to submit a bid to deliver this service through DPS. These systems are becoming more common and their use is governed by conditions in the Public Contract Regulations (2015).

6.3.2 The DPS is based on a framework agreement. Only care homes on the framework will be able to access the DPS. This means that only those homes will be aware of new car home referral and will be able to bid for these contracts. Care homes not on the framework will not be able to access the DPS and so will not be able to receive new referrals, or bid for any new contract.

6.3.3 The DPS will be used and managed by the Council, but as commissioning arrangements become more integrated BCCG will have the opportunity to use this should they wish to.

6.4 Mixed commissioning model

6.4.1 A thorough analysis has been done of the number and type of care home

placements we make and the needs of people moving into care homes. This analysis showed the need to move away from the current 'one size fits all' approach to commissioning care home services, where almost all placements are made using spot contract.

6.4.2 The proposal is for a 'mixed commissioning model' to be used by the Council to allow different types of contract to be used to commission different types of services for different types of need. Only care homes on the framework will have the opportunity to bid for these contracts. The proposed commissioning model will involve two types of contracting arrangement:

a) Spot – Where the Council does not give any commitment to any care home about the future number of referrals or placements it will make and the care home has no obligation to accept a referral from the Council.
b) Block – Where the care home will keep a number of beds for the exclusive use of the Council / BCCG, who will pay for these beds whether they are being used or not.

6.5 Block contracts

6.5.1 The Council will issue a series of block contract to care homes under this commissioning model. These contracts will require the care home to keep an agreed number of beds available for the exclusive use of the Council, and for the Council to pay for the use of beds at an agreed rate per week, even if they are not occupied.

6.5.2 A tender process will be undertaken to award each of the block contracts. Only care homes on the framework at the start of the tender will be able to bid for these block contracts. Care homes on the framework can choose not to bid for these block contracts.

6.5.3 Block contracts will be used where BCC can predict the type, number and quality of care home places it requires and wishes to secure available beds at the best possible price. Only care homes on the DPS will have the opportunity to bid for these block contracts. They will be required to demonstrate:

a) How they will meet the current needs of residents
b) How they will adapt their future service provision to reflect changing needs of service users
c) How they will work flexibly with the Council – e.g. accept new residents at weekends.

6.6 The block contracts issued by the Council will vary significantly in terms of the type of service being purchased, the length of the contract, the number of beds and the start date. All of these factors will be balanced to ensure that Council has contracts for the type and level of services required, but also ensures it obtains value for money and supports the market to improve and innovate.

6.7 Spot placements

6.7.1 The Council currently commissions services in 380 care homes and spot contracts are used to give the Council flexibility over which of these care homes

it uses. Under this type of contract, the Council has no contractual or financial obligation to use a particular care home and no care home is required to make their beds available to the Council or to accept Council referrals. We propose to continue using this type of contracts but change the process for deciding which home to use and how the rate is agreed.

6.7.2 Under this proposal, as with block contracts, spot contracts will be awarded through the DPS and only open to care homes on the framework. Key information on a service user's needs and requirements will be anonymised and shared with care homes through the DPS. All care homes must then consider if they wish to bid for this contract and if they do, they will submit information on how they will meet that person's needs (quality) and the rate they would charge (cost).

6.7.3 Any home that does not demonstrate that they can meet the individual's needs will not be considered for the placement. The remaining bids from homes will be assessed using quality and cost criteria and the highest scoring and most suitable homes will be shortlisted and given to the potential resident and their family / friends to help them make an informed decision.

6.7.4 The Council will follow this process for all spot placements but will reserve the right to deviate from this process in exceptional circumstances that will allow the Council to:

a) Choose not to follow this process – E.g. If the placement needs to be made in an emergency and cannot wait for the DPS process.
b) Follow this process, but choose not to issue a shortlist – E.g. If there are no suitable options for the service user.
c) Follow this process and choose to issue a shortlist, but not make the placement with one of the providers on the list – E.g. If the service user / the Council does not feel that any of the providers on the list are suitable.

6.7.5 Where the Council does take one of the three actions set out in 6.7.4, it can choose to make a referral directly with a care home, or repeat the DPS process if it feels it will achieve a better outcome.

6.7.6 An overview of this process is provided in Appendix 3

7. Additional features of the proposed commissioning model

7.1 Provider Performance Management

7.1.1 Provider's quarterly performance will impact their status on the DPS. If a provider consistently fails to perform as stipulated in the performance management framework, and if remedial action has not worked, that provider will be removed from the DPS. If that provider would like to enter the DPS at a later stage, they may do so, however must be able to demonstrate that they meet the Bristol Standard.

7.2 Contract Length

7.2.1 Under the spot placements, the Council will not make any commitment to care homes about future referrals. The only commitment is to fund that placement whilst the resident is living in the care home. This is different under a block contract, which will have a specific contract length. The block contracts will vary in length to ensure they reflect the service being commissioned. However, no block contract, or any part of this commissioning model, will impose contractual obligations on the Council that run beyond March 31st 2021.

7.3 Impact on care homes owned / operated by the Council

7.3.1 Under the new commissioning model, it is proposed that any care home that is at least partly owned or operated by the Council will be required to achieve the Bristol Standard. Any of these homes that achieve the Bristol Standard will then be treated in the same way as those homes with a block contract. In practice, this means that the Council or BCCG have the right to consider any available beds in a Council run or owned home, before any other care home with a block contract and before sharing details of the placement on the DPS.

7.4 Expected benefits of the proposed commissioning model

7.4.1 All of the benefits below will be monitored and the success of each will be measured. This will be done in different ways and in some cases using existing reporting mechanisms (e.g. the financial benefits will be monitored through People DLT and Change Board).

Desired Benefit	Time Frame
The care home placement process will be more transparent	Immediate
BCC will not make placements with providers who do not meet our standards	Immediate
Improved Service user/ carer and family satisfaction	Immediate
The capacity of the market will be increased	6 months
Out of area placements will be reduced	6 months
Reduction in hospital admissions from care homes	6 months
Reduction in delayed hospital discharge (due to increased capacity)	6 months
Budget savings	6 months

8. Indicative timetable to implement the proposed model

8.1 The timescales for implementing the above proposals are as follows.

Market Engagement events	14th July 2015 22nd July 2015 30th July 2015 3rd August 2015
Advertise opportunity (OJEU, Proactis, Contracts Finder)	End September 2015

Application submission deadline	End October 2015
Tender evaluation completed	January 2016
Provisional contract award for Spot Contracts	February 2016
Successful providers who meet the selection criteria admitted to the DPS	Expected February 2016
Invitation to tender for block contracts	Expected February 2016
Introduction of Joint Council / BCCG Contract and Service Specification	April 2016

9. Financial implications

9.1 Overview of costs

9.1.1 The responsibility to commission care home services in a way that makes best use of public funds and maximises value for money, has been central to the proposals in this report.

9.1.2 The Council has worked in partnership with EY to analyse the current cost of care home services to consider what changes need to be made to maximise value for money and to assess the financial impact of the changes being proposed.

9.1.3 This information shows the costs for different care types and location of placements.

Care Type	Location	Total	Average weekly cost
Learning Disability	Out of City	206	£1315
	Within Bristol	191	£880
Mental Health	Out of City	188	£671
	Within Bristol	513	£403
Physical Disability	Out of City	208	£477
	Within Bristol	685	£206
Substance Dependency	Out of City	6	£487
	Within Bristol	1	£579
Vulnerable	Out of City	3	£409
	Within Bristol	8	£169
Other	Out of City	12	N / A
	Within Bristol	27	N / A
Grand Total		**2058**	

9.1.4 The information above has reviewed, alongside the processes for how care home services are arranged and rates agreed, to identify where value for money needs to be improved. These key areas identified are:

a) Care types with a high average cost – These are typically for people with learning disabilities (LD) and are very unique situations where only a small

number of homes provide these services.

b) Care types where the Council makes a high number of placements – These are typically for older people in residential care homes. The high numbers mean that demand is predictable.
c) Out of area placements – These typically cost higher than the same service in Bristol – see LD in the table above for an example of this.

9.1.5 Under the proposed commissioning model, the types of placements with high average costs will be arranged through spot contracts and the use of the DPS. All care homes that wish to take on these placements will have to submit the rate they would charge for this service. They will make this decision knowing that this rate will affect their chances of being asked to deliver this service, but with no knowledge of how many other homes are submitting a bid or the rate they are charging. This should reduce rates and ensure the agreed rate maximises value for money. The savings projections have considered the benefits achieved when other Local Authorities have implemented a DPS. The expectation is that when the Council makes placements using the DPS, the rate in the future will be approximately 4% lower than at present. The exact figure will be affected by other conditions in the market.

9.1.6 For the care types where the Council makes large numbers of placements and can predict the number of placements, the types of needs and the services that are required, the Council will use block contracts. The Council currently uses these types of contracts on a small scale and has assessed their impact on costs, and their use in other Local Authorities. As a result, we expect the cost of these placements to be 8% lower under the proposed commissioning model, than at present.

Contract Type	**Current cost**	**% reduction**	**Expected future cost**	**Expected Savings**
Spot	£36.652m	4%	£35.185m	£1.466m
Block	£17.248m	8%	£15.523m	£1.724m
Total	**£53.9m**		**£43.5m**	**£3.19m**

9.1.7 The table above shows the expected level of savings on future placements. The proposed commissioning model will not apply to all existing placements immediately and so we have had to build this in to these proposals and expectations about savings. The figure of £3.19m is unlikely to be achieved but we expect savings in 2015/16 and 2016/17 to achieve the required savings target of £2.635m. The table below shows the expected savings profile:

	15/16	**16/17**	**Total**
TOTAL	£1m	£1.635m	£2.635m

10. Consultation and scrutiny input:

10.1 There has been extensive consultation with service users, stakeholders (both internal and external) and service providers during both the analysis and planning stages of the commissioning process. The formal 12-week consultation

took place from 6th August 2014 – 29th October 2014 and responses were invited via email, an online survey and paper questionnaire. During this period there were four consultation events and discussions at five Partnership Boards and Provider Forums. Following this consultation period, a Consultation Report was written and this can be found at Appendix 2.

10.2 The proposals in this report were presented at Scrutiny on 13th July 2015. There was a detailed discussion and the key points of feedback that Scrutiny asked to be incorporated to the new commissioning model are:

a) The quality of these services is paramount. Members described specific situations and experiences that set out the impact these services can have on people.
b) Small care homes, which typically have fewer staff and resources, must not be put at a disadvantage by the requirements placed on them.
c) The new model should ensure better information is obtained about the practices of care homes. An example is information about staff turnover and staff training.

10.3 Scrutiny requested that a report be brought back to them that describes how the proposed commissioning model will reflect their comments.

a. Internal consultation:

10.4 Support and advice has also been provided by:

- Care Brokerage
- Care Management
- Procurement
- Finance
- Quality Assurance
- Contract Management

b. External consultation:

This information is provided in Appendix 2.

11. Other options considered:

11.1 For each care type all commissioning options were considered and recommendations were made in accordance with the design principles and interdependencies.

11.2 No change to providers – Achieve financial savings by negotiating proportionate funding reductions with all providers. This option would not have achieved value for money or delivered improved quality outcomes for clients. This also does not comply with EU legislation or BCC Procurement regulations. This option would not change the current placement process.

11.3 Re-commission the same services – Re-tender the services at the same service capacity and service model, in an attempt to achieve value for money savings. This option would not have achieved value for money or delivered improved

outcomes for clients. This option would not change the current placement process.

12. Risk management / assessment:

FIGURE 1

The risks associated with the implementation of the *(subject) decision* :

No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (i.e. controls) and Evaluation (i.e. effectiveness of mitigation).	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	The DPS may not realise anticipated savings due to a lack of capacity in care home market and providers putting in a high bid	High	Likely	1. Market engagement and co-production to ensure the market understands DPS. 2. Testing and training of a DPS will involve providers.	Med	Unlikely	Leon Goddard
2	Capacity may be reduced if providers do not meet the Bristol standard	High	Unlikely	1. Market engagement and co-production to ensure the market understands the quality standard 2. Training will be provided to all interested organisations	Med	Unlikely	Leon Goddard
3	Insufficient time allocated to PQQ and tender evaluation	Med	Unlikely	1. Robust project planning techniques utilised throughout this project 2. Progress monitored by Senior Responsible Officer.	Med	Unlikely	Leon Goddard
4	Culture of care homes may not change to become person centred and support service users to achieve outcomes.	High	Unlikely	1. Market engagement to co-develop suite of outcomes is on-going	Low	Unlikely	Leon Goddard

FIGURE 2

The risks associated with <u>not</u> implementing the *(subject) decision*:

No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (i.e. controls) and Evaluation (i.e. effectiveness of mitigation).	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	Increased costs for the council due to constrained market place.	High	Likely	Market engagement is on-going and commissioning intentions have been released to providers through Market Position Statement	High	Likely	Leon Goddard
2	A key requirement of the Care Act 2014 is that providers extrapolate the hotel costs from the care costs. Current process does not allow for this.	Med	Likely	Price breakdown now being requested by Brokerage teams but true costs often masked by providers.	Med	Likely	Leon Goddard
3	Risk of challenge as services not competitively procured.	High	Unlikely	Current providers have no motivation to challenge as are receiving business from the council. Market management is on-going to ensure that this situation remains.	High	Unlikely	Leon Goddard

13. Public sector equality duties:

13.1 In order to ensure that all providers comply with legal requirements and are committed to promoting equality and diversity, bidder's equality policies and/or practices will be assessed during procurement.

13.2 An Equality Impact Assessment (EQIA) has been carried out in July 2015. This document is in Appendix 4.

14. Eco impact assessment

15. Resource and legal implications:

a. Financial (revenue) implications:

The gross budget for Residential and Nursing Care Home provision in 2015/16 is £62.6m (£67.2 in 2014/15) and Service Users income budget is £12.3m (£13.3m. in 2014/15) The net expenditure available for this service is therefore £50.3m which compares to that of 2104/15 of £53.9m. The expenditure on Residential and Nursing Care Home provision is currently estimated at £59m in 2015/16.

The proposals above will enable the achievement of the MTFP savings of £2.635m required to be achieved within the financial years 2015/16 and 2016/17 and also help in mitigating against the rising costs and demand for this service. It

is however difficult at this stage to quantify precisely the additional amount of savings on top of the MTFP savings indicated above that will be realised (i.e. to enable current trend of expenditure to be contained within available budget) from the proposals contained within this report if agreed. This will be monitored as part of the monthly and quarterly financial monitoring report to the People DLT.

Due to the significance and size of the spending on care homes, the sign-off process will involve the Strategic Director – People Directorate and the Council's Section 151 Officer - Service Director (Finance).

Advice given by: Christie Fasunloye – Finance Business Partner (People)
Date: 23rd July 2015

b. Financial (capital) implications:

There are no capital financial implications contained within this report.

Advice given by: Christie Fasunloye – Finance Business Partner (People)
Date: 23rd July 2015

Comments from the Corporate Capital Programme Board:

None

c. Legal implications:

As the Council will be establishing the DPS for joint use by it and the CCG it will be important that suitable working arrangements are in place between the two organisations. The establishment of the DPS and contract awards under it must comply with the new procurement regulations and the Council's own procurement rules.

Advice given by: Kate Fryer, Solicitor
Date: 13th July 2015

d. Human resources implications:

Bristol City Council currently have one in-house care home, which is Redfield Lodge, and is focused on delivering specialist services to those suffering from dementia and complex needs. However any change to how we currently commission placements could put the staff employed at Redfield lodge at risk.

Redfield Lodge is CQC registered and will need to meet the new standards as set out as part of the proposals to be part of the DPS but there is still a risk that if Redfield Lodge does not fill all of its beds, it could create a redundancy situation for employees who work there, ultimately if we don't fill the beds it could mean that the viability of Redfield Lodge could come into question which would mean a closure for the property, and a possible compulsory redundancy situation for 24 employees.

Redfield Lodge will receive support, where appropriate, to succeed in the tender. Once on the DPS our brokerage service will, where possible, place service users

in Redfield Lodge. These placements will be done on a spot basis and it will not be a block contract. There is still a risk that the facility will not be able to fill its beds and have an impact on the employees at the care home as described above for some employees.

Advice given by: **Lorna Laing – HR Business Partner**
Date: **23rd July 2015**

16. Appendices:

Appendix 1 – Market Position Statement
Appendix 2 – Care Home Consultation report
Appendix 3 – Proposed Care Home Commissioning Model
Appendix 4 – Care Home Equality impact Assessment

Market Position Statement

Residential and Nursing Care Homes

2014-15

Author: Sarah Evens, September 2014

Contents

Section One: Introduction

This is the first version of Bristol City Council's Market Position Statement (relating to Care home Services); we would welcome feedback from providers and other interested parties to help us improve this document for future versions. It is intended that the Market Position Statement will be a living document, regularly updated by commissioning staff and the product of an on-going dialogue between commissioners, providers and other interested parties.

1.1 What is a Market Position Statement?

Our Market Position Statement (MPS) is a document aimed at providers within the care home marketplace. This statement provides intelligence, information and analysis about the supply and demand of care home services to enable providers to respond to gaps in the market and to prepare for projected future trends.

We used information from different sources to compile this statement including:

- The Bristol Joint Strategic Needs Assessment JSNA
- Feedback from our providers
- Feedback from service users, carers and their families
- Information from other services on the care pathway (including homecare)

1.2 Who is this document for?

This document is primarily for the use of providers of Care Home services, which will include:

- Independent and private providers
- Voluntary and community sector providers
- Providers who are currently working with BCC and who wish to work with BCC in the future.

1.3 Why do we need a Market Position Statement and how will it help?

We believe that the best way to achieve a diverse and responsive market place is to communicate with providers our projected demands and the emerging gaps in provision in the city.

Section Two: The Current Situation

2.1 Who currently uses Care Home Services?

There has been a period of unprecedented population growth in Bristol over the last decade. Since 2001 the population of the Bristol Local Authority area is estimated to have increased by 42,400 people (10.9%) because of an increase in net-international migration and a significant increase in the numbers of births and a decrease in the number of deaths.

The following table shows the current numbers of service users in a Bristol City Council funded care home placement (fully or partially funded). The figures in this table derive from a snapshot of PARIS data in February 2014.

