



‘Working with us for Better Lives’



Market Position Statement for the provision of Care and Support for Adults in Bristol



Contents

Section 1:

Introduction - Why a Market Position Statement?

Section 2:

Where we are heading? - Bristol's Context

- 2.1 Corporate context and strategy
- 2.2 Bristol City Council Three Tier Approach
- 2.3 Our budget challenge
- 2.4 Smaller providers and adding Social Value

Section 3:

Our Community: A Snap shot Of Bristol

- 3.1 Whole Population Information
- 3.2. The Bristol Economy
- 3.3 Health and Social Care Statistics
- 3.4 Direct Payments
- 3.5 Self Funders
- 3.6 Our Charging Policy
- 3.7 The Social Care Workforce
- 3.8 "Proud to Care"
- 3.9 What does this tell us: the Need for Change

Section 4:

How we will get there Together: Our Commissioning Strategy

- 4.1 Principles and ways of working
- 4.2 How we will work with providers
- 4.3 Commissioning for the "Three Tier Model"
- 4.4 Underpinning Principles
- 4.5 Tier 1/ Community Offer
- 4.7 Key Tier 2 Provision: short term targeted provision to support Independence
- 4.8 Tier 3 Provision: Longer term Provision
- 4.8a Homecare

- 4.8b Community Support Service

- 4.8c Residential and Nursing Care

Section 5:

Better Lives at Home: Key Messages about housing and/ or care support services.

- 5.1 Overarching Accommodation Strategy (Better Lives at Home)
- 5.2 Extra Care Housing
- 5.3 Working Age Adults

Section 6:

Investment priorities for Bristol

- 6.1 Old Age
- 6.2 Learning Disabilities
- 6.3 Autism
- 6.4 Mental Health
- 6.5 Physical Impairment
- 6.6 Transition to adulthood
- 6.7 Homelessness and supported housing
- 6.8 Carers

Section 7:

Working with us

- 7.1 Collaboration and Co-production
- 7.2 Quality and Contract Compliance Commissioning Models
- 7.3 Safeguarding
- 7.4 e-Procurement
- 7.5 Market Development
- 7.6 Brokerage of individual packages



Section 1:

Introduction: Why a Market Position Statement?



Welcome to this, Bristol's first Market Position Statement covering all provision of Care and Support for Adults in Bristol - "Working with Us for Better Lives". This document sets out our vision for working with all kinds of support and care providers and agencies; with voluntary sector services and social enterprises, and with less formal community provision.

Bristol is committed to making radical and urgent change through our programme for adult social care transformation, "Better Lives: Improving outcomes for adults in Bristol.

We spend a huge proportion of the Council's overall budget on adult social care, but that spend is not always where it needs to be, so in order to invest more in some services, we must spend less on others. This will better deliver our vision, of giving people the right support at the right time and we will work with providers across all sectors to enable this.

This rethink will ensure that we deliver our priorities from Mayor Marvin Rees' 2016 manifesto. ^[1]

Working with, and investing in, Home Care Providers to improve workforce recruitment and retention, (so that we can support more people to stay in their own homes) is one aspect of our journey to becoming an Ethical Care Council. This includes our "Proud to Care" campaign and our review of how we remunerate and invest in people working in the Health and Care sectors.

As well as being a vital part of the provision of support, Health and Social Care partners contribute towards the city's economic growth and create significant employment opportunities for Bristol citizens. We will take this into account in the ways we procure and contract services and work with communities.

One of Mayor Rees' priority commitments is delivering 2000 additional homes a year, 800 of which to be affordable, and we will work with partners, as part of this, to increase accommodation and support for people who need extra care.

We intend to work transparently with all providers, existing and new to Bristol, ensuring quality and encouraging innovation in line with our vision. I look forward to hearing your views and contributions.

Cllr Helen Holland

Executive Member, Adult Social Care.

The Care Act (2014) places a duty on local authorities to facilitate, and shape our market for care and support; to ensure sustainability, diversity and continuously improving and innovative services. In carrying out these duties we are keen to work with partners and deliver a step change in the way we commission and deliver services. This will benefit our citizens and help us all manage the challenges associated with restricted budgets, an aging population and a system which we feel has not delivered sufficient independence for citizens.

In this context, we see this market position statement as an increasingly vital part of our relationship with the care and support sector – to set out our long-term vision for the future of public services in Bristol, explain what new approaches and services are needed, and encourage our partners to help us formulate new ideas and ways of doing business. By doing so, we hope to shape a sustainable model of care which achieves better health and wellbeing outcomes for Bristol citizens, promotes independence and champions prevention, works more closely with carers, voluntary, and community sector groups and provides services as close to a person's home as possible while ensuring access to high quality specialist services when needed.

This is a journey, and the detail of how some of these ambitions will become actual provision will be developed together. Our Market Position Statement reflects this, and this first edition is the beginning of an iterative process. I hope you will find the content inspiring and useful, and will also respond with your own thoughts and contributions where requested.

Terry Dafter

Interim Director of Adult Social Care

April 2018

1. Introduction

As a strategic commissioner of care and support, Bristol City Council (BCC) aims to forge a new relationship with partners to benefit all who need care and support. By stimulating a vibrant, diverse and integrated market for care and support, people can be afforded a choice in how and where they receive care and support and individual and community independence can be enhanced. This may come from existing partner organisations, from those who do not currently work in the City or from new start-ups.

The evidence provided in this document represents a basis for BCC and its partners to share a strategic approach to understanding, preventing and meeting local need for social care and support.

This is the first Market Position Statement (MPS) produced by BCC Adult Social Care. It is intended to be the start, not the end point, of the process of market facilitation. Its publication will be followed with engagement events. The MPS will be reviewed

and updated regularly as we develop ideas and plans together. Over time it is anticipated that increasing elements will be joint statements between BCC and other commissioning partners. Future editions will be further impacted by feedback from the whole range of partners, including providers of social care and community support.

