

Appendix A - Further information



1. Context and Background

Bristol City Council (BCC) Adult Social Care (ASC) currently purchases care from c. 480 providers at a cost of c.£195M per annum.

ASC currently 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

There are 229 providers in total on these existing frameworks, though ASC do not currently purchase services from all of them.

In addition to these frameworks, ASC 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 the current purchasing frameworks and contracts are set up and these are outlined below in [section 2](#).

The Adult Social Care (ASC) 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, whilst reducing spend on residential and nursing care, where this is appropriate.

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 (VCSE) 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.

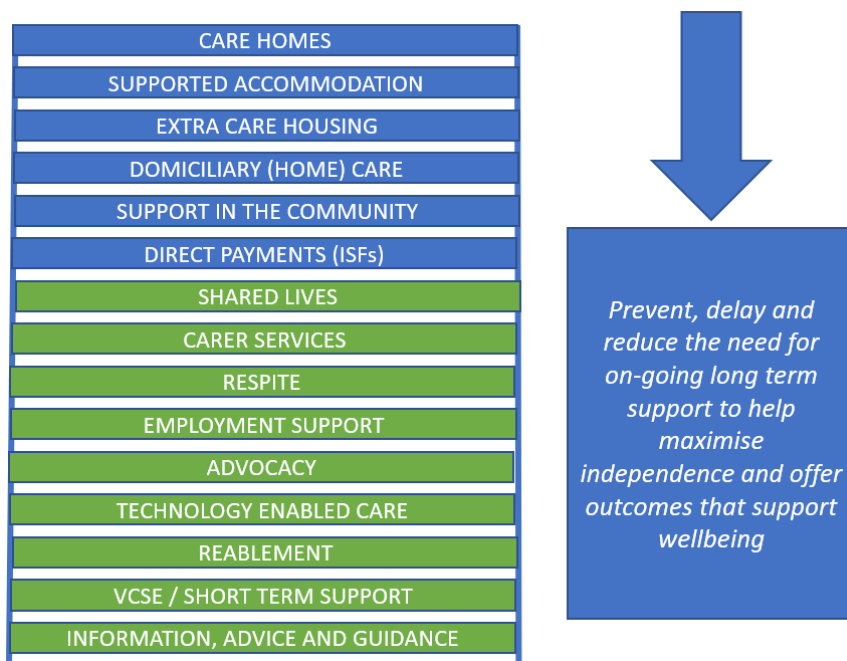


Figure 1. The ASC Care Ladder Model

2. Current constraints with purchasing via multiple frameworks and contracts

- Each of the current contracts and frameworks has 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 and process 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 or 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 new single Adult Social Care commissioning framework

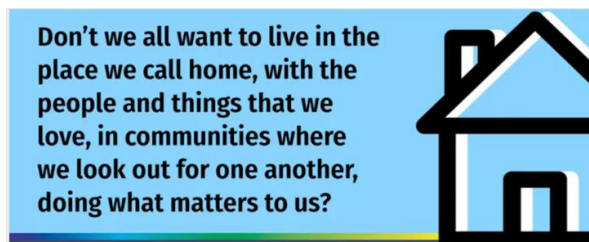
As the current commissioning frameworks come to an end, there is an opportunity to address the above constraints, and realise additional benefits, by bringing together all the existing frameworks and most Adult Social Care contracts under one single framework.

Having one framework allows for providers to be commissioned under one consistent set of terms and conditions. One overarching specialisation, setting out the council's requirements for our care market will help to promote independence and maximise people's independence wherever possible.

A single framework reduces administrative burden on care providers (many of which are small, local operators) while continuing to meet our financial and procurement duties and ensuring quality of care through one Quality Assurance Framework (QAF).

The framework will give ASC a mechanism to buy efficiently from the market, but it places no obligation on the council, or any other named commissioners on the framework, that they have to commit any set spend. Instead, it simply sets up a mechanism through which care can be purchased when required.

Bristol's vision for Adult Social Care:



The new single framework is ultimately an enabler to ASC being able to make efficiencies, **reduce off-framework and spot purchase spend** and support **wider savings initiatives**. It will help make business as usual (BAU) activity as effective as possible across ASC commissioning and corporate contracts and procurement. It's a once in a ten-year process to work through with the ASC provider market.

As our legacy frameworks and contracts reach their full term, and historic off-framework contracts are no longer seen as being fully compliant, it is work that we must do as part of **meeting our statutory procurement and financial regulations**. However, in addition, the service can work in a number of opportunities through the design of the framework to:

- 1) Maximise the percentage of providers contracted with that are 'on framework' and fully compliant against one set of terms and conditions.
- 2) Work on all contracts being all on Proactis (Bristol's eTendering portal and Contracts Register) to radically improve our records and recording on all our contractual arrangements.
- 3) Have better contractual oversight and monitoring of block contracts, which allows us to not be as dependent on spot purchasing which can come at a premium where markets lack supply.
- 4) Use call-offs to build more strategic partnerships where in the past supply has been difficult and costly.
- 5) Work within banded and recognised Bristol rates.
- 6) Build in flexibility through a new innovation Lot that allows commissioners to pilot and respond quicker to new best practice as its reported on nationally.

All these drivers should **help to control cost and alleviate supply pressure points**. However, this requires long-term and ongoing commitment from commissioning, procurement and contracts working together across the commissioning cycle. These improvements **will represent significant financial benefits**, but these are **not easily quantifiable or cashable**.