	February 2014		
	18-64yrs	**65+**	**TOTAL**
TOTAL	499	1498	1997
LD	298	99	397
MH	103	79	182
PD	81	103	184
N	2	331	333
NEMI	1	247	248
REMI	3	203	206
FNC	11	233	244
OP	N/A	203	203

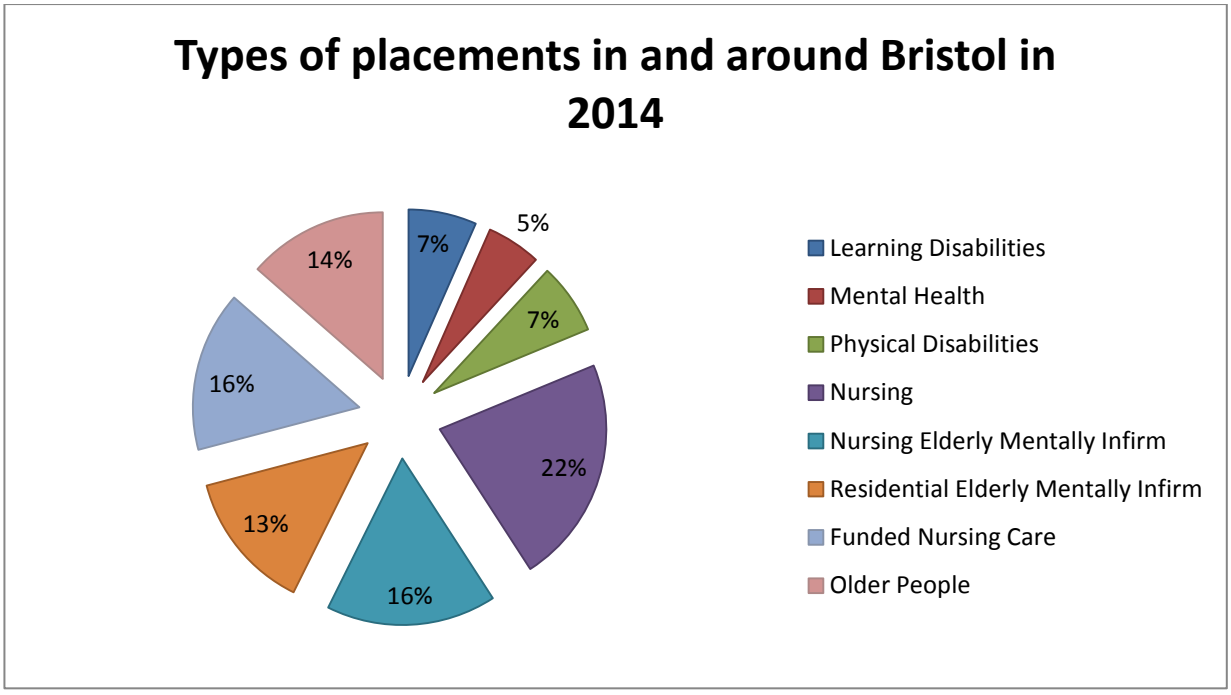
Key: LD = Learning Difficulty; MH = Mental Health, PD = Physical Disability, N = Nursing, NEMI = Nursing Elderly Mentally Infirm, REMI = Residential Elderly Mentally Infirm, FNC = Funded Nursing Care, OP = Older People

Within Bristol we currently have 1997 service users in care homes funded by Bristol City Council (either fully funded or partially)[1]. For those between the ages of 18-64 the highest number of placements is for those with learning disabilities followed by mental health needs and finally physical disability.

Bristol's 57,200 older people make up 13% of the total population i.e. 1 in every seven people living in Bristol is aged 65 or over. The proportion of older people is lower than in England and Wales as a whole where 17% of the population are aged 65 and over. There are more than 9,000 people living in Bristol aged 85 and over.

For the older people in nursing and residential homes receiving care funded wholly or in part by Bristol City Council there are high numbers of elderly mentally infirm (EMI) placements in both residential and in nursing homes as expected in the over 65 population.

[1] Taken from a snapshot of PARIS data February 2014

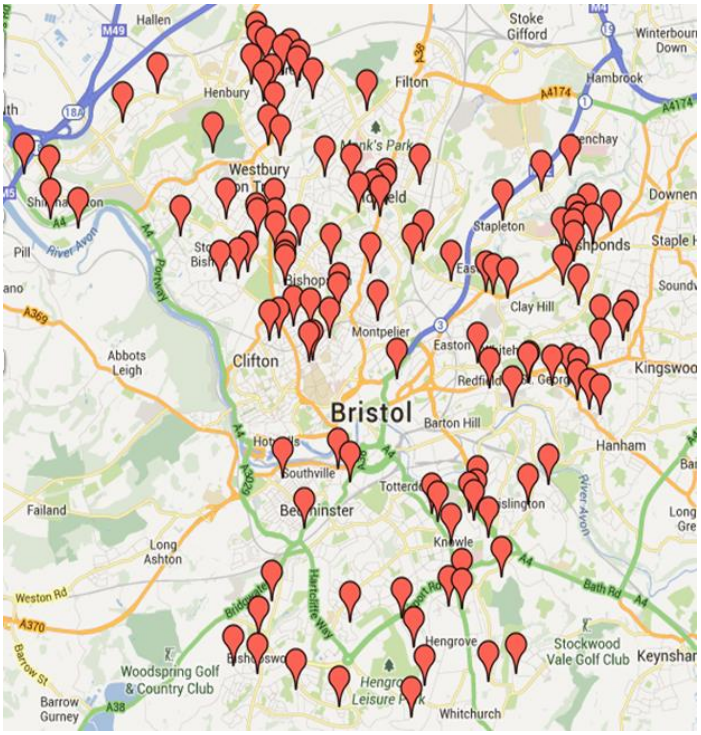


2.2 The national care home market

The majority (58%) of the care home services market is operated by 'major providers', with the remainder made up of independent and small homes. Local Authorities pay for just under half (49%) of all residents nationally, but with considerable regional variation: in the South West local authorities purchase 42% of care home beds on average. The market leader is currently Four Seasons Health Care with a 6.2% share, they replaced Southern Cross who had 10.2%. The average size of care homes is steadily rising – homes with nursing increasing in average size from 24 to 50 places and residential homes increasing in average size from 15 to 29 places. Nationally, the top ten providers control 11% of the care homes but 21% of the beds.

2.3 The care home market in Bristol

Currently there are 125 CQC registered Care Homes for older people within the Bristol City boundaries, providing approximately 2600 beds. The majority of these homes are situated in the North of the city (see map below) and are owned by the voluntary and private sector. After a recent closure programme, Bristol City Council currently owns and runs just one care home: Redfield Lodge for people with dementia which has 40 beds.



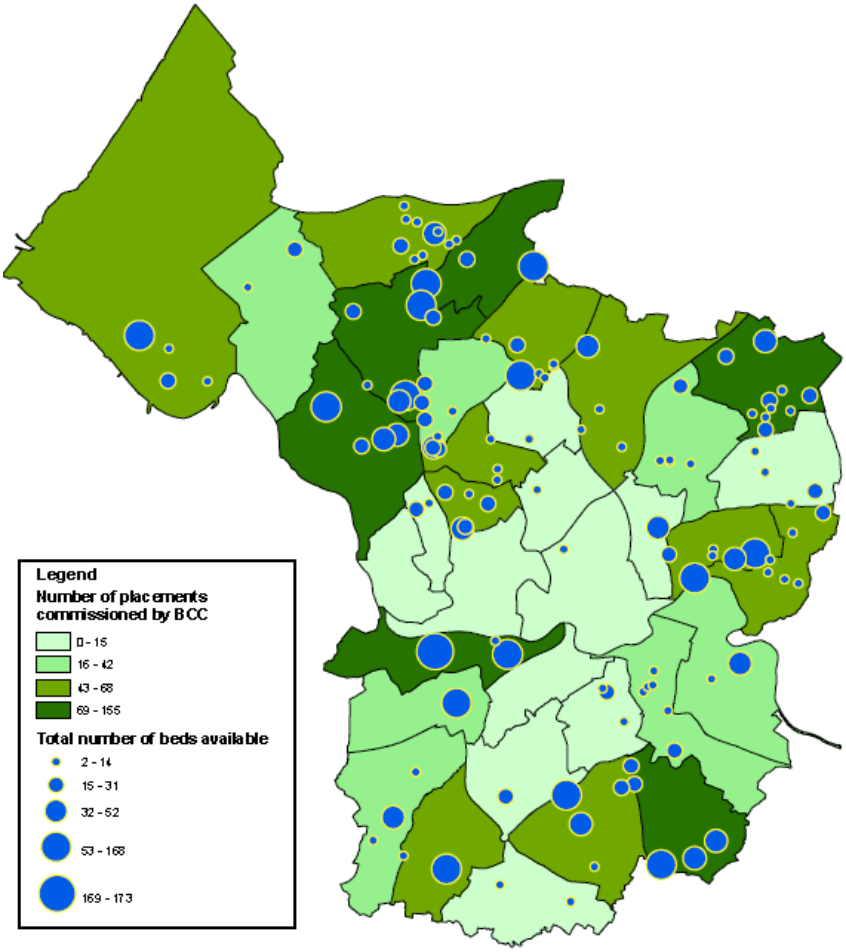
Map 1. Registered Care Home locations in Bristol at August 2013 (www.cqc.co.uk)

Of the care homes in Bristol, there are 89 Care Homes who provide residential care only (70%) and 38 who provide nursing care (30%). The breakdown of the type of care offered within these provisions is highlighted below:

The 38 nursing homes in Bristol vary in size from 7 to 171 bedded establishments. The majority (20 homes) have more than 40 places whilst only 8 nursing homes have less than 20 places –all of which have learning disability and/or mental health specialism and are operated by Brandon Trust or Milestones Trust. The remainder of residential homes are medium sized - 20 homes have 11-20 places and 13 homes have 21-30 places – and none have more than 40 places.

2.4 What we currently buy from the market

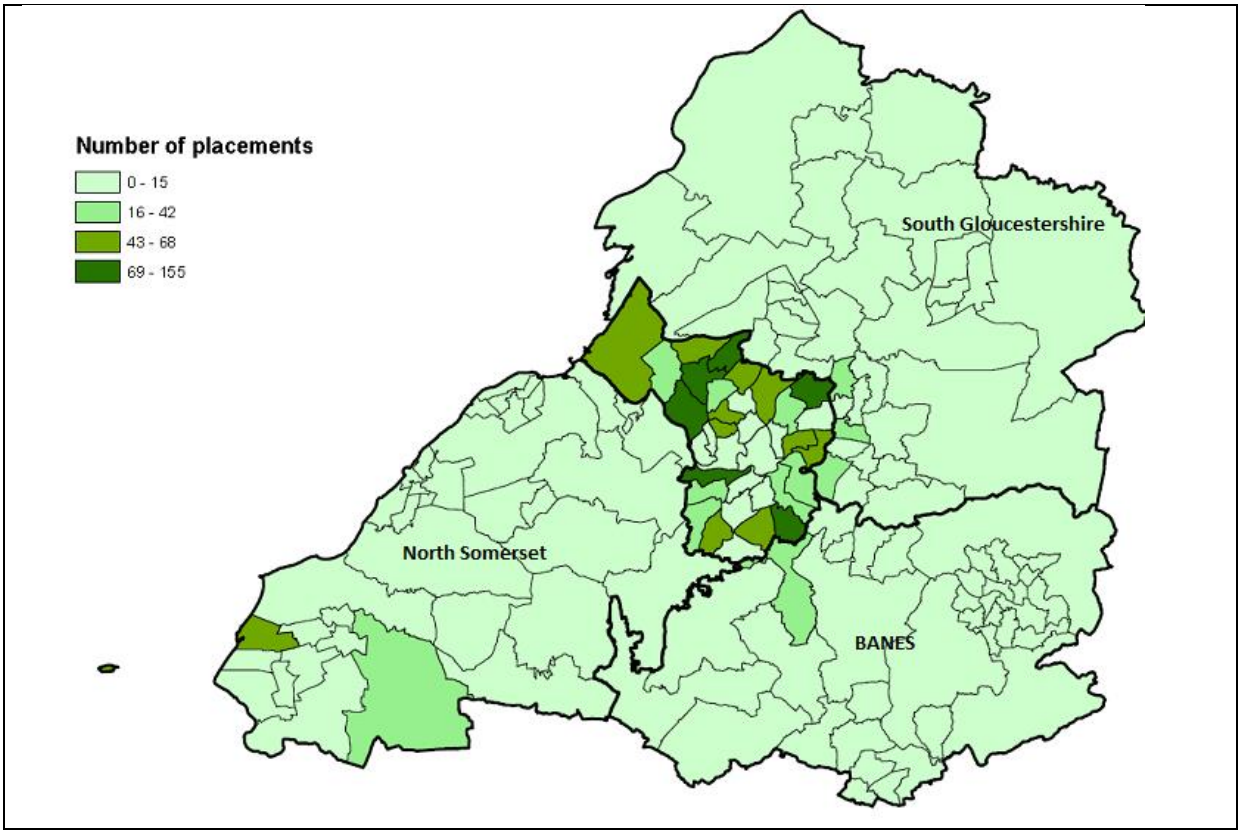
We purchase 58% of the available beds within the Bristol City borders; this is mapped below showing the number of beds commissioned by BCC against the number of beds available. The remaining beds are purchased by self-funders and a low number of other authorities.



Map 2: Number of beds commissioned by BCC against the number of beds available.

2.4.1 Out of County Placements

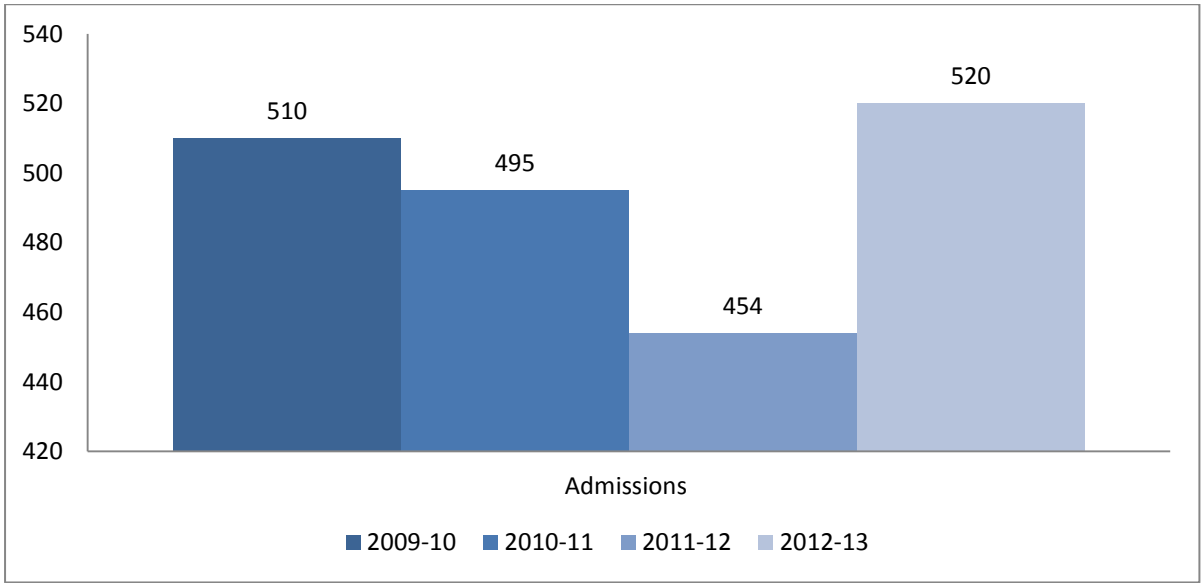
Due to a lack of specialist capacity within Bristol, we commission many placements outside of the Bristol City border for people with complex needs (including those with learning difficulties, mental health needs and physical / sensory impairments). We currently commission care home placements from over 170 providers across local and out of county placements, the majority of which are close to the Bristol City border situated in South Gloucestershire, Bath and North East Somerset and North Somerset. This is depicted below:



Map 3: Number of out of area placements made by Bristol City Council

2.4.2 Number of Placements

Bristol has a high rate of permanent admissions to care homes compared to both comparators and the England average: 835 admissions per 100,000 people in 2012-13 compared to 748 for comparators and 709 for England. This is because of higher rates of admissions to nursing homes rather than residential homes which are slightly below average for 2012-13.



Graph: Annual number of **new** admissions to care homes in Bristol

Due to a reduction in acute hospital beds in Bristol hospitals and service users being discharged into care homes as an interim measure, this figure increased by 15% in 2013.
We are working with colleagues in Bristol's Clinical Commissioning Group (CCG) to implement a re-ablement approach in home care with the aim of increasing service user independence and reducing care home admissions. Alongside this, our in house re-ablement team work alongside hospital discharges with the intention of reducing permanent admissions to care homes.

2.5 Quality

Bristol City Council believes "Quality is everybody's business" and is committed to "improving the process to ensure the consistently high standard that we want to find in Bristol's services".

We have some work to do. We have recognised that when it comes to Care Homes, quality is the top priority for people receiving services and for people selecting Care Home services for their family and friends. Yet through regular consultation with service users and carers, feedback from BCC staff and other stakeholders and through our Quality Assurance Team we have established that quality in the current Care Home market in Bristol is sometimes variable.

Many service users, relatives and professionals say there are aspects of care they are not satisfied with and we acknowledge that some of these problems relate to the way we commissions services. We are therefore committed to reviewing all aspects of how Care Home services are commissioned and arranged, and will consider our commissioning model to explore how this can be improved by using better practice and processes to ensure quality for people using these services, for more detail please consult the Care Home Commissioning Strategy.

BCC have systems in place to check the quality of Care Home services, these systems include a quality assurance framework and plan and unannounced visits from our Quality Assurance Team.

Section Three: Political and Financial Context

3.1 National Policy

Recent changes in government policy have placed significant responsibility on Local Authorities to ensure their approach to care homes offers service users choice and control whilst providing quality services which focus on people's needs and outcomes. These, along with local directives form the basis of how BCC commission Care Home services. More information can be found in the Bristol City Council Care Home Commissioning Strategy which is currently under consultation www.bristol.gov.uk/carehomeconsultation and at www.gov.uk/government/organisations/department-of-health.

3.2 The Care Act (Act of Parliament due to be implemented in 2015/2016)

This Act sets out to achieve the vision of the 2012 white paper 'Caring for our Future' and to develop the draft Care and Support Bill (published July 2012). The Act aims to reform and modernise the adult social care system by proposing to consolidate care and support law into "a single, clear statute, which is built around the person not the service" placing individuals in control of the care and support services that they receive. The key changes from the Care Act which impact Local Authorities are:

- Cap on contributions to care
- Better information, advice and guidance
- Care focused around the needs of the individual
- Carers' services will be placed on equal footing to those they care for
- Joined up health and social care budgets

3.3 Local Policy Context

As part of its 20:20 vision the Bristol Partnership has developed four priorities, of which reducing health and wealth inequality (priority two) is of the most relevance to this work. You can find more information about our corporate priorities here 20:20 Plan – Bristol's sustainable city strategy | Bristol Partnership.

Bristol City Council's Health and Wellbeing Strategy places additional emphasis on reducing social isolation and improving dementia facilities for service users and their carers/families.

3.4 Financial Messages

It is a fact that the council and our partners face an unprecedented challenge today, with resources shrinking right across the public sector, just as demand increases for the services we provide. Bristol City Council needs to find approximately £100million in savings between 2014 and 2017.

We spend approximately £59 million a year on care home services. This figure is approximately half of the total amount that we spend with independent providers to deliver all social care services to adults.

As with all of our budget areas, Bristol City Council is looking to work in partnership with our providers to reduce our spend whilst still commissioning value for money services that meet the needs of the people of Bristol.

