



Appendix A – Further information

1. Overview

Adult Social Care currently purchases care from c. 480 providers at a cost of c.£182M per annum.

Bristol City Council (BCC) has several large frameworks from which care is purchased for those eligible for care under the Care Act 2014.

1. Care Home framework for residential and nursing placements
2. Home Care framework for care which people receive in their homes
3. Community Support Services framework from which placements are made for care and support in the community, such as at a day centre or in 'accommodation with support'
4. 'Help when you need it' Framework for provision of support in Sheltered Accommodation

In addition to these frameworks, BCC buys other services through several other contracts including but not limited to:

- Care and support within Extra Care Housing
- Advocacy
- Respite care
- Support for carers

There are several constraints with how our current purchasing frameworks and contracts are set up and these are outlined below. The Adult Social Care purchasing budget continues to come under strain and there are further savings to be delivered in 2023/24. Bristol City Council needs to accelerate the transformation of Adult Social Care by facilitating the purchase of personalised services which are the least restrictive whilst meeting a citizen's unmet needs, and that continue to take opportunities to maintain and improve wellbeing and independence.

By setting up one framework from which multiples services can be purchased, this should enable more flexibility in contracting and budgeting which can in turn facilitate a strategic increase in commissioning packages of least restrictive types of care (e.g., Extra Care) whilst reducing spend on residential and nursing care, where this is appropriate.

The cabinet paper coming in summer 2023 for the approval of the single framework will request authorisation for a third party purchasing budget and individual rates across care ladder services.

The Care Ladder is designed to illustrate the various services that constitute adult social care. The list below is not exhaustive, and services are evolving with new initiatives developed nationally (e.g., developments in care assisted technologies). At the top rungs of the Care Ladder are the most restrictive forms of care commissioned to provide support to people with the most complex needs. Progressing down the Care Ladder, services become increasingly less restrictive, usefully meeting more moderate needs. At the bottom of the ladder are the services which are designed to meet needs in the least restrictive way and are accessible to more people (some being universally available). The services nearest the bottom of the care ladder deliver preventative support provided by community groups and Voluntary Community and Social Enterprise organisations and utilise wider community assets to help delay, reduce and prevent to

need for more restrictive care further up the care ladder. Where appropriate, services for individuals should be commissioned at the lowest possible rung of the care ladder to promote wellbeing and greater levels of independence wherever possible, where unmet needs can be met safely, and people continue to get the support that they need. This aligns with the approach of the Care Act 2014.