1.1 Market shaping

The Care Act 2014 places a duty on local authorities to “facilitate and shape their market for adult care and support as a whole... to influence and drive the pace of change for their whole market”....The Local Authority should proactively work to enable a “sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effect outcomes that promote the wellbeing of people who need care and support”

Market shaping involves:

- The local authority and other relevant partners working closely and stimulating services to meet local need
- Working with all providers who do, or could, operate locally
- Working with all providers, including those who currently work only with self-funders, to fully understand the local market and pressures on it.

The Market Position Statement (MPS) is for both existing and potential providers to help shape

business plans to support BCC's vision for the future of local public health, social care and housing markets. The MPS will develop over time.

The MPS aims to:

- Identify a Bristol strategic vision, setting out what the future demand for care and support in Bristol might look like.
- Act as a steer for discussions between BCC and service/ support providers, in particular voluntary and community sector organisations, small and medium sized enterprises (SMEs), and entrepreneurs.
- Look at how we can work together to shape the way services are delivered, to best support citizens and achieve better health and wellbeing outcomes for adults of all ages and backgrounds.
- Enable providers to develop their services to meet local need and demand and understand key elements of the approach.
- Provide key resources and sources of data to help providers and our partners, to plan for the future and identify areas of need which can jointly be addressed.
- Set out who to contact if providers and partners wish to discuss how the services you deliver might help achieve the outcomes needed.
- Suggest some market opportunities for partners, but is not a comprehensive list of all developments taking place.

1.2 How to use this document

This document is an overview giving providers a direction about what is wanted from the market to help meet local priorities for a range of service user groups. It is part of a suite of documents that provide the key information and statistics on needs, demand and trends for the county. It should therefore be read in conjunction with the Joint Strategic Needs Assessment which reports on the health and wellbeing needs of the people of Bristol; and the Corporate Strategy 2018 – 23.

To feedback on any aspect of this document or identify key topics that should be included in future versions please contact: adultcommissioning@bristol.gov.uk



Section 2:

Where we are heading – Bristol's context

This section sets out the context in which we want to collaborate, plan and commission. It includes important aspects of the future approach to meeting needs in the city, our Corporate Strategy and mayoral vision and budget context.

2.1 Corporate Strategy

Bristol City Council's Corporate Strategy 2018-23 [i]

lays out the vision, values and key themes to make sure that BCC plays its full part in creating a city that is successful for everyone. Bristol is a successful city that has much to be proud of.

The Corporate Strategy sets out the road map for BCC's contribution to driving a city of hope and aspiration within the context of austerity and a rising population across the city. The headlines are below:

Our Vision

We play a leading role in driving a city of hope and aspiration where everyone can share in its success.

Our Themes

In achieving this vision we have based our activities around four themes:

Empowering and Caring:

Work with partners to empower communities and individuals, increase independence and support those who need it. Give children the best possible start in life.

Fair and Inclusive:

Improve economic and social equality, pursuing economic growth which includes everyone and making sure people have access to good quality learning, decent jobs and homes they can afford.

Well Connected:

Take bold and innovative steps to make Bristol a joined up city, linking up people with jobs and with each other.

Wellbeing:

Create healthier and more resilient communities where life expectancy is not determined by wealth or background.

Our Values and Behaviours

We are Dedicated

We strive to make a difference

We are Curious

We ask questions and explore possibilities

We show Respect

We treat each other fairly

We take Ownership

We accept personal accountability

We are Collaborative

We come together to reach shared goals



Achieving Bristol's vision and key commitments against an increasingly difficult financial and economic backdrop means that greater emphasis is being placed on treating public spending as an investment, generating returns to be re-invested and promoting independence to reduce the need for high-cost public services in social care, health and housing. The focus is on empowering people in day to day life, helping them to live independently of public services in ways which are better for them and the City as a whole. Individuals, communities and organisations need to be enabled to do more for themselves and for others.

Help will be available for those who most need it, but first and foremost, people will be helped to help themselves.