As highlighted by our ASC strategic partner, who supports the approach, the single framework will allow us to **better demonstrate value for money** from the care services we purchase from our local care market.

3.1. Ambition and Aspirations for the new framework

ASC seek to establish a purchasing model for the majority of ASC spend which:

- is financially and procurement **compliant**.
- is easier for providers and other key stakeholders to **engage** with.
- results in a reduction of **off-contract spend** by engaging with a larger volume of providers.
- reduces internal staff time spent on **administrating frameworks**, freeing up time for transformation activity, quality assurance, market shaping and development.
- reduces the number of **contract enquiries** from other stakeholders, e.g. social work practitioners.
- allows BCc Childrens commissioning, Bristol, North Somerset and South Gloucestershire (BNSSG) and Integrated Care Board (ICB) **partners** to purchase care and support in the same way we do, enabling **joint commissioning** and **integration opportunities**.

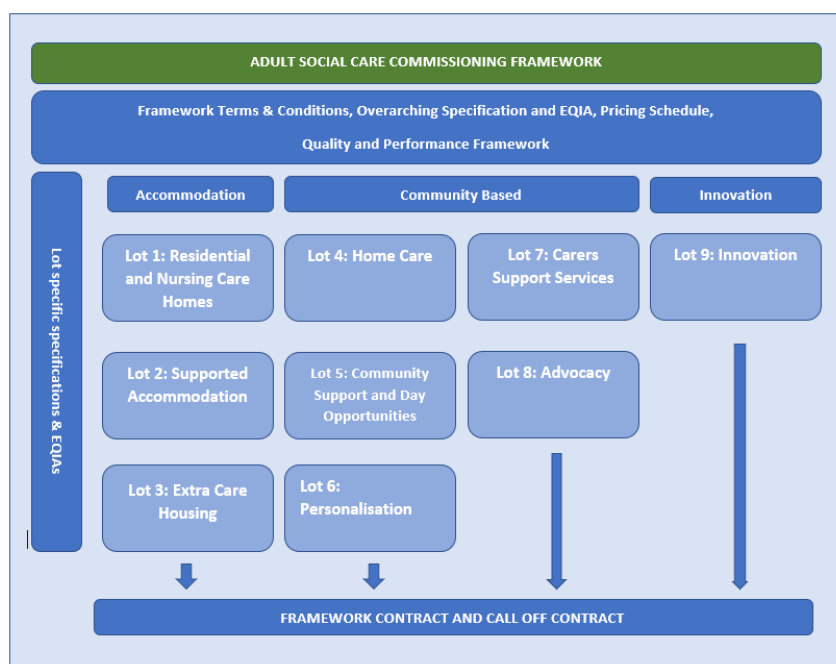
It is important to note that the framework will be a tool to enable the achievement of ASC transformation and savings targets to control unit price, reduce the amount of off framework higher cost placements and packages and bring Bristol back in line with other comparable authorities by enabling the purchase of innovative commissioning models to deliver:

- An **outcomes based** approach to service design.
- Provision of **high-quality, person centred, integrated** care.
- Care and support in a **timely way** to maximise **independence** and wellbeing by **delaying, reducing and preventing** the need for more restrictive care and promoting **progression and recovery** (as per the Care Ladder Approach).
- Services that represent **value for money**.

The framework will also provide flexibility that allows commissioners to shape the market to:

- Ensure that **supply is sufficient** to meet the needs and outcomes of Bristol citizens.
- Establish a **sustainable** market using Fair Cost of Care principles.
- Encourage **collaboration**, partnership, joint commissioning and **co-production**.
- Keep it **Local** and builds the capacity of **VCSE, SME (small and medium sized enterprises) and Black-Led** providers to deliver outcomes.

3.2. The proposed design and structure of the new single framework



Framework Lots - The new framework will have eight core accommodation and community services Lots, with a 9th 'Innovation' Lot, which can be used for creative and innovative commissioning and 'test and learn' pilots. The structure of this new framework means that it will be much easier for ASC to commission services across multiple Lots.

All providers that are successful on joining one or more of the eight core Lots will automatically get onto the Innovation Lot. Providers will be able to apply to as many Lots as they wish to and there will be no limit to the number of Providers on each Lot.

Unlike single frameworks that have been implemented elsewhere with 20 plus Lots, Bristol commissioners have taken the opportunity to streamline where it makes more sense to our local market providers to do so. The eight service Lots of this new framework do not split service types by age and by cohort. This should simplify the understanding of the Lots for our care providers who often support service users with multiple complex needs and do not have an arbitrary cut off at 64 years.

The framework (like the structure of the ASC commissioning team) is split by market type instead representing the main service blocks that make up our care ladder (e.g. care homes, home care, day opportunities, supported accommodation).

Documentation - To reduce the complexity and inconsistency that exists with the current frameworks, the new framework will have one overarching set of Terms and Conditions and associated Framework Schedules, Equality Impact Assessment (EqIA) and Pricing Schedule. There will also be an overarching service specification, which will include appended schedules detailing individual Lot service information or expectations such as specific referral pathways into the service and service specific KPI's (Key Performance Indicators).

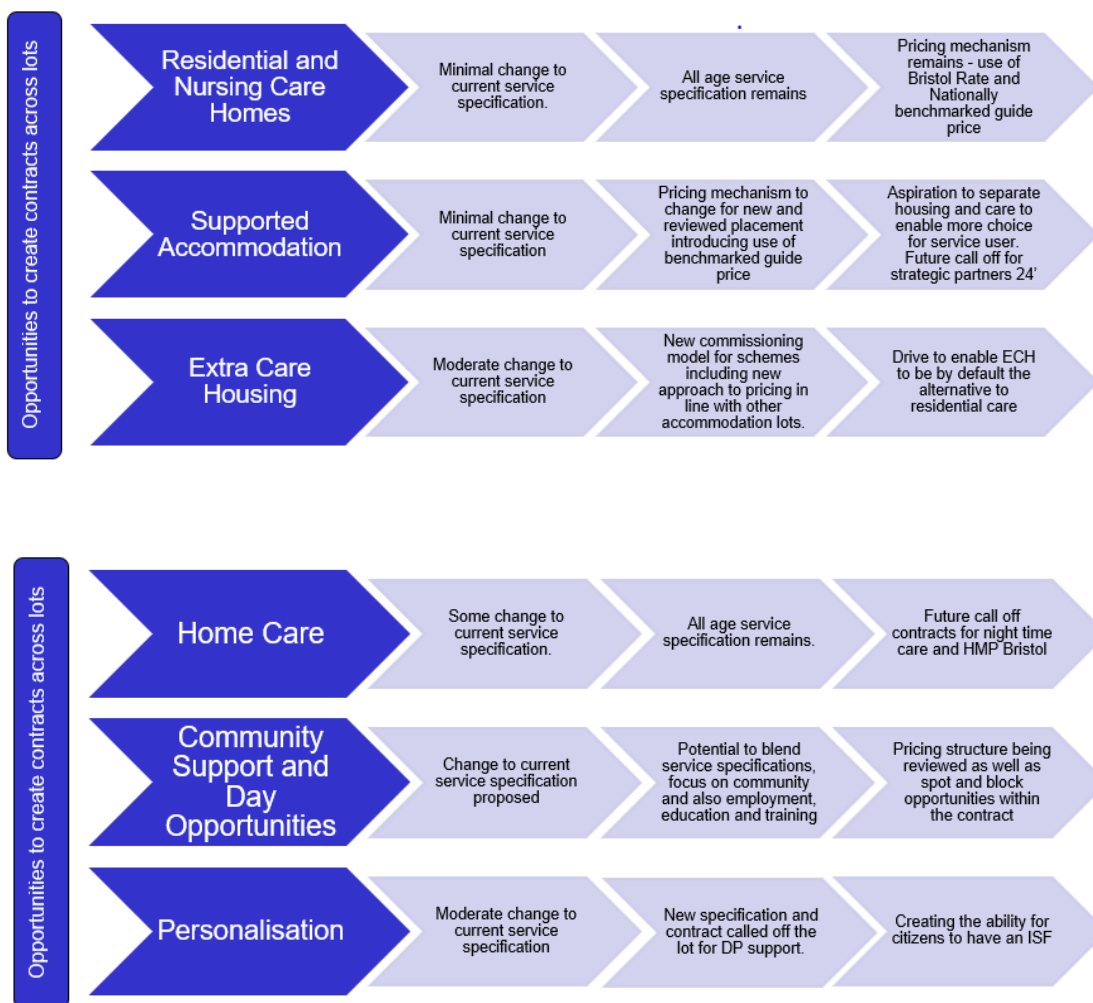
Term - The new framework will have a maximum term of ten (10) years. This will be made up of an initial term of four (4) years that can be extended by BCC, subject to relevant approvals, at its discretion for any period or periods up to a maximum of ten years.

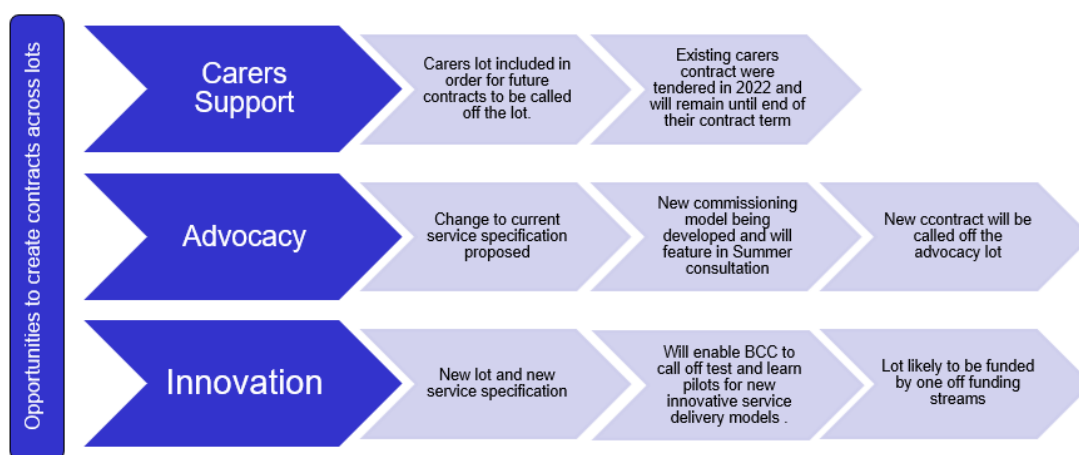
Extensions - Extension periods will be set at two (2) year intervals and ASC commissioning will seek approval from the relevant committee for each of these possible three extensions over the life of the framework (at years three, five, seven and nine) via the BCC Key Decision Pathway.