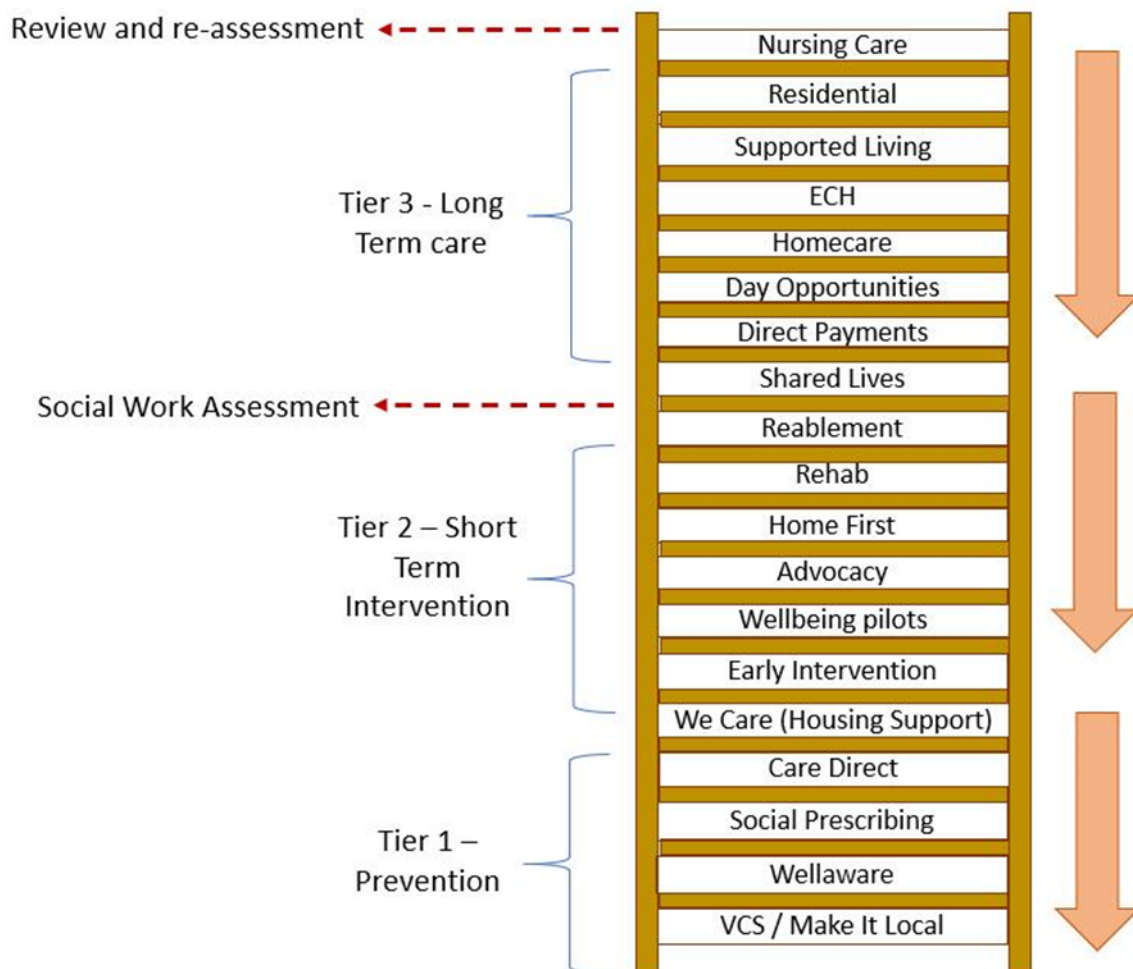


Figure 1. The ASC Care Ladder Model

In the summer cabinet report, it is expected that approval will be sought to provide the flexibility to commission services across the care ladder to support the objective of moving more of the 3rd party purchasing budget towards prevention and early intervention (Tier 1 and Tier 2 services) and prevent, delay, and reduce the need for long term care.

2. Current constraints with purchasing via multiple frameworks and contracts

- Each contract and framework have a different structure, layout, terms and conditions, approach to financial rates and uplifts. This **lack of consistency creates confusion** for stakeholders, such as social care practitioners and care and support providers and has an impact on collaboration
- As these are open frameworks and providers are regularly joining throughout the year, the administration is **hugely time consuming** for commissioning, contract, and procurement officers to undertake
- Applying to get on to the framework is **resource intensive for providers**, particularly for those applying to be listed on multiple frameworks

- Currently the success rate for applications to the various frameworks is low. Whilst this is sometimes indicative of the quality of the application, analysis and feedback from providers show that many find the current framework application design confusing
- Quality questions are time consuming for providers to complete and commissioners to evaluate, yet there are concerns from commissioners and providers alike that this assessment method is not always reliably indicative of a true assessment of quality in reality
- The current frameworks are reaching the natural end of their term. Two out of the four frameworks are due to end in February and March 2024 with no further extensions available. To re-establish each framework, this would require at least two large but very similar procurement exercises to be undertaken simultaneously
- Some frameworks or contracts use out of date commissioning models that do not provide the flexibility required for modern commissioning practice or require updating to ensure continuous improvement.

3. A single Adult Social Care Framework

The Commissioning Team consider that there is an opportunity to address the above constraints and realise additional benefits by bringing together all the existing frameworks and most Adult Social Care contracts under one single Adult Social Care Framework.

Whilst a full business case and final solution design is yet to be developed, the Commissioning Team would like to explore the following benefits of a single Adult Social Care Framework:

Potential benefits for **Bristol Citizens**:

- To renew and strengthen our commitment to promote **care within communities**, takes a **strength-based approach** that promotes and builds independence, and which supports delivery of the care ladder approach to provide the least restrictive service to meet need.
- To embed **co-production** into the way we commission services
- Explore the potential in making the framework **publicly available** in order or to allow citizens to view who Bristol City Council has approved for care

Potential benefits for **Adult Social Care Providers**:

- **Simplify and standardise the application process** to join the framework and **reduce duplication** and **increase accessibility for diverse providers**, such as Black-Led organisations, VCSE and SMEs
- Simplify and standardise terms and conditions for a **more efficient, transparent working relationship** with Bristol City Council
- Review and improve our approach to **Quality Assurance** and bring consistency and a more targeted/proportional approach
- Potential to commission **across lots** and encourage providers to diversify or increase their capacity to fit demand
- Introduce new potential solutions for purchasing, such as block call offs, strategic partnerships, alliance agreements and test and learn pilots and **remove barriers to innovation**, providing providers with the contractual flexibility to change or adapt to people's needs and underpin future transformation work

Potential benefits for **Bristol City Council (BCC)**:

- Support responsibilities to promote **integration with health** and explore an ambition to allow all Local Authorities and Health Organisations within the Bristol, North Somerset, South Gloucestershire (BNSSG) Integrated Care System (ICS) to join the agreement and jointly purchase care and support in future
- Demonstrate better value for money by **clarifying rates for care** and a pricing mechanism/cost methodology which are benchmarked against established nationally informed payment rates.

- Reduce spot purchasing, and **increase our ability to purchase blocks** for care where we are confident of demand, providing guaranteed income for providers and consequently reducing unit price for care
- **Redirect commissioning staff** time to more value-added activity, including more effective quality assurance, market shaping and innovative models of commissioning
- To align contractual documents and procedures across the ASC purchasing budget, making it easier for all stakeholders to understand and **reduce time spent clarifying contractual terms** with social workers and providers
- Increase the future ability to move funds across the Care Ladder to meet need, working within authorised rates and overarching ASC purchasing budget, as opposed to individual service lines.

4. Pathway to single Adult Social Care Framework

The intention is to create a single framework and therefore corporate project management resources have been allocated to scope the project and produce a full business case which will be brought to cabinet later in the summer for consideration.

If agreed, it is anticipated that the procurement process to establish the new framework can begin in the Autumn 2023, to ensure that the new single framework is in place before the current Care Home and Community Support Services frameworks are due to end in early 2024.

As Bristol City Council Adult Social Care currently purchases care and support through several frameworks and contractual arrangements which terminate on different dates, the commissioning team have identified several contracts which are due to end before the new framework can be in place. There is little to be gained from running separate procurement processes, only to ask providers to under-take another procurement process to join the single framework within a matter of months. In addition, this would be a duplication of commissioning and procurement officers' efforts.

Therefore, this paper proposes that the following contracts that are due to expire before the new single framework can be established are extended to align with those timescales:

- A. Extra Care Housing** – contracts at 12 schemes to expire on 31 March 2023, with another due to expire on 14 November 2023. The proposal is to extend all 13 contracts until 31 March 2024 (detail below).
- B. Advocacy** – contract to expire on 31 December 2023. Extend for 3 months until 31 March 2024 (detail below).
- C. Provision of care and support within HMP Bristol** – contract due to expire on 30 November 2023, extend for 4 months until 31 March 2024 (detail below).
- D. Night-time Care and support services** – contract due to expire on 31 July 2023, extend for 8 months until 31 March 2024 (detail below).

A. Care and Support within Extra Care Housing: contract extensions

Bristol City Council Adult Social Care currently commissions care and support services within thirteen Extra Care Housing schemes across the city. Schemes range in size from 40 – 120 individual flats.

Extra Care Housing schemes are developments that comprise self-contained homes with design features and onsite care and support services to enable self-care and independent living for older citizens. Extra Care Housing provides an important alternative to residential or nursing care, and

reduces the risk of loneliness, social isolation, falls and unplanned hospital discharge.