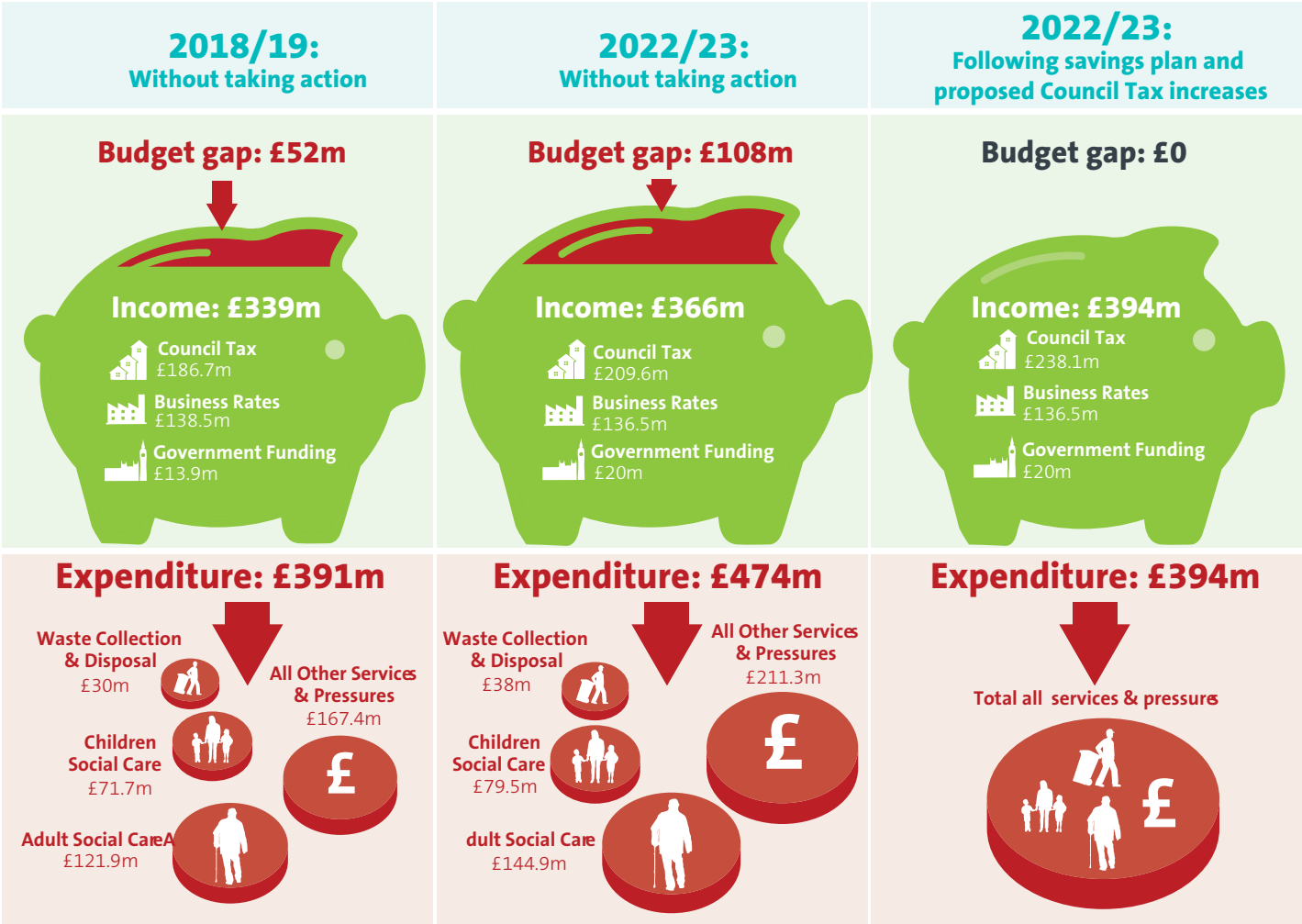
To do this, there needs to be a shift in approach to focus on strengths and to work across traditional boundaries with the voluntary sector and communities to bring in new ways of working. The power and potential that exists in all communities needs to be unlocked to improve the lives of people in the City, and create thriving neighbourhoods where people have a sense of purpose and belonging.

2.2 Our budget challenge

An important aspect of our context is a budgetary challenge. Overall the cost of the Council providing essential services and further cuts in funding will leave a gap in local authority finances of £108m over the next five years. It will cost more to simply maintain services at their current level on the basis that prices are going up, as does the demand for services as the population grows.

The illustration below provides an overview of the budget gap challenge. **Our Five Year Medium Term Financial Plan** [ii] sets out our strategic approach to managing BCC finances by saving money and balancing the books.

The Budget Gap



In the past citizens, communities and organisations have, with good intention, become dependent on Council funding or intervention when it was not always strictly needed or necessary. The problem with this is that it does not help people help themselves, meaning people can often stay stuck with the same issues and become disempowered, unable to achieve what they’d like to without BCC contribution. The new way of working will do more to help people help themselves whilst continuing to help those who need it and offering them as much inclusion, choice and control over their lives as possible.

There will always be help for those who most need it, but rather than always getting directly involved BCC will:

- Empower people and communities, helping promote independence and resilience
- Work more closely with partners
- Invest in community-led activity where appropriate to help communities do more for themselves
- Raise more money as an authority, in a fair, business-like way.

2.3 Bristol City Council Adult Care Three Tier Model

Bristol Adult Social Care is taking forward a new, strength based approach under its Better Lives Programme (see Section 4). BCC has developed the Three Tier Model to express its strength based approach. This approach starts with working with people to make the most of their own strengths, those of the people who support them, and the wider community around them.

The Three Tiers of support for Adult Care are:

Tier 1 – Universal support ‘Help to help yourself’.

Tier 2 – Targeted support ‘Help when you need it’.

Tier 3 – Longer term formal services for people with needs that are eligible under the Care Act. “Help to live your life well.”

We will always consider whether we can meet eligible needs under the Care Act by signposting/ introducing to universal/ community services or providing an outcome focused short term service. Tier 3 services are those we only commission for people eligible under the Care Act (e.g. home care or community support services)

