BRISTOL CITY COUNCIL
HEALTH AND WELLBEING BOARD
AUGUST 10^(TH) 2016

REPORT TITLE: **ADULT SOCIAL CARE COMMUNITY SUPPORT SERVICES RE-COMMISSIONING**

Ward(s) affected by this report: ALL WARDS

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Purpose of the report:

The purpose of this report is to seek a key decision from the Health and Wellbeing Board (HWB) for Bristol City Council to re-tender for the provision of Adult Social Care Community Support Services (CSS). The re-tender is part of a commissioning exercise and the tender is expected to be launched in September 2016. This report sets out background context, key challenges and opportunities, proposed commissioning model, benefits, risks and impacts of change.

RECOMMENDATION for the Mayor's approval:

1. To approve the introduction of the commissioning model as proposed in this report

2. To delegate authority to the Strategic Director - People and to the Service Directors: Care and Support and Commissioning to implement the commissioning model set out in this report

3. To delegate authority to the Strategic Director – People and the Service Directors Care and Support and Commissioning to award contracts to providers of Community Support Services who successfully meet tender requirements.

The proposal:

1. **Background context for key decision**

1.1 Community Support Services (CSS) in Bristol are Adult Social Care support services that are delivered within community settings or at home for adults (18 years+) with eligible social care needs. These services are provided to meet eligible need as assessed in a statutory assessment, based on national eligibility criteria.

1.2 Citizens in receipt of these services include those with learning disabilities, mental ill health, physical and sensory impairments, acquired brain injury and older people (age related frailty, dementia).

1.3 CSS aim to promote service user independence, physical and mental well-being, social interaction, choice and control and other outcomes in community settings, and to prevent the need for more intensive forms of social care such as residential or hospital care. These services often contribute to key recovery, rehabilitation and maximising independence outcomes.

1.4 Services in scope of this strategic commissioning exercise are accommodation based support (supported living), community outreach services; commissioned day services and 'Time for You' services for carers. **For more detail on these current services, see the CSS Commissioning Strategy in Appendix 1.**

1.5 Typical CSS activities currently include:

➢ support received within a supported living setting (accommodation is part of the agreed package) - support to manage day to day tasks such as cooking, housework, food shopping, budgeting as well as other practical support
➢ support received in one's own home with own tenancy - support to manage day to day tasks such as cooking, housework, food shopping, budgeting as well as other practical support
➢ support for people to access activities in their community and city e.g. sports and social activities, volunteering, training and employment activities
➢ support for people to access transport in their community and city
➢ support for people in day centre settings e.g. social activities, food provided, day trips
➢ support for carers to take a break and have someone sit with their loved one for a short period of time ('Time for You' service for carers)

1.6 Recipients of CSS vary in age, need, ethnicity and geographical location and the geographical distribution of service users' homes and the activities they access is city-wide.

1.7 There are currently over 100 different providers in Bristol delivering these services to 1,232 service users at a cost of approximately £19m per annum. This is against a budget of £14.4m per annum. Work is underway to consider how to manage current contractual arrangements alongside the new commissioning process and further reports will be brought to Cabinet for approval as necessary.

1.8 The Council's responsibility is to assess social care need through social work assessments and reviews. The Council is also responsible for how services are commissioned (which support services we buy, from whom and why), how they are arranged (the process of allocating a support service/ provider - currently through a Brokerage Team) and responsibility for the contract management of services we commission.

1.9 Bristol Clinical Commissioning Group (BCCG) also commission a range of community based secondary community Mental Health and Learning Disability services. These services are delivered by Community based Mental Health and Learning Disability Teams providing appropriate clinical and therapeutic support to those individuals with assessed eligible healthcare needs. Support services commissioned by BCC include only the non-clinical element of individual packages. Any package of support jointly funded by Bristol CCG and BCCC (via Section117 aftercare arrangements) is commissioned on the basis of social care support. Section 117 is not intended to fund clinical services that may be offered by CCS providers.

1.10 BCC and BCCG have been working together over the past year on this commissioning exercise to understand and co-design a joined-up approach to community based support services. There is strategic alignment with the BCCG Transforming Care agenda, Better Care Bristol and delivery of other key health and social care priorities. There may be future opportunities for pooled funding and joint commissioning arrangements.