Of the 13 Extra Care Housing Care and Support contracts, 12 are due to expire on 31 March 2023 and the other is due to expire 14 November 2023. The Care and Support contract for Monica Wills House was included in a previous cabinet decision and can be direct awarded under regulation 32 of the public contract regulations 2015. The remaining twelve schemes require a competitive tender exercise.

The 12 contracts ending on 31 March 2023 have exhausted the provisioned extensions and therefore to extend the current arrangements requires a direct award for one year.

To align with the timescales for the procurement of a new single Adult Social Care Framework as outlined above, the following contracts will need to be extended as follows:

Scheme Name	Provider of on-site care and support	Current Contract Expiry Date	Length of contract extension required until 31/03/24
Ash Lea Court	Agincare	31/03/23	1 year
ABC Centre	Brunelcare	31/03/23	1 year
Colliers Gardens	Brunelcare	31/03/23	1 year
Waverly Gardens	Brunelcare	31/03/23	1 year
Lincoln Gardens	Guinness Partnership	31/03/23	1 year
The Knowle Complex	Guinness Partnership	31/03/23	1 year
Bluebell Gardens	Housing 21	31/03/23	1 year
Haberfield House	Housing 21	31/03/23	1 year
Hillside Court	Housing 21	31/03/23	1 year
Blaise Weston	Mears	31/03/23	1 year
Sommerville House	St Monica Trust	31/03/23	1 year
Monica Wills House	St Monica Trust	31/03/23	1 year
Stoke Gifford Retirement Complex	Extra Care Charitable Trust	14/11/23	3.5 months
TOTAL budget for 23/24 (not including annual uplift to be agreed)			£6.7M

B. Advocacy services: contract extensions

Bristol City Council has a duty under the Care Act 2014 to involve people in decisions made about them and their care and support. No matter how complex a person's needs, local authorities are required to help people express their wishes and feelings, support them in weighing up their options, and assist them in making their own decisions. In partnership with Health, Bristol City Council is the lead commissioning agency for 4 contracts with 3 independent advocacy services providers.

To align with the timescales for the procurement of a new single Adult Social Care Framework as outlined above, the following contracts will need to be extended by a variation as follows:

Advocacy Contract Name	Provider	Current expiry date	Contract extension required
Independent Care Act Advocacy <ul style="list-style-type: none"> Care Act Advocacy Safeguarding enquiry advocacy 	South West Advocacy Network	31/12/23	3 months
Advocacy for statutory provision <ul style="list-style-type: none"> Independent Mental Capacity Advocacy (IMCA) Independent Mental Health Act Advocacy (IMHA) – funded with health 	South West Advocacy Network	31/12/23	3 months

<ul style="list-style-type: none"> • Paid Representative Advocacy • Inpatient Advocacy service • DOLS/LPS Advocacy • Litigation Friend Advocacy 			
Advocacy for Non-Statutory Provision <ul style="list-style-type: none"> • Community/Outreach Advocacy • Citizen Advocacy • Culturally Appropriate Advocacy 	POhWER	31/12/23	3 months
Health and Social Care Complaints advocacy <ul style="list-style-type: none"> • Support with the process of making a complaint in adult social care or health 	The Advocacy People	31/03/24	None required
TOTAL Cost of Extension			£176,646

The total combined cost of the 4 contracts including the proposed 3-month extension to allow synchronisation with the Single Framework is £883,231.

The combined total of the 3-month extensions only is £176,646.

C. Extending the contract for Care and Support within HMP Bristol

Bristol City Council Adult Social Care has a three-way contract with HMP Bristol and Agincare for the provision of care and support within HMP Bristol. This contract was established in February 2020 is due to expire on 30.11.23.

The current value of the block contract is £195,780 per year.

To align with the timescales for the procurement of a new single Adult Social Care Framework as outlined above, contract will need to be extended by variation for 4 months until 31.03.24. This is an additional cost of £65,508 and the total contract cost, including the proposed extensions will be £663,100.94.

D. Extending the contract for Night-time Care and Support

Bristol City Council Adult Social Care currently commissions three care and support contracts for people who require support between the hours of 9pm and 8am. There are 3 zonal contracts that cover the City: South, Central and North. The contracts were established in 2017 and are due to expire on 31 July 2023.

The total annual value of these three night-time contracts is £700,494.

To align with the timescales for the procurement of a new single Adult Social Care Framework as outlined above, the contracts will need to be extended for 8 months until 31.03.24. This variation is allowable in the contract, although requires authority from cabinet to extend. This is an additional cost of £466,495.

5. Key Risks

Risks associated with extending the current care and support contracts for Extra Care Housing (ECH):

#	Risk	Mitigation
1	Providers do not agree to sign the contract extension, putting at risk the provision of	Look to implement a short-term procurement exercise on a limited timescale with existing or

	care and support within a scheme(s).	alternative providers to cover any potential gaps. Promote the intended use of the Single Framework with providers and the relevant benefits to them.
2	Relationships between BCC and ECH providers are negatively impacted from the delay of a competitive procurement process.	Prompt and honest engagement with providers.
3	Delaying a competitive procurement process may perpetuate feelings of uncertainty for people who draw on services within Extra Care Housing regarding the future provider of their care and support.	Written communication with all those who draw on care and support services within Extra Care Housing schemes.
4	Continuing with the current contractual arrangements for an additional year delays strategic improvements to service specification, commissioning model and delays the anticipated benefits.	<p>This risk must be weighted up against the benefit of aligning procurement timescales with the single framework.</p> <p>Early engagement with scheme providers to understand impact and potential mitigations.</p> <p>Use additional time to sure up commissioning plans and incorporate into the new framework:</p> <ul style="list-style-type: none"> • Review BCC care management processes for identifying, referring, and supporting people into ECH - including identifying and learning from good practice that has successfully supported people with higher needs into ECH. • Coproduction with providers to refine the ECH model, and support shared ownership of the ECH vision • Continuing small scale, test and learn approach to supporting higher and or/ complex needs in ECH • Continue to work with locality partnership to explore options for wrap around support, to assist schemes/ individuals with higher/ complex needs in ECH

Key risks with extending the Advocacy services:

#	Risk	Mitigation
1	Providers do not agree to sign the contract extension, putting at risk the provision of advocacy service(s).	Look to implement a short-term procurement exercise on a limited timescale with existing or alternative providers to cover any potential gaps. Promote the intended use of the Single

		Framework with providers and the relevant benefits to them. Work with VCSE and locality hubs to establish whether they could offer a non-statutory service and further investigate opportunities for self-advocacy.
2	Providers/Service users might be confused by short extension/reasons for delay	Ensure clear communication through stakeholder engagement process alongside co-production of intended new service specification/model.
3	Previous procurement of advocacy services has left some supply/demand issues and some gaps in the market – correction of which will be delayed by the period of extension.	New Commissioning model will seek to address and delay of 3 months would have minimal impact. Currently managed through contract monitoring process and would continue to be so during the additional time.
4	Short term extension may not be attractive to existing providers	Implementation of single framework should make future applications much simpler for providers with an additional advantage of longer contract terms. Communicate these benefits.
5	Extension of contracts would likely have an impact on numbers of referrals and supply/demand for providers.	Adapt Needs Analysis to take account of extended time periods and recalculate projections to provide more accurate details for new contracts and service specifications in terms of KPI's and target numbers.

Key risks with extending the Care and Support service at HMP Bristol and Night-time contracts:

#	Risk	Mitigation
1	Providers do not agree to sign the contract extension, putting at risk the provision of care and support services within HMP Bristol	Look to implement a short-term procurement exercise on a limited timescale with existing or alternative providers to cover any potential gaps. Promote the intended use of the Single Framework with providers and the relevant benefits to them.
2	Short term extension may not be attractive to existing providers	Implementation of single framework should make future applications much simpler for providers with an additional advantage of longer contract terms. Communicate these benefits.