Termination - Under the Terms and Conditions of contract, BCC will have the right to terminate any framework contract at any time without reason by giving the Supplier at least 30 days' written notice, and any customer may terminate any call-off contract with no less than 90 days' notice. Both rights to terminate are discretionary, so if a longer notice period is deemed appropriate by the service (e.g. 6 months) this can be taken into account when determining when to serve notice and what notice period should be given. There are also the usual standard clauses in the T&C's permitting any framework contract and/or call-off contract to be terminated or suspended (in whole or part) if, amongst other things, there is a material default or repeated defaults by the supplier to the contract. The supplier may only terminate a call-off contract if there has been a failure by a customer to pay 10% of the annual contract value, and a written reminder must e service on the supplier before it can be exercised.

What will change via the nine new core framework Lots?

The following diagrams show each proposed core Lot for the new Framework and what is expected to change through the move to the single Framework.





3.3. Strategic Alignment

The BCC [Corporate Strategy \(2022 to 2027\)](#) sets out our contribution to the city and is our main strategic document. It informs everything the Council does and sets out our main priorities for 2022 to 2027 incl. commitments made. The Corporate Strategy’s main priorities are informed by **five key principles** and arranged around **seven key themes**.

This work aligns with the following key principles of the strategy:

1. Health, Care and Wellbeing (HCW1); The provision of care and support within Extra Care Housing contributes to Bristol City Council’s priority to support people to be as resilient and independent as possible, developing their assets to live fulfilling lives.
2. Homes and Communities (HC1); The provision of care and support within Extra Care Housing to Bristol City Council’s priority to support older and/or more vulnerable people to remain as independent as possible within their communities.

Moving to a Single ASC Commissioning Framework also has a strategic fit with the eight key operating principles of the [Adult Social Care Commissioning Strategy](#) as set out below:

Operating Principle	How the Single Commissioning Framework aligns to principle
1. Targeted	<ul style="list-style-type: none"> • Targeting a shift across the care ladder (<i>figure 1 below</i>) to more community-based services • Targeting compliant procurement and a reduction of off-contract spend • Targeting a greater percentage of providers operating with BCCs agreed rates or bandings
2. Sustainable	<ul style="list-style-type: none"> • Pulls together a set of ‘pre-approved’ providers that ASC can broker spot placements with, as well as use more strategic block contract where the market supply is currently inadequate and needs long-term certainty to build sustainability
3. Co-produced	<ul style="list-style-type: none"> • A new contract with Health Watch is supporting a co-production exercise to work directly with service users to get their views on the new specifications that make up the different lots • Service users have been approached who showed an interest in engaging with us further after completing the annual ASC statutory service user survey
4. Locally Delivered	<ul style="list-style-type: none"> • The framework looks to make it easy to contract with a number of locally based providers.

	<ul style="list-style-type: none"> • Through the life of the framework commissioners will encourage collaborative bids from smaller SME (Small and Medium sized Enterprises) and VCSE (Voluntary and Community Sector Enterprises) • Contract call-offs can be used to target locality based provision across our three localities
5. Innovative	<ul style="list-style-type: none"> • A special new Lot called 'innovation' (Lot 9) has been created to build flexibility into the framework. All providers who are successfully appointed to one of the other Lots will be automatically included in this Lot. Commissioners will be able to flexibly set up 'Test and Learn' pilots to work on new service designs and models as new best practice comes through • Providers are allowed to apply for multiple Lots encouraging move through for younger adults and quality providers to grow their service offer beyond one set service offer without needing to join multiple frameworks and incurring the costs that this involves
6. Integrated	<ul style="list-style-type: none"> • BCC Childrens Services have indicated that they will use certain Lots on the Framework. • The Integrated Care Board (ICB) as well as the other two Local Authorities who make up the health and care commissioners across BNSSG (Bristol, North Somerset and South Gloucestershire) have been asked if they would like to be a named commissioner on the framework. They have no obligation to use the framework if they do wish to but can if they wish to buy at our agreed rates and sharing market supply more effectively • ASC hope that the framework will encourage the ICB to explore more joined up commissioning and aligning of budgets to support the more complex service users whose needs cross over health and care funded service provision
7. Funded	<ul style="list-style-type: none"> • The single framework is designed to reduce breaches against procurement and financial regulations, having providers ASC can work with day to day that agree to work within our rates and bid for work aligned to national pricing tools. • The framework is there to increase the right community based local supply that should limit the amount of higher cost out of city placements brokers are forced to make when suitable supply can currently not be found with our existing local care market
8. Efficient	<ul style="list-style-type: none"> • The framework amalgamates a number of historical frameworks, contracts and terms and conditions • It will make it easier for providers to be able to join our framework where they meet the financial and quality checks • On framework is easier to administer reducing staff time on administrative tasks and freeing up commissioners to dedicate their time to more innovative call-off contracts

3.4. Links and alignment to other work

The single framework enables and supports a number of other priority projects for the ASC Transformation Programme and the likely upcoming CQC (Care Quality Commission) assurance inspection.

The single framework will be the vehicle through which ASC establish longer term strategic partnerships through call-offs. Commissioners will be looking to run pilots and will utilise the ability to call-off across multiple Lots as well as the ability to award through the Innovation Lot.

Rates and the published pricing schedule will be linked to fair and affordable care policy and utilisation of national pricing tools supported by the LGA (Local Government Association) and ADASS (Association of Directors of Adult Social Services).

New contract call-offs will be linked to a rolling ongoing programme of co-production and will allow commissioners to build on the early service user engagement with over 100 service users directly through Healthwatch Bristol.

In some ways it's hard to list all the advantages to commissioners and providers of streamlining and moving to one single framework as some of the benefits will come up during the life of the framework, but in no instance is the framework a block or direct impediment to any of the commissioning operating principles set out in our strategy. The framework, while meeting financial and procurement rules and regulations, will also help ASC in their requirement under the Care Act to ***'ensure the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not)'*** (Under General responsibilities of local authorities section 5 - 2d)

3.5. Collaborative Design - engaging with the provider and service user community

Commissioning have been engaging with the provider market for the last 12 months via the Care and Support West led Provider Forum. The intention has been to ensure providers are aware of our intentions to move to a single framework, and the potential call-offs that may address gaps and issues within the current market. There was also a BCC led event in the Summer of 2021, with the support of consultant partners, to look at models of locality support for learning disability.

ASC has engaged with a range of stakeholders to influence and inform the development of the new framework. Commissioners have held specific meetings with providers across the sector to discuss our commissioning intentions and how services can be improved for the future. These discussions have fed directly into the development of service specifications and future commissioning models. ASC commissioners will continue to engage and work with providers up until the framework tender is live. Most recently commissioning has engaged with providers of services that will fall under Lot specific cohorts to talk more specifically around the likely impacts and requirements of the new framework in relation to the specifications and pricing.

Engagement has also taken place with service users and people with lived experience. ASC commissioners have worked collaboratively with Healthwatch Bristol to coproduce questions for service users focus groups. The aim of these focus groups was to understand people's experiences of adult social care. The focus groups also asked people their views on what makes a good service. The resulting report is being used to help shape the framework service specifications and enable further discussion on how we will continue to engage with peoples with lived experience during the life of the framework contract.

In addition to this, further targeted engagement will be taking place during the summer, to seek people's views on specific Lots, followed by public consultation over the autumn/winter of 2023 for one to three Lots, prior to any contracts being called off the framework for those Lots.

Supported by a BCC Procurement lead ASC commissioning will run a session (or sessions) with a focus on supporting providers to tender. This is in line with our aspiration to streamline current processes and not disadvantage the SME and VCSE sectors from engaging on a local level. There will also be a market engagement event after the main framework tender is published.

3.6. Benefits

Expected 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.

Expected 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.

3.7. Partners and integrated commissioning

ASC have invited commissioners from BCC Childrens Commissioning, the ICB, and North Somerset and South Gloucestershire Councils to be named on the framework so that they can buy from the same framework, at the same rates, where it makes sense for all parties to align what we are purchasing from the local care market.

3.7.1 ICB

Being a named commissioner on the framework would enable the ICB to buy Continuing Health Care (CHC) placements and packages at BCC agreed rates. It is unlikely that the ICB will do this at the very start of the framework, or that it will buy all care using it, as it has existing contracts with providers. However, the ICB currently spends around £30m a year on CHC placements and packages and a percentage of this could move across to being purchased from this framework over time. This would be positive in terms of joining up 'buying power' from the local domiciliary care and care home market.

The Director of Nursing has confirmed the ICB's agreement to be named on our framework. Conversations with North Somerset Council and South Gloucestershire Council are currently ongoing.

3.7.2. BCC Childrens Commissioning

BCC Childrens Services will also be able to use the Framework to commission services. Early indications are that they are likely to only use Lots 2, 6, 7, 8 and 9.

It is anticipated that Lot 2 would be used by Childrens Commissioning to purchase supported accommodation for children in care / care leavers aged 16+. This would include those who are identified as having additional support needs who will graduate to adults services.

Childrens Services currently jointly commission both Mental Health Advocacy and Carers Support Services with ASC, therefore inclusion on the framework will enable these arrangements to continue. This also provides scope to use the framework for statutory children in care advocacy in the future. Lot 6 could be utilised to call off services to support parents of disabled children to manage their child's Direct Payments where they are finding this difficult to do so.

The approximated Childrens Services spend from the framework per annum is broken down as follows:

Lot	Approximate spend per annum
Lot 2 Supported Accommodation	£1.5m
Lot 6 Personalisation	£30k
Lot 7 Carers Support	£150k
Lot 8 Advocacy	£65.5k
Total	£1.7m

To allow for expected increases in demand, and for potential spend on the ninth innovation Lot, we have rounded up the potential Childrens Services spend to £2m per annum spend, totalling a possible £20m over the maximum term of the framework. This is indicative spend only and, as per any arrangement with the ICB, Childrens Services will not be obligated to use the framework for any purchasing.

3.8. Financials

Total BCC Adult Social Care spend over 10 years could account for as much as £2,000m (increasing to approximately £2,320, total spend if BNSSG partners and BCC Children’s Commissioning choose to buy some of their care from our framework). These values could increase further subject to inflation and annual provider uplift decisions.

Duration of the ASC Single Framework	Anticipated BCC spend against framework based on current spend with the Care Market (£)*	Potential Integrated Care Board Spend (£)* <i>Indicative only based on ICB annual £30m p.a. spend with care market</i>	Potential spend from BCC Children’s Commissioning (based on approximate £2m p.a. spend)*	Approximate total potential Framework spend*
Initial 4 year commitment (Feb2024-Feb2028)	800m	120m	8m	928m
February 2028 – February 2030	400m	60m	4m	464m
February 2030 – February 2032	400m	60m	4m	464m
February 2032– February 2034	400m	60m	4m	464m
Possible Total spend if all extensions are approved over 10 years.	2000m	300m	20m	2320m

**Note these totals do not include any allowance for applied inflationary or annual provider uplifts.*

The BCC spend against the new framework when it goes live in February 2024 will not be new or additional spend in terms of new financial burdens placed on the council. Instead, it’s a new administrative vehicle through which the Brokerage team can arrange long term care for Care Act eligible people compliantly. Rather than buy the same services across four frameworks, and other stand-alone contracts, the vast majority of our purchasing spend will be through spot purchasing and block call-offs from this single framework, working with the providers who have qualified to be listed on the framework.

Spend from the Framework will be in alignment with the allocated ASC purchasing budget as set each financial year.

3.9. Procurement of the New Framework

The planned approach for procurement is to endeavour to make applying to join the framework as simple and non-burdensome as possible for providers. To support this, we will utilise the Councils Standard Selection Questionnaire (SSQ) to join the framework. The SSQ contains pass/fail questions along with 4-6 standard BCC questions in areas such as business continuity, safeguarding and Mental Capacity Act 3, equalities, healthy and sustainable procurement plus social value requirement.

For providers providing regulated care there may also be a CQC related question which will be pass and fail. Additionally, there will likely be a maximum of one Lot specific question per Lot which will be scored.

During the competition stage we will increase the bidding window from the minimum required one month to 6-7 weeks (exact duration is in the process of being decided by ASC and BCC procurement). We anticipate that this will increase the number and diversity of providers who apply to be on the Framework and will also support the smaller/local providers that do not have dedicated bid teams, given them a longer than usual window in which to write and submit their bid.

To date there have been 179 Expressions of Interest in response to the market Prior Information Notice (PIN). It is expected that in the region of 150 providers will actually apply to be on the new framework during the main framework tender. We are assuming an approximate 70% success rate meaning that around 110 providers could join the Framework when it goes live in February.

Subject to approvals, the procurement route to market will be via an open market tender process that will take place in autumn/winter 2023 within the following timeline:

Tender Go-Live	Mid September 2023 (target date for two weeks post after Cabinet approval)
Market Engagement event	Mid September 2023 (a few days after the tender opens)
Evaluation and Moderation	Late October/early November 2023 to mid/end-January 2024
Awards and Contracting	End January 2024
Framework Live	February 2024

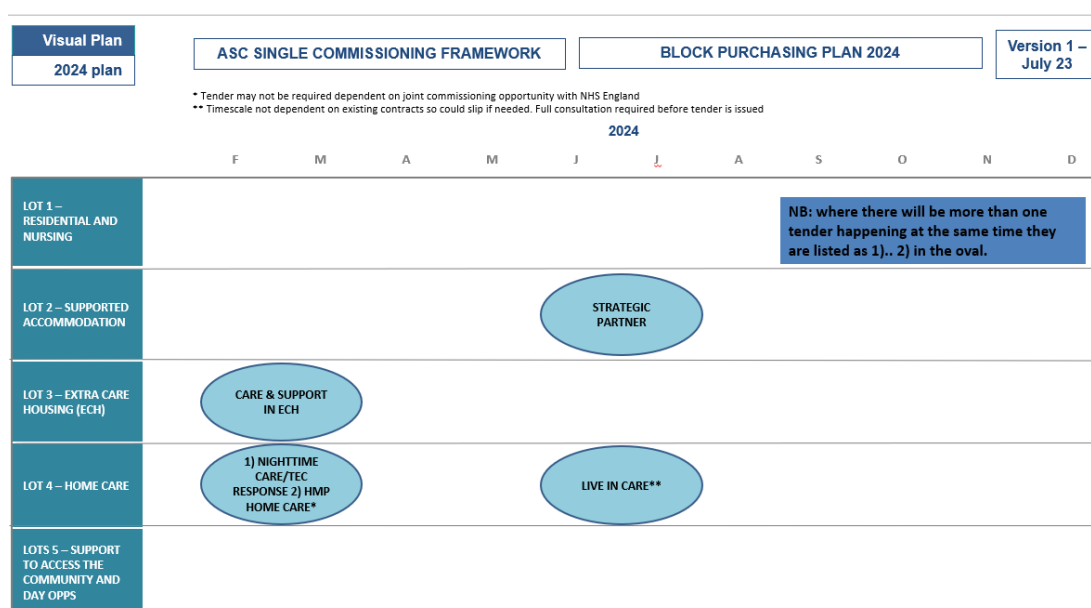
After the framework goes live early 2024, there will be further opportunities for new or previously unsuccessful suppliers to apply for a place via further tendering rounds held on a regular basis over the course of the framework term. The frequency of these rounds is in the process of being decided as part of ongoing framework procurement and implementation planning.

3.10. Implementing and managing the new Framework

Spot purchasing of individual services, as relevant, could happen from the new framework from day one of the new framework going live. For block contract purchasing, there will be a staggered approach to moving contracts across from old frameworks to new as existing contracts come up for review, or to an end.

The following draft block purchasing plan gives an indication of the likely ordering of the block contract purchasing timeline. Please note this is a draft plan, ASC’s may make changes to this plan as relevant to, and in response to, emerging priorities and demands of the service.

Calendar year 2024:



LOT 6 – DIRECT PAYMENTS / INDIVIDUAL SERVICE FUNDS	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;">1) DIRECT PAYMENTS 2) INTRODUCTORY AGENCIES CONTRACT**</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;">INDIVIDUAL SERVICE FUND BROKER**</div> </div>
LOT 7 – CARERS SUPPORT	
LOT 8 – ADVOCACY	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">ADVOCACY</div>
LOT 9 – INNOVATION	

Calendar year 2025:

Visual Plan 2025 plan	ASC SINGLE COMMISSIONING FRAMEWORK	BLOCK PURCHASING PLAN 2025	Version 1 – July 23
<p>* Tender may not be required dependent on joint commissioning opportunity with NHS England</p> <p>** Timescale not dependent on existing contracts so could slip if needed. Full consultation required before tender is issued</p>			
2025			
J F M A M J J A S O N			
LOT 1 – RESIDENTIAL AND NURSING	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">1) RESPITE STIBBS & FAIRBURN 2) DZA/P3 BEDS</div>		
LOT 2 – SUPPORTED ACCOMMODATION			
LOT 3 – EXTRA CARE HOUSING			
LOT 4 – HOME CARE			
LOTS 5 – SUPPORT TO ACCESS THE COMMUNITY AND DAY OPPTS	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">HELP WHEN YOU NEED IT (TBC)</div>	NB: where there will be more than one tender happening at the same time they are listed as 1), 2) in the oval.	
LOT 6 – DIRECT PAYMENTS / INDIVIDUAL SERVICE FUNDS			
LOT 7 – CARERS SUPPORT	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">CARER SUPPORT SERVICES</div>		
LOT 8 – ADVOCACY			
LOT 9 – INNOVATION			

3.11. The potential need to continue to buy service for new users from existing contracts

Commissioners want to move all new purchases onto the new framework as quickly as possible post the single framework going live. However a number of existing framework contracts may need to go beyond their current end date before that specific service is recommissioned via the new framework. There are eight contracts and one concession agreement relevant, these are detailed in Tables A and B below.

In some cases the current contracts end in February or March 2024. This leaves little or no flexibility if there is an unforeseen delay in the procurement of the new framework. Additionally we need to mitigate a risk that not enough providers bid to join the new framework during the main tendering exercise in Autumn 2023 or are not successful in their bids. In this circumstance we may need to continue to buy new placements from existing contracts, until that contract is able to be procured from the new framework.

Extension of some contracts will also support ASC to ensure that purchasing of services from the new framework is done in a strategically planned way that prioritises areas where we are currently paying above national benchmarked unit prices, and minimises unnecessarily administrative and resource burdens on the ASC commissioning team and the provider market.

Contracts numbered 1-6 below, are contracts that do not have any more contractual extensions available and so we are asking for a short (4 or 6 months maximum) compliant breaches of these contracts where they can still be used by our brokers while new contract call-offs are set up from the new framework.

Contracts 1 and 2 set out in table 'A' have been separated out from the list to highlight, for transparency, that ASC has already overspent on these contracts. Therefore any continuation of buying from them will increase that overspend against the initial allowance allowed under the framework when it was first set up seven years ago.

Contracts 7-9 (Table B) have contractual extensions available in the contracts and therefore would be extended via a compliant contract variation. We may require an extension of up to 12 months each of contracts 8 and 9.

ASC only envisage enacting *some* of these extensions and *only* where there is a delay in the framework going live, or where we need to mitigate against not enough providers making it onto the new framework in the first round. In reality, if we get suitable numbers through the first tender we will, for example, not need to extend contract 1 and 2 at all.

Table A

Contract	Contract start date	Current contract expiry	Continuation required	Current annual spend	Total spend to date	Contract total value	Overspend to date	Anticipated max spend for new users for 4 month continuation
1. Residential and Nursing Care Home Open Framework	14/11/2016	13/03/2024	4 months	£90,943,152	£697,230,832	£340,600,000	£356,630,832	£608,000
2. Community Support Services Open Framework	13/02/2017	12/02/2024	4 months	£57,287,576	£424,882,855	£95,000,000	£329,882,855	£364,000

Care Homes framework – The calculation for anticipated new spend over four months is based on an average £152k per month of new spend which is based on purchasing for 38 new clients per month (all ages), at an average price of £4,000 per client.

CSS framework – The calculation for anticipated new spend over four months is based on an average £91k per month new spend which is based on an expected 30 new clients per month (all mental health and learning disability clients getting supported accommodation or supported living) at an average price of £3,032 per client.

Table B

Contract	Annual rolling Contract Spend (pa)	Maximum cost of extension	Current contract expiry date	Authority requested to	ASC Comment
3. Extra Care Housing Care and Support	£5,791,387 – Power BI 29/06/2023	£2,895,693.5	31/03/2024	Extend contract by a maximum of 6 months	No extensions left within the current contract therefore will constitute a compliant breach.

					<p>The additional time is also required in order for the ECH care and support scheme contract to be tendered from the ECH lot.</p> <p>ASC may not require the full extension of the existing contract, if we achieve a high tender success rate. We will be holding a range of provider engagement events to increase provider success rates.</p>
4. Home Care Night Time Care Contract	£700,494 taken from Single Framework Cabinet Report March 23	£233,486	31/03/2024	Continue to buy from contract for up to 4 months	As above
5. HMP Bristol Home Care Contract	£195,780 taken from Single Framework Cabinet Report March 23	£65,260	31/03/2024	Continue to buy from contract for up to 4 months	As above
6. Advocacy Contracts	£883,231 taken from Single Framework Cabinet Report March 23	£294,410	31/03/2024	Continue to buy from contract for up to 4 months	As above
7. Direct Payment Support Concession Agreement - Wecil	£353,149.36 taken from Controcc	£176,574.68	31/12/2023	Extend contract by a maximum of 6 months	DP Support under a concession agreement. Further legal and procurement advice required whether extending this is a breach
8. Help When You Need It – Sheltered	£2,953,206	£2,953,206	31/03/2024	Extend contract by a maximum	Extension allowed for within the

Housing				of 12 months	contract and delegated authority permitted within the original key decision paper
9. Help When You Need It – Floating Support	£3,570,373.5	£3,570,373.5	31/03/2024	Extend contract by a maximum of 12 months	Extension allowed for within the contract and delegated authority permitted within the original key decision paper

3.12. Provider activity external to the new framework

There are a number of legitimate circumstances, set out in the table below, when a provider will be supporting one of our clients, but will not be on one of our eight active service Lots on the new framework. Commissioning and procurement hope that these will be kept to an absolute minimum. The table sets out the mitigation, and comments on how the numbers of ‘off framework’ providers will be kept as low as possible. Over the life of the framework the number of these providers will be monitored, and the ambition is to see a steady downward trajectory over the maximum term of 10 years. However, in the meantime, and recognising that there will always be a small percentage of necessary off framework activity required, this table sets out how each scenario will be dealt with and made compliant.

Examples of Providers not on the 9 new framework Lots	How they will be compliantly procured	Mitigation/ Comment
1) Existing provider on our existing legacy framework who doesn't want to join our new framework	Contract scenario 2	In not joining the framework providers will not be automatically eligible for new work and so it remains in their interest to join our framework if they want work from us in the future.
2) Existing provider on our existing legacy framework who is unsuccessful in their application to join the new framework	Contract scenario 2	We are trying to make the application process to join the framework as streamlined as possible to get as many quality applicants as possible. Where a provider is unsuccessful in the first round, we have allowed for a second round to try and support our providers onto the framework as quickly as possible.
3) Existing provider for service user/s out of area	Contract scenario 2	They will be invited to join the framework as we do not restrict applications by geography. In reality, many providers who do not operate in Bristol and only provide services to one or two of our clients may consider that it is not in their interest to join.

<p>4) New provider for a new client who due to family or supply issues needs to be placed out of area</p>	<p>Contract scenario 3</p>	<p>Again, they will be invited to join the framework at the next openly of the relevant Lot but if they only have one client, they may consider that it is not in their interest to join.</p>
<p>5) New Provider supporting a private paying client and whose client becomes a spend down and BCC ASC need to take over the care payments</p>	<p>Contract scenario 3</p>	<p>These clients are reviewed by the service and if needs have changed or could be met differently a move maybe possible, but this is the exception and in most cases for the wellbeing of the client they will remain with the provider. The provider will be invited to join the framework at the next available opportunity.</p>
<p>6) New Provider supporting an NHS Continuing Healthcare (CHC) client and whose client is assessed as no longer requiring health funding but continues to need the care service and BCC ASC need to take over the care payments</p>	<p>Contract scenario 3</p>	<p>These clients are reviewed by the service and if needs have changed or could be met differently, a move maybe possible, but this is the exception and in most cases for the wellbeing of the client they will remain with the provider. The provider will be invited to join the framework at the next available opportunity</p>
<p>7) New Provider supporting a child who turns 18 while in a residential college and whose needs move across to Adults</p>	<p>Contract scenario 3</p>	<p>The framework does not have residential colleges on it and so the provider would remain off framework.</p>
<p>8) New provider that offers a service that currently cannot be brought from framework providers (usually very complex with multiple needs)</p>	<p>Contract scenario 3</p>	<p>This is the scenario we want to avoid by maximising the number and range of providers on our framework that can meet all of our supply needs. But that doesn't mean we can guarantee that there will not be an exception. This is a more likely scenario as the framework starts but we hope to continue to minimise this year on year over the 10-year life of the framework by adding new providers onto the framework and through the use of call-offs to grow and support providers to expand into areas where currently supply is difficult to find.</p>

BCC Procurement and legal have supported ASC Commissioning in finding a compliant route for these. Business policy and processes used for all contracting will also be reviewed and updated in partnership with corporate contracts and procurement as part of the Single Commissioning Framework project delivery plan to ensure there is clear policy and process for each off framework contract being fully compliant through the Procurement Request Form process.

There will be three contracting scenarios in total that ASC can use with providers as follows:

Contracting scenario	What contract will be used
1 – Provider is on the new Framework	The main new framework contract that will be used for all providers that have joined the new framework
2 – Provider is <u>not</u> on the new Framework (legacy contracts)	<p>There will be a new “Off Framework” contract developed which will be used for legacy contracts (in and out of area) that are kept separate from the new framework.</p> <p>These will be moved across from existing agreements to a new ‘off framework’ contract which is more compliant than our current off framework arrangements.</p> <p>This contract, in effect it will be a stripped down version of our framework contract.</p>
3 – Provider is <u>not</u> on the new Framework (new contracts)	<p>This will address out of area purchasing or where ASC have tried but cannot buy from framework.</p> <p>These requests will need to be approved by a PRF (Procurement Request Form) and the process for doing this will be updated as part of the deliver plan. These providers must have been asked to join the framework as our preferred option for working with them before a PRF will be authorised.</p> <p>Legitimate reasons for ASC to enter into a new Off-Framework Contract include:</p> <ol style="list-style-type: none"> a. No suitable supply can be found to meet complexity on framework after extensive search by brokerage working with the on framework providers. b. Threat to life. c. An out of area provider who only has one or two clients via BCC and has no interest building an ongoing commercial relationship with BCC.