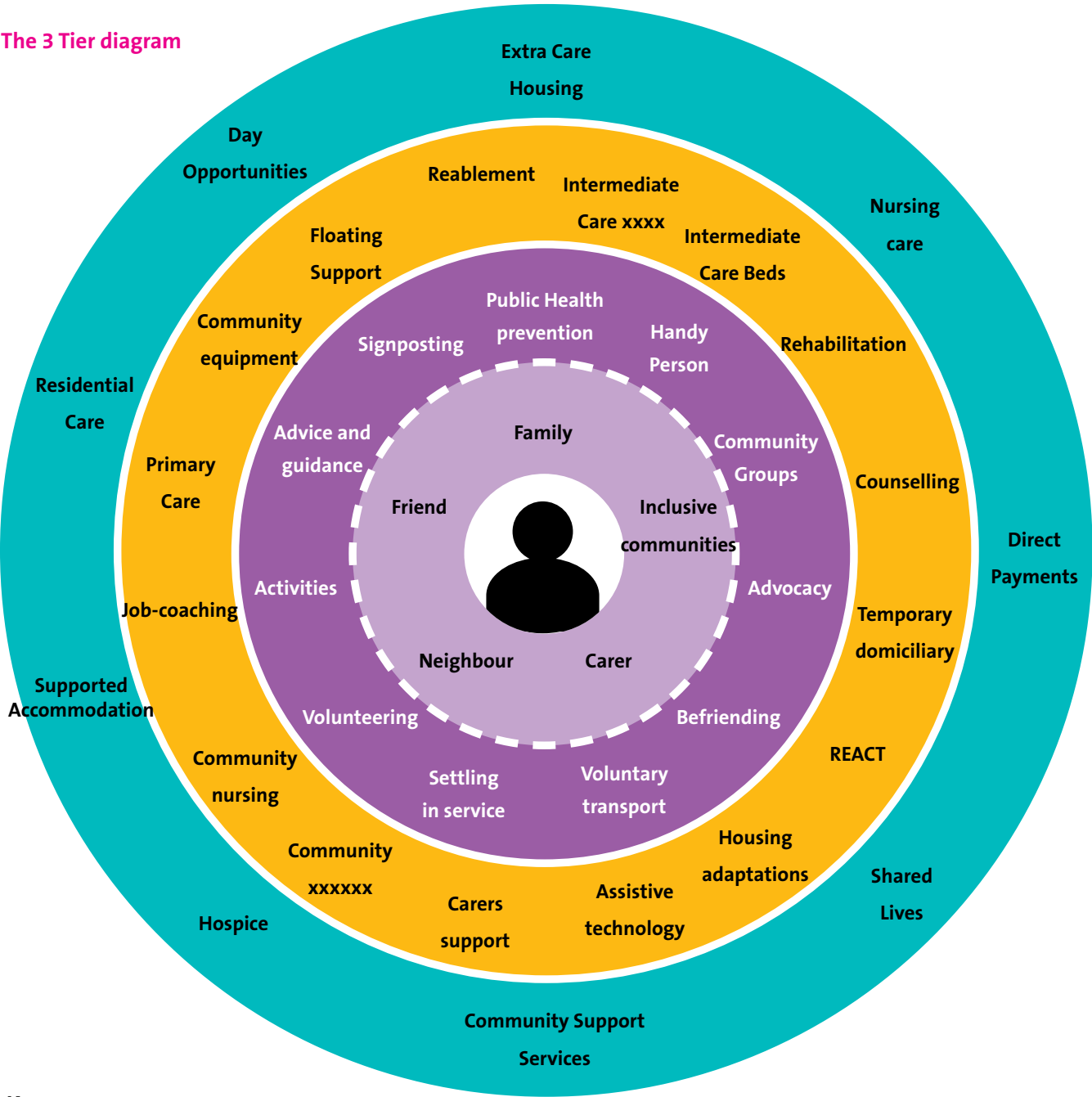
The key principles underlying this are:

- It is not assumed that the provision of long term formal services is the only or best way forward for everyone with support needs. Many people can be supported to achieve the outcomes they aim for with informal support thorough family, community and neighbourhood, e.g. to address isolation (**Tier 1**).
- Some people will need specific periods of intense support to achieve an outcome, such as Reablement after an illness or support for a young adult to access employment, or longer term but very low level support to maintain independence, e.g. tenancy support (**Tier 2**).
- Whilst some people do require longer term formal support such as home care or residential support (**Tier 3**), this should always focus on maximising independence and on moving people to other Tiers of support as much as possible.



Photograph courtesy of ProudtoCareSW

The 3 Tier diagram



Key

Tier 1 - Help to help yourself	Tier 2 - Help when you need it	Tier 3 - Help to live your life
Personal network	Professional led interventions	Long term care
Community network		

For care and support organisations this may mean that BCC’s traditional commissioning relationships will change in coming years as money is used differently, to invest in different approaches and BCC will ask very different questions of itself, partners and citizens.



2.4 Smaller providers and adding social value

The Mayor, Marvin Rees, has set out publicly that he intends us to consider carefully the implications of commissioning decisions, not only in terms of the specific service, but the way that service providers impact on the City in a broader sense.

The Adult Care Three Tier Model is very much about thinking differently about how services impact on people, and not only thinking about formal services and their impact on social care needs. Moreover, the Mayor's vision is clear that where formal services are commissioned (in social care or elsewhere), evidence is needed from those who want to work in the City that they will join up their services and invest in and strengthen the ecosystem of community voluntary and faith sector organisations. This is critical to supporting communities and building the resilience of the City.

The council has a duty under the Public Services (Social Value) Act (2012) to consider how the services it commissions and procures might improve the economic, social and environmental well-being of the Bristol area. The council's policy on how we will do this is published [here](#) [iii].

This policy includes an aim to spend at least 25% of our total procurement budget with micro, small and medium sized businesses, social enterprises and voluntary/community organisations and to increase this in the future. It also includes a commitment, where relevant, that 10% of the quality element of the price/quality ratio will be allocated to social value when awarding contracts.

The council has created a social value toolkit. The toolkit explains how we commission services and where we will look for opportunities for social benefit.

This toolkit explains:

- How social value can help us achieve priorities.
- What provider organisations and communities can expect from BCC.
- Guidance for provider organisations preparing for and giving social value.
- How social value can be applied and embedded throughout the commissioning cycle.
- Sample outcomes and measure of social value.



Section 3:

Our Community - a Snap Shot of Bristol

This section provides some general information about Bristol, its population, the economic situation and some basic health and social care information. Bristol is a unitary authority, and a Core City, with an elected Mayor. It is a dynamic City and has a history of creativity and community activity. Whilst Bristol is in many ways a diverse and flourishing City, with a high rate of employment, we also have several areas of disadvantage.

Taken from [The Population of Bristol - April 2018 \[iv\]](#) and [Bristol Health Profile 2017 \[v\]](#)

3.1 Whole population information

- Since 2006 the total population of Bristol local authority area is estimated to have increased by 47,500 people an increase of 11.6%. If recent trends continue, the total population of Bristol is projected to increase by 103,100 people over the 25 year period (2014-2039) to reach a total population of 545,600 by 2039. This is a projected increase of 23.3% which is higher than the projection for England of 16.5%.
- The number of children (0-15 year olds) in Bristol is projected to continue to increase, with 20,400 more children living in Bristol in 2039. In total there is projected to be an additional 25,600 older people between 2014 and 2039, an increase of 44%.
- Bristol is increasingly diverse. The Black or Minority Ethnic group (BME) population makes up 16% of the total population in Bristol. Amongst children it is 28%. Whilst in 2001 the BME population largely lived in the inner city wards, in 2011 the distribution of the BME population had extended out to the north east of the city.
- Wards now with a BME population of above 14% include Lawrence Hill, Easton, Ashley, Eastville, Lockleaze, Cabot, Hillfields, St George West, Frome, Vale, Horfield and Southmead.
- Major Population Groups: The 2011 Census reported 77.9% of the population as White British, 5.1% as White Other, 3.6% as Mixed Ethnic Group, 2.8% as Black African, 1.6% Black Caribbean, 1.6% Black Other, 1.6% Pakistani, 1.5% Indian.
- Life expectancy in Bristol has increased by 4.3 years for men (78.4) and 3.1 years for women (82.7) in the past 20 years, although Bristol is significantly worse than the England average for men. Dietary risks, tobacco and obesity are the biggest contributors to early death and disability. Alcohol and drug misuse and lack of physical activity are also key lifestyle risk factors. Premature mortality rates in some areas of Bristol are over 3 times as high as other areas.
- 16% of Bristol's population lived in the "10% most deprived areas in England" in 2015, compared to 14% in 2010. The greatest levels of deprivation are in Hartcliffe and Withywood, Filwood and Lawrence Hill.
- The contrast between affluence and deprivation in the city has a marked impact on life expectancy: the gap in life expectancy between the most deprived and least deprived groups is currently 9.6 years for men and 7.0 years for women. This gap has not shown any clear signs of reducing in the last 10 years.
- The rise in house prices, and shortage of affordable housing has led to a high "affordability ratio". There has been a rise in private renting and an impact on homelessness. The average number of rough sleepers in Bristol rose to 33 per week in 2015/16 from only 5 per week in 2010/11.

3.2 The Bristol Economy

Bristol's economy grew at £545m per annum between 2011 and 2016. On the down side, growth in the productivity of the Bristol economy has not recovered. In 2016 the productivity of the Bristol economy was 10% below the level that would have been expected if the 2008 recession had not occurred. [vi]

In September 2017 the employment rate for Bristol was 77.6%, higher than the 74.4% for the UK and highest of the core cities. The numbers of officially unemployed people resident in Bristol which stood at 11,400 in September 2017 has not changed significantly in over two years.

With over 72% of JSA claimants looking for work in sales and customer services occupations, Bristol's labour market continues to show weakness in lower skilled occupations.

In 2015 the average wage in Bristol was £26,500 compared to the UK average of £27,200. In 2018 the average Bristol wage is £28,000. [vii]

3.3 Where we are now (Health and Social Care statistics)

- Public service across Bristol spends a total £1.1bn per annum on health and social care services, with Bristol City Council Adult Social Care contributing £134m.
- There are complex interconnections between the health and social care communities in Bristol and surrounding unitary areas. There are two general hospitals in Bristol and delayed transfers of care (DTOC) out of hospital are a concern and strategic priority to address.



- Spend in adult social care as at February 2018 is provided in the following tables:

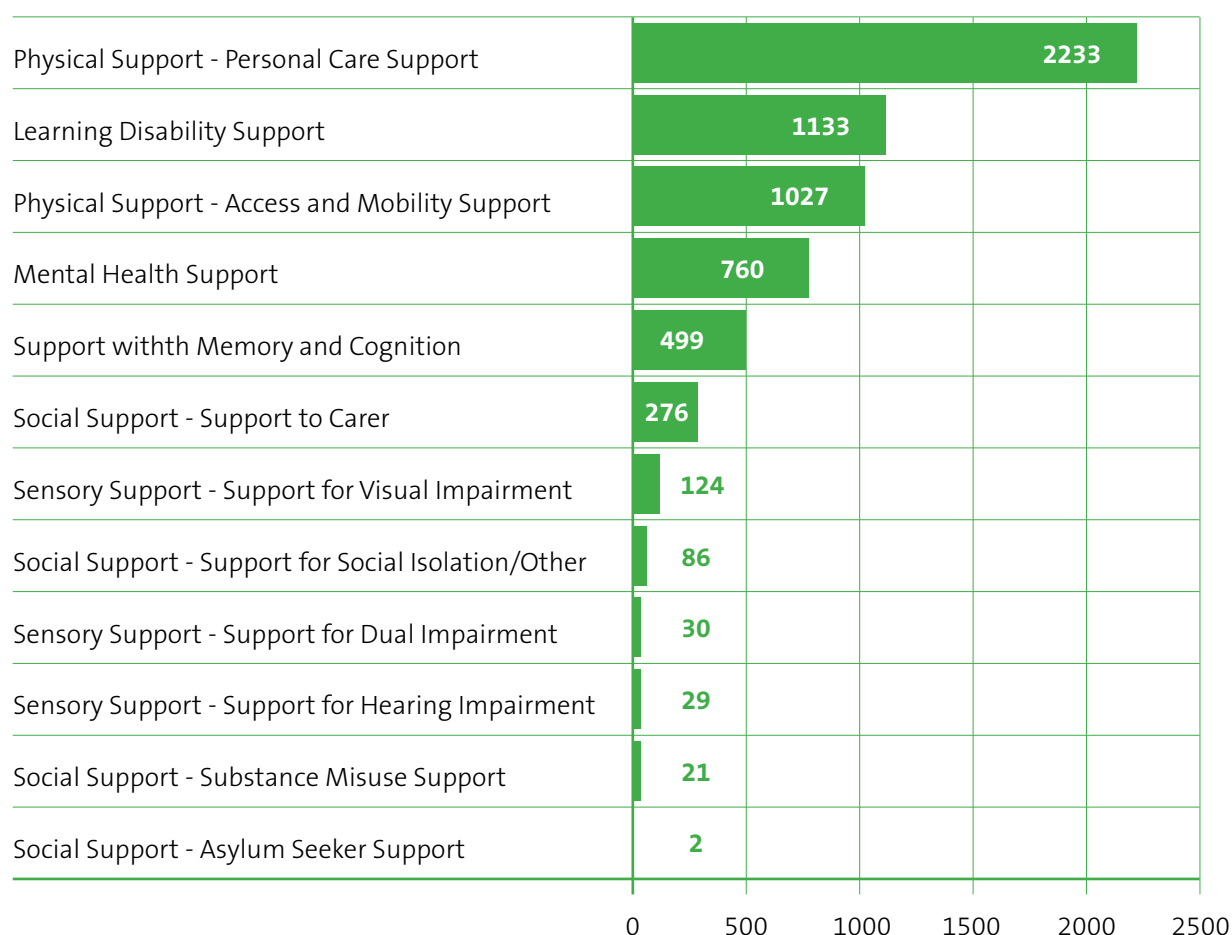
	Older people	Adults of a working age
Total number of service users	3,183	2,341
Split of service users	653 in nursing 532 in residential 1,119 homecare 125 day services 71 accommodation based services 316 direct payments (10% of service users) 343 extra care housing	308 homecare 395 residential 67 nursing 502 accommodation based services 243 day services 651 direct payments (28% of service users) 41 extra care housing 81 shared lives
Total cost per week	£1.3974m	£1.2m
Split of cost	£589k on nursing homes £424k on residential homes £202k on homecare £106k on direct payments £76k on extra care housing £41k on other	£628k on learning disabilities £242k on mental health £296k on physical disabilities £33k on other

Other services

Supporting people	Service users	Annual spend
Advice services Supported living Long term floating support Short term mental health Floating support Physical and sensory Impairment supported housing Sheltered housing / alarm only services Older people floating support Floating support service for people with HIV Physical and sensory impairment floating support Generic floating support Community based mental health support	2,900	£7.2m (November 2017)
Home improvement agency Services	13,000 per year	900k
Community equipment services	11,000 per year	£2m pa (£1.1 million from Council)

The following graph shows the number of older people and working age people with a Care Act assessment in receipt of social care services in Bristol by primary support need. Most people have physical support (personal care) needs as their primary support need.

Service Users by Primary Support Reason



3.4 Direct Payments: Delivering choice and control

The number of service users in Bristol who receive all or part of their personal budget as a Direct Payment is 1351. During 2017 a prepaid card was introduced: the Bristol Direct Payment Account. Currently 396 people are using one of these cards. The average size of Direct Payment for people using a prepaid card is £220.22 per week.

955 people are receiving their Direct Payment into their bank accounts. The average (median) size of Direct Payment for this group is a similar amount - £217.53 per week. BCC wants to grow and develop opportunities for people with Direct Payments to use these to improve personalisation, choice and control.

BCC is interested in working with providers to develop:

- Ways to encourage more people to work as personal assistants (PAs).
- Opportunities for more people who are trained and vetted to offer their time and input for sale to Direct Payment holders in ways that are flexible but deliver good outcomes.
- Other options for people with direct payments to purchase support.

It is expected that funded providers who are on one of BCC's Frameworks, where relevant, work with Direct Payment holders at BCC rates and in ways that promote choice and control.

3.5 Self-funders

Many people in Bristol that need home care fund their services themselves if they have the financial means to do so. The Local Government Information Unit (LGIU) 'Independent Ageing' Report estimated that on average, 41% of people entering residential care each year are self-funders and of those, 25% will run out of money.

Sufficiency in the market for self-funders is a responsibility for the Local Authority under The Care Act but it is difficult to be specific about numbers. Some self-funders may arrange their care and not contact BCC, whereas others may contact BCC and are supported in finding a service, however best practice evidences that this is more likely to occur in an emergency.

An estimated 9.3% of the total population of older people (aged 65 and over) are in receipt of community based care. 19% of those receiving community based care are estimated to be self-funders. This suggests that approximately 1048 self-funders in Bristol are receiving community based care. The intention is to develop deeper information and understanding about self-funder trends.

Implications for providers

Providers of social care and mainstream services need to be more aware and responsive to flexible and creative solutions to meet need in order to attract direct payment users and self-funders. More providers will have agreements directly with service users rather than the Council so providers will need to consider new ways of supporting people and directly contracting them.

It is anticipated that the growth of direct payments will be across all service user groups, although some developments are specifically aimed at people where there is low take up, for example older people. The growth of personal health budgets will require highly skilled and trained PAs to deliver health care tasks. Services that provide health care will need to market themselves to people purchasing through direct payments.

3.6 Adult Social Care Charging Policy

BCC adopted its charging policy following a public consultation with the citizens of Bristol which ran from 27 November 2015 to 18 February 2016. The charging policy operates under the legal framework established by the Care Act 2014.

The charging leaflet is updated every financial year. Please contact BCC to receive a copy of the full charging policy document.

BCC make flat rate charges for the following services:

- Care line.
- Community meals service.
- Transport to day centres (this is being phased out).
- Administration cost for making arrangements for people liable for the full cost of their services (known as 'self-funders'). If the service is provided in the community but not if it is in a care home.

TABLE of Government rates for 2018 to 2019

Funding threshold	(upper)	£23,250
If you have capital above this figure you are required to pay for all your care and support		
Savings threshold	(lower)	£14,250
If you have capital below this figure you will be required to only contribute from your income.		

3.7 The Social Care Workforce [viii]

In 2016/17 the adult social care sector in England had an estimated 20,300 organisations, 40,400 care providing locations and 1.58 million jobs.

The following estimations are taken from the most recent Skills for Care Report on Bristol:

- Social care jobs in Bristol: estimated 11,500 jobs within: local authorities (8%), independent sector providers (79%) and jobs for direct payment recipients (13%).
- Of 171 CQC regulated services in Bristol, 113 were residential and 58 were non-residential services (Feb 18).
- Estimated turnover rate in Bristol was 26.9%, lower than the region average of 31.9% and similar to England at 27.8%. Over two thirds (71%) of new starters were recruited from within the adult social care sector.
- Bristol social care has an experienced 'core' of workers: on average 7.2 years of experience in the sector and 65% of the workforce have worked in the sector for at least three years.
- Estimated 9.1% of roles in adult social care were vacant, equates to around 1,000 vacancies at any one time. This vacancy rate was similar (but higher) to the region average, at 7.0% and similar to England at 6.6%.
- Estimated number of adult social care jobs in the Bristol area was 11,500 including 800 managerial roles, 650 regulated professionals, 8,700 direct care (including 5,800 care workers), and 1,300 other-non-care proving roles.
- Average number of sickness days last year in Bristol was 5.5 (5.1 in the South West and 5.2 across England).
- Approximately half (49%) of the workforce worked on a full-time basis, 43% were part-time and the remaining 9% had no fixed hours.
- Majority (80%) of the workforce in Bristol were female and the average age was 41 years old.

- Those aged 24 and under made up 12% of the workforce and those aged over 55 represented 20%. Given this age profile approximately 2,300 people will be reaching retirement age in the next 10 years.
- Nationality varied by region. In England 83% of the workforce were British, while in the South West this was 86%. An estimated 82% of the workforce in Bristol had a British nationality, 10% were from within the EU and 8% from outside the EU. Therefore there was a similar reliance on both EU and non-EU workers.

Average Bristol Social Care Salaries

Table 1. Average pay rate of selected job roles by area	England	Region	Bristol Area
Full-time equivalent annual pay			
Social Worker	£33,300	£32,000	£31,000
Registered nurse	£27,900	£29,300	£30,600
Hourly pay			
National Living Wage	£7.50	£7.50	£7.50
Senior care worker	£8.66	£8.91	£9.94
Care worker	£7.85	£8.13	£8.16
Support & outreach	£9.11	£8.98	£9.09

- An estimated 37% of the workforce in Bristol holds a relevant adult social care qualification (50% in the South West and 50% in England).
- Of those workers without a relevant recorded adult social care qualification, 89% had five or more years of experience in their current role, 67% had completed an induction and 44% had engaged with the care certificate.
- Bristol City Council has invested in Proud to Care - a campaign aimed at raising the profile of working in care and support. It is a pro-active and collaborative recruitment and retention approach to address the growing supply and demand gap for care staff. Proud to Care Bristol at: www.proudtocarebristol.org.uk is a local resource and hosts a live jobs board. It tells some amazing stories of local people who work in care and provides advice and guidance for job seekers and providers alike. For more information contact: proudtocare@bristol.gov.uk

3.8 Working Together to build the Social Care Workforce: Proud to Care

3.9 What does this tell us: the need for change?

- The nature of people's needs is changing. People are living longer and needing support with deteriorating health and wellbeing as they grow older.
- Moving to a strengths based approach is at an early stage. Bristol Adult Care is currently investing most funding into Tier 3 provision, and more on residential care than on supporting people to live independently. 5 times as much is spent on residential care as on home care.
- To deliver the vision aspiration, far more prevention and early intervention options need to be explored including full use of available local community services. Important strands of the programme are exploring:
 - How to improve access to information and guidance for our practitioners to underpin this work.
 - How best to work alongside communities, supporting and fostering the ability of communities to support their members.
 - New services that will represent a short term investment and enabling people to independence.
 - How to commission long term services that will maximise independence.

Working with our provider market and other partners to develop new ways of working and design services is critical. In line with the BCC Corporate Strategy this will be based on our corporate values and behaviours:

- dedication
- curiosity
- respect
- collaboration
- ownership.





Section 4:

How we will get there together: The Commissioning Strategy for Better Lives

This section sets out vital information for social care and support providers, Voluntary Community and Social Enterprise (VCSE) partner agencies and others about the emerging commissioning strategy. The emergent BCC Adult Social Care Commissioning Strategy links clearly back to our Better Lives Programme, and aims to ensure the right approaches, partnerships and provision is in place to make the Three Tier Model a reality. This section explains how this approach, and the need to deliver a change will impact on how formal Tier 3 services are commissioned; inform the design of new “Help when you need it” services; and underpin engagement with, and investment in, a Tier 1 community offer.

4.1 Principles and ways of working

BCC has developed the ‘Better Lives programme: improving outcomes for adults in Bristol’ as the overarching programme of work to implement the vision and delivery priorities for adult social care as illustrated below:

Programme vision

Vision for adult social care: People can get the right level and type of support, at the right time to help prevent, reduce or delay the need for ongoing support, and to maximise people’s independence.

Statement of intent for the Programme: Make cost savings whilst holding our ambition to improving outcomes, commissioning and delivering quality services and keeping ‘people’ at the heart of what we do.

Delivery Priorities			
1. Deliver a balanced budget	2. Support the workforce to be fit for the future	3. Maximise the provider market	4. Strengthen partnership working
<p>The 3 Tier model is embedded and used consistently across the council and its partners.</p> <p>Reduction in Tier 3 service demand.</p> <p>Programme decisions, activities and monitoring are driven by robust intelligence.</p>	<p>There is sufficient workforce capacity to deliver BAU and the requirements of the programme.</p> <p>There is a clear and effective workforce strategy and performance management procedures in place.</p> <p>Workers are equipped to be productive and efficient - including through use of technology.</p>	<p>There is sufficient capacity in the local market to meet the needs of Bristol’s adults.</p> <p>Providers are sustainable, safe and responsive to changes in the market.</p> <p>Prices are stable and understood.</p> <p>Providers are bought into the 3 tier model and incentivised to improve independence.</p>	<p>The BNSSG system has a shared understanding of directions of travel.</p> <p>A system wide solution to NHS financial pressures has been developed.</p> <p>There is clarity around the level or ambition for integration across the health and social care system.</p>

The aspirational design principles for delivering these priorities for Better Lives are directly aligned with the Corporate Strategy:

1. We **engage and involve citizens, staff, partners and providers** in the co-creation of future adults' service delivery (as appropriate).
2. The **Three Tier Model and strengths based conversations** will be at the heart of how we deliver.
3. Citizens will be enabled to help themselves to **maximise their independence** - including through a bolstered and well promoted Tier 1 offer for adults.
4. We will become a **leader in the use of assistive technology** to enable greater independence for adults.
5. We will take an **intelligence based approach to commissioning decisions**; maximise capacity in the local market, enabling greater choice across all Tiers; and all contracts will be outcome focussed and robustly monitored.
6. We will have efficient processes, systems and technology in place, empowering staff to deliver a **high quality and outcome focussed service**.
7. We will take decisions on delivering differently, based on evidence and intelligence, with **transformation performance, outcomes, and financials robustly tracked**.
8. Our model will be financially sustainable, achieving reductions in demand and costs.

4.2 How we will work with Providers.

This 'Working With Us for Better Lives' Market Position Statement provides an overview of how relationships with providers will be maintained and how new relationships with partners will be forged to stimulate a vibrant, diverse and integrated local market for care and support. The future approach for strategic commissioning will facilitate a partnership model to focus on:

- Sustaining and building the Tier 1 and Tier 2 offers to reduce reliance on Tier 3 services (this is further explained below).
- Facilitating and working directly with the whole provider market to ensure sustainable, quality affordable provision.
- Working with providers to scope, redesign and commission outcome based models to evidence that needs and agreed outcomes are being met within a decreasing budget.
- Using market intelligence to understand the cost of delivering services, use of benchmarking and quality indicators to shape and agree levels of affordable quality in the local market.

To deliver this, provider forums and other forms of engagement such as design workshops, 1-1 market development meetings will continue as will and ongoing contract management meetings. It is likely that the format of traditional provider forums may change in order to underpin our Three Tier Model. This may include taking a locality approach, bringing providers together in one area. Providers and commissioners find value in meeting together with similar providers and this will continue to be supported to share information and encourage sector leadership. Any changes will be consulted on.

Bristol City Council is committed to developing an approach to pricing that reflects a detailed understanding of local provider costs. This approach is being built on a partnership between commissioners and providers where the cost base is updated every three or four years. In the years between the review of the cost base, indexation will be applied based on an agreed methodology. This will account for changes in the cost base such as the living wage and any legislative changes.

4.3 Commissioning for the Three Tier Model

The tables below set out how the Council's commissioning activity will focus to:

- Underpin the Three Tier Model.
- Promote well-being, prevention and strong communities across three levels of support.
- Effectively manage demand, value for money and secure a strong local market.

The Three Tiers of support are:

Tier 1 – Universal support 'Help to help yourself'.

Tier 2 – Targeted support 'Help when you need it'.

Tier 3 – Longer term formal services for people with needs that are eligible under the Care Act.
"Help to live your life well."

It will always be considered whether we can meet eligible needs under the Care Act by signposting/ introducing to universal/ community services or providing an outcome focused short term service. Tier 3 services are those commissioned for people eligible under the Care Act.

The final column makes initial suggestions on what providers can offer across each level of support to underpin the Three Tier approach: this can be discussed and shaped further with providers.



Tier 1 - 'Help to help yourself'		
Level of support to consider	Bristol City Council's Commissioning role	What can providers and community organisations contribute
Universal access Universal offers in communities (often 3rd sector services) that prevent and delay the need for interventions across social care, health and housing.	<p>Underpinned by a digital platform for Information, Advice and Guidance that is accessible to professionals and residents.</p> <p>Encourage use of Assisted Technology (AT)</p> <p>Ensuring information and advice services are easy to find and there are widely promoted key points of access to more detailed information.</p> <p>Identifying gaps in information and advice available locally and working with the market to address the gaps.</p> <p>Supporting a clear, co-ordinated community offer across the city.</p> <p>Taking a different, proportionate approach to commissioning and procurement for this Tier.</p> <p>Commissioning against gaps in provision and working alongside community development in a strengths based asset building approach to enable people to be supported in their community.</p> <p>Developing, with partners, better understanding of the impact of any Tier 1 spend to delay and prevent Tier 2 and 3 spend.</p>	<p>Identify current services that provide information and advice to the general public.</p> <p>Promote the main points of access to help people find the information they need at any given time.</p> <p>Help identify gaps in current universal services available to the general public or access problems.</p> <p>Network with other local providers in AN area.</p> <p>Share information about what you do and facilitate promotion of other providers services as well as your own.</p> <p>Work alongside the council to maintain and develop appropriate initiatives and services that are accessible to the public.</p> <p>Work jointly with other organisations to ensure efficient use of resources, network and ensure complementary working rather than duplication of resources</p> <p>Work in ways that support and invest in local community structures.</p> <p>Work in partnership with BCC, and the community, where there are opportunities to bring resources into the city through funding opportunities only open to the third sector.</p>

Strategic Priorities:

Work alongside colleagues including BCC Community Development, the Voluntary Community and Social Enterprise Sector and Public Health to develop joint understanding of and support for Tier 1 Provision. This will be achieved mainly through remodelling and realignment of current services.

The emphasis will be on individualised and flexible services and with an increase in Tier 1 opportunities in the community, reducing the reliance on statutory social care, housing and health services.

Tier 2 - 'Help when you need it'		
Level of support to consider	Bristol City Council's Commissioning role	What can providers do?
<p>Targeted support</p> <p>Targeted intensive short term interventions, or longer term low level interventions for vulnerable adults that prevent and delay the need for longer term reliance on formal services across social care, health and housing.</p>	<p>Active signposting and referrals to services and interventions that are designed to support the individual's identified needs.</p> <p>These may include intermediate care, home improvement agency, short term outreach or floating support, short term accommodation based support, health promotion services and community health teams.</p> <p>Identifying the issues and situations that impact on individuals' independence and identify possible solutions.</p> <p>Working with the market to ensure appropriate and accessible provision of early intervention services.</p> <p>More co-production of outcome based specifications with providers, partners and service users.</p> <p>The development of a two-fold model of integrated Tier 2 provision, co-ordinated with Health and Housing partners: Emergency Tier 2 offer – 'alternative interventions for discharge and hospital avoidance' and Community Tier 2 offer – 'alternative solutions to maximise independence in the community'.</p> <p>Focus on Reablement principle in all services.</p> <p>Outcome based contