Bristol City Council

Adult Social Care
Community Support Services

Commissioning Strategy

2016 - 2021
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Introduction and Context
Executive summary (1)

The Service

Community Support Services (CSS) in Bristol are adult social care support services for adults (18 years+) that are delivered within community settings or at home. This includes: support with household tasks to enable independent living; assistance to attend social and sporting activities in the community; support to attend learning, training and employment related support; support to access paid employment and/or; volunteering. This can be non-accommodation based support in the community i.e. someone out and about with their support worker, it can be in their own home or it can be where accommodation is provided as part of the care package. CSS also covers support for carers to enable them to take a break from caring responsibilities, commonly known as carers sitting services.

The services included within this commissioning exercise are:

- Accommodation Based Support
- Community Outreach
- Commissioned Day Services
- Carers Sitting Services

Service User Aspirations

Service Users and their carers have told us that they want to live their lives as independently as possible and to be active citizens, living and contributing to the diverse communities across the City. We want all Service Users to enjoy the same quality of life as everyone else. We believe that well-being is about living daily life with dignity and respect, living as independently as possible, developing and maintaining personal relationships and participating in purposeful activities, such as learning and working. The Service User outcomes sought from this commissioning exercise are therefore broad and interconnected.

Market Overview

Bristol City Council (BCC) currently commissions over 100 different providers to deliver Community Support Services to approximately 1,200 Service Users (approximately 19-20% of all social care service users) at an estimated cost of £16m per annum. We need to create services which are sustainable within the current financial climate and ensure that we are meeting outcomes, whilst delivering value for money.
Executive summary (2)

It is important that we commission services that can adapt as Service User and carer expectations and needs change. This requires us all to think and work differently and collaboratively to design new ways of working. For example in response to the Care Act 2014, BCC is working towards a “Three Tier model” of social care (set out in more detail in Appendix 2). This approach advocates a strengths based approach to social care assessment and planning, which considers what the individual can do for themselves firstly, to support the ethos of maximising independence.

In the context of CSS, there is an increasing need for affordable, good quality community support services that prevent or delay the need for further health and/or social care interventions. It is essential that services deliver value for money, to ensure that demand can continue to be met with reduced resources, with a greater focus on outcomes for individuals. In order to sustain flexibility in the service the Council will explore both spot and block contracts. The focus will initially be on spot contracts, however, block contracts may be awarded at a later stage if deemed appropriate.

These services are being commissioned during a time when more Service Users are opting to manage their support through Direct Payments. Over time, the expectation is that the number of Service Users accessing Direct Payments will rise, leading to a reduction in provision commissioned directly by the Local Authority. BCC therefore has a dual responsibility to shape a buoyant, vibrant market for social care services for Service Users and their carers who chose to direct their own care and support as well as directly commissioned services.

Commissioning these services for the next 5 years is a key priority for Bristol City Council. Our aim is to undertake an effective and efficient tender process that delivers a market of quality, value for money providers that can meet service user outcomes.

March 2016
Purpose of this Commissioning Strategy

This commissioning strategy underpins and drives the future of Community Support Services in Bristol. It sets out:

<table>
<thead>
<tr>
<th>Overview</th>
<th>An overview of how we currently commission Community Support Services in Bristol</th>
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</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The case for change</td>
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<tr>
<td>Aspirations</td>
<td>Aspirations for future Community Support Services based on the outcomes of public consultation on a draft Commissioning Strategy</td>
</tr>
<tr>
<td>Future</td>
<td>Proposals for what we now intend to commission as future Community Support Services based on the public consultation exercise</td>
</tr>
<tr>
<td>Key Information</td>
<td>Information about the commissioning and tender process</td>
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</table>

This strategy drives the service specification and performance management framework for the CSS commissioning and tender process.

These documents are being prepared now ready for planned tender launch in Summer 2016.
Methodology

Community Support Services were last commissioned in Bristol in 2008. Since 2008 there has been a fundamental shift in policy, legislation and local government finances therefore this strategy represents a new approach to commissioning.

Our methodology for this re-commissioning exercise is outlined below. We have:

<table>
<thead>
<tr>
<th>Current issues and context</th>
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<tbody>
<tr>
<td>• Reviewed current community support services and considered key questions such as: what are the services delivering (service types); who receives them; who provides them; what is the cost and quality of provision?</td>
</tr>
<tr>
<td>• Obtained the views of service users, their carers and families, providers and care managers regarding what is working well and what needs to change through a formal public consultation</td>
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<td>• Reviewed Community Support Services in light of key statutory changes e.g. Care Act 2014.</td>
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<tr>
<th>Understand the Drivers</th>
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<tr>
<td>• Identified four main drivers for change: Quality; Service User Satisfaction; Service User Choice &amp; Control and Value for Money</td>
</tr>
<tr>
<td>• Sought feedback from carers about what is important to them from CSS</td>
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<tr>
<th>Apply Best Practice</th>
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<tr>
<td>• Considered the best commissioning and procurement approaches available to us</td>
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<tr>
<td>• Reviewed how other Local Authorities and organisations have approached the commissioning of these services to learn lessons and apply other practice.</td>
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<table>
<thead>
<tr>
<th>Collaborate</th>
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<tbody>
<tr>
<td>Collaborated with:</td>
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<tr>
<td>• Service Users, their carers and providers to ensure their voices are heard and that this process successfully considers their needs</td>
</tr>
<tr>
<td>• BCC colleagues to ensure opportunities are maximised for internal joint working, for example with Housing, Transport, Children’s Services/ Transitions to Adulthood</td>
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<tr>
<td>• Other organisations, such as the Clinical Commissioning Group (CCG), VOSCUR and critically with CSS providers to ensure opportunities for joint working are maximised.</td>
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</table>
Principles underpinning this commissioning process

We have developed some key principles to underpin the commissioning process following the public consultation.

1. Focus on outcomes and maximising independence
2. Quality support that meets needs and agreed service user outcomes, and that service users and carers are satisfied with
3. A focus on prevention and early intervention
4. Strengths based approach to assessing needs and outcomes – starting from a position of what someone can do, and will be able to do for themselves, with appropriate levels of support
5. Adaptable, flexible and inclusive services that can meet changing needs and agreed outcomes
6. Purposeful activities that meet outcomes, including supporting people into education, employment and training
7. A diverse market of good quality providers across CSS services, to reflect the diversity of the city and to offer choice to service users
8. Services that signpost onto other services and activities in communities
9. Value for money services (economic, efficient and effective services)
10. Transparent pricing structure for CSS services, with price better linked to need and agreed outcomes
Priorities for the commissioning of Community Support Services

<table>
<thead>
<tr>
<th></th>
<th>Quality</th>
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<tbody>
<tr>
<td>1</td>
<td>We want to commission quality Community Support Services. In order to do this, we need to understand what we mean by quality and how we will measure it. The service specification and Performance Management Framework (PMF) will:</td>
</tr>
<tr>
<td></td>
<td>• Define the term ‘quality’</td>
</tr>
<tr>
<td></td>
<td>• Set out how quality will be measured, monitored and quality assured</td>
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<tr>
<td></td>
<td>• Seek to achieve ‘affordable quality’ in a context of less resources</td>
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<table>
<thead>
<tr>
<th></th>
<th>Service User and Carer satisfaction</th>
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<tr>
<td>2</td>
<td>• We want to commission services that meet Service User and carers’ needs and agreed outcomes.</td>
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<tr>
<td></td>
<td>• We want to ensure that Service Users and Carers are satisfied with the services they receive and we need a mechanism to enable us to obtain this information</td>
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<table>
<thead>
<tr>
<th></th>
<th>Choice of services</th>
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<tr>
<td>3</td>
<td>BCC is committed to providing choice of service, both for directly commissioned provision and for self directed care in the form of direct payment. We will:</td>
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<tr>
<td></td>
<td>• Address gaps in service provision within the service specification and seek to ensure a sustainable supply of commissioned community support services</td>
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<td></td>
<td>• Offer a direct payment as an alternative if a Service User decides that the commissioned provision does not meet their needs</td>
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<table>
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<tr>
<th></th>
<th>Value for money</th>
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<tr>
<td>4</td>
<td>Services must be economic, efficient and effective. To enable this we will:</td>
</tr>
<tr>
<td></td>
<td>• Be clear about what we mean by value for money and how we will assess this</td>
</tr>
<tr>
<td></td>
<td>• Develop a transparent pricing strategy that is fair and consistent.</td>
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<tr>
<td></td>
<td>• Support the transition to outcomes based commissioning and a focus on maximising independence by reducing the volume of individual packages over time, where appropriate</td>
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Current context
Overview of Current CSS Services

Accommodation Based Support
Support received within a home environment which aims to encourage greater independence and wellbeing.

Examples of support include:
• Personal budgeting and financing, such as paying bills and sending letters
• Independent living skills i.e. housekeeping, tenancy support, shopping, cooking meals
• Support to ensure physical, emotional and mental wellbeing

Community Outreach
Support within the community that aims to encourage greater independence, wellbeing and inclusion.

Examples of support include:
• Enabling access to education, employment and training
• Enabling access to sports and recreational activities
• Enabling access to what is on offer in local communities and the City

Day Opportunities
Support within a building based environment which aim to encourage wellbeing, inclusion and independence

Examples of support include:
• Recreational activities
• Support to ensure physical, emotional and mental wellbeing

Carers Sitting Service
Services that give carers an opportunity to take a break.

Examples of support include:
• Support at home (i.e. companionship and assistance) that would usually be provided by carer
• Service user taken out of home environment to give carer time at home alone or to enable carer to do other activities outside of the home
Overview of Current CSS Services

Below is a summary of the Community Support Services that are currently delivered in Bristol. This has been included to illustrate the current diversity of provision, range of providers, numbers of service users and hours of care.

Accommodation Based Support

- 32 Current Providers
- 386 Service Users
- 11,410 Weekly Hours
- 55% Learning Disabilities
- 34% Mental Health
- 8% Physical Disabilities

Community Outreach

- 39 Current Providers
- 361 Service Users
- 6,856 Weekly Hours
- 66% Learning Disabilities
- 13% Mental Health
- 16% Physical Disabilities

Total Community Support Services

- 100+ Total Current Providers
- 1,000+ Service Users
- 23,000+ Total Weekly Hours

Day Opportunities

- 34 Current Providers
- 260 Service Users
- 4,686 Weekly Hours
- 32% Learning Disabilities
- 20% Mental Health
- 45% Physical Disabilities

Carers Sitting Service

- 13 Current Providers
- 43 Service Users
- 148 Weekly Hours
- 73% of Carers are aged 65+
Overview of Future Demand

As part of this commissioning exercise, BCC is assessing likely demand projections to ensure that newly commissioned Community Support Services are ‘future proofed’. We expect there to be greater demand for support services over time as a result of the following factors:

1. **Demographic Change**
   - If recent trends continue, the total population of Bristol is projected to increase from an estimate of 359,600 in 2017 to reach a total population of 467,000 people by 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.
   - As the population increases the demand for services will also increase. It is estimated that there will be approximately a 8% increase (approximately 84 service users) in CSS service users over the next 20 years (BCC Performance and Statistics Team estimate).

2. **Realignment of Existing Demand**
   - **Outcomes-focussed support**: as a result of policy and legislative changes such as The Care Act 2014, BCC will work to a ‘strengths based’ approach to social care assessment and planning, promoting maximised Service User independence, where appropriate.
   - **Step-down from more intensive forms of social care**: there is likely to be an increase in service users who ‘step down’ from other forms of social care, which will lead to greater demand for community based support.
   - **Direct Payments**: we are accounting for the fact that some service users may switch to Direct Payments as part of this process to ensure that they can direct and achieve choice and control over provision.

3. **New Demand**
   - **Population growth of 0-17 year olds**: children and young people with social care needs transitioning into adult services.
   - **Migration into Bristol**: migration into Bristol will mean more and different needs presenting.
   - **Carers**: with the Care Act 2014 there is an emphasis on councils providing greater support to Carers.
   - **More emphasis on community based support** as opposed to residential, hospital admission and other more intensive forms of care.
Overview of current CSS provider base

In Bristol, there is a mix of providers currently commissioned to deliver CSS. This is in terms of type of service, capacity, specialism, volume of services currently delivered, cost and quality of provision. The diverse provider base delivers choice for service users and contributes positively to the local economy, as providers employ local people and invest in services in the city. However, there are a number of limitations that we are seeking to address as part of this commissioning exercise.

Dependence on providers

In some areas there is a high dependency on one or several providers. For example, in outreach a third of spend is with a single provider and in carers sitting services there is one dominant provider. At the other end of the spectrum there are a number of providers with less than 10 packages.

Inconsistency

In other areas such as accommodation based support and commissioned day services, there is less dependence on one provider but there is considerable variation/categorisation as to what constitutes accommodation based support. This leads to inconsistent pricing and support packages for comparable needs. There is also evidence of inconsistent prices paid for community outreach, commissioned day services and carers sitting services.

Provider-Led Market

This is evidence of a provider-led market where BCC pays what providers ask due to an absence of a structured pricing mechanism and the need to place service users. This strategic commissioning exercise will address this by putting in place structured price ranges for different CSS services.

Variable quality

There is a variation in the quality of provision, which is assessed in a number of ways. BCC quality assurance visits have not been wide spread over the past few years as greater priority has been given to CQC registered social care. However, the new service specification and Performance Management Framework (PMF) will define future quality standards. There will be a more proportionate and targeted approach to contract management and quality assurance going forward.
Between October 15th 2015 and January 7th 2016 BCC ran a formal consultation process on a draft Commissioning Strategy. This consultation process centred around nine key questions. The number of citizens and provider representatives who took part in the consultation is set out below:

<table>
<thead>
<tr>
<th>Method</th>
<th>Number of service users / carers</th>
<th>Number of service providers representatives</th>
<th>Number of stakeholders</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation events</td>
<td>118</td>
<td>40</td>
<td>4</td>
<td>162</td>
</tr>
<tr>
<td>Consultation questionnaire</td>
<td>14</td>
<td>24</td>
<td>33</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>132</td>
<td>64</td>
<td>37</td>
<td>233</td>
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</table>

Key consultation questions and responses (1)

1. **Do you agree with the principles underpinning this commissioning process?**
   
   92% of consultees agreed with the principles set out in the draft strategy, with some proposed additions.

2. **Do you feel that there are any additional gaps in current provision of CSS?** (In addition to gaps listed in the draft strategy).
   
   56% of consultees felt there were no additional gaps in provision, while 44% of consultees felt there are gaps. These gaps were listed by consultees and have been considered as part of this final strategy and for the service specification.

3. **We want to improve the quality of services whilst also achieving value for money. How do you feel this could be best achieved?**
   
   A range of responses were received for this question and these have informed the final Commissioning Strategy and development of the service specification.

4. **Do you agree or disagree with the principle of providers of Community Support Services having a greater role in the setting of Service User milestones and activities?**
   
   76% of consultees agreed with this.
### Key consultation questions and responses (2)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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| 5. The outcomes set out in the draft strategy - are they right? Are there any other service user and carer outcomes that should be added to those proposed in the Strategy? | 100% agreement to these principles with some tweaks and proposed additions.  
**Key measures of a quality service ranked in order of importance:**  
- consistency of service  
- reliability of service  
- dignity, respect and care shown by support staff  
- person-centred support  
- Other  

Respondents choose dignity, respect and care shown by support staff as the most important measure of quality followed by person-centred support and reliability of service. Many respondents commented how all these facets of quality are important and offered other aspects of quality that this process should assess. |
| 7. Do you agree or disagree that establishing a consistent unit cost will deliver improved value for money? | 50% of consultees agreed with this and 50% did not agree. Views were given as to why consultees felt this, with proposals for how pricing might be approached. Whether to have one consistent unit cost or whether to have a structured, consistent price range model has been a key consideration as part of this commissioning. A structured price range model is the approach that will be adopted rather than one price. |
| 8. Do you agree or disagree that working towards an outcomes focussed approach will safely reduce overall demand for support? | Just over half of respondents (54.2%) disagreed that working towards an outcomes focussed approach will safely reduce overall demand for support, with 45% agreeing that this approach would safely reduce demand for CSS services over time. |
| 9. Do you agree that this approach will create a dynamic and diverse market place for the provision of CSS in Bristol? | 62% of respondents agreed with this, while 38% did not. Reasons were provided for why consultees felt this way and suggestions offered to the process. |

The outcomes from the consultation have been critical in informing the final CSS Commissioning Strategy and the content of the service specification and Performance Management Framework.
Outcomes from ongoing engagement with providers

Providers have been engaged as part of the consultation process. A new CSS Provider Forum has been established with a provider led Chair and Co-Chair. Providers who previously had not met and shared experiences and views now do so on a regular basis. There have also been several specific co-production workshops with providers on the service specification and pricing strategy. The key themes arising from provider feedback are outlined below.

1. **Cost**

   Whilst there is acknowledgement of the need to save money, providers are concerned about the impact this will have on provision at a time when cost pressures increase for them e.g. National Living Wage (NLW). BCC is currently working through estimates in relation to NLW and these will inform CSS Commissioning.

2. **Communication & Joint Working**

   Providers emphasise the need for improved relationships between Care Management, Care Brokerage, commissioners, contract managers, quality assurance and providers, so the approach is more holistic.

3. **Service Delivery**

   - Recruitment and retention of good quality staff is a major challenge for providers
   - Providers report evidence of increasing complexity of service user needs
   - Providers raise that in some areas demand is outstripping supply e.g. community based dementia care
   - Small providers have highlighted an issue regarding capacity to respond to the tender.

4. **Accommodation**

   - Providers highlighted the need to develop more longer term plans to increase the supply of accommodation based support.
   - Providers report that blockages occur due to the absence of a clear pathway to enter and exit accommodation, which acts as a disincentive for greater independence.

5. **Community**

   - BCC departments and partners need to work better together in order to tackle wider issues (such as transport, learning opportunities, employment related support)
   - Providers would welcome improved Information, Advice and Guidance (IAG), particularly regarding community assets that providers can utilise to enable service user access to broader activities and facilities.

6. **Market Sustainability**

   - Providers need to be kept informed about demand projections
   - There should be more transparency when sourcing placements. The proposed e-platform for brokering packages process is expected to address this
   - There should be sustained focus on wider market development.
Key gaps in the market

The public consultation on the draft Commissioning Strategy identified a number of gaps in the current provision of Community Support Services, which need to be addressed as part of the re-commissioning. The gaps identified include:

1 Provision across a range of needs

Consultation responses indicated that:
• We need more providers to support service users with complex needs, particularly with dementia, mental ill health, those leaving prison, substance misuse and other addictions
• We need lighter touch, non clinical community based services for service users with lower-level needs who need minimal support to fully access their community and to maximise their independence
• Co-ordination between social care and health provision needs to be improved
• We need providers to support young people into their first adulthood placements with appropriate services
• Providers should enable access to more purposeful activities such as paid employment, training, education and volunteering.

2 Accommodation

• There need to be different types of supported living accommodation to meet the demands of current and future service users.
• There is a gap in adequate, good quality ‘move on’ provision in Bristol
• BCC would benefit from more of its own social housing to support adult social care service users e.g. Community Supported Accommodation model (CSA)
• Pathways into BCC support are not clear; there is a housing route and a social care route and service users don’t always come through the right route to best meet their needs.

3 Different types of provision

• Flexible, responsive 24/7 and crisis services would be of benefit
• We need peer support between service users, self help groups and providers to co-develop and deliver provision
• Befriending and mentoring services as a preventative measure or more effective and economic alternative to CSS would be welcome
• More support for family carers is sought
• Better quality Information, Advice and Guidance (IAG) for providers, service users and carers would be useful, to access other community based services, activities and assets
• Providers need to be able to support service users to access different forms of transport to enable independent living
• Public Health services should be maximised e.g. healthy lifestyles, social prescribing, prevention programmes (loneliness etc)
# Our Ambition

We want CSS services that are:

1. **Person Centred**  
   Service Users and Carers at the heart of what we all do: we need to ensure that future support meets eligible assessed needs and agreed outcomes

2. **Outcomes focused**  
   Commissioning for outcomes to maximise service user independence, abilities and resilience, where possible

3. **Strengths based**  
   A new ‘strengths based approach’ to care assessments and planning, working towards maximised Service User independence, choice and control and step down from more intensive forms of social care, where appropriate

4. **Consistent**  
   An opportunity for more consistent ways of commissioning support packages using fit for purpose commissioning mechanisms such as Dynamic Purchasing System (DPS)

5. **Collaborative**  
   Providers and BCC working together in new and different ways to meet current and future needs, to draw on their strengths and identify new business opportunities and collaborations

6. **Address gaps in provision**  
   Addressing the gaps in services previously outlined in this document

7. **Built on a strong provider base**  
   Providers commissioned against a clear commissioning strategy and specification, playing an active role in shaping & enabling maximised Service User outcomes, where appropriate

8. **Transparent and align cost & need**  
   Opportunity to better link the needs of Service Users, desired outcomes and the price paid for Community Support Services

9. **Value for money**  
   BCC currently commissions support at an estimated cost of £15.3m per annum; this level of spend is currently not sustainable within the current financial climate.

10. **Monitored**  
    The quality standards need to be well defined. This should be a collaborative process informed by Service Users, Carers, providers and partners.
**Other Influences On Our Proposals**

In preparing this Commissioning Strategy we have considered other strategies and policies and how they link to Community Support Services. These are listed below and on our website (www.bristol.gov.uk/csscommissioning).

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<thead>
<tr>
<th>1</th>
<th>Bristol's Health and Wellbeing Strategy</th>
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<tbody>
<tr>
<td>2</td>
<td>BCC’s Residential Care Home Strategy</td>
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<tr>
<td>3</td>
<td>BCC’s Home Care Strategy</td>
</tr>
<tr>
<td>4</td>
<td>Bristol’s Carers Strategy</td>
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<tr>
<td>5</td>
<td>BCC Accommodation Strategy</td>
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<tr>
<td>6</td>
<td>BCC’s Employment and Skills Position Statement</td>
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<td>7</td>
<td>Care Act 2014</td>
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<td>8</td>
<td>NHS 5 Year Forward Plan</td>
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<td>9</td>
<td>Better Care Bristol</td>
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<td></td>
<td>Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (BNSSG Plan)</td>
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Section B

The future of Community Support Services in Bristol
What we are trying to achieve

**Outcomes-based commissioning**

From now on, community support services in Bristol will be outcomes focussed rather than activity focussed. The achievement of long term, personalised Service User outcomes will be at the core of social work support planning, brokerage of care packages and strategic commissioning of provision, and it will be central to the way we judge service quality. Providers will be encouraged to work in an outcomes focussed way to achieve maximum independence for Service Users.

**Quality Community Support Services**

As part of this strategic commissioning process, there will be a new service specification and Performance Management Framework (PMF) that sets out the quality standards expected of commissioned providers for delivery of support services.

BCC will also conduct more meaningful and proportionate contract management and quality assurance of commissioned contracts.

**Value for money**

BCC needs to reduce its spend on Community Support Services as it is not sustainable in the current financial climate. As part of this strategic commissioning exercise, there will be a more transparent and equitable pricing strategy which is expected to result in a reduction in the unit cost of care.

By better aligning need and cost, services will be commissioned at a rate proportionate with the needs and outcomes being met. The aim is that providers take on packages where they can meet service user outcomes and deliver a quality service, at a price that is affordable and sustainable. This may include a blend of spot and block contracts.
Outcomes focussed support (1)

Overview

Successful outcomes based commissioning can be defined as ‘the achievement of good outcomes with people, using evidence, local knowledge, skills and resources to best effect’ (Institute of Local Government Studies, 2014).

A key focus of future Community Support Services is the achievement of individual Service User outcomes that fit within overall adult social care outcomes and strategic objectives. Progress towards these outcomes will be tracked by setting intermediate outcomes or milestones throughout the service user pathway. The CSS service specification and Performance Management Framework (PMF) outline what BCC wants to commission and why, and the approach to monitoring.

BCC has adopted an outcomes-based commissioning methodology for other adult social care services, for example, home care. Rather than BCC buying care and support for Service Users on a traditional input/ time approach as it currently does, there will be a transition to an outcomes-based approach. This is expected to improve outcomes for individuals and reduce the level of provider input and costs over time, by supporting individuals to become as independent as possible, drawing on a range of support mechanisms.

How this will work in practice

- During the social work assessment and support planning process, service users, their carers and families, providers, support workers and care managers will work together to identify overall outcomes
- Upon contract award for each package of support, the successful provider will develop a detailed and person-centred plan, which will set out the outcomes and how these will be achieved in a step by step process.

Performance Management

- Provider performance will be monitored by BCC to ensure that outcomes are successfully delivered. There will be more self assessment of progress by providers, which will then be validated by BCC. This will enable a targeted and proportionate approach to contract management. This will address the requirement to ensure a greater level of accountability on providers, which was a key theme arising from the public consultation.

What this will deliver

An outcomes focused approach will create services that are:

- **Person-centred**
  - The achievement of personal outcomes and goals

- **Able to offer choice and control**
  - More choice to service users who play an active role in determining their desired outcomes and what support they receive

- **Adaptable**
  - Provision will be flexible to changing needs, with providers expected to deliver outcomes rather than provide against a set ‘menu of activities/tasks’
Outcomes focussed support (2)

We have developed an ‘Outcomes Pyramid’ that shows how we envisage service user outcomes being developed and delivered.

1. Outcomes

These are the high level, long term outcomes that BCC expects providers to meet, which align with an agreed set of BCC adult social care outcomes. Social workers will work with Service Users in assessment and support planning to develop a person centred support plan underpinned by a ‘strengths based’ approach, focusing on what people can do for themselves or achieve with support, with a view to needing less support over time.

2. Milestones

These are tailored, step by step individual milestones to support individuals to achieve their agreed longer term outcomes. BCC will expect providers to set these milestones with Service Users upon contract award.

3. Service User Activities

In conjunction with the milestones, BCC expects providers to demonstrate the types and schedule of activities they believe will enable the achievement of the outcomes and milestones. These will be indicative to reflect that support must be flexible going forward and that success will not be defined by completion of activity, but milestones and outcomes.

Agreed between Service User, Carer / family and social worker during assessment and support planning process.

Agreed between Service User, Carer and provider after contract award.

Agreed between Service User, Carer and provider after contract award within scope of the support package.
BRISTOL CITY COUNCIL SOCIAL CARE OUTCOMES FRAMEWORK

CSS will focus on:

Maximising emotional health and wellbeing
Maximising physical health and wellbeing
Maintaining daily routines with dignity
Maximising independence in my environment
Making a positive contribution
Maximising my relationships with others
Maximising my ability to manage risk

Community Support Services Outcomes

Services will focus on ensuring that individuals can:

1. Live daily life with dignity and feel respected
2. Be physically and mentally well
3. Be safe and feel safe
4. Have the social contact they would like
5. Have support to access education and training, where appropriate
6. Have support to access paid employment and volunteering, where appropriate
7. Have support to access transport to enable independent living
8. Be able to make their own decisions whilst managing risk and responsibilities
9. Be satisfied with the services they receive
10. Be supported to become independent of the need for support services, where appropriate
Quality Services

Community Support Services need to be of a good quality and delivered in a caring and empathetic way, with dignity and respect. Support should be person-centred, reliable and consistent. The consultation also recognised the need for “affordable quality”, so services can be sustained in the context of less public resources and increasing demand for services.

1 Clarity

- It’s not currently clear whether all Community Support Services are of high quality, as judged by our Quality Assessment Framework (QAF) standards. (See Appendix 3)
- We tend to know when quality is poor through safeguarding concerns, complaints or the quality assurance visits we do conduct, but there is not a systems wide overview of quality in this critical, but non-CQC regulated sector.
- The new CSS service specification and Performance Management Framework will set clear service (quality) standards and key performance indicators that CSS providers will be assessed against.
- We are using feedback from the public consultation and working with providers to define what quality is, how it should be measured and how BCC best contract manages and quality assures CSS services moving forward.

2 Quality is everyone’s business

- Quality is made up of different facets (care, person centred, service user choice and control, reliability, consistency) and is ultimately judged by the service user/ carers and families.
- We need to ensure that a balance of these factors influence the service standards in the specification.
- We will ensure that a range of stakeholders are involved in assessing how services are performing and judging whether outcomes are being met. BCC Quality assurance and contract managers will lead this with other inputs.
- Contract management and quality assurance needs to be proportionate, intelligent, timely, self assessed in the first instance, meaningful and responsive.

3 Quality baseline in order to be commissioned

- BCC plans to commission providers through an open, continuous framework that providers can join throughout its life, if quality standards and price ranges are met.
- In order to get onto this open framework, providers will need to demonstrate that they meet agreed quality standards as per the tender. These service/ quality standards are being co-designed with Service Users, Carers, providers and partners.
- Once providers are on the open framework, BCC will monitor packages of support in line with the Performance Management Framework.
Value for money

Demand for services continues to increase, however, there are significant pressures on social care budgets. It is therefore essential that value for money is maximised. At present there are:

1. High prices of commissioned community support services compared to other forms of adult social care
2. High levels of unit cost variance for comparable provision
3. Unit prices that do not align need and cost

The public consultation results indicated that consultees generally understood the need to have value for money services. To tackle the issues outlined above and to enable us to commission these services more economically we have developed a new commissioning model.

**Pricing**

- A price range model that sets out prices for each type of CSS service, split by bands of need
- A reduction in the unit cost of commissioned support. Price ranges will be tailored to things such as support type, complexity, outcomes, geography and the scale of expected provider input
- Need and cost will be more accurately aligned
- Transparency of this approach will enable providers to adapt their business models to meet the required quality standards within the price ranges.

**Commissioning Model**

- An outcomes based approach will support individuals to become more independent and reduce long term demand for services
- A flexible, versatile service model will enable providers to deliver person centred care, accounting for the breath and complexity of needs
- A combination of block and spot contracts will be used
- Spot contracts: this involves BCC offering a contract for a Service User on an individual basis by advertising, selecting and paying for a specific package of support without a pre-determined agreement with a specific provider
- Block contracts: where BCC agrees to a set level of service provision with a provider for an agreed period, giving a guaranteed volume of business and securing capacity for services
- An e-tendering tool will be used to broker support.
How we propose to buy Community Support Services in future (1)

The way we buy support will change. BCC is seeking a vibrant marketplace of quality providers who can deliver outcomes in a value for money way.

**Tender**
- Providers who intend to provide Community Support Services in future will participate in a tender process to join an electronic open framework.
- As part of the tender, providers will need to demonstrate if they meet agreed quality standards and price ranges.
- By being accepted onto the framework, providers will become eligible to compete to deliver packages of support.

**Framework**
- All framework-listed providers will be made aware of placements electronically and will be able to see the support package requirements and price bands for that support.

**Mini-tender**
- If interested in providing a package, framework-listed providers will submit a response including a price which will then be evaluated according to criteria outlined as part of the mini-tender process for each contract/package.

**Contract award**
- The successful provider will then be awarded the package, subject to service user approval. At this point, the provider will work with the Service User to develop the key milestones and activities that will enable the achievement of Service User Outcomes.

**Support delivered**
- Upon the agreement of the outcomes and activities, the provider will be expected to deliver support and outcomes. BCC will monitor performance and quality.
# How we propose to buy Community Support Services in future (2)

## Benefits

- This approach will enable **greater market communication** and engagement by providing an interface to allow the Council to share information about support packages in a quicker, clearer and more secure way.
- This **transparency** will enable providers to forward plan and develop business models to meet emerging needs.
- New providers will be able to join the framework through the life of the contract which will enable the council to **respond to changing need** and allows new providers the opportunity to join the market.
- The market will be able to **cater for a breadth of Service User needs** and specialisms.
- Service Users will have **greater choice and control**.
- Service Users will have **confidence when exercising a direct payment**, as they will have access to knowledge around which providers have met BCC’s minimum standards.

## Challenges

- Ensuring a **fair cost of care** and building in new cost pressures for providers e.g. National Living Wage.

- This will be a **new way of working** for everyone involved in CSS and for providers. It is therefore recognised that providers may require additional support to use the new DPS system and ways of working.

- Providers will **need to be prepared** for the tender and supported to participate and demonstrate their strengths and capabilities to deliver quality, affordable services.

- If the commissioning process results in changes to placements, **service users and their families will need to be kept informed** and enabled to make an informed choice about their future care and support.
Key information for providers
Timeline for the commissioning process

15th October 2015 – 7 January 2016
Consultation on the draft Community Support Services Strategy and commissioning intentions

Spring 2016
Strategy shaped and finalised and the service specification developed based on consultation feedback

Spring 2016
Approval of strategy and service specification

Summer 2016
Tender documentation published and process begins

Autumn 2016
Contract award

Autumn 2016 – Spring 2017
Transition period and commencement of new contracts.
To support the tender process we will issue a number of supporting documents.

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<tbody>
<tr>
<td>1</td>
<td>‘You Said, We Did’ – Consultation Report</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Final Community Support Services Commissioning Strategy</td>
<td></td>
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<tr>
<td>3</td>
<td>Tender documentation including Service Specification Document, Performance Management Framework and an Accommodation Based Support market position statement.</td>
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</tbody>
</table>
Appendix 1

Key context
Accommodation is closely linked to Community Support Services in Bristol. A separate commissioning exercise is underway focused on increasing the supply of accommodation in Bristol. We have identified gaps in the provision of types of accommodation based support and it is an area that requires significant cross council and partner joint working going forward.

Bristol City Council Accommodation Strategy

In November 2013 Bristol City Council and Bristol Clinical Commissioning Group published a joint accommodation strategy for people with mental health needs, learning difficulties and autism.

Our vision is for Health and Social Care Service Users to be able to live in a place of their choice and with the support that they need to live their lives. This support should be based around their needs and not attached to the accommodation they live in, so that as and when their needs change, they do not have to move from where they live but the support can increase or decrease as required.

BCC is currently consulting upon its Housing Strategy, as part of its proactive efforts to work with the market to develop the supply of accommodation in Bristol. We recognise that there will need to be continued collaborative efforts between providers and commissioners to ensure that Bristol’s market is able to meet the challenges that are set out below.

Current challenges

The strategy identified a number of challenges for Bristol which included:

• In the past Bristol has had to place a number of people in ‘out of area’ placements as there hasn’t been appropriate support provision available in Bristol
• Qualitative feedback from stakeholders suggested that there was an insufficient range of accommodation choices for people.
• Care managers struggled to find placements for people with post brain injury rehab needs, people who continue to use drugs and alcohol, autistic people, people with borderline personality disorders and people with challenging behaviours.
• There is insufficient supported living and floating support to enable people to move out of residential care or to remain as independent as possible.
• Providers tell us that Bristol is not an easy City within which to develop supported housing; land and properties can be hard to find and the property market is fast paced.
Current challenges (cont'd)

Research completed to inform the wider Bristol Housing Strategy reported that:

- Demand is increasing and outweighs the supply of new homes, both for ownership and rent. There is evidence to suggest that, during the last year, house prices in cities like Bristol have been growing faster than in areas of London. This increases the challenge for the supply of housing.
- There is a significant shortage of affordable housing in the city and rising homelessness
- There has been a significant increase in private renting (and rental costs)
- Bristol has a limited number of strategic sites for potential development.

Future opportunities

The strategy is aiming to achieve the following outcomes:

- People are supported to remain independent, for as long as possible.
- People have choice and control over how they are supported to live their lives
- People are supported to access quality and varied services

To support the delivery of a financially sustainable health and social care system, the accommodation strategy action plan identified that a commissioning plan and new purchasing arrangements for accommodation and accommodation based support as currently purchased under the Community Support Service contract would be required.

Looking forward

- This document (Community Support Services strategy) sets out how we intend to change the way we buy community support services over the next few years.
- This needs to be considered in the wider context of identifying housing for people with support needs. We acknowledge that a wider piece of work also needs to be done to develop the supported living accommodation market in Bristol. BCC is putting in place measures to achieve this through collaboration with providers.
The Three Tier Model

Health and Social Care in Bristol is moving towards a Three Tier Model, of which Community Support Services will form a key element.

The model advocates the need for quality services based in the community for adults in need of social care, in order to prevent or delay the need to move into residential/nursing or domiciliary care, in cases whereby Community Support Services can meet their needs. The key focus of the model is minimising a dependency on social care when outcomes can be achieved in an independent or semi-independent environment through support services.

The aim is to provide help when it is needed to enable people to regain independence. Community Support Services will act as a flexible, individualised platform which will offer temporary options for people on their way towards greater independence. As a result, there needs to be a greater focus on personal outcomes than is currently the case, which need to be robustly monitored.

**Three Tier Model of Social Care in Bristol**

**Help to Help Yourself**
Accessible, friendly, quick, information, advice, advocacy, universal services to the whole community, prevention

**Help When You Need It**
Immediate short term help, reablement, intensive support to regain independence, minimal delays, no presumption about long-term support, goal focussed, integrated

**Help to Live Your Life**
Self directed, personal budget based, choice and control, highly individualised
Appendix 2

Quality Assurance Framework (QAF)
Quality Assurance Framework (QAF)

In 2013 BCC held a public consultation on the proposed future approach to quality assurance. As a result of the feedback received, we have redesigned our internal quality and contract monitoring functions and developed a Quality Assurance Framework (QAF). All social care and support services provided by Bristol City Council will be assessed on how they deliver quality standards.

The QAF will underpin our approach to quality assurance of CSS services and replace existing quality monitoring arrangements. It outlines the key quality standards we expect from services, the methods we will use to assess quality and the steps we will take when services do not meet the required standards. Quality standards will be measured against the following service level outcomes:

<table>
<thead>
<tr>
<th>Community Support Services</th>
<th>Quality Assurance Framework Outcomes</th>
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<tbody>
<tr>
<td></td>
<td>The service is always delivered in the best interests of the Service User</td>
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<tr>
<td></td>
<td>People are treated with dignity and respect</td>
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<td></td>
<td>The service is person centred</td>
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<td></td>
<td>The provider has a clear method of measuring quality and acts upon any underperformance</td>
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<td></td>
<td>There is a clear pathway of access and move on from the service</td>
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<td></td>
<td>There is management of Service User’s health and wellbeing needs</td>
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<tr>
<td></td>
<td>The service works with the local community and the Service User’s support network</td>
</tr>
<tr>
<td></td>
<td>The provider operates effectively and there is clear leadership and management of the organisation</td>
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<tr>
<td></td>
<td>The provider works from an equalities perspective</td>
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<tr>
<td></td>
<td>The provider has an understanding of the Service User’s mental capacity and any deprivation of their liberty is lawful</td>
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<tr>
<td></td>
<td>Service users have choice and receive a varied programme of support.</td>
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When a service is assessed as failing to meet standards under the QAF process, this will be considered in the context of contractual performance. Consideration will be given to whether the terms and conditions of the contract have been breached and appropriate action will be taken.