1.11 In addition to the maximising independence benefits and outcomes for service users of having CSS services, there is considerable cost avoidance to the public purse through having quality community support services that support people coming out of hospital, prevent them going into hospital and preventing the need for more expensive, intensive forms of social care such as residential care.

2. Reasons for change: key challenges and opportunities

2.1 There are a number of problems with the existing commissioning model, some of which are current and immediate and some of which we want to address to meet future challenges. This section describes these problems and opportunities for change to ensure that citizens eligible for CSS receive quality, value for money services that meet their needs and agreed outcomes.

2.2 **Time for a strategic review of the sector:** CSS were last re-commissioned in 2008/9 and there have been significant changes in legislation (including the Care Act 2014), practice, service user expectations and available budgets since this time.

2.3 **Outcomes based commissioning:** A 12 week public consultation process on a draft CSS Commissioning Strategy told us that service users, their carers and families want to live their lives as independently as possible and to be active citizens doing day to day activities, contributing to and benefitting from the diverse communities and activities across the city. Well-being is about living daily life with dignity and respect, developing and maintaining good relationships, making a contribution to the community, learning, working and being active, as well as achieving other outcomes and goals that are specific to the individual. The service user outcomes sought from this commissioning exercise are therefore broad and interconnected and this is the first time that this sector has been commissioned using an outcomes focussed approach.

2.4. **Adaptable services that flex to meet changing needs.** BCC also wants to commission services that can adapt and change as service user expectations and needs alter. CSS needs analysis and public consultation has highlighted gaps in CSS provision and changing needs that this commissioning exercise responds to e.g. employment related outcomes for citizens in receipt of CSS, transition support from childhood to adulthood, adequate move on provision. This requires us all to think and work differently and to design new ways of working. The commissioning of support in Bristol also needs to be in the context of more service users opting to manage their own personal budgets. Over time, the expectation is that the number of service users accessing personal budgets will rise, leading

to a reduction in provision commissioned directly by BCC. BCC therefore has a dual responsibility to shape a buoyant, vibrant market for social care services in the City as well as commission provision from this market.

2.5. **Quality services:** There is a both challenge and an opportunity to ensure that we are commissioning quality CSS services. Because this is a non CQC regulated sector, there is little national information or framework for determining and assessing the quality of CSS services. The current overall picture of the quality of CSS services in Bristol is not clear. BCC undertakes quality assurance (QA) visits to CSS providers but this is done on a rota basis, often based on a targeted approach where safeguarding or other concerns have been raised about a service. This local QA activity is an important vehicle to check and challenge providers to deliver quality provision but it is limited and is not currently supported by published standards that set BCC's expectations of its commissioned CSS provision. Standardised, transparent CSS service standards are a fundamental element of the new commissioning model and are contained in the newly created CSS service specification and CSS Performance Management Framework (PMF).

The changes being proposed in this report will see BCC:

a) Set clear requirements for the expected quality of CSS provision as set out in the newly created service specification and PMF
b) Work with commissioned CSS providers to monitor BCC standards and ensure that services meet the requirements of a service user outcomes focussed model of support
c) No longer work with providers that do not meet the quality/ service standards

2.6 Value for money: BCC needs to ensure that services offer value for money for the public purse and balance economy (cost), efficiency (service productivity) and effectiveness (quality). This is fundamental in the context of reduced budgets, increasing demand for services and increasing expectations of service users and their carers.

2.6.1 To inform this strategic commissioning exercise, analysis has been undertaken by BCC to look at current cost of commissioned CSS provision by assessing current hourly costs of CSS and how these compare across the provision for similar needs. This has shown that need and cost are not always aligned and that there are a number of inconsistencies in the pricing structures between providers of similar packages of care.

2.6.2 Additionally, there is not a standard approach to what costs are included within the scope of the service, for example, core (shared) support is provided in addition to some accommodation based support packages, but not others. This is inconsistent, not equitable and has been provider-led rather than BCC commissioner led. .

2.6.3 The changes being proposed in this report will see BCC:

Price of support

a) Introduce a transparent price range model for CSS that better aligns assessed needs and cost to meet those needs. The pricing model sets out hourly rates that BCC will pay for different types of CSS services. The model also acknowledges that some forms of support cannot be paid for by hourly rates and sets out the prices that BCC will now pay (e.g. sleeping and waking nights).

The price range methodology and proposed prices have been informed by current prices

and variances in prices for comparable support packages; discussions with providers about their costs through CSS Provider Forums and Co-Production Groups; discussions with social workers and brokers on what they consider appropriate rates for support based on their professional experience; and consideration of local and national benchmarking. National Living Wage and other cost pressure considerations are being taken into account by BCC in the issue of final price ranges.

2.6.4 Price ranges have been broken down by the type of support service and categorised to take account of varying levels of need and the intervention required. An individual's level of need will be categorised by social workers at the point of assessment & support planning as Standard, Intermediate 1, Intermediate 2 or High to reflect the level of intervention required. These bandings have been designed with social workers and with input from providers to ensure appropriate factors / criteria are incorporated in each banding and that there are logical interfaces and transitions between bands.

2.6.5 The exceptions to this are 'Time for You' (sitting services for carers) which will be subject to a single price range and day services for which there will only be a single intermediate level band. This is to acknowledge that both of these service types currently have greater consistency of price than community outreach and accommodation based support.

2.6.6 By introducing a banded hourly price range framework, BCC will be better able to control costs and ensure consistency of pricing. Financial modelling indicates the potential to reduce current spend by up to £1m per annum by doing this (first full year effect estimated to commence April 1st 2018), although the approach to implementation will be fundamental in achieving this.

2.6.7 Over time, the move to outcomes based commissioning will negate the need for hourly rates: packages of care will be priced according to agreed outcomes and achievement of outcomes. However, to mitigate the risk of rapid change in this critical sector, BCC will take an incremental approach to change using Year 1 of the process to evaluate the impact of the new pricing strategy and service specification, working collaboratively with providers, service users and their carers in this and planning for the move to outcomes based payments.

Volume of support

2.6.8 This commissioning model is also designed to safely reduce demand for CSS services over time by transitioning to outcomes focused support and maximising service user independence, where appropriate.

2.6.9 Demand reduction assumptions have been included in financial modelling to acknowledge the range of complexity of citizens in receipt of support services. Financial modelling indicates the potential to reduce spend by up to a further £1m through this means. The commissioning model is based on the expectation that providers will work with service users to safely maximise their independence and that over time this will result in a reduction in the size/volume of some care packages. This supports the Three Tier Model of Social Care now being rolled out in Bristol which focuses on enabling people to maximise their independence and engage with local community resources to support the meeting of their needs and outcomes alongside or instead of social care.

2.6.10 Providers will be required to meet agreed quality standards defined in the specification and commit to delivering services within the agreed price bands to secure a place on the CSS Framework and be eligible to apply for opportunities to deliver individual support packages as they arise. Providers that are successful in securing a place on the framework will be invited to participate in a mini-competition and submit an application for individual support packages via an e-procurement system. This will encourage ongoing competition between providers to secure packages that meet individual's needs whilst offering value for money. The approach to existing accommodation based service packages is being carefully considered given the inherent complexities that exist between tenancies and support and the potential disruption this would pose to the individual if they had to move from their home as a result of a change in support provider.

2.6.11 In summary, in relation to economy/cost, BCC expects that structured price brackets for each service type together with greater competition in the market will lead to a more transparent, competitive and value for money market place for CSS, and, that the outcomes focussed model will maximise service user independence and achieve reductions in the overall volume of support being purchased over time, where appropriate.

2.7 **Supply of CSS provision in Bristol:** There is currently a diverse supply of CSS providers in Bristol for most CSS services and the aim is to maintain this diversity as part of this commissioning process. Under the current commissioning model, there is no commitment from the Council to use a particular CSS provider and no commitment from any CSS provider to allow the Council to use its provision or to accept referrals from the Council. Almost all the community support services purchased for the 1232 service users are spot placements, meaning there is no guarantee about the future level of placements the Council will make with individual providers.

2.7.1 The goal is to better match current and future demand with supply of appropriate provision to meet service user and carer needs and agreed outcomes. BCC has undertaken work to better understand the current CSS market in Bristol and to predict future need for community support services. This information is contained within the CSS Commissioning Strategy that communicates to the market the services that the Council will need in the future. A lack of availability of certain types of CSS e.g. supported living accommodation means that people have to wait on a list or be moved to provision outside of Bristol because suitable services are not available in the City. This commissioning exercise seeks to better address this, alongside a linked piece of work on developing the supply of accommodation based support in Bristol in the longer term. A market position statement on accommodation based support/ supported living has been developed and will be issued to providers as part of the CSS tender process.

3. Proposed commissioning model

3.1 Dynamic Purchasing System

3.1.1 BCC has Dynamic Purchasing System (DPS) functionality that will operate as the procurement platform for the CSS Framework (CSSF). Providers will apply for CSS placements through the DPS and this should provide a greater degree of competition and transparency of support package placements. Like other commissioning exercises such as residential care, this signifies a new arrangement for how BCC awards placements with external, commissioned providers. This is compliant with EU Procurement Regulations and the Light Touch Procurement regime. It also supports BCC's Care Act responsibilities to market shape and have an open, transparent, diverse market of commissioned care

providers. There will be exceptions to the use of DPS where it is considered not appropriate for a particular package of care.

3.1.2 The CSSF will be used as the basis of a mixed commissioning model including a combination of spot and block contracts. Spot placements will form the sole basis of CSS provision at the outset of this commissioned model. There is, however, a strategic intention to develop and award block contracts for some CSS services pending evaluation of Year 1 of the commissioned process (following implementation of the CSSF) and assessment as to where block contracts might best apply. Block contracts will also be procured via the DPS.

3.2 Price Ranges

3.2.1 As set out above in the value for money section, all providers seeking a place on the CSSF will be required to confirm that they will operate within the new CSS price bands. Provider rates will be expected to fall within the framework price ranges and will be paid based on units of one hour (exceptions being sleeping and waking nights). Core support is being reviewed as part of this commissioning process. All hourly rates will be inclusive of transport, food, and all other expenses incurred during the course of providing support services in addition to the cost of the service itself. Providers will be required to submit a rate via the e-procurement system that falls within the ranges set out in the tender documents.

3.3 Quality and Service Standards

3.3.1 The CSS service specification will introduce new service and quality standards that providers will be required to meet. Provider performance will be assessed through a new Performance Management Framework (PMF) and BCC contract management and quality assurance processes.

3.3.2 Providers will be required to submit performance information against set Key Performance Indicators (KPIs) outlined in the PMF as part of ongoing performance monitoring. These KPIs and quality assurance measures have been developed in collaboration with providers and based on feedback from the CSS public consultation in terms of what matters to citizens and service users in terms of receiving a quality service. Any provider that initially meets the required standards but subsequently fails to maintain these will initially receive support to improve their performance, but will be removed from the framework if performance continues not to meet required standards. This can occur at any point in time throughout the life of the framework.

3.3.3 Any provider that fails to meet the required tender standards or that does not participate in this tender process, will not be placed on the framework and therefore will not be able to continue providing care to existing service users or to take on new service users funded by BCC.

3.4 Implementation Plan

3.4.1 The arrangements set out above will apply to all new CSS service users from the go-live date of the CSSF. This is currently estimated to commence early 2017. On receipt of a support plan from social workers, the BCC Brokerage Team will request applications from providers who have been accepted onto the Framework to deliver individual packages of support.

3.4.2 The support package will typically be awarded to the provider that demonstrates they can meet the individual's needs and offers best value for money. There may be exceptions to this, for example, if the individual has had a previous negative experience with the provider that cannot be remedied or if they wish to pay a top up and receive care from another provider. The exceptions will be clearly identified in the CSS Commissioning Plan and will be carefully considered during implementation to ensure consistency and equity.

3.4.3 If existing providers are successful in securing a place on the CSS Framework and adjust their hourly rate in line with the price bands identified by BCC, a direct award will be made for up to 12 months for their existing service users. There will be a transition of these existing support packages onto the new pricing structure within a set period (period to be confirmed in the Commissioning Plan issued at the point of tender).

3.4.4 Due to the complexities associated with accommodation based support where support packages are often integral to an individual's tenancy, the direct award may be made for a longer period of time. In determining the approach to consider where contracts will be made for 12 months or longer, all factors to be considered and any exceptions that apply, will be defined within the CSS Commissioning Plan to provide clarification to providers before they submit their responses.

3.4.5 During the initial 12 month period following the launch of the framework, there will be a review / reassessment of all existing service user packages of care. Existing packages will then be advertised via the DPS to enable competition in the marketplace, unless there are exceptional circumstances or in the case of 3.4.4 above.

3.4.6. Where existing providers do not meet the quality standards for the CSS Framework, service user support packages will be reviewed by social workers and an assessment made on the price banding for the placement. BCC will then re-tender the placement via the CSSF, so providers that successfully secured a place on the framework and met the required quality standards have the opportunity to apply to deliver these support packages at a price within the identified price range.

3.4.7 Following submission of bids at mini tender stage, it may be that the existing provider is still the best value for money and offers the most appropriate care to meet the service user's needs in which case the service user will not undergo a change of placement. The service user and carer's views will be taken into consideration when making this decision in accordance with the Care Act and Mental Capacity Act. However, it is anticipated that through this commissioning exercise the market for CSS will be opened up and that this will generate competition among providers to deliver quality care at competitive rates.

3.4.8 In sum, individual packages will typically be awarded to the provider that is able to demonstrate an ability to meet the individual's needs and offers best value for money. As stated above, there will be some exceptional cases where this does not apply and the CSS Commissioning Plan will clearly identify the exceptions that may apply and the process that will be followed in these cases.

3.5 Changes to care management

There are critical changes underway in care management that this commissioning exercise is dependent on. These changes are ongoing as a result of the Care Act 2014 and include:

- ➢ A 'strengths based' approach to care assessments - this will maximise service user's independence (a key part of the CSS Commissioning Strategy)
- ➢ Outcomes focussed support plans –these are critical to underpin outcomes based commissioning and to the monitoring of outcomes focussed commissioned services
- ➢ Resource Allocation Scheme (RAS) assessment of need and associated scores – this is a key project within the Care Act Transformation Programme and aligns with this CSS process. The CSS pricing structure has been aligned with RAS as much as possible to ensure consistency of approach for social workers assessing someone's need and quantifying the support required. Shaped with the help of social workers, the CSS price banding tool will assist social work judgement about which price band an individual's CSS support falls into.
- ➢ Social work reviews – the success of CSS commissioning is dependent on reviews of CSS cases to maximise service user independence where possible and ensure that service users are receiving the right type and amount of CSS support to meet needs and agreed outcomes
- ➢ Brokerage - there will be new processes to ensure that service user cases are effectively represented on the DPS and that the placement system works.

Commissioning and care management are two parts of an integrated process. In order to realise benefits, minimise risks and safely transition to the new proposed commissioning model, a redesign of the whole is underway and continues to be needed through joint work between the BCC Care Act Team, Care Management, Commissioning and Brokerage in collaboration with service users and carers, partners and providers.

4. Consultation and scrutiny input

4.1 A draft CSS Commissioning Strategy was issued for public consultation on October 15th 2015 for a period of 12 weeks. The consultation asked the public key questions about:

1. Principles underpinning this commissioning
2. The outcomes sought for service users through the commissioning of support services
3. Whether an outcomes focussed approach would safely reduce demand for support over time and increase service user independence
4. How best to ensure quality services whilst achieving value for money
5. Gaps in current CSS provision
6. The extent to which care providers should have a role in setting milestones and activities with service users and their families
7. Whether a consistent unit cost of CSS services will deliver improved value for money
8. Whether the strategy/ proposed approach to buying CSS services in the future would create a dynamic and diverse marketplace for CSS services into the future

4.2 There was good engagement from service users, providers, strategic partners and members of the public in the consultation: 162 people came to face to face consultation events and 71 people responded to an online survey. Of these, 132 were service users or carers. That number represents approximately 10% of the CSS service user base. There was also good, constructive input from care providers in the consultation with 64 providers formally contributing to the consultation process.