Section Four: Future Projections and Plans

4.1 Future Projections

If recent trends continue, the total population of Bristol is projected to increase by 25,700 people (5.8%) between 2014 and 2020 to reach a total population of 467,000 people in 2020. The projections suggest continuing increases in the number of children, young people in their 20s and 30s, people in their 50s and older people in their 70s.

The following table shows the projected increase in the number of service users for each care type, using the 2014 data as a baseline and applying the population increase predictions.

	2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**
POPPI* total population projections for 2014, 16, 18, 20	3%	4%	5%	6%	7%	8%	9%
18-64	499	519	524	529	534	539	544
LD	298	310	313	316	319	322	325
MH	103	107	108	109	110	111	112
PD	81	84	85	86	87	87	88
N	2	2	2	2	2	2	2
NEMI	1	1	1	1	1	1	1
REMI	3	3	3	3	3	3	3
FNC	11	11	12	12	12	12	12
65+	1498	1558	1573	1588	1603	1618	1633
LD	99	103	104	105	106	107	108
MH	79	82	83	84	85	85	86
PD	103	107	108	109	110	111	112
N	331	344	348	351	354	357	361
NEMI	247	257	259	262	264	267	269
REMI	203	211	213	215	217	219	221
FNC	233	242	245	247	249	252	254

OP	203	211	213	215	217	219	221

* Projecting Older People Population Information data www.poppi.org.uk/
**taken from PARIS snapshot February 2014
Key: LD = Learning Difficulty; MH = Mental Health, PD = Physical Disability, N = Nursing, NEMI = Nursing Elderly Mentally Infirm, REMI = Residential Elderly Mentally Infirm, FNC = Funded Nursing Care, OP = Older People

The table above shows the position if we do nothing different. There are many streams of work across the council and CCG aimed at prevention of illness or accident or promoting different ways for people to maintain their independence. However, the evidence base for some is in its infancy or notoriously difficult to prove a direct causal link (please see section 4.2 for more details).

4.1.1 Increase in the number of older people

By 2020 it is estimated that there will be 63,500 people aged 65 and over living in Bristol this is an additional 4,700 older people, an increase of 9%.

In addition to this, the number of people aged 65 and over expected to live in a care home in Bristol is expected to increase up until 2020 for both self-funders and Local Authority funded residential and nursing care, as shown in the table above.

(www.poppi.co.uk / Office for National Statistics (ONS), published 28 September 2012)

So what do we need from Providers?
There will be increasing numbers of older people requiring care home services or equivalent in Bristol and therefore we require more residential and nursing placements across all categories.

4.1.2 Prevalence of disabling conditions in young people

There are currently an estimated 84,145 children living in Bristol, of these there may be in the region of 6,300 young people (0-18) with a significant physical or mental difficulty or severe chronic medical condition that could potentially impact on their daily lives. The majority of all potentially "disabling conditions and chronic illnesses" are mental difficulties, including general and specific developmental delays and mental health difficulties (24% of all, or 36% of potentially disabling conditions only). We expect that every year in Bristol approximately 8-10 young people will be moving on to and requiring specialist adult services which are able to support these young people to successfully navigate the transition.

Source: The prevalence of childhood disabling conditions, Bristol pilot study 2009-10; June 2010

So what do we need from Providers?
We need more specialist capacity within Bristol boundaries to support the transition of young disabled people from children's to adult services

4.1.3 Prevalence of learning difficulties in adult population

Learning Difficulties (LD) is the locally preferred term used to describe people who "have a significantly reduced ability to understand new or complex information (usually defined as having and IQ below 70) and a reduced ability to cope independently (impaired social functioning); which started before adulthood, with a lasting effect on development"[17]. The national average of people with learning difficulties is 2% and in Bristol today, with an estimated adult population of 357,140, this would equate to 7,140 adults (or 8,830 including children). Studies suggest that the numbers of people with learning difficulties are increasing, with estimates in the area of 14-15% by 2021[19]. Overall, this is a comparable rate of increase to that of the wider Bristol population. In 2012 it is estimated that there are 1,780 adults with a moderate to severe learning difficulty in Bristol, projected to increase to 1,900 by 2020.

The number of people with learning disabilities aged over 60 in England, is predicted to increase by over a third between 2001 and 2021 (Emerson and Hatton 2008). Recent evidence suggests that older people are one of the fastest growing groups of the learning disabled population (Emerson and Hatton 2011). Increasingly providers will need to consider how to provide services for older people with LD with co morbidity (e.g. dementia).

So what do we need from Providers?
We need more specialist capacity within Bristol boundaries to support people with learning difficulties. This includes a need for more supported living facilities as well as flexible approaches to changing age profile.

4.1.4 Prevalence of people with mental health needs

1 in 4 people in the UK will suffer a mental health problem in the course of a year. 46,300 people (18+) are estimated to have a common mental disorder of some level in Bristol (2012), but hospital admission rates for mental health needs are significantly better than national average (2009/10-2011/12).

The number of people living with mental health conditions is likely to increase steadily to 2015 and onwards along with the population. External factors, such as the recession, may increase the prevalence rates of mental health difficulties in adults which will place pressure on existing facilities.

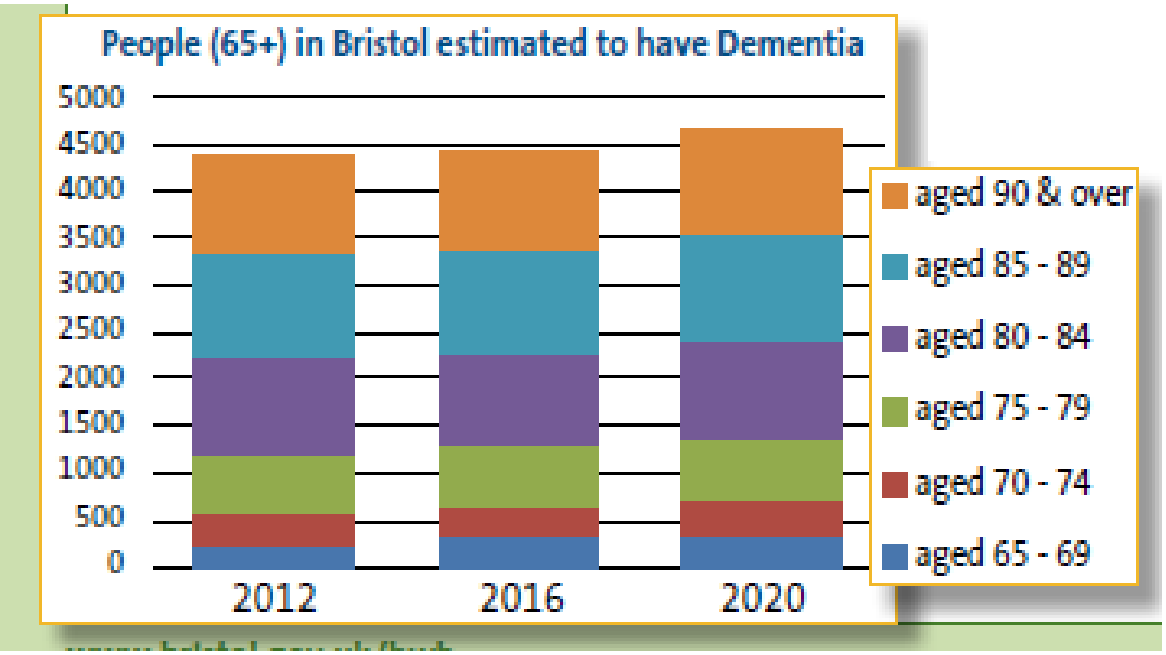
Source: JSNA update 2013: Mental Health

So what do we need from Providers?
We need more specialist capacity within Bristol boundaries to support people with complex needs, including those mental health needs

4.1.5 Increase in people with Dementia

Bristol has an ageing population and a range of health issues, including disabilities and limiting long-term illnesses which may be more prevalent in a more elderly population. The graph below shows the predicted increase of people with Dementia, which is broadly in line

with the population increase and is significant in the planning for future care home capacity to meet the needs of these people.



Source: Bristol Health and Wellbeing Strategy 2013

To go some way to meet this need, Bristol City Council recently began a process to identify a partner organisation to develop three specialist dementia facilities which will increase provision across the city (80 BCC funded beds by 2016) www.bristol.gov.uk/page/health-and-adult-care/dementia-care-home-partnership. There are also plans to build another 40 BCC funded specialist places co-located with extra care housing by 2018 www.bristol.gov.uk/page/adult-care-and-health/retirement-living.

So what do we need from Providers?
Despite our plans to build more specialist dementia care home facilities in the city, we still expect the projected increase in the number of individuals with dementia to place pressure on existing facilities. We therefore need an increasing number of care home placements for people with dementia.

4.1.6 Geographical gaps

We currently place a large proportion of residential placements for people with learning difficulties out of Bristol (see map 3, page 3).

We recognise that many service users want to be in a facility closer to home and therefore we will need care homes in the city that provide services for these individuals. It is important to recognise that this will not be possible for all service users where they receive very specialist care. However, it is our intention to assist the market to grow capacity within Bristol to support people with complex needs to enable relocation where possible.

There are significant gaps in the Care Home market particularly in the South and Central / East Bristol localities, relating specifically to residential and nursing care placements for people with Dementia.

So what do we need from Providers?
We need more care home placements available in the South and Central/East localities, specifically residential and nursing care placements for people with Dementia. We also need more specialist capacity within the Bristol boundaries for people with complex needs, including those with learning difficulties, mental health needs and physical/sensory impairments.

4.2 Initiatives to limit future demand

As we age, our preference for receiving services and as close to - if not within -our own homes does not change. The Care Act requires us to protect social services and personalise them so they reflect individual preference. Initiatives in the spirit of this legislation may affect the numbers of people requiring long term residential care in the future. The £30 million Better Care Fund aims to better integrate health and social care in ways that will support independent living for longer. Neighbourhood and community services, including specialist services for frail and elderly people are proposed to improve the quality and accessibility of local care. If successful, the Bristol Ageing Better bid for £6 million of government funding to tackle isolation and loneliness – both major contributory factors to declining health and independence – will support people's quality of life and healthy ageing. Falls are a significant cause of admission to care homes, and the rate of falls injuries is increasing. If successful, planned and proposed interventions are expected to deliver targets set by the Bristol's Health and Wellbeing Board to reduce the increase in falls related admissions.

Other initiatives include an increase in the number of ECH flats in Bristol over the next 10 years. Research by East Sussex Council (ECH Evaluation Report 2013) suggests that up to 60% of ECH residents would have otherwise required residential level care. Bristol plans to build 200 more ECH units available for social rent by 2023. There will also be a further 850 ECH flats available for private sale http://www.bristol.gov.uk/page/adult-care-and-health/retirement-living

We are changing the way we commission homecare services to increase the focus on reablement and reducing care home admissions. Alongside this, our in-house re-ablement team work alongside hospital discharges with the intention of reducing permanent admissions to care homes.

Bristol City Council has recently written an Accommodation Strategy http://www.bristol.gov.uk/page/health-and-adult-care/accommodation-strategy-people-mental-health-learning-disabilities-and . The resulting action plan includes our intention to increase the number of support living services in Bristol. If achieved, this may reduce the need for some care home placements for some services users, particularly those with learning

difficulties or those transitioning from children's residential services. We welcome more supported living provision in Bristol.

We currently commission planned and unplanned short stays for older people including those with dementia, with a range of need including for nursing care. We have 11 for unplanned respite stays and 21 for planned respite, including 1 respite flat in Extra Care Housing. The majority of these respite beds are available in the north of the city and we particularly need more respite provision in the south and central/east localities.

Other initiatives include a potential increase in take up or Telecare or Telehealth.

The results of these initiatives on requirements for care home provision remain uncertain. Their effect on the required number of overnight beds is counteracted by continuing improvements in life expectancy, hospital treatment and changes in family size and structure which is resulting in more people living alone.

4.3 The future of quality in care home settings

We are currently working on a new Quality Assurance approach for the People Directorate (Adult Health and Social Care and Children's services) 'the BCC Quality Framework' that involves all stakeholders in delivering quality services.

As part of the review of the approach we will define what our aspiration is for quality in care home settings. This will involve providers.

It will improve the way we:

- hear about service quality
- judge its standard
- tell people about our findings

By involving stakeholders at three stages:

- intelligence gathering
- quality monitoring visits
- response and reporting

The focus will be the outcomes on which specifications for contracts are based. That is, the benefits derived by the people who receive care and support.

What do we need from Providers?
Service users and carers tell us that when it comes to care homes, quality is their top priority. We need care homes which provide consistently quality services to service users.

4.4 Future development site opportunities

We have set out in this document what we expect to be the demand for care home services in the future. Particularly in the areas we have described, we welcome the increase in care home facilities in Bristol.

The Site Allocations and Development Management Policies set out BCC's proposed site allocations for development, designations and development management policies. This information provides existing and potential care home providers an opportunity to review potential sites available now or in the future within the City to develop new provision. Further detail can be found at the website:
www.bristol.gov.uk/siteallocations

Section Five: Commissioning Intentions and Priorities – Next Steps

5.1 Summary of what we need from providers

In developing this market position statement, BCC has used feedback from Service Users, Carers, Providers and Social Care Practitioners alongside demographic information to develop strategic commissioning intentions for the council. Here is a summary of what the council wants and needs to buy from its Residential and Nursing Care Providers:

1. There will be **increasing number of older people** requiring care home services in Bristol and therefore we require more residential and nursing placements across all categories.

2. We need more **specialist capacity** within Bristol boundaries to support the **transition** of young people from children's to adult residential and nursing services.

3. We need more **supported living** services within Bristol

4. We particularly need more **specialist capacity** within Bristol boundaries to support people with **complex needs**, including those with learning difficulties, mental health needs and physical / sensory impairments.

5. Despite our plans to build more specialist dementia care home facilities in the city, we still expect the projected increase in the number of individuals with dementia to place pressure on existing facilities. We therefore need an increasing number of care home placements for people with **dementia**.

6. We need more **care home placements** available in the **South and Central/East localities**, specifically residential and nursing care placements for people with Dementia.

7. Service users and carers tell us that when it comes to care homes, **quality** is their **top priority**. We need care homes which provide consistently quality services to service users.

8. We need more **respite provision**, particularly in the south and east/central localities

5.2 Our Commissioning Intentions

Below is a summary of our commissioning intentions over the next few years.

5.2.1 We will ensure that there is quality provision within the Care Home market (linking to the BCC Quality Framework when available) by involving service users, relatives,

service providers and other stakeholders to work in partnership and by monitoring outcomes for the individual.

5.2.2 We will implement a new commissioning model for Care Home services that focuses on value for money enables efficiencies to be realised by bringing Bristol City Council in line with other Local Authorities. The existing model for commissioning residential and nursing care has been in place for some time and therefore it is timely to review the model as part of the commissioning cycle and determine whether a different model will help to secure capacity, increased value for money, higher quality and innovative services. More detailed information on the key features and process of this is available in the Care Home Commissioning Strategy.

5.2.3 We will work with the Bristol NHS Clinical Commissioning Group to design and implement a new joint contract that both parties will commission placements for Care Homes under. The main document will set out overarching terms and conditions for Providers to agree to, there will then be specific schedules which relate to the type of provision being commissioned. This contract will be in place from 1st April 2014.

5.2.4 We will address the issue of gaps in provision of specialist services for people with complex needs by working in partnership with Providers in the city to grow and establish services. This will include securing a Strategic Partner to develop Dementia Care Homes within the city; more information is available in section four of this document.

5.2.5 We will reduce the use of out of area placements particularly for people with learning difficulties, mental health and sensory impairments; this is linked with other projects within the People Directorate, namely the Accommodation Strategy which will afford individuals more choice regarding the location of their care – more information is available at www.bristol.gov.uk/page/health-and-adult-care/accommodation-strategy-people-mental-health-learning-disabilities-and.

5.3 Next Steps

Following feedback from providers on the market day on 24th September, we will finalise this Market Position Statement. We will then publish this document along with dates for review as the MPS will be a living document, regularly updated by commissioning staff and the product of an on-going dialogue between commissioners, providers and other interested parties.

If you have any comments or suggestions please contact:

Leon Goddard
Service Manager: Joint Commissioning - Adults
2nd Floor, Amelia Court
Pipe Lane
Bristol BS1 5AA
0117 903 6158
leon.goddard@bristol.gov.uk

Consultation Report

The following document comprises of reports from the formal consultation on Care Home Commissioning conducted in August – October 2014. There are 2 sections:
Section 2a: Care Home Commissioning – Consultation Report
Section 2b: Care Home Consultation Response

Bristol City Council consulted on the future care home commissioning in August and September 2014. The information gathered during this formal consultation period has informed and shaped the proposals for the Care Home Re-commissioning.

Care Home Commissioning Consultation Report

"I would like to live in an environment that understands me as an individual and supports me in achieving my aims."

Current Care Home resident

Glossary and Abbreviations

Terms will be used throughout this document that may be unfamiliar or where some people have a different understanding of its meaning to others. These terms have been listed below in the order in which they appear in this document, along with any abbreviations that are used.

Bristol City Council (BCC)	The organisation that has overall responsibility for arranging and funding services, in this case care home services, to ensure people in Bristol receive services appropriate to their needs. BCC 'commissions' other organisations to deliver these services on its behalf and will be referred to as the 'Commissioner'.
Commissioner	An organisation that enters into an agreement to purchase services from an organisation (provider) that the provider will then deliver. In this context Bristol City Council commissions care home services from independent providers who then deliver these services to their residents.
Care	This is the help that is provided to a service user by a care worker, which could be personal care or nursing care.
Care Homes (also referred to as 'providers'	A Care Home is a residential setting that enabled individuals to maintain their relationships and interested with in site care services. In addition to the accommodation, they provide help and assistance with: • Personal Hygiene, including help with washing, bathing, shaving, oral hygiene and nail care. • Continence management, including assistance with toileting, skin care, incontinence laundry and bed changing. • Food and Diet, including preparation of food and fulfilment of dietary requirements and assistance eating. • Counselling and support, including behaviour management, psychological support and reminding devices. • Simple treatments, including assistance with medication (including eye drops), applications of simple dressings, lotions and creams and oxygen

	therapy. • Personal assistance, including help with dressing, surgical appliances, mechanical or manual aids, assistance getting up or going to bed.
Care Home with Nursing	These homes provide the same help and assistance with personal care as those without nursing care but they also have professional registered nurses and experienced care assistants in constant attendance who can provide 24-hour nursing care services for more complex health needs as prescribed by physicians. In addition to being registered to provide general nursing care, many homes also offer rehabilitation services; different therapies, including physical, speech and pain therapies; and specialist health care including, dementia care, EMI nursing care, cancer care, services for younger people with physical disabilities (usually aged 18 - 64). These homes are for people who are very frail or for people who are unable to care for themselves, who have numerous health care requirements.
Care Home Services	All aspects of the service that a provider delivers, and that a resident receives, in a care home. This will include the provision of accommodation (e.g. the person's room and bed), care services (e.g. help getting out of bed) and other services (e.g. meals, laundry and activities).
Choice	The power, right, or liberty of an individual to choose the services and care they receive.
Clinical Commissioning Groups (CCG's)	CCGs are groups of GP Practices that are responsible for commissioning most health and care services for patients, working with other healthcare professionals and in partnership with local communities and Local Authorities.
Commissioning Model	A description of all practice and processes that are set out by the commissioner and describe how care home services will be commissioned (which care homes BCC uses), arranged (the process of moving a person into a care home) and delivered (the way in which care home services are provided to residents). These arrangements are collectively known as the 'Commissioning Model'.

	This is an overarching term for the practice and processes that are implemented by a Local Authority (LA) to govern how services are arranged and delivered and how services providers are chosen, paid and monitored.
Consultation Report	The document that considers the current Commissioning Model and describes what changes will be made to this and how they will be implemented. This will consider current levels of supply and demand, quality, future needs, requirements and best practice.
Consultation	The act or process of consulting, often with key stakeholders including service users, their family, friends and associates, providers and other interested parties. This is often a structured situation with a formal start and end date and pre-arranged activities.
Dementia	A chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning.
Dynamic Purchasing System (DPS)	A DPS is a completely electronic system which may be established by a contracting authority to purchase commonly used goods, works or services. It has a limited duration.
Independence	Independence means encouraging an individual to do as much as they can for themselves.
Lots	Lots are a way of managing a framework agreement and organising providers into groups.
Mini-tender	Describes a process that is undertaken when a care home service needs to be set up for an individual. Within the new commissioning model this will be undertaken for each placement and will be proportionate, so it will require very little time and effort from any party involved but will provide assurances about the suitability and appropriateness of the care homes wishing to be considered and will give BCC a means of identifying the best quality provider.
Needs	This describes what aspects of Service Users lives which they require care and support for Service Users receiving care home services will have had a formal assessment from social care staff that will consider and document exactly what these needs are.

Outcomes	The intended result for people derived from their needs assessment.
People Directorate	People Directorate provides help and support for many people aged 18 or over. This includes older people, disabled people, people with learning difficulties, those with mental health needs, people with HIV/AIDS and carers. It also takes the lead in protecting vulnerable adults from harm.
Placements	This term is sometimes used to describe a situation where a service user is living in a care home.
Providers	This term is often used to describe an organisation that owns a number of different care homes. However, within this document this term will describe a specific care home (and used exactly the same as the term 'care home') It will only be sued to describe an organisation that owns different homes if this is specifically stated.
Reablement	A range of [high quality] integrated (People Directorate) services (provided to individuals on a short-term basis) to promote recovery from illness, prevent unnecessary hospital admission and premature admission to long term residential care, support timely discharge from hospital and maximise independent living.
Self-funders	Self-funders are people who arrange and fund their own social care services.
Tender	A formal process that a commissioner undertakes to identify providers that it will award a contract to. These do not occur very often and will take place where a contract is coming to an end or a new commissioning model is being introduced, as in this case.
Service Users (SU)	The people that receive a social care service that is arranged and funded (at least in part) by BCC. In this Strategy, the term will specifically relate to the people that receive a home care service. The term 'resident' may also be used and whilst in most cases they mean the same thing, the term 'resident' will only be used to describe someone living in a care home, whereas the term 'service user' will describe anyone receiving a service even though this may not be

	a care home service.
Stakeholders	These documents will inform service users, carers, providers of care home services, the voluntary and community sector, BCC staff and other interested parties. Stakeholders can be defined as any person or group of people who have a significant interest in services provided, or will be affected by, any planned changes in an organisation. They can be internal or external to that organisation, for example they can comprise staff, service users, families, providers, GPs and members of the public and community groups.
Support Plan	A plan created by the BCC social care staff, which documents the outcome of the assessment by BCC staff. This will include information on the SU, their needs, the outcomes they want to achieve and how this can be done.

Contents

Section One: Introduction

1.1 What are Care Home Services?

1.1.1 Care home services are those which are provided in a residential setting where a number of people live, usually in single rooms, and have access to on-site care services. This term is defined in the glossary. Since April 2002 all homes in England, Scotland and Wales are known as 'care homes', but are registered to provide different levels and types of care.

1.1.2 Care homes must be registered with Care Quality Commission (CQC) and their registration will state exactly what services they are allowed to provide.

1.1.3 A home registered as a 'care home providing personal care' can only provide personal care, which includes help staff helping residents with washing and dressing.

1.1.4 A home registered as a 'care home providing nursing care' will have staff that provide personal care, but will also have qualified nurses on duty 24 hours a day to carry out nursing tasks. These homes are typically for people who are physically or mentally frail and / or need regular attention from a nurse.

1.2 Context

1.2.1 Bristol City Council (BCC) currently commissions care home services from over 170 care homes, most of which are in Bristol. Of the other care homes commissioned by BCC, the majority are in South Gloucestershire, Bath and North East Somerset or North Somerset, with the remainder spread across the UK. There are approximately 1,800 people in care homes that have their care arranged and (at least partly) funded by BCC and in a typical month approximately 50 BCC service users will move into a care home.

1.2.2 The total annual cost of care home services purchased by BCC is approximately £59 million. Of the total amount that BCC spends on purchasing adult social services from independent providers, approximately half of this is spent on care home services.

1.2.3 Everyone that receives a care home service will have a financial assessment, which is undertaken by BCC to assess if the service user is in a position to contribute to the cost of their own care. Most service users do make a contribution and the total annual value of these 'service user contributions' is approximately £11m per year, which is paid directly to BCC. These figures do not include service users that privately arrange and fund their own care in a care home and are known as 'self-funders'.

1.2.4 BCC is responsible for setting out how care home services are commissioned (which care homes BCC uses), arranged (the process of moving a person into a care home) and delivered (the way in which care home services are provided to

residents). These arrangements are collectively known as the 'Commissioning Model'.

1.2.5 BCC has received a lot of information that points to problems with the current commissioning model and the need for change. This has come in the form of service user feedback (e.g. complaints), national and local policy (e.g. Care Bill), information from providers (e.g. difficulties with BCC standard rates for payment) and information relating to the context in which services are delivered (e.g. reduced budgets for Local Authorities).

1.2.6 Having analysed and considered this information, BCC acknowledges that there are many aspects of the current commissioning model that can, and need to be, improved.

1.3 BCC vision for care home services

1.3.1 BCC has a clear vision for these services, from which all aspects of how the services are commissioned, arranged and delivered will flow from this vision, which is that:

1.3.2 "People who need care and support in Bristol will have access to suitable and appropriate residential and nursing accommodation and services, real choice in the help they receive and maximum control over the way they live their lives".

1.4 Purpose of the Consultation Report

1.4.1 A Consultation Report is a document/s that sets out plans and intentions for the future commissioning of services. This is particularly important for services that have a lot of key stakeholders who will be affected by these plans, such as for the care home services commissioned by BCC. This Consultation Report's main purpose is to support and facilitate the delivery of BCC's vision for care home services.

1.4.2 BCC will share this Strategy widely and undertake a 12-week consultation to ensure that all stakeholders are fully informed about BCC's plans and intentions and have the opportunity to share their views on the proposals being put forward.

1.4.3 The Strategy will outline BCC's approach to care home services (residential and nursing) for adults including, but not limited to, those with mental health needs, learning difficulties, physical/sensory impairments, that are vulnerable and that have dementia.

1.4.4 The Strategy will be used to outline relevant feedback, evidence and information about how care home services are currently commissioned, arranged and delivered. This will then be used to assess the suitability of the current model and, if required, inform the design of a new commissioning model. The final part of the document will contain a detailed description of a proposed new commissioning model, how it will operate and what it will achieve.

1.4.5 More specifically, this document will inform key stakeholders of:

a. The evidence, information and feedback on the current commissioning model
b. The changes that will be made to existing commissioning arrangements
c. How BCC will select the providers that it will commission care home services from in the future.
d. The type and level of services BCC expects care home providers to deliver.
e. The standards of service delivery that BCC expects from care home providers.
f. The expectations BCC has of the market and individual providers.
g. The expectations that stakeholders can have of BCC.

1.5 Objectives of the Consultation Report

1.5.1 This Strategy sets out the changes that will be required to the current BCC commissioning model and as a result the way in which the market operates, in order to deliver BCC's vision for care home services.

1.5.2 BCC has set some specific objectives that it seeks to achieve through the completion of the Consultation Report and the implementation of a new commissioning model. Some of these seek to improve how these services are delivered and their value to the resident (1.5.3 – 1.5.5) and others seek to improve the way in which these services are arranged and commissioned (1.5.6 – 1.5.8).

1.5.3 **Better access to care home service most suitable to people's needs** – Including the type and level of provision and other factors such as their preferred location, layout and environment. A specific aspect of this is that BCC hopes to reduce the number of people living in care homes outside of Bristol because the services they want and require are not available within the City.

1.5.4 **Increased choice for service users** – This includes choice for a person about which care home they live in. It also includes choice for a person about the service they receive whilst living in a care home, such as in relation to food, activities and other aspects of their lifestyle.

1.5.5 **Increased independence for service users** – This focuses on the way services are delivered and should lead to people living as independently as they can / want to in the home. For some people this could be about them being able to move out of the care home.

1.5.6 **Services offer value for money** – There is clarity, transparency and shared expectations about the fees paid to care home providers and the services delivered to residents.

1.5.7 **An effective and sustainable care home market** – The care home market and the commissioners and providers within it, will be able to operate effectively and the commissioning model will achieve the right balance between the needs and requirements of all parties to ensure the market is sustainable for the long term.

1.5.8 **Implement a new joint contract with Bristol Clinical Commissioning Group (BCCG)** – This will give providers greater clarity and consistency about many aspects of the practice and processes that the commissioners will require of them.

1.6 Principles of the Commissioning Model

1.6.1 In delivering the BCC vision for care home services and the objectives that sit beneath this, BCC will remain focused on the specific and significant impacts these services have on people's lives. It is acknowledged that when services are described as being 'high quality', 'suitable' or 'appropriate' that this will mean different things to different service users. Therefore, work has been done to understand the very personal feelings that these services can affect (positively or negatively) to identify the principles on which the commissioning model must be based.

1.6.2 Using this information, BCC has agreed a set of principles that will guide future work to improve care home services. The services an individual receives must support them to feel, experience or achieve:

a. **A sense of security** – Individuals' feel safe and secure, feel free from threat or harm, but not to the extent that positive risks are denied.
b. **A sense of belonging** – Individuals' feel 'part of things', both within the home and the wider community, and are able to maintain existing relationships and form new ones.
c. **A sense of continuity** – Individuals' life history and individuality are recognised and valued, and their interests, hobbies, passions and social networks are brought into the home.
d. **A sense of purpose** – Individuals' are supported to have valued goals to aim for and lives that are valuable.
e. **A sense of achievement** – Individuals' are able to set and achieve their goals and feel satisfied with their efforts.
f. **A sense of significance** – Individuals' feel that they 'matter', that their life has importance and that other people recognise them and who they are.

1.7 Development of the Consultation Report

1.7.1 BCC has undertaken detailed work to consider the value of the current commissioning model and how this model can be improved. This includes obtaining feedback from service users, care home providers, BCC staff and other stakeholders on what currently works well and not so well in Bristol. This also includes work to understand the alternative models of delivering care home services, the local and national context in which these services are provided and the challenges that BCC face. The results have been used to shape the strategic approach that BCC will take to meet future needs, provide high quality care and ensure there are suitable and cost effective care home services for our residents in Bristol.

1.7.2 This document sets out proposals for what changes will be made and how they will be implemented. This document, and the proposals within it, will then be the focus of a formal 12-week consultation period. This consultation will be undertaken in a thorough and meaningful way to ensure that people's views on this strategy are heard, understood and used to shape BCC future plans.

Section Two: Description of current commissioning model

2.1 Introduction

2.1.1 This section describes how care home services are currently commissioned arranged, delivered and reviewed. This is intended to provide an objective description of what currently happens. This section will not provide any judgments on how well these arrangements are working, or are perceived to be working, as this will be provided in section 3.

2.2 How care home providers are accredited by BCC

2.2.1 Care home providers who want to offer services on behalf of BCC must sign up to a contract with BCC and undergo a series of initial checks. The first stage of this process is registration with the Care Quality Commission (CQC).

2.2.2 BCC will then carry out a series of checks that include:

a. A review of the latest CQC inspection report to ensure the home is compliant with the regulatory requirements of the Health and Social Care Act 2008
b. A check with the local Safeguarding Team to ensure there are no current concerns
c. A check with the local Commissioning Team to ensure there are no current concerns

2.2.3 Once BCC is satisfied that the home is registered with CQC and that there is no current quality concerns, a contract is set up between the Provider and BCC.

2.3 How individuals needs are assessed

2.3.1 Service users are assessed for care home services by a social care professional and a long term care home service will only be agreed after all reasonable alternatives have been explored and where it is clear that none of these are suitable for the service user and they must live in a care home.

2.3.2 The Self Directed Support assessment process will help to establish whether the service user can continue to live in the community with additional care and/or reablement services.

2.3.3 If the service user requires a short or long term care home service, the assessment process will determine the type of home that is required. For nursing homes, a separate health needs assessment will be completed by a relevant health professional to confirm whether 24 hour nursing care is required, or not.

2.3.4 The social care professional will develop a Support Plan with the service user and other people involved in caring for them. The Support Plan will describe various aspects of the service user's needs and wishes, including:

a. Their health and social care needs

b. The outcomes they wish to achieve
c. The care and support they will require to achieve these outcomes.
d. The type of care home required
e. Their choice of care home and / or the area of Bristol they wish to live in
f. Any other needs, preferences or wishes (e.g. Cultural and religious needs)

2.4 Identifying and arranging a care home service

2.4.1 Once completed, the Support Plan is shared with another BCC function called the Support Planning and Brokerage Team. The allocated Broker will check through the details on the document and start to identify suitable care home placements. The decision about which care homes will be approached is determined by the information on the Support Plan and the Broker's knowledge of different providers.

2.4.2 Once the Broker has identified vacancies in a care homes suitable for the service user, they will share the Support Plan with the Home Manager. If the Home Manager/s believes the service user's needs can be met in their care home then they will confirm this to the Broker and the allocated social care professional who will then inform the service user and/or their family. This will be done with all homes that are suitable and have vacancies.

2.4.3 A visit will then be arranged to the care home/s and a decision will then be made by the service user and their family / friends. The Home Manager will also complete their own assessment at this stage to ensure that they can meet the service user's needs. Once all parties are satisfied that the care home is suitable, a final weekly cost will be negotiated between the Provider, the Broker and the social care professional.

2.5 Reviewing care home services

2.5.1 Long term placements should be reviewed by a social care professional approximately 4 weeks after the service user has moved in. The purpose of the review is to ensure that their needs are being met by the care home staff, they are settled in their new environment and the placement is safe and suitable for them. Further ad hoc reviews are carried out as appropriate and can be requested by the Provider, the service user or any other person involved in the care or support of the service user in addition to BCC identifying the need for a review.

Section Three: Suitability of current commissioning model and case for change

3.1 Introduction

3.1.1 This section assesses the suitability of the current care home commissioning model. To do this, BCC has obtained and will use feedback, information and evidence from key stakeholders, national and local policy and knowledge of the challenges facing BCC in the delivery of care home services. This section will highlight the areas of the current commissioning model that are felt to be working well, but more importantly, focus on those areas where improvements need to be made.

3.2 Feedback from people that receive care home services

Overview

3.2.1 BCC has spoken to many people who currently use care home services, as well as those who may require them in the future, to understand their views and incorporate them into the design of a new commissioning model on what. As part of this, BCC has used 1000 survey responses and over 100 individual experiences that were received from 2012 – 2014 from people that receive care home services. Information has also been obtained from events, workshops and meetings that BCC has arranged for stakeholders to discuss the current commissioning model. These have included:

a. Consultation events throughout Bristol, which informed the BCC Cabinet report of 26th July 2012 on the future of BCC owned care home services.
b. A Citizens Panel Questionnaire undertaken in January 2012 on the future of BCC owned care homes, which was completed by over 750 Bristol citizens.
c. An annual Department of Health 'User Experience Survey' completed by over 100 people currently in receipt of care home services.
d. A review of complaints received by BCC in 2013 about care home services.
e. Workshops with service users, carers and people representing Equalities Groups across Bristol (one in October 2012 and one in April 2013) to inform key documents, such as Equalities Impact Assessments.

3.2.2 The significant amount of quality feedback from people who receive care home services provides a helpful evidence base for assessing the suitability of the current commissioning model.

3.2.3 The overall message from this feedback is that, for most people, most of the time, things work well, but there is significant room for improvement in a number of areas.

3.2.4 The feedback was varied, very personal and covered a huge range of concerns and problems. However, during the analysis of this information some key themes began to emerge about what was important to people. This was not about pigeon holing people or there concerns, or ignoring the often very different and unique

personal experiences. It was about ensuring that this information could be used to inform the design of a new commissioning model and ensure that it led to improvements in the areas most important to service users. The key themes were:

a. Quality
b. Safety
c. Choice
d. Independence / Social involvement

3.2.5 These key themes will be referred throughout the rest of this document. This will reflect that much of the feedback has covered these areas, but it won't be at the expense of other concerns that people have raised and these will also be included as appropriate.

Key Findings

3.2.6 Service User survey information that has informed this Strategy

a. **Satisfaction:** This was generally very high with; 40% of respondents saying they are extremely satisfied, 28% very satisfied, 26% quite satisfied, 1% dissatisfied and 5% gave a neutral response.
b. **Quality:** 81% of respondents gave a positive response (Good to Excellent)
c. **Safety:** 78% of service users gave a positive response. 22% had room for improvement.
d. **Choice and control:** 80% of respondents gave a positive response
e. **Independence / Social involvement:** 57% did not or could not leave the care home

3.2.7 Complaints information that has informed this Strategy

a. **Quality:** 41% of complaints relate to poor standards of care.
b. **Safety:** 39% of complaints relate to concerns over the health of service users and their safety.
c. **Communication:** 35% of complaints relate to poor communication from care staff and poor recording in care plans.

3.2.8 Focus Group feedback that has informed this Strategy

a. **Quality:** There was a general concern around a lack of staff training and understanding in dealing with service users with specialist needs, e.g. behaviour that may challenge staff as a result of their dementia.
b. **Choice:** Service users are not always given a choice of the gender of staff that would assist them with intimate personal care routines, which compromises their sense of dignity and respect.
c. **Communication:** Service users experienced communication issues caused by; language barriers, difficulties as a result of the physical, cognitive or sensory impairment of the service user and the culture amongst particular groups meaning that service users may be less willing to open up to others about problems or issues they might experience. This may also affect the access people, especially those with dementia or a learning difficulty, have to health promotion, prevention and primary care services due to difficulties in communications with staff.
d. **Discrimination or barriers:** Members from the Older People Partnership Forum had concerns that older people sometimes face this in care home

settings, where their views, opinions are not obtained or respected and where assumptions are made about their individual preferences and tastes, for example 'all elderly people like listening to war time music'.

e. **Dignity and respect:** People who are Lesbian, Gay and Bisexual had concerns that their sexuality would not be respected in a care home setting either by staff or other residents. This has been backed up by national research by the Equalities and Human Rights Commission. People who are Transgender had concerns that understanding by staff and other service users on gender reassignment and transgender issues would not be respected or understood.

3.2.9 The information obtained from the various sources has been analysed and the key headlines have been shared in section 2.2. This has been translated in some key areas for improvement, which are:

a. **Quality:** Improve the consistency and quality of care across all homes and reduce the number of concerns relating to poor standards.
b. **Safety:** Ensure all service users feel safe, and their lives are free from fear, abuse and neglect.
c. **Choice:** Ensure service users are afforded choice and control over their daily life. This may be in relation to the time they wake up or go to bed, their food preferences or how they would like to spend each day. Providers should recognise what service users would like to, and can do for themselves.
d. **Independence / Social involvement:** Ensure that service users can maintain their relationships with families, friends, carers and advocates and that they are supported in a way that allows these relationships to enhance service users' quality of life. Providers should establish and build links with the local community, promoting social inclusion and placing the care home as an active part of the community, utilising local services to enhance the quality of life of service user.

3.3 Feedback from health and social care professionals

3.3.1 Feedback was obtained from those who work with vulnerable people to identify their needs and arrange care and support services for them. This was done through an online survey in May 2013.

3.3.2 The key issues raised by professionals were:

a. **Level of provision** – There are gaps in the provision of some types of services and to meet the needs of particular service user groups and situations.
b. **Quality of provision** – The quality of services delivered to people, in some homes and for some service user's needs to improve.

Level of provision

3.3.3 When asked whether the variety of care homes in Bristol is sufficient to meet the needs of individuals 45% of respondents felt that the current range of services are insufficient.

3.3.4 The survey results highlighted a specific need for greater provision of these types of services:

a. Planned Respite Care

b. Emergency Respite Care
c. Reablement Care
d. Step up / Step down Care

Quality of provision

3.3.5 Quality
a. There is a general need for higher quality provision.
b. Stronger links should be created between care homes and local communities

3.3.6 Choice
a. Service user's wishes should be acknowledged and wherever possible acted upon, especially with regard to the location of the home.
b. Services should be diverse and tailored towards individuals' needs and choices, not generic, institutional, and stereotypical care and support.
c. Providers should be supported and offered incentives to provide more person centred services.
d. There should be more support for couples to live together in care homes
e. Services should be more sensitive to cultural needs and those of Lesbian, Gay, Bisexual and Transgender residents.

3.3.7 Independence
a. Providers should always be focussed on maximising service user independence and culture change is needed in some homes to make this happen.
b. There should be an integrated approach between BCC and Health organisations.

3.3.8 Service user groups: In addition to improving standards across all aspects of provision, social care professionals identified specific circumstances and needs that were not fully being met and where specific improvements are required. These relate to:
a. Asperger's
b. Dementia, including those who also have a Learning Difficulty
c. Autism
d. Bariatric Care needs
e. Acquired Brain Injuries
f. Complex Neurological Conditions
g. Alcohol and drug dependency
h. Sensory impairments (BSL / Deaf / blind)

3.4 Feedback from providers of care home services

3.4.1 Quality
a. There is significant pressure from many sources regarding quality, particularly since the exposure of inadequate care at Winterbourne View.
b. There is a tension between promoting social inclusion with the acceptance of society for people with a disability or dementia.

3.4.2 Choice

a. Service users should have full choice about which home they go into, as long as it is suitable.
b. Social Workers and Providers must involve service users and their families in support planning.
c. Direct Payments could increase choice and improve quality of life for residents.
d. BCC must secure more capacity to meet the needs of service users with complex needs.

3.4.3 Independence

a. Service users should be encouraged and supported to be as independent as possible
b. Some people living in care homes could live in a more independent setting.
c. There needs to be a shift in thinking to ensure that people are supported to be more independent and that any associated risks are well managed.

3.5 Financial Situation

3.5.1 BCC currently use 'standard rates' to purchase care home placements. These rates set out what BCC expects to pay for care home services and there are slightly different rates to reflect the different complexities (e.g. different rates for residential and nursing and for complex needs).

3.5.2 These standard rates are paid in approximately 50% of existing placements. For the remaining 50%, the rate is agreed through negotiation between the provider and BCC. Where a fee is agreed above the standard rate, the top up is referred to as the 'Exceptional Special Needs' (ESN's) payment. ESN's were introduced to address situations where a service user has needs that require extra input from the provider, over and above what we would expect from them. The ESN would fund this additional support. However, many of the current ESN's are in place because the provider will not deliver care home services at BCC standard rates.

3.5.3 Every provider delivers service in a slightly different way and every service user has different needs. However, there are very clear similarities in the inputs from providers (e.g. numbers of staff, quality of food) and the requirements of service users (e.g. 2 care staff to help them out of bed in a morning).

3.5.4 Where these similarities exist BCC would expect that the rates charged by these providers are also similar. This is not the case. It is common for there to be significant difference in the cost of care home services, where there is no apparent difference in the cost to deliver service and most importantly, the quality of the service an individual receives and the extent to which this helps them live the lifestyle they want. The current commissioning model offers little transparency about why a particular rate is being paid and what service is provided for this rate.

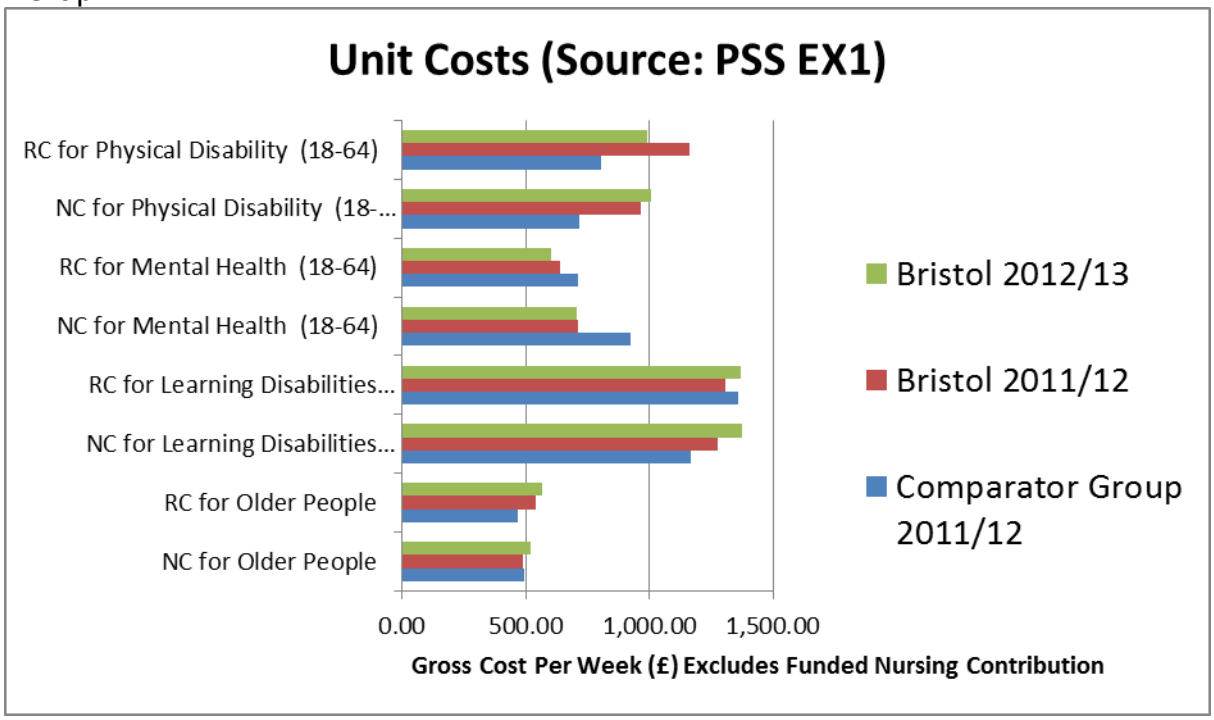
3.5.5 Graph 1 (in 3.5.8) compares the average gross weekly cost of a care home placement made by BCC, compared to Local Authorities with a similar socio-demographic profile to Bristol.

3.5.6 The graph shows that based on these rates, BCC paid a fee above the average of these other Local Authorities for approximately 90% of its placements. BCC pays

above the average figure for; residential care for people with a physical disability, nursing care for people with a physical disability, nursing care for people with a learning difficulty and residential care for older people

3.5.7 There are 2 groups where BCC pays a lower rate (residential care for people with mental health needs and nursing care for people with mental health needs) but of the 1800 people in care homes funded by BCC, only approximately 100 are in these categories.

3.5.8 Graph 1



3.5.9 Feedback from Health and Social Care Professionals on Value for Money is that:

a. The weekly rates that BCC pays for care home places are escalating in some areas
b. There is a need for increased competition.
c. There is a need for better transparency about what service needs to be provided and what rate should be paid to the provider for delivering this.

3.5.10 Feedback from Providers of Care Home Services on Value for Money is:

a. The current model is not effective, with standard rates being too low and rarely used.
b. The use of ESN's to top up standard rates is inconsistent and some Providers have benefitted more than others.
c. The annual Inflationary uplift mechanism is not effective.

3.6 The Case for Change

Quality is variable and in some cases low

3.6.1 Quality is by far the most important factor for service users and carers and at the moment this is variable across different homes in Bristol. BCC acknowledges that it needs to be clearer with providers about what it expects and requires from them. An example of this is related to the independence and social involvement of service users. There is evidence that some providers see this as secondary to ensuring a person is safe and cared for and actions and documents from commissioners may have reinforced this. However, the information received by BCC from service users, their families, social care professionals and even care home providers highlighted that for many service user their level of independence can be the biggest difficulty they face in their life. The new commissioning model will need to address this.

3.6.2 In most cases, care home services are good and the majority of service users are satisfied. However, the individual experiences of when things go wrong demonstrate the significant impact this can have on people's lives. The new commissioning model needs to minimise the extent to which problems occur, but ensure that when they do they are identified and addressed as quickly and effectively as possibly. This improvement will only be achieved if the there is a connection between the requirements of care homes, the way providers identify and address problems, the way that BCC quality assures providers and the way commissioners and providers work with service users and their families to empower them to raise any concerns they have.

Costs are high and transparency is low

3.6.3 The current commissioning model is financially unsustainable, with the cost of care and demand for care increasing. There needs to be a greater clarity about what rate is being paid for services, what type and level of service this is paying for. The new model will seek to increase the transparency between service provision and costs and this is linked to the level of independence.

There are gaps in service provision

3.6.4 BCC is looking to secure access to more care home beds in Bristol. These beds will need to be suitable for people with all different needs, but especially those with complex or challenging behaviors. BCC has no desire for lots of empty care home beds in the City, but there does need to be greater supply than at present to avoid lengthy delays for people (often waiting in hospital) whilst a suitable care home bed can be found and to offer greater choice to service users about where they live and how they live. BCC is taking direct steps to address this shortage and is in the early stages of working with external partners to build and operate 3 care homes in the City, particularly for people with dementia. BCC will also build features into the new commissioning model that seek to improve its access to care home beds across the City. The request of care homes is that they also consider these gaps and look to develop more care homes, and different types of services across the City.

Services do not focus on maximising service users independence

3.6.5 The focus of the current commissioning model is on caring for people and keeping them safe and well. There is little emphasis on providers working with service users to improve their independence and involvement in social groups. This statement is

not being used to criticise providers and some do take on this responsibility and work with residents in a way that does maximise their independence. The point is being raised to acknowledge that all parties and all parts of the commissioning model need to recognise the importance of increasing independence if this is to become a reality in care homes.

3.6.6 This is particularly important because there are a proportionately higher number of people in care homes in Bristol than elsewhere, which suggests that a new commissioning model from BCC needs to do more to avoid people going in to care homes, to do more to support people to move from care homes to more independent living and to ensure that people in care homes can live as independently as possible. This will mean reversing the culture and approach that currently sees services being provided in a way that leads to people being de-skilled and more dependent.

Conclusion

3.6.7 The information, evidence and feedback obtained during this work, and shared in this document, gives a clear message that improvements can and need to be made to the way that care home services are commissioned, arranged and delivered in Bristol. The current arrangements are not providing the type, level and quality of service that BCC wants to offer the Bristol residents. The current practice and processes are not encouraging and supporting providers to deliver the best service they can. Service users are left with too little choice about the type of care home service they want and are not receiving the services that will help them live the lifestyle they want.

3.6.8 As a result, BCC has made the decision to introduce a new commissioning model. This will be described in section 4 of this document.

Section Four: National & Local Policy: Context & Drivers

4.1 Introduction

4.1.1 This section will describe the current policy and legislation that will guide any new commissioning model that BCC introduces. This section will be structured around the key themes that service users identified as being most important to them; quality, safety, choice and independence. Under each theme, the legislation and policy aimed at improving services will be described. This will lead to some repetition as some of the national and local policy is aimed at delivering improvements across different themes.

4.2 Quality

4.2.1 **The Care Bill** – introduces a duty for local authorities to promote diversity, quality and sufficiency of local services through "market shaping". This approach intends to deliver improved and sustainable services which focus on the needs and outcomes of individuals, families and carers.

4.2.2 **BCC practice and policy** – BCC uses the Joint Strategic Needs Assessment and feedback and information from key staff to establish what service provision is needed in Bristol now and in the future. BCC uses statutory procurement frameworks to ensure that it commissions services fairly and selects providers on the basis of demonstrable high quality and value for money. BCC also uses a Quality Assurance Framework to obtain feedback from people that come into contact with care home services, to help understand the quality of care and support people receive.

4.3 Safety and Dignity

4.3.1 **Transforming Care: A National Response to Winterbourne View Hospital (2012 Department of Health Report)** – the Government's response to an investigation into the abuse of residents at Winterbourne View in South Gloucestershire. It highlights that the warning signs were not picked up by commissioners or other stakeholders and that there are several lessons to be learnt by commissioners and providers. The response also identified clear gaps in the care regulatory framework that the Government intends to address.

4.3.2 **The Care Bill** – aims to improve the quality of care and introduce new standards as part of the Government's response to the Mid-Staffordshire Hospital and Winterbourne View inquiries. This includes the introduction of a new Care Quality Commission (CQC) rating system for hospitals and care homes. CQC are planning changes to the way they inspect, monitor and regulate care services, and implement more robust registration requirements. The Care Bill will also establish the first statutory framework for adult safeguarding. This will define local authorities' responsibilities, and those of their local partners to protect adults at risk of abuse or neglect and place a duty on local authorities to set up Safeguarding Adult Boards.

4.3.3 **The Commission on Residential Care (2013)** – A year-long Commission that will assess how residential care can become a more valued part of the care system,

develop into positive choice for older people with high support needs, and deliver personalised and empowering care.

4.3.4 **Local Context: BCCs Quality Assurance Framework** – states that everyone is responsible for ensuring that all vulnerable people in Bristol receive high quality care and support. It is important to know that services are delivered in a caring and empathetic way and with dignity and respect in order to uphold the diversity, values and human rights of the people using the service. BCC check this happens through its Quality Assurance framework and plan. BCC recognise that quality should underpin everything it does.

4.4 Choice

4.4.1 **Putting People First (2007)** – provides a commitment to 'Personalisation' based on the principles that service users should be enabled to have more choice and control over their social care, and that care services should reflect the aspirations and needs of those who use them.

4.4.2 **The Care Bill** (due to be implemented in 2015/2016) – sets out to achieve the vision of the 2012 white paper 'Caring for our Future'. It extends personalisation and; places a legal responsibility on Local Authorities to provide a care and support plan, provides people with a legal entitlement to a personal budget, and enhances people's rights to ask for direct payments to meet their needs.

4.4.3 **Local Context** – Personalisation is one of BCC's service delivery principles and a key priority is to enable service users to have real choice about the support they receive and have maximum control over the way they live their lives. This is reflected in Bristol's Health and Wellbeing Strategy 2013.

4.5 Independence

4.5.1 **Care Bill** – emphasises the need for Local Authorities to work with their communities to arrange services that help people to maintain their independence, prevent the development of care needs, or delay an increase in care needs.

4.5.2 **Bristol's Health and Wellbeing Strategy 2013** – emphasises that individuals should be able to remain independent for as long as possible, with access to support and advice when needed. Bristol also has a joint Rehabilitation & Reablement project.

Section Five: Description of the future commissioning model

5.1 Introduction

5.1.1 BCC has used the information shared in sections 1, 2 and 3 to consider the different features of a new commissioning model and the different options for how this would work. This section contains a series of proposals that have been developed that will form the new commissioning model. These proposals are just that and nothing is set in stone.

5.1.2 The proposals will give an overview of all aspects of the commissioning model. They are intended to be specific enough to allow people to consider the impact on the care home services they receive, provide and commission, yet broad enough to offer a lot of scope for discussion and agreement on the specific details of how this will work.

5.1.3 There are many aspects of this model that will benefit from feedback and suggestions from people involved in arranging, delivering or receiving these services. To help with this feedback process, a series of grey boxes have been included in this section to highlight key information, or where there is a proposal that BCC is particularly keen to hear feedback on.

5.1.4 BCC will use a 12 week consultation with stakeholders to go through a robust process of checking the document, challenge the proposals within it and refining the details of how services will be commissioned, arranged and delivered.

5.2 Overview of proposed commissioning model

How will it work?

5.2.1 The proposed commissioning model will be a 'framework agreement' between commissioner and providers.

5.2.2 There will be a formal tender process to decide which providers get on to the framework and all providers that want to be on it must submit a tender bid.

5.2.3 BCC will produce a Core Service Specification (CSS) that lists the different care home services (e.g. one to one care, food, accommodation) that BCC expects a provider to deliver.

5.2.4 Tender bids will require information from the provider on the quality of the services they will deliver in the CSS and the price they will charge.

5.2.5 The information submitted by providers will be used to assess their bids and rank providers according to their quality and cost in relation to the CSS.

5.2.6 Providers that are successful in this tender will be on a framework and ranked according to their bid score.

5.2.7 When looking for a care home for a service user, BCC will undertake a mini tender to identify suitable and interested providers.

5.2.8 The providers that respond will be ranked (as per their tender score) and the highest ranked providers put on a short list that will be offered to the service user.

5.2.9 The service user will then select the home they want to move to, from this shortlist.

Key information for providers

5.2.10 Providers that do not participate in the tender, or who do so and do not meet BCC's minimum criteria, will not be on the framework. These providers will not have the opportunity to provide care home services for BCC-funded service users.

5.2.11 This new commissioning model will apply to new placements.

5.2.12 BCC is also looking to apply this model, or key parts of it, to existing placements

Feedback prompt:
What aspects of this model do you think will work well?
What aspects do you think should be changed and how?
Which aspects of the new model could be applied to existing placements?

5.3 Overview of tender process and assessment of providers

5.3.1 BCC will issue a draft Consultation Report (this document) and undertake a 12-week consultation with key stakeholders. At the end of this consultation period, BCC will produce a final Commissioning Model. This document will reflect feedback received during the consultation and will give full details of BCC's firm plans for the tender process and the ongoing service delivery requirements on providers. The sharing of these documents and the start of the tender process will occur at the same time.

5.3.2 All Providers that wish to be on the framework will be required to participate in the tender process. The process will begin with BCC sharing information (through its web based portal) that sets out what is required of providers in their bid and the service that BCC expects to be delivered. This will include full information about the CSS (which is provided at Appendix 1), so providers know what they will be expected to deliver and can respond to this with appropriate information on their quality and price.

5.3.3 The information in each bid will be assessed by BCC against the evaluation criteria in two areas; quality and price. Each question in the tender will be assessed and scored against a set of criteria. All scores to all questions will be added together to come up with the final score for each bid. Providers will then be ranked according to their score.

5.3.4 There will be some questions in the tender that will require a provider to achieve at least a minimum score, or fulfill a minimum requirement in order to be on the framework. There will also be minimum overall score that a provider must exceed. Failure to achieve any of these requirements will mean that provider does not get on the BCC care home framework and no BCC funded service users will be placed in their care home.

5.3.5 The purpose of this tender process is to understand more about the care home services that a provider offers and the quality and price of these services. By undertaking a tender that will obtain information about various aspects of service delivery and by using a CSS to set a consistent requirement of all providers, BCC will be able to reach a more objective assessment of the quality and price of care

home services, than at present. BCC's decision making process will also be much more transparent and providers will be much clearer than at present about why they have or haven't been asked to provide care home services for an individual. As a result, it is expected that these changes will strengthen the relationships BCC has with each provider and the market as a whole.

5.4 Quality

5.4.1 The information that BCC requires from providers will cover all aspects of service delivery, such as; organisational infrastructure, staff training and management, quality and preparation of meals, health and safety and provision and management of medication. This will help BCC understand; the services the care home offers, the type of needs and outcomes they are able to meet and how well they do this. As described in 4.4.2, a score will be given for each question in the tender and these will contribute to the overall score. BCC will use these scores to rank providers according to their service offer.

5.4.2 During the mini-tender, BCC will use an additional step to ensure that the short list includes providers that are the most suitable and appropriate for that service user and offer the type and quality of services required to meet their needs and outcomes. All providers will be required to register their interest in this placement and will also be required to submit brief information about how they would meet the needs and outcomes of the service user, as set out in the Support Plan. BCC will review these submissions and approve those that demonstrate they are suitable and appropriate for that service user. Providers that BCC does not believe are suitable and appropriate for the service user, will be eliminated. BCC will then create a short list based of those providers that are suitable and appropriate and based on their ranking in the tender.

Feedback prompt:
What information would stakeholders want BCC to obtain to ensure that care homes are suitable and appropriate for service users?

5.4.3 The tender will be the main opportunity for providers to share information about the quality of their service. The mini-tender will then give providers the opportunity to share brief information about how they will meet the specific needs and outcomes of that service user. Providers will not have any other opportunities to share information about the quality of their service, or any opportunity to change their 'quality' score.

Feedback prompt:
Should providers be given other opportunities to change their 'quality' submission to BCC and if so when and how?

5.4.4 BCC will continue to use a Quality Assurance Framework and Safeguarding Policies to identify poor practice. These will be used in a similar way in the future as they are at present, making use of placement bans where necessary.

Feedback prompt:
What changes would stakeholders want BCC to make to how the quality of care home services is assessed on an on-going basis?

5.4.5 All stakeholders should be aware that this model seeks to identify the most suitable care home service for a service user, at a price that is directly linked to what is needed and being provided. BCC will not pay for any extra care home services that are not specifically set out in the care documentation as being needed by the service user.

Expected benefits of new commissioning model

5.4.6 This commissioning model has been structured so that these statements and assurances can be made in relation to quality:

a. BCC will only consider using providers that have demonstrated their services are of high quality, as the result of a thorough assessment of all aspects of their organisation and service delivery
b. BCC will not consider using providers that have not had this assessment, or where they have and BCC is not satisfied that their services are of sufficient quality.
c. BCC will only recommend a care home to a service user that is suitable and appropriate AND are one of the highest ranked providers in that lots
d. BCC will give the service user the final choice of which care home they live in.

5.5 Price

5.5.1 BCC will not set a price, but all providers wanting to be on the framework will be required to complete a pricing schedule and submit a price they would charge to deliver services. There will be a single price to deliver the CSS and separate prices for additional care home services not included in the CSS (e.g. price per hour of one to one care). BCC has set up the CSS so that it covers the type and level of services that most service users will require.

5.5.2 The decision by BCC to follow this approach and not set a price, is in recognition of the differences in how providers operate and the various factors that could affect the price they would want to charge. These include their; method of service delivery, cost base, organisational ethos and additional costs and income streams. This will also ensure that BCC is paying that provider the 'true cost of care', or certainly a price that each provider has put forward and is happy to accept.

5.5.3 In the final Commissioning Model, BCC will give some guidance to providers on the rates that BCC expects to pay for the CSS.

Feedback prompt:
What type of guidance do providers want on price (e.g. banding, upper limit)? How do providers want to be involved in informing BCC price guidance?

5.5.4 Providers will have set points at which they can, if they want, change their pricing schedule. The first opportunity to set their price will be during the tender and then at regular intervals afterwards. As already stated, there will be no opportunity for providers to change their price ad hoc or to look to negotiate with BCC for the rate they will charge to deliver the CSS.

5.5.5 The assessment of the service user, and the BCC care documentation, will:
a. Identify the service user's needs and the outcomes they want to achieve.
b. Confirm if the input required from the care home is within the CSS
c. State any specific requirements the service user has that the providers should be aware of and that might affect the home they move to (e.g. location of care home)

5.5.6 If the care home service requirements are within the CSS there will be no negotiation on price. Once a provider has been selected to deliver the care home services the price that BCC will pay is the 'standard price' for that provider.

5.5.7 In some cases, the care documentation will state that additional care home services will be required to those in the CSS. Where this is the case, the prices the provider has put forward for these additional services will be included and BCC will pay the provider's standard price, plus their rate for the additional services.

5.5.8 BCC will only pay for care home services that are identified in the Support Planning process undertaken by BCC social care staff and included in the care documentation. These will be the services required to meet the needs of the service user and help them achieve their outcomes. The rate BCC pays will be the provider's standard price for the CSS (plus the cost of additional services if they are required)

5.5.9 Under the current commissioning model, price negotiation has occurred for approximately 50% of existing placements and different factors are brought into these negotiations that are separate to the service user's needs and that sit outside of the Support Plan. These include requests for a higher price because "the service user has challenging or complex needs and may need extra care" or "we only have a large room left and we charge a bit more for this extra space".

5.5.10 Under the new commissioning model, BCC will not:
a. Enter into negotiations with providers on a case by case basis.
b. Consider factors that are not directly stated into the care documentation and relate directly to the service user's needs and outcomes

5.5.11 This approach will bring greater predictability to BCC and the providers about the rate that will be paid / received and greater transparency over the link between what is needed, what is being provided and what price is being paid.

Expected benefits of new commissioning model

5.5.12 This commissioning model has been structured so that these statements and assurances can be made in relation to price and finances:

a. Providers will know exactly what price they will receive to deliver the services in the CSS, and any other services that are required.
b. BCC will know exactly what price it will pay any given provider to deliver the services in the CSS, any other services that are required.
c. All parties will have been party to agreeing the rate and remove the need for any negotiations or concerns that BCC is not paying the true cost of care.

5.6 Lots

5.6.1 Any commissioning model must have structure and bring clarity and certainty for those involved. However, there are many complexities with care home services and the new commissioning model must reflect the very different and specific needs of service users and restrictions on providers around location, registration and services they can provide. It is not an open market in that many of the providers, regardless of the quality of the service they offer, will be totally inappropriate and unsuitable for a particular service user. This may be because they are not registered to deliver the services that person needs, or because they are based at the other end of Bristol to where that service user wants to live.

5.6.2 BCC wants to ensure that this model is sustainable and believes that 'lots' will help achieve this. Lots are a way of managing a framework agreement and organising providers according to how suitable and appropriate their home is for different groups of service users. The Lots will operate within the overall structure around price and quality that has been described, but offers the flexibility to ensure the new commissioning model has efficient practice and processes.

5.6.3 It is most common for lots to be organised around client group (e.g. service users with learning difficulties) or service type (e.g. residential care homes), but they could also be arranged according to geography (e.g. separate lots for the south Bristol and north Bristol).

Expected benefits of new commissioning model

5.6.4 Lots should ensure that:
a. BCC is comparing like with like – Providers that deliver the same types of services to people with the same types of needs are ranked against each other.
b. Providers only receive referrals that are relevant to them – Limitations on the type of services care homes can provide and the importance of factors such as location in a person's choice about which home they move to, mean that there would be no point in a home receiving all referrals.
c. BCC can manage capacity within lots and across all lots – BCC will understand exactly what capacity is available and who this would be suitable for.

5.6.5 Lots should also make the tender process simple and focused, as providers can concentrate on demonstrating their ability to meet the needs of a particular group. Providers will be able to bid for more than one lot.

Feedback prompt:
Do you think Lots should be used as part of the commissioning model?
If so, what should the lots be (e.g. service user group, geography)?

5.7 Independence

5.7.1 All care home residents should be supported to maximise their independence. At present, the culture within care home services, reinforced by BCC's requirements of them, is such that many daily living tasks are done for service users, rather than supporting them to do things for themselves. This can create a circle of increasing dependency where residents come to rely on, and expect, this type of help.

5.7.2 For many service users this will be absolutely appropriate, but the new commissioning model must encourage, facilitate and require a different way of working with people that want the opportunity to recover, recuperate and develop / their independent living skills. These are people who want to live more independently within the care home, or that want to move into accommodation that offers more independent living, which may be back to their own home.

5.7.3 In December 2012, BCC and BCCG jointly agreed a set of outcomes in a service specification that care home providers are required to work towards with service users. These outcomes are based on maximising independence using a 'reablement approach'. Providers will be required to adopt a reablement approach where all aspects of how they set up and deliver services will need to consider maximising the independence of the service user. There is no requirement on providers to bring in additional expertise (e.g. physiotherapists) or to install extra facilities in the home (e.g. gymnasium). The requirement is that the default for all providers must be to ask "what can I do to maximise the independence of this person?"

5.7.4 This Consultation Report seeks to further embed this reablement approach within care home services, using the outcomes defined in the service specification and working with an ethos of supporting service users to maximise their independence.

5.7.5 The expectations and requirements of care home providers are set out in the Joint Care Home Specification (between BCC and Bristol Clinical Commissioning Group). This gives full details about what providers are required to do and to achieve. Here are some of the inputs and outcomes that BCC expects from providers:

a. Care tasks – Provider is required to establish what part the service user wants to play in their care and then work with them to achieve this. An example of this could be for the service user to feed themselves, rather than have a care worker do it for them.
b. Lifestyle – Provider is required to establish how the service user wants to spend their time and to help them achieve this. An example could be that the service user wants to get a newspaper from the local shop, rather than have it brought to him. The provider should do what they can to facilitate this.
c. Independent living – Provider is required to identify people that have moved into their home but with the right type and level of support, could be helped back to a situation where they can move back into their own home. The

provider could get the service user much more involved in how they structure their day and in the personal care (e.g. getting in and out of bed) and daily living tasks (e.g. doing laundry) to increase the skills and confidence of the service user.

5.7.6 As well as needing to ensure that the culture within care homes follows a reablement approach, BCC must also ensure the right services are in place to support this. BCC is currently reviewing and improving the reablement services it offers across the City, which includes a project involving BCC, BCCG and the Acute Health Trusts aimed at improving the reablement pathway in Bristol. The outcomes and deliverables of this project will inform the way care home services are commissioned in the future.

Expected benefits of the new commissioning model

5.7.7 The service user will have many more opportunities than at present to continue to live their life in the way they have become accustomed. The fact that they now live in a care home should not force them to change their lifestyle or to become de-skilled as a result of their situation and surroundings. Instead, it should encourage and facilitate them to continue living the life they want, in a way that reflects, but is not restricted by their current circumstances.

5.8 Choice

5.8.1 This starts with their choice about if a care home is the right place for them to be and this is discussed, where appropriate, during the social care assessment. This assessment will also identify any specific needs and requirements that service user has in relation to their future care home service and this will inform the care documentation shared with providers. BCC will use this information to create a shortlist of potential care, following a process already described in this section using ranking and lots. This short list will be shared with the service user, who will be supported to make the decision about which home is most suitable and appropriate to their needs, requirements and preferences.

5.8.2 Under this model, once in the home the service user must continue to be given choices and supported to make decisions. As with all other aspects of this model, this is about suitability and appropriateness, not about a one size fits all approach. This works two ways. It is not appropriate for BCC to demand that all providers offer all service users' choice about every aspects of their care. Equally, it is not appropriate for providers to make assumptions about a person's wishes, or their ability to make decisions, based on a service user's medical diagnosis or the provider's experience of how other people in the same situation react.

5.8.3 The expectations and requirements of care home providers are set out in the Joint Care Home Specification (between BCC and Bristol Clinical Commissioning Group). This gives full details about what providers are required to do. Here are some of the choices that BCC believes residents should be given:

a. Care tasks – The provider should give service users choices about how and when this care is delivered. Wherever possible this programme of care will be

agreed as the result of discussions with service users. An example of this could be for the service user to state what time they want to get out of bed.

b. Lifestyle – The provider should work with the service user to establish how they want to live their life in the home and what is important to them. An example of this would be if a person wants to spend time with other residents or on their own, if they want to leave the home and if so, what do they want to do, how and when. It is acknowledged that any discussion will need to take focus on what can be achieved within the structure of the care home (e.g. what activities are available and the staffing rota's), but this must improve on the current situation. An illustration of the current situation is that in a recent survey response, 24% of respondents reported they never leave the care home, with a further 33% reporting they are unable to, or find it difficult to get to all the places in their local area that they want.

5.8.4 The option of Direct Payments (DP) also remains open to service users as an alternative means of taking greater choice and control. BCC has been successful in becoming a Pilot site for a trial in the use of DP in care homes and this is an opportunity to ensure that service users within care home settings are afforded the same level of choice and control as those living in their own homes.

Expected benefits of the new commissioning model

5.8.5 As with service user independence, this new model will require all parties to consider how they can improve the service user's situation. The outcome should be that the service user takes a much more active role in the decision making process, where they are can and want to be.

Section Six: Next Steps

6.1.1 Once this document has been seen and agreed by BCC senior management and political leadership, it will be issued to all stakeholders and form a key part of a formal 12-week consultation. The proposals in this document will be considered, discussed, challenged and more than likely changed, during this consultation. This will be done through a series of events for service users, providers and BCC staff. The views of key people will also be obtained in other ways (such as surveys) to ensure that no stone is left unturned in our attempts to ensure that all those affected by these changes have their opportunity to contribute. BCC will then make the best use of this information to design the best possible commissioning model for care home services in Bristol.

a. 12-week Consultation Period begins: 6th August 2014
b. 12-week Consultation Period ends: 29th October 2014
c. BCC shares 'You Said We Did' document: By end of December 2014
d. BCC produces final Care Home Commissioning Model: By end of January 2015.

Appendix 1: Core Service Specification

7.1.1 Listed below is the Core Cost Specification on services which must be included in your standard weekly price.

7.1.2 Some of the services included in the Core Cost Specification may not be included in your own standard placement prices; however you must quote for the provision of all the services in the Core Cost Specification below so please ensure you have adjusted your quote from your usual prices if appropriate.

7.1.3 In bidding for these services, the Provider agrees to provide the following services within their standard weekly price:

1. 24 Hour Personalised Care and Accommodation including Administration Costs

a. Safe, high quality care which meets the individual's needs:

> 20 hours per week per resident

- All home cooked meals and refreshments; SUs have access to a range of foods and drinks that meet their nutritional, cultural and ethical requirements and reasonable adjustments are made where necessary.
- Private, furnished bedrooms which can be personalised
- a full laundry service
- a daily cleaning service
- bed linen and towels

b. Work with Providers and statutory/non-statutory agencies to meet the Care and Support Plan
c. Medical Supplies (including medical equipment rental)
d. Continence Products
e. Utility Bills including:
   - Gas
   - Oil
   - Electricity
   - Water
   - Telephone
   - Television Licence
   - Internet Access
   - Council Tax
f. Insurance
g. Registration Fees (including Disclosure and Barring Service (DBS))
h. Recruitment
i. Direct Training (net of grants and supplies)

2. Initial and on-going assessment of need

a. Conduct assessments of the individual throughout their placement, including written assessments

3.	**Staff Costs (including 'on-costs')**
a.	Qualified Nurses
b.	Care Assistants
c.	Cleaning, Catering and Laundry
d.	Management, Administration, Receptionists, Activity Workers
e.	Agency Staff
f.	Maintenance and Gardener
4.	**Activities**
a.	Any outings / activities to be included in the standard price – The Provider will ensure that a range of meaningful activities and events within / outside the home are available to meet social need.
b.	Activities will provide intellectual stimulation, focus on life stories, and enable SUs to re-establish lost skills and to develop new skills.
5.	**Contact**
a.	Based on risk assessment and as specified in the Support Plan the Provider will facilitate, transport, host and promote contact with the SUs support network.
6.	**Transport**
a.	The Provider ensures that provision is made to support all SUs in attending their screening and clinic appointments at the GP practice or hospital (e.g. eye screening, hearing tests, mammography or annual health checks). In order to ensure equality of access to Health provision, in the event of support being otherwise unavailable, the Provider will ensure that a staff escort is provided on request to enable SUs to attend appointments relating to their Health Care.
b.	SUs that require inpatient admission to hospital are accompanied by staff for a detailed handover, including necessary documentation, appropriate to their health needs (e.g. Traffic Light Assessments or Communication passports). It is not expected for staff to remain with the SU during their inpatient admission.
7.	**Moving on**
a.	The Provider will ensure staff support the SU in planning for their future from the time they start using the service. This will form part of the Provider Care and Support plan and SDS Support plan / CHC Care Plan. In doing so, the Provider will ensure the SU is involved in all meetings to discuss their future move.
c.	SUs can visit the place they are moving to and keep their current accommodation while they make a decision about moving. The Provider will facilitate this process to ensure it happens smoothly.
d.	SUs who move on must have the opportunity to keep up friendships made during their time at the home. The Provider will facilitate this process, where practicable to ensure it happens smoothly.
8.	**Religious and Cultural Beliefs**
a.	SUs are given the opportunity and support they may need to practise their beliefs, including keeping in touch with their faith community and having access to resources relating to religious and cultural needs.
9.	**Equipment**
a.	The Provider will make sure that aids, adaptations and equipment are suitable,

available and properly maintained and will ensure that appropriate care is given safely, according to the individually assessed needs of each SU in order to maintain and promote SUs' independence.

b. The Provider will carry out pre-admission assessments in order to identify potential SUs' current and likely future need for equipment which will be met by the Provider and may include equipment not normally provided by the home which will be added as an additional service.

c. In line with 'Bristol Community Equipment Service Policy for the Provision of Equipment in Care Homes' September 2012.

10. Repairs and Maintenance / Capital Costs

a. Land
b. Buildings and equipment meeting National Minimum Standards
c. Maintenance capital expenditure
d. Repairs and Maintenance
e. Contract Maintenance
f. Surplus / Profit

Additional Services Costs:

Type of Service	Fee	Per Hour	Per Day	Per Week	Other
Nursing Care 1:1	£	□	□	□	
Care Worker 1:1	£	□	□	□	
Equipment	£	□	□	□	
Physiotherapy	£	□	□	□	
Occupational Therapy	£	□	□	□	
Speech Therapy	£	□	□	□	
Other (please provide description)	£	□	□	□	
Other (please provide description)	£	□	□	□	

You Said We Did
Care Home Consultation response from Bristol City Council

Contents

1. Background

Bristol City Council has engaged in consultation with a wide range of stakeholders for the last 12 months about its proposals to change the way that care home services are commissioned, arranged and delivered in the City. There was a formal consultation period from August 2014 – October 2014 and BCC continued to engage with many different stakeholders and their representatives well into 2014. BCC has used this information to inform and shape the way it will commission home care services in the future.

This document highlights the key points and questions that were raised during the engagement with stakeholders, especially in the formal consultation period. Information is then provided to set out what action BCC will take in the way it commissions care home services.

Bristol City Council (BCC) launched a formal 12 week consultation exercise on the proposed Care Home Strategy on 6th August 2014. The consultation ended on 29th October 2014.

The purpose of the strategy is to improve the service that people receive, and to provide modernised care and support that delivers value for money. We want to be sure that we are making the right changes that will deliver improvements to the right aspects of care.

The consultation provided an opportunity for analysis, scrutiny and challenge to the proposals from a wide range of interested parties.

This document details the key points and questions raised during the formal consultation period and, where known, how Bristol City Council will incorporate this into the way we will commission Care Homes in the future

2. Consultation

The following were used to engage with a wide range of stakeholders.

Questionnaire - Online and Hardcopy

A questionnaire was designed to get feedback on the proposed Care Home Strategy. The questionnaire was available online via the council website, as a paper copy and as easy read.

The consultation and hyperlink to the questionnaire were promoted to the following partners. We requested that partners forward it onto relevant contacts and, if applicable, add a link to the questionnaire on their own websites.

- Emails to BCC and Clinical Commissioning Group (CCG) staff
- Emails to current providers of Supported Living, Care Homes and Supported Housing in Bristol
- Emails to providers who have expressed an interest in tendering for this provision
- Emails to non-statutory agencies involved in the Care Sector i.e. Voscur
- Articles in BCC and non-statutory agencies publications both on-line and hardcopy. For example Ask Bristol bulletin which is emailed to 11,000 Bristol citizens, Housing News which goes out to all council tenants.
- A new page was set-up on the BCC website for the care home consultation
- Promotions throughout the period on BCC home page, press releases, tweets and facebook.
- Local media through interviews with the BCC Service Manager on radio and newspaper and articles on BBC news local webpage
- A poster was sent to all Care Homes promoting the link to the questionnaire and consultation events.
- BCC's Quality Assurance Officers promoted the link to the survey and left hard copies when visiting care homes

Presentations and discussions at the following forums / events

- Learning Difficulties Partnership Board
- Older People Partnership Board
- Physical Sensory Impairment Partnership Board
- Bristol Open Carers
- Care Home Provider Forum.
- Care Home Co-Production Group. This is a sub group of the Care Home Provider Forum set up to consider the key features of the commissioning process and feedback to BCC.
- Two BCC Staff events promoted on BCC's intranet
- Four External Events were promoted throughout the city for general public and stakeholders.

Response Rate

A wide range of stakeholders responded to the consultation through completing the questionnaire or attending presentations and discussions.

381 people responded to the questionnaire the majority of which were employees of BCC or the CCG (34%) and people who lived / or had lived in a care home, their family, carers and

friends (28%). Not all responders answered all questions. See Appendix 1 for questionnaire results.

The presentations and events were attended by a wide range of stakeholders including services users, carers, BCC and CCG) staff and care home providers.

Provider feedback was mainly captured through the Care Home Provider Forum and external events.

3. You Said and What We Will Do

The response to the consultation highlights that stakeholders support the need to change how we commission care homes in the future.

A number of key themes emerged from the consultation. These are listed below and have been divided into two sections:

- Objectives of the Strategy
- The Commissioning Model.

3.1 Objectives of the Strategy

The five objectives of the strategy are:

1. Better Access to a Care Home Service to Meet Client Needs
2. Increased Choice for Clients
3. Increased Independence for Service Users
4. Services Offer Value for Money
5. An Effective and Sustainable Care Home Market

	You Said	**We Will**
a)	**Capacity**	
	There is insufficient capacity in Bristol to meet the needs of service users. In particular you highlighted the need for more specialist provision for: ○ Complex, chaotic service users ○ People with profound, multiple LD ○ Young People ○ Lack of care homes in south Bristol	Bristol City Council will continue to shape the market and inform providers of gaps in current and future provision. BCC will achieve this via the publication of an annual market position statement. BCC proposed to use two different contracting models.

	○ People with addiction problems or a background of homelessness ○ Nursing homes that can meet more complex medical needs This does not allow service users to make an informed choice and service users may be placed in a home that does not best meet their needs or be placed out of Bristol. You suggested we engage with BCC's transitions team to better understand the needs of young people now and in the future. Communications needs to be improved between the council and providers over what Bristol needs both now and in the future.	Care home placements for service users who would be categorised as having physical, frail, vulnerable, dementia care and support needs, will made placed in a block contract. Care Home placements for service users, who would be categorised as having learning disability, mental health need or acquired brain injury care and support need for example, will be placed via a spot purchase. The mix of block and spot contracting will ensure greater capacity for the majority of placements. BCC are widely promoting the care home tender to encourage more care homes to work with us. This may increase capacity. Bristol City Council adult commissioning team will continue to work with internal partners such as the transitions team, to understand future demand on services.
	Quality	
	Care Homes should only be commissioned if they meet quality standards and a quality assurance process introduced to ensure quality standards are maintained. Responders to the questionnaire put quality as the most important factor when re-commissioning Care Homes; this was above the placement process, fees paid and adopting an outcomes framework. The culture of a care home was also raised as being key in determining quality along with how this can be assessed. The need for robust and regular contract monitoring / quality assurance was highlighted to ensure the agreed service is provided,	All care home providers who wish to enter onto the BCC open framework will be required to pass a quality standard in order to continue supporting BCC funded service users. Providers will be required to submit a tender as part of the new process. The tender will ask providers to respond to a range of quality questions, where providers will be required to demonstrate how they are able to meet certain standards and policies and service and client outcomes. BCC will evaluate and

	outcomes are being achieved and services meet quality standards. There is a concern that some homes provide a 'generic' service to service user with a 'one size fits all' model. This may lead to individual needs not being met and a reduction in client's health and well-being. It was re-iterated that there is a need for service users to be able to exercise choice and control over their lives on a daily basis. Quality of care home staff and management was identified as a major factor affecting quality of care home provision. A stable workforce with the right level of skills, experience and training to meet client need was seen as key to quality provision in conjunction with sufficient staffing levels. Selecting a care home with the lowest price may lead to other providers reducing staff numbers, training and pay so they can complete. You suggested staff throughput can be used as an indicator of quality as currently staff turnover in the industry is high. The issue of equalities for ethnic minorities and lesbian, gay, bi-sexual and transgender (LGBT)service users was raised as an issue. All measures listed in the questionnaire should be used to improve service delivery. These are take tougher action if standards are not met, terminate contracts if the terms are not met, work with providers to improve staff working conditions and training and improve the contract monitoring process. Other suggestions included more frequent monitoring of outcomes, encouraging families and carers to speak out if there are any issues. The physical environment of care homes also impacts on quality and needs to be considered to ensure client needs are met.	score these responses. Only those providers who have met contract requirements will be able to accept future placements funded by BCC. Once a provider has passed the tender stage they will go onto an open framework. From this open framework, providers will be required to submit information which demonstrates how they will be able to meet the individual's needs and outcomes of all new placements. Quality and cost information will be used to inform decisions around placements. In addition to the new commissioning process, BCC and Bristol CCG will amend the residential and nursing care home service specification and contract. The new service specification and contract will include a performance management framework, which will include remedial action if a provider fails to meet the specified requirements. The quality assurance team will complement the information gathered via the performance management framework and provide intelligence to support or refute whether that provider is providing a quality service. The physical environment of the care home will be included as an outcome within the BCC and Bristol CCG residential and nursing care home service specification. It will be a requirement that providers should ensure that overall quality of life is enhanced by

		an environment that supports greater independence, promotes a feeling of safety and calm, minimises confusion and complies with health and safety legislation.
	Achieving Outcomes	
	The consultation highlighted that achieving service user outcomes will require a culture change for all those involved, including BCC, providers, services users and families. All parties will need an understanding of what this means and how it can be delivered. Positive risk taking was seen as central to achieving outcomes. It is important to recognise that maintaining skills may be more relevant to some service users than increasing independence. Concerns were expressed that there is insufficient funding to ensure enough skilled, trained staff are employed to support service users to achieve outcomes and achieve independence. More intensive support may be needed to achieve longer term outcomes and this will increase cost. You also identified that staff need to be able to engage with services users to understand what outcomes are important to them and how they would like to be supported to achieve them. 90% of responders to the questionnaire selected workforce development and training as the main way care homes can encourage independence. This was followed by having re-ablement facilities in care homes (76.8%) A number of respondents cited more opportunities for social engagement are needed. For example having the opportunity to go outside the care home or have community groups coming in was highlighted as being important to many service users	As part of the tender process, BCC will ask providers to demonstrate how they would support service users to meet outcomes. Outcomes can be around maintaining skills as well as increasing independence. In addition the revised residential and nursing care home service specification will require providers to support service users using a reablement approach. The service specification and contract will also include key performance indicators. These key performance indicators will monitor key outcome areas, such as service user outcomes. All providers will be required to submit quarterly information to demonstrate that they are meeting the indicator targets.

	Communication	
	Communication between service users, families and carers on how service user needs will be met should be plain English. Staff need appropriate skills and abilities to meet communication needs of service users. This will contribute to service user's needs and outcomes being met. There needs to be an ongoing dialogue between social workers and providers to ensure changing needs can still be met by the care home. You felt this did not always happen. Funding arrangements need to be clear and more transparent so families and carers can make informed choices.	Providers will be required to demonstrate in their tender how they communicate with service users and staff within their organisation. These responses will be evaluated and scored. Tender submissions which do not meet contract requirements, will not meet the Bristol Standard and will not be eligible to be on the open framework. Intelligence gathered from the quality assurance team will also be used to inform commissioners whether a provider is continuing to meet The Bristol standard. Under the new proposed model, providers on the open framework agreement and who wish to offer a spot placement to a eligible service user, will be required to submit the cost for that placement in addition to quality information relating to the service users' needs and outcomes. This information will inform the decision around placements and will be shared with the social work practitioner and service user.
	Value for Money	
	Many respondents felt that this is a complex, complicated area and needs to be improved. Costs of the service need to be clearly communicated to enable informed decisions to be made including options to purchase additional services i.e. holidays. Care homes charge different rates and it is not currently clear why this is. Concerns were expressed over the disparity between high prices being charged yet staff may be on the minimum wage.	The tender process will include a quality / price weighting Once a provider is on the BCC open framework, the provider is required to submit cost and quality information for every care home spot placement. This information will be used in order to inform the decision about the placement. This information should be shared with the social

	There are concerns that cost will be a main driver when making placements and quality will be compromised to drive down costs. This may lead to minimum wages for care home staff and zero hours contracts. You said the tender process should rate quality as well as cost. Prices should be reviewed as service user needs change so the price reflects the service being delivered. The lack of capacity in the care home market has led to increased fees in some cases BCC should consider more joined up working with the CCG especially where a service user has both medical and social needs	work practitioner, service user and service user's family and/or carer if appropriate. Adopting this commissioning model should stimulate the provider market and provide a more consistent and competitive fees. This has been evidenced by other Local Authorities who have adopted this commissioning model for this care sector. All service user's needs and outcomes should be assessed on an annual basis. Once an assessment is complete, if the service user's needs have changed, their support and care plan will be amended in order to reflect the change in need. The BCC service specification and contract is being co-produced with Bristol Clinical Commissioning Group (CCG). BCC and Bristol CCG will continue to work collaboratively on care home placements. The BCC and Bristol CCG quality assurance procedures are currently in the process of being aligned to enable a greater more joined up approach towards quality assessments. BCC has not committed paying the living wage for services; however, a piece of research is being conducted to investigate what it would cost if BCC committed to paying the living wage.

3.2 The Commissioning Model

	You Said	We Will
a)	**The Model**	
	Providers would like greater clarity on the Commissioning Model and how it will work so the consultation will be more meaningful. Service User Assessments is an area that needs to be improved for the model to work. There needs to be a robust process including clear and honest communication between all stakeholders i.e. BCC, service users, their families and the care home provider. This is to ensure a full understanding of a service user's needs so informed decisions can be made on how they will be met. It was also cited that the assessment should include equipment needs. It is important to have a pathway for service users to move through services, or the current service to be updated, as their needs change. The current framework is labour intensive and reliant on Care Brokerage having detailed knowledge of what a care home provides and what a service user needs. Placements are sometimes made outside the current process with carers or social workers finding a placement and negotiating costs. Commissioning lots by service user group was most popular (45%) though service user need and geography also needed to be considered when making a placement. The placement process should include visits to care homes and meeting staff and other service users. This will help informed decisions to be made.	BCC acknowledge that the proposed model is a significant change from the current way care home placements are commissioned. In order to acknowledge this, BCC in collaboration with Bristol CCG and the Co-Production Group have created a market engagement document to support and inform providers of the forthcoming proposed changes. In addition BCC are holding a series of market engagement events where providers can meet commissioners face to face to discuss these proposals and inform and influence tender and contractual documentation. Social work assessments are changing in line with the Care Act 2014. Social work assessments will focus on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve. Part of the work around the care act is also to understand the pathway for people who need to access information, advice and /or support from social care. This work is ongoing, however will be made widely available once the pathway is more defined. The new commissioning model will simplify the placement process and ensure that it is a robust, fair and transparent process for providers, service users and social work practitioner. This new commissioning model is following best practice in the care home sector from other core cities around the country.

	Procurement Process	
	Providers are concerned over the resources required to take part in the procurement process and want to avoid any duplication. They feel it important that sufficient time is allocated to enable them to respond to the procurement process.	BCC are engaging with the market prior to the start of the formal procurement. This engagement aims to ensure that providers are supported and prepared for the forthcoming changes and requirements. BCC want to ensure that a significant proportion of providers pass the tender stage and meet the Bristol Standard. BCC are working with the co-production group in order to ensure that BCC understands the requirement of current market place. BCC will ensure that sufficient time is given to providers in order for them to complete the tender submission.
	Core Service Specification	
	Completing a standard Core Service Specification will be challenging as currently all providers calculate costs in different ways. Costs are also dependent on the different care types.	The core service specification referred to in the draft strategy is still being considered in the new process. In addition the total cost of a placement will be requested during the placement process or via the block tender submission. To comply with the Care Act hotel costs will be requested in the tender
	A Sustainable Market	
	Many respondents to the questionnaire challenged the notion that we can have a sustainable market to meet capacity in times of shrinking budgets and increasing needs It should be recognised that small providers may need additional resource / support to remain sustainable	BCC acknowledges the challenges in the current commissioning model for care home placements. Adopting a DPS as a solution to managing capacity and demand will create a more sustainable and stimulated care home market place. BCC acknowledges that there are providers of a variety of sizes within the Bristol provision. BCC will continue to support small and medium sized providers during and after the procurement process.

4. Next Stages

Stage 1

Publish Market Engagement Document. This will set out the new model for commissioning Care Home services.

Stage 2

Launch the formal tender process. It is envisaged this will be in September 2015.

Appendix 1: Proposed Care Home Strategy Questionnaire Results

Unable to comment has not been included in the figures below.

381 people responded though not all responders completed all questions.

Of the responders

- 2% live in a care home
- 28% are family members, carers or friends of some-one who lived or lived in a care home.
- 3% are family members, carers or friends of some-one who receives or received other care and support services
- 7% were the owner, director or employee of a care home
- 34% of responders worked for BCC or the CCG
- 7% work or used to work in a related field
- 16% General Public
- 3% selected other

1. Objectives of the Proposed Care Home Strategy

Are the following objectives being met?

	Yes	**No**
1. Better Access to meet Client Need	66 (25%)	115 (47%)
2. Increased Choice for Clients	56 (23%)	109 (45%)
3. Increased Independence for Clients	30 (13%)	120 (52%)
4. Services Offer Value for Money	41 (18%)	111 (49%)
5. An Effective Sustainable Care Home Market	18 (8%)	136 (61.5%)

2. The Commissioning Model - Framework for Providers

Do you think this process works well?		
Answer Options	**Response Percent**	**Response Count**
Yes	19.4%	28
No	49.3%	71

No comment	31.3%	45
	answered question	**144**
	skipped question	**237**

How often do you think providers who do not initially meet the standards required for the framework have the opportunity to re-apply?		
Answer Options	**Response Percent**	**Response Count**
Every 3 months	25.8%	33
Every 6 months	28.9%	37
Annually	29.7%	38
Other (please specify)	21.9%	28
	answered question	**128**
	skipped question	**253**

What measures do you think Bristol City Council should put in place to improve the quality of service delivery in Bristol care homes? Tick all that apply.		
Answer Options	**Response Percent**	**Response Count**
Take tougher action on care homes which do not meet quality standards	76.6%	98
Terminate contracts with providers who fail to deliver the outcomes or meet the terms of the contract	71.1%	91
Work with providers to improve working conditions for care staff and improve / develop staff training	82.8%	106
Improve Bristol City Council's contract monitoring process to	79.7%	102

identify issues sooner so they can be resolved		
Other (please specify)	32.0%	41
	answered question	**128**
	skipped question	**253**

If the council commissioned lots how would you expect these lots to be structured?		
Answer Options	**Response Percent**	**Response Count**
By Service User group (e.g. physical impairment)	45.3%	58
By geographical area (e.g. North West Bristol)	16.4%	21
By type of contract (e.g. block contract for respite)	3.9%	5
Other (please specify)	34.4%	44
	answered question	**128**
	skipped question	**253**

Through the tender process Bristol City Council will evaluate the quality of care home services in Bristol. Traditionally this is done through the submission of documentation. How else can Bristol City Council evaluate quality other than using Care Quality Commission information and the scrutiny of policies and procedures? (please tick all that apply)		
Answer Options	**Response Percent**	**Response Count**
Bristol City council's own quality assurance information	53.9%	69
Unannounced visits to Care Homes during this process	87.5%	112
Service User feedback	87.5%	112
Staff feedback	78.9%	101
Previous CQC inspection reports	55.5%	71
Method statement	21.1%	27
No Comment	2.3%	3

Other (please specify)	32.8%	42
	answered question	**128**

3. The Commissioning Model – The Placement Process

If the council commissioned lots how would you expect these lots to be structured?		
Answer Options	**Response Percent**	**Response Count**
By Service User group (e.g. physical impairment)	45.3%	58
By geographical area (e.g. North West Bristol)	16.4%	21
By type of contract (e.g. block contract for respite)	3.9%	5
Other (please specify)	34.4%	44
	answered question	**128**
	skipped question	**253**

18 responses (14%) of those who selected 'Other' stated they would like a mix of needs to be included. Of these service user group and geography was the most common.

4. The Commissioning Model – The Fee Structure

Do you think that BCC should set an upper limit (a ceiling price) for the cost of care provided in a care home?		
Answer Options	**Response Percent**	**Response Count**
Yes	52.0%	66
No	33.9%	43
Don't know	14.2%	18
	answered question	**127**

skipped question	**254**

5. The Commissioning Model – Adopting an Outcomes Framework

Would you want the Care Home provider to also input into the identification of service user outcomes?		
Answer Options	**Response Percent**	**Response Count**
Yes	75.8%	94
No	11.3%	14
Don’t know	12.9%	16
answered question		**124**
skipped question		**257**

Would you want the Care Home provider to also input into how the council will measure the achievement of service user outcomes?		
Answer Options	**Response Percent**	**Response Count**
Yes	64.2%	79
No	23.6%	29
Don't know	12.2%	15
answered question		**123**
skipped question		**258**

What do you think care homes can do to help create an environment that encourages and facilitates independence? (Tick all that apply)		
Answer Options	**Response Percent**	**Response Count**

Utilise Assistive Technology to create a more enabling environment	68.0%	85
Develop homes which have reablement facilities (e.g. accessible and		
safe kitchens which SUs can use)	76.8%	96
Do more to encourage positive risk taking	65.6%	82
Workforce development and staff training	90.4%	113
Other (please specify)	38.4%	48
answered question		**125**
skipped question		**256**

6. **What is the most important part of the strategy? One is the most important 4 is the least.**

Proposed Commissioning Model Process

Phase 1 Procurement Process to meet Bristol Standard

Council shares requirements with care homes

Care homes submit information to demonstrate how they meet the Bristol Standard

Council assesses submissions

Council decides which care homes meet the Bristol Standard and go onto the Framework

Bristol Standard - Framework

<u>Successful at Phase 1</u>
Care homes that **meet** Bristol Standard are placed on Framework and have opportunity to bid for future care home contracts

<u>Unsuccessful at Phase 1</u>
Care homes that **do not meet** Bristol Standard are not on the Framework and cannot bid for future contracts.

Care homes have periodic opportunities to demonstrate they meet the Bristol Standard and get on the Framework.

Phase 2a Block Contracts

Council starts tender for block contracts by sharing details of the contracts and requirement of care homes.

Care homes on the framework consider if they want to bid for the contract

Care homes submit quality and cost information.

Council assesses all bids and decides which care home will be awarded block contract

For all future placements, any care home with a block contract (including Council owned homes) will be considered for a placement. If no suitable place is found, Council will issue spot contract through DPS

Phase 2b Spot contracts

Information issued by Council through the DPS

Care homes on the framework decide if they want to bid for this placement

Care homes bid by submitting quality and cost information through the DPS

Council assess bids and creates shortlist of suitable options

Potential resident considers shortlist and select their preferred home.

Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	Care Home Recommissioning Project
Directorate and Service Area	People Directorate, Adults commissioning
Name of Lead Officer	Leon Goddard, Service Manager

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?
This EQIA follows the consultation of the care home commissioning strategy, to change the way that Bristol City Council (BCC) makes care home placements on behalf of service users with an eligible social care need. BCC's proposals will provide improved value for money, leading to cost reductions in residential and nursing care home placements. At present, there is lack of capacity in the care home market, resulting in restricted choice for service users and there is lack of competition in the provider market. Adult commissioning will be introducing a new purchasing model which will give service users increased choice, improve capacity within the care home market and create a fair, transparent and robust process for all new residential and nursing care home placements. In order to introduce the new purchasing model, care home providers will be required to go through a competitive tender process. In addition to this new process, Adult Commissioning will also revisit the contract and service specification for residential and nursing care homes to ensure that they meet current and future need. The new service specification, written in collaboration with Bristol care home providers and local partners, will ensure that it is compliant with the Care Act (2014) and that it has a Reablement focus throughout. The impact of this proposal on service users should be minimal. Current placements will be unaffected by these proposals. If a current provider who is supporting service users funded by BCC fails to meet standards, that placement would remain and the provider can reapply at a later date.

Providers that do not engage with in the new process will not be able to support future placements funded by BCC.

The impact of this proposal on family members and carers should be minimal. This proposal should provide a more fair and transparent system which will enable more choice and control for the service user.

It is likely that there may be an impact on staff working within current care homes, as care home providers will be required to go through a competitive tender process. BCC are planning to mitigate this impact by engaging with the market to prepare and support them prior to the start of the procurement.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

2.1 What data or evidence is there which tells us who is, or could be affected?
Bristol City Council completes a Joint Strategic Needs Assessment for the whole city on an annual basis. The Joint Strategic Needs Assessment is an on-going process to identify the current and future health and wellbeing needs of the local Bristol population. The Joint Strategic Needs Assessment uses a range of sources to compile its statistics, including the Office of National Statistics and local data such as information obtained from Public Health colleagues within the City. Bristol is a rapidly growing city. [1] Bristol ranks as one of the healthiest of the Core Cities[2]; however the overall citywide picture can hide the difference in experiences for different areas and population groups within the city. There are areas of Bristol that are very affluent and areas that rank amongst the most deprived in the country. Where you live in Bristol can be seen as one of the biggest factors affecting your health and wellbeing. The services within this proposal will affect service users across the city.

[1] Bristol JSNA 2012 Strategic summary

[2] Core Cities are a unique and united local authority voice to promote the role of our cities in driving economic growth. http://www.corecities.com/

There are approximately 2058 service users living in a Care Home placement in Bristol that are funded by Bristol City Council.[3]

Age

20% of total residential and nursing care home placements are under the age of 65. 80% of placements are over the age of 65, with 22% of that figure over the age of 75 and 46% over the age of 85.[4]

Bristol's 57,200 older people (aged 65 and over) make up 13% of the total population. The proportion of older people is lower than in England and Wales as a whole with 17% in the same age group. There are more than 9,000 people living in Bristol aged 85 and over and the population continues to age gradually. The over 85 age group has increased by 1,700 people (22.3%) between 2001 and 2012.[5] One in five people over the age of 85 is likely to have dementia.

Gender

63% of service users who access these services are women and 37% of service users male

Analysis shows that there are slightly more males than females in the 18-74 age groups, which could be related to more males having certain types of impairment, e.g. Autism Spectrum Disorder etc. However, there are significantly fewer males than would be expected in the 75+ age group.

The prevalence of dementia amongst elderly women is higher than that of men, many of the care home placements for the population aged 75+ are for people with dementia. This is one potential explanation for the pattern.

Within the care sector it is recognised that women are over represented in the residential and nursing care sector. Wages are often low, hours are flexible and

[3] Data extracted from open series worksheet dated 17/04/2015
[4] Data from HSC Equalities date 13/14
[5] Information taken from 'Bristol – state of the city 2013'
http://www.bristol.gov.uk/sites/default/files/documents/council_and_democracy/lord_mayor_of_bristol/mayoral_information/State%20of%20the%20City%202013-%20Mayoral%20vision%20v8.pdf

can include zero hour's contracts and career development within the sector can be limited.[6]

Disability

All services users living within a BCC funded care home have a disability. 54% of service users have a physical, frail and/or sensory impairment. 11% of services users have a mental health support need and 17% of service have a learning disability. 16% of service users with Dementia were being supported by BCC in care home placement. [7]

Ethnicity

95% of service users living within a BCC funded care home have identified themselves as white. This statistic includes 'White British' and 'White Other' ethnicities.

Data from the 2011 Census informs us that 16% of the BME and White non British population in Bristol, over the age of 65 live in the inner City and East locations in the City. This statistic is higher than the whole Bristol population, 8%. [8]

A large proportion of care sector workers are White British. [9]

Religion

79% of service users have identified themselves as Christian.

Data from the 2011 Census informs us that within Bristol, there are at least 45 religions. Of the major religions within that 45, the highest proportion of population identify themselves as Christian (46.8%). There are some significant differences in religion in localities around the City. Over 12% of the inner City and Easy population identify themselves to be Muslim, whereas this figure is less than 3% in other areas around the City.

[6] Information taken from https://www.gov.uk/government/news/improving-working-lives-for-women-in-the-care-cleaning-and-catering-industries

[7] Data from HSC Equalities date 13/14

[8] Information taken from Population of Bristol, JSNA 2014 summary http://www.bristol.gov.uk/sites/default/files/documents/council_and_democracy/consultations/Population%20of%20Bristol%20-%20JSNA%202014%20summary%20%28inc%20CCG%20%20Health%20Conditions%29%20v8%20Final.pdf

[9] Information taken from http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/Research-Reports/Regional-reports/West-Midlands.pdf

Sexual Orientation

71 % of service users in a care home placement funded by BCC, identify themselves as Heterosexual. 0.2 % of service users identify themselves as gay or lesbian. Government estimates that 5-7% of UK population are LGB

There is an under representation of service users stating they are Gay / Lesbian or Bisexual. However, the sexual orientation of a large number of individuals in these services is unknown and therefore it is difficult to confidently compare the service user group with the general Bristol population.

2.2 Who is missing? Are there any gaps in the data?

There is no other information on the other protected characteristics of clients within these services. This includes gender reassignment, pregnancy and maternity and marriage and civil partnership. There is also limited information on the protected characteristics of the staff working within these services.

2.3 How have we involved, or will we involve, communities and groups that could be affected?

The care home commissioning strategy was consulted in the summer of 2014. Within the consultation period there were a number of events with a variety of stakeholders. Four consultation events were held around various locations around the City and an online and paper questionnaire was available for all stakeholders to complete. The commissioning strategy was presented and discussed at a variety of partnership boards and stakeholder meetings to increase awareness and encourage responses from a wide collective of stakeholders. BCC is unable to differentiate whether specific protected characteristics were concerned about particular aspects of the care home commissioning strategy. There was general concern from a variety of participants around equalities for ethnic minorities and lesbian, gay, bi-sexual and transgender (LGBT) service users.[10] BCC will ensure that this concern is address during the tender process and within the new service specification and contractual documents for these services.

In order to recognise the impact BCC's proposals will have on care home providers, BCC in collaboration with members of the care home provider forum, created the care home strategy 'co-production group'. The co-production group are a reference group for BCC to 'check and challenge' our

[10] More information on the result of the consultation, can be found on the care home tender webpage www.bristol.gov.uk/carehometender

proposals, ensuring that the care home market are informed and where applicable co-design future proposals.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics?
<u>Age</u> No adverse impact on service users. All current service user placements will remain the same. There is no information on the age of staff working within the Bristol care home sector. Sources indicate that the average age of a care sector worker range from 40 – 47 years[11]. Due to the retender of these services, there may be a risk that a proportion of adults of working age are adversely impacted by these proposals. <u>Disability</u> No adverse impact on service users. People who identify themselves as having a disability are over-represented within the current services. This representation is expected as this type of service is generally tailored for older citizens with a social care and/or health need and who require care and support. Older people in Bristol are living with long-term conditions such as dementia and/or other chronic health problems or disabilities[12] . BCC's proposals would need to consider the impact of an increasing proportion of disabled service users accessing these services. <u>Gender</u> No adverse impact on service users. Women are over represented in the care sector. These proposals will need to consider the impact commissioning changes, may have on women in care sector roles in the Bristol market.
3.2 Can these impacts be mitigated or justified? If so, how?

[11] Information taken from 'The adult social care workforce in England 2011' Centre for Workforce Intelligence (2011)

[12] Information taken from http://www.bristol.gov.uk/sites/default/files/documents/health_and_adult_care/health/JSNA%202012%20Strategic%20Summary%20%28Census%20update%2C.pdf

The proposal intends to mitigate the impact on protected characteristics. The service specification and contract will include the standards all care home providers must adhere to. These standards will ensure that that all care home services are person centred and do not discriminate against service users, family members and or carers and staff. In addition staff terms and conditions will be reviewed to reflect the standards providers are expected to provide for their staff. This should mitigate the impact on care home provider staff.
3.3 Does the proposal create any benefits for people with protected characteristics?
Service users who require a care home placement under the proposed model, should receive a better quality service. All providers will be required to work using a Reablement focus. This Reablement focus will benefit disabled service users and enable greater independence, choice and control
3.4 Can they be maximised? If so, how?
• The specification will enable quality to be measured and monitored.. Quality could include reference to meeting the additional needs of services users with protected characteristics, for example homes could promote they have bi lingual staff or to offer a gay friendly residential home for service users or family members who are LGB to be confident in the service they will receive). • A main driver is to diversify the market and ensure the range of services on offer can meet the needs of people with differing support needs, so that service users with a range of impairments or a range of support needs can find a placement which can meet al of their needs. • The is an opportunity to encourage placements to meet as broad a range of needs as possible and improve staff training both in recognised care qualifications but also having specialisms in working with people with mental health needs, with people with autistic spectrum support needs, designing spaces for people with dementia etc.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

4.1 How has the equality impact assessment informed or changed the proposal?

The information from the EQIA has informed the development of the service specification and contract for future residential and nursing care home services. Data from the services and local intelligence, informs commissioners that providers need to accurately monitor equalities information. This will be a requirement in the service specification and contract. In addition BCC must acknowledge the impact the care home proposal will have on the care sector workers. Commissioners to ask organisational tender questions during the invitation to tender stage of the procurement process.

4.2 What actions have been identified going forward?

The service specification and contractual documentation will include the following standards in order to mitigate the impact

Age

- Ensure that older people do not face age discrimination and that their views and opinions are respected and their identity is protected.
- Ensure that the individual preferences and tastes of older people are not lost, and that no assumptions are made that all people like the same food, music, activities etc.
- Further to the above, there should be age appropriate activities, tailored to the current residents of the service. This should be monitored and adapted over the life of the contract as new residents move in to the service.
- Ensure the care delivery and practice within care home services acknowledge the age group of service users within the care home. There may be a mixed age range of service users within the same care home who as individuals, will have different needs, preferences, likes and dislikes to others.

Disability

- Ensuring that staff are trained and competent in communication with service users. This relates to service users who have communication difficulties as a result of their physical, cognitive or sensory impairment.
- Ensuring that staff have good training and are competent in supporting service users with more specialist needs – e.g. dementia care.
- Ensure that the provider utilises technology in the design and fit-out of both existing and new care homes to support those living with physical, sensory and cognitive impairments.
- Ensure that the care home management and staff work in a person-centred way and do not label individuals as ‘having dementia’ or ‘having a disability’.

Ethnicity

- Ensuring that staff are trained and competent in communication with service users. This relates to ensuring any language barriers are minimised. In some cases, this may involve utilising local community groups who can provide translation services.
- Ensure that the management and staff understand the cultural background and needs of service users, e.g by making use of advocacy or other available community groups where service users may be reluctant to talk to staff openly about their feelings / needs.
- Ensure that the food options are culturally appropriate. This may relate to the preparation of food in addition to the range of food

Gender

- Ensure that service users have the right to the same gender staff for intimate personal care routines.
- Ensure that staff within care home services do not stereotype service users based on gender in terms of likes / dislikes and preferences.

Religion and belief

- Ensure that service users with a religion or belief (or no religion / belief) are able keep in contact with their faith community and practice in manner that complies with their wishes.
- Ensure that there is adequate provision within the design and layout of the care home for prayer / contemplation areas and rooms.

Sexual Orientation

- Ensure that no assumptions are made about the sexuality of service users, i.e. that all service users are heterosexual.
- Ensure residents preferences around clothing and gender norms is respected without question.
- Ensure the sexuality of LGB service users will be respected by care home services, staff and other service users. This could be achieved through diversity and equalities awareness training / information for residents (not just staff). Also ensuring links with their support network can remain.
- Ensure that the service user's support network refers to partners and friends, not just relatives.
- Ensure that there is information, advice and signposting available for

LGB service users who may wish to link in with local support networks and community groups.
- Where there are shared rooms available, the provider must ensure that there is equality to enable same sex couples to share the same room.

Transgender

- Ensure that service users can live in the gender of their choice.
- Ensure people no assumptions are made about the gender status of individuals.
- It is an offence to 'out' someone who has transitioned therefore ensure very limited staff access to this information on a service user file
- Ensure that the health needs of transgender service users are kept highly confidential i.e long term impact of hormone treatments
- Ensure that the service user's support network refers to partners and friends, not just relatives.
- Ensure that there is information, advice and signposting available for transgender service users who may wish to link in with local support networks and community groups.

The following actions have been taken forward

1) Equalities standards are covered throughout the existing service specification which will be updated as a new contract is issued to the market. This will be reinforced through the requirements relating to person centred care, recognising each service user as an individual and tailoring the care and support around this.

2) All of the actions for each equalities group as described above have been included in the service specification either as updated outcomes or specific standards.

3) Providers who tender to get onto the open framework will be required to ensure there is an adequate recruitment policy that is representative of the diverse Bristol population and workforce monitoring to demonstrate their baseline position of their staff and progress over time.

4) Providers who tender to get onto the open framework will need to consider how they can provide information / awareness sessions for existing service users to better understand the diverse needs of the care home population (e.g.

around LGB and transgender issues).

5) There are some gaps in understanding service user satisfaction for individuals and communities who are part of a protected characteristic. The ongoing monitoring of service quality by both the provider and commissioning organisation (Bristol City Council) will need to demonstrate that satisfaction of the service is high amongst all service users and where this isn't the case, that the provider is taking the necessary corrective action to address this.

6) As a result of this EQIA and in accordance with standard Bristol City Council procurement procedure, during the procurement exercise, BCC will seek evidence of the provider's equalities policies and specific questions that will ask the provider to review this EQIA and demonstrate how they will meet the needs of the diverse Bristol population (based on the recommended actions).

7) To ensure that the provider works with local community groups which support people with protected characteristics to fully engage with the service.

Ongoing actions:

HSC Commissioning and Quality Assurance functions will work with the care home providers to ensure that where a service does not meet the outcomes for any equalities group or for the service as a whole, improvement actions, advice and support are provided.

4.3 How will the impact of your proposal and actions be measured moving forward?

Providers quality will be regularly reviewed throughout the lifespan of the contract. Providers will be required to report quarterly on key performance indicators. These indicators will be used, along with other intelligence from BCC quality assurance framework, to provide a holistic view of the providers quality.

The HSC Quality Assurance function will provide visits to providers to ensure they are compliant with the outcomes and standards set out in the service specification. Where non-compliance is evident, improvement actions will be issued to providers with clear timescales for achievement.

BCC's Quality Assurance Framework provides a platform for increased involvement from service users, carers and lay assessors to ensure that the

service is person centred and promotes positive equalities practice. Care Home providers will be required to ensure there is an adequate workforce monitoring to demonstrate their baseline position of their staff and progress over time.

Service Director Sign-Off:	Equalities Officer Sign Off: Anne James Team Leader Equality and Community Cohesion
Date:	Date:26.6.2015