4.3 The following methods were used to inform stakeholders about the consultation:

> Early engagement meetings with service users and carers, providers and strategic partnerships such as the Learning Disabilities Partnership, Mental Health Partnership
> Letters to all service users in receipt of CSS informing them of the review and the chance to talk with BCC about their experiences and views
> Emails to current CSS providers informing them of the process and the wish to co-produce changes with them
> Email circulation to equalities and community groups and community and voluntary sector providers via Voscur
> Posters in Bristol City Council customer service points and libraries about the consultation and posters in provider bases
> Notifications of the consultation on Bristol City Council's Facebook and twitter account
> Local press release – Bristol Evening Post article on CSS commissioning

4.4 A variety of methods were used in order to ensure that stakeholders could engage in the process and give their views on CSS and our proposals. This included:

> Public consultation events for service users, carers, stakeholders and providers
> Provider led consultation events with service users
> Online questionnaire – also available in plain English
> Paper questionnaire – also available in plain English and easy read
> Attendance at provider forums, partnership boards and stakeholder meetings.
> Outreach visits by the Commissioning Team to providers, service users and carers

4.5 The outcomes of the public consultation informed the principles underpinning the commissioning process and key service user outcomes; highlighted strengths and weaknesses in current provision, gaps in provision and emphasised key issues from a service user and carer perspective. See Appendix 2 for the consultation analysis and 'You Said, We are Doing' report.

4.6 Key outcomes of the consultation to highlight are a) acknowledgment of the need for citizens to be as independent as possible with maximised outcomes, with a resultant reduction in social care intervention, but that reductions in support need to be managed safely and gradually and only where appropriate; b) the agreed outcomes for CSS service users are the right outcomes to frame and underpin the commissioning of support c) mixed consultation responses about having a consistent unit cost to improve the value for money of CSS services d) significant proportion of respondents stating that the proposed commissioning approach should create a dynamic and diverse market place for the provision of CSS. As per the consultation analysis report, these responses have been carefully considered as part of these final proposals.

4.7 Scrutiny Commission received a report about CSS Commissioning in Autumn 2015. Issues raised by Scrutiny related to the role of carers in achievement of service user outcomes; the role of transport in enabling service user independence and the importance of education, training and employment opportunities for CSS service users. These issues have been considered in this process and are integral to the strategy, service specification and performance management framework. This is through support to access education and training and support to paid employment and volunteering being in the 10 CSS outcomes

that providers must achieve for service users, where appropriate and through the role of carers being acknowledged in the strategy as critical to the success of CSS services. The tender evaluation process will also include service user and carer representation.

4.8 A briefing note for Scrutiny Commission on these final proposals and this key decision has been drafted and sent for circulation to Scrutiny members for comment before the key decision date. Comments from Scrutiny Commission will be fed into the HWB key decision.

a.   Internal consultation:

The CSS Commissioning Strategy, Service Specification and Performance Management Framework have been co-designed with a group of senior colleagues from across BCC including Adult Social Care (Care and Support), Learning City, Cities of Service, Public Health, Housing, Transport and Children's Services.

b.   External consultation:

There has been extensive external public consultation on the CSS Commissioning Strategy – see above.

4.9 There has also been extensive external consultation with CSS providers on the detail of the service specification and performance management framework for this commissioning exercise. This has been through a newly established CSS Provider Forum initiated and managed through this process.

5.   Other options considered:

5.1 Do nothing is an option, but not considered a viable option. This is a critical sector that has not been reviewed for some years. BCC is overspent against budget due to increasing demand, especially in the context of accommodation based support, and provider-led pricing. Pricing of support is not currently commissioner led, transparent or equitable. Additionally BCC does not currently have complete oversight of the quality of all provision in this sector.

5.2 CSS is a growth sector with vulnerable citizens needing to access support services in the community to maximise their independence and wellbeing. These community based services help prevent hospital admissions, allow for hospital discharge to community based support and help prevent admission to other more expensive forms of social care such as residential care.

5.3 Other options are to:

- Adopt a different commissioning model e.g. like the domiciliary care model with fewer providers working in geographical zones. This is not deemed suitable for CSS which provides very varied care to meet diverse needs across the city.
- Introduce a flat price / hourly rate for CSS. This is not deemed appropriate given the range of needs met by different CSS providers and feedback from the public consultation.
- Not use DPS. Doing this goes against the direction of travel for BCC's preferred means of procurement although it is accepted that there will be exceptions in the use of DPS in this re-commissioning.

5.4 After a year of working collaboratively with the provider sector, partners and service users and carers, and, as validated through the public consultation, the first two options are not considered viable.

5.5 DPS will bring its challenges and opportunities e.g. applicability for some forms of care and practical challenges for small providers with limited access to IT. However, DPS is BCC's preferred commissioning & procurement platform and this process will do as much as it can to support providers to effectively use DPS.

5.6 Commissioners will ensure that in the evaluation tender criteria there is sufficient weighting for quality of services and nature of service offer to meet CSS outcomes alongside consideration of the cost of service.

Risk management / assessment:

FIGURE 1						
The risks associated with the implementation of the *CSS decision* :						
No.	RISK	INHERENT RISK		RISK CONTROL MEASURES	CURRENT RISK	RISK OWNER
	Threat to achievement of the key objectives of the report	(Before controls)		Mitigation (i.e. controls) and Evaluation (i.e. effectiveness of mitigation)	(After controls)	
		Impact	Probability		Impact	Probability	
1	Savings – Project may not deliver anticipated savings & not reduce overspend, and may under or over price at point of tender.	High	Medium	Price range model has been developed and tested with care professionals and providers and reviewed against benchmark costs and case sampled. But the impact of price changes are unknown until the point of tender.	Medium	Medium	NM/MH
2	Inaccurate assumptions made about demand reductions and care management capacity to review cases limited	High	High	Continued demand projections working with partners and work with care management to create a delivery plan for CSS reviews & a plan for provider led self-assessments and reviews.	Medium	Medium	NM/MH
3.	Accommodation support providers may withdraw from the tender process if core support is removed; de-stabilises the care market.	High	Medium	BCC is a lead commissioner/ buyer of these services. Careful case sampling of the impact of changing core/ shared support pricing . Assessment of individual needs to be led by social workers and determination of extended/ wrap around support to be led by them. Options under consideration.	Medium	Medium	NM/MH
4	Providers with a large portfolio of service users may not submit a tender response; results in no	High	Medium	BCC is a lead commissioner/ buyer of these services. Procurement approach to enable	Medium	Medium	NM/MH

No.	RISK	Impact	Probability	RISK CONTROL MEASURES	Impact	Probability	RISK OWNER
	placements and disruption for service users.			providers to be added to the Framework at a later date. Contingency plan to be developed as part of the implementation plan.			
5	Resource constraints may impact the timeline for tender evaluation, contract award, implementation of change.	High	High	Robust forward planning & allocation of tasks to colleagues outside of direct commissioning team for tender work. .	Medium	Medium	NM/MH
6	Impact of tender start date on voluntary and community sector organisations responding simultaneously to Grants Prospectus process over summer period.	High	Medium	Agreement to not commence processes over summer period and to stagger the start and submission dates of the two processes. Both process still taking place in similar but exactly same timeframes. Sharing of core information between processes.	Medium	Medium	NM/MH

FIGURE 2							
The risks associated with <u>not</u> implementing the *CSS decision*:							
No.	RISK	INHERENT RISK (Before controls)		RISK CONTROL MEASURES	CURRENT RISK (After controls)		RISK OWNER
	Threat to achievement of the key objectives of the report	Impact	Probability	Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation).	Impact	Probability	
1	Financial savings are not realised resulting in continued annual overspend	High	High	Tighter care management regulation of spend without the support/ framework that this commissioning exercise brings.	High	Medium	NM/MH
2	Inconsistency in rates charged to BCC by providers and in quality of service delivered.	High	High	Engagement with market and development of new prices and quality standards outside of this commissioning exercise (individual negotiations)	High	High	NM/MH
3	Outcome focussed commissioning model identified in the BCC CSS Strategy will not be implemented, meaning inconsistency with other adults social care commissioning and Care Act requirements.	Medium	High	Engagement with market and develop outcomes model. Not contractually binding under current commissioning arrangements, no guarantee of consistency of application	Medium	High	NM/MH

Public sector equality implications

An Equalities Impact Assessment (EQIA) has been completed for this commissioning exercise. This has been signed off by the BCC Equalities and Community Cohesion Team. Please see the attached EQIA.

These services provide support to adults with eligible social care needs in their own homes

and in the community. The people using these services have a range of different needs from requiring minimal support to do things for themselves to having complex or multiple physical, mental and learning disabilities which require intensive support. Most people using these services have protected characteristics so equalities issues have a high relevance for the CSSF.

The EQIA details how the equalities issues are considered and seeks to ensure that services are accessible, appropriate, relevant and sufficient. Providers will be required to go through a formal tender process which includes embedding Equality Act 2010 into service delivery. Service specifications will be outcomes focussed and maximise benefits for people with protected characteristics utilising the services. On-going performance management will aim to continually improve the quality and value of services.

The EQIA highlights the risk of change in service provider and the issue of service user anxieties around change. A comprehensive CSS implementation plan will ensure that adverse impact is minimised as far as possible.

Advice given by: Amy Sohi / Equality and Community Cohesion Team

Date: 4th May 2016

Eco impact assessment

See attached Appendix 3
Eco-Impact assessment checklist completed by Claire Craner - Buckley (4th May 2016).

Resource implications

Bristol City Council spent £19.1m annually on Community Support Services against an annual budget of £14.4m. In 2015/16 this spend increased by £2.8m from 2014/15, primarily as a result of providing services to additional people.

The proposed commissioning model is expected to reduce expenditure by up to £2m as a result of reduction in unit cost and reducing demand by a more outcomes focussed model of care which promotes independence.

The savings outlined will not reduce expenditure in line with current budget, so additional savings or funding is required to these services to meet the additional services being provided.

Advice given by   Michael Pilcher / Finance Business Partner
Date   17/05/16

c. Legal implications:

Procurement

Community support services fall within the 'light touch regime' of the Public Contracts Regulations 2015. This means that the Council is able to follow a more flexible procurement process in establishing a dynamic purchasing system for the services. A number of

mandatory requirements remain however, including the need for OJEU advertising, contract award notices and compliance with Treaty principles of transparency and equal treatment.

Consultation

The Council is required to make fair and reasonable decisions. To ensure a decision is fair, the Council must consult with those affected. Principles of proper consultation have been developed through case law and can be summarised as follows:

- it must consider carefully who should be consulted and how (linked to those who are potentially affected by the decision and should include those who are likely to support the proposals as well as those who are likely to object);
- consultation must be at a time when proposals are still at a formative stage;
- sufficient reasons must be given for any proposal to enable intelligent consideration and response;
- adequate time must be given for consideration and response;
- the product of consultation must be conscientiously taken into account in finalising any proposals.

The consultation process undertaken for the proposed re-commissioning of Community Support Services is set out at section 4 of this report, from page 8 onwards. The consultation undertaken has had due regard and is broadly compliant with principles set out above.

Equality Act duties

In deciding whether to approve the proposals, the Cabinet / Health and Wellbeing Board must have due regard to the public sector equality duty, that is to the need to advance equality of opportunity between persons with "protected characteristics" and others. "Protected characteristics" are defined by the Equality Act 2010 and the effect of the proposals on people with protected characteristics is explained in the Equality Impact Assessment attached to this report and summarised at page 12.

Advice given by: Kate Fryer
Date: 8th June 2016

Land / property implications

N/A

Human resources implications

This report relates only to the external provision of community support services and in house services have not been part of this review of external spend.

There are no BCC staffing implications in relation to the possibility of the change of providers or the reduction in the number of providers as there are no Bristol City Council employees within this cohort.

There does need to be clarification for the future that in-house provision will not be affected by this proposal.

Advice given by Lorna Laing

Date: 6th May 2016

Appendices:

Appendix 1 – CSS Commissioning Strategy
Appendix 2 – CSS Consultation Analysis and 'You Said, We Are Doing' Report
Appendix 3 - CSS Commissioning Equalities Impact Assessment (EQIA)
Appendix 4 – CSS Commissioning Eco Impact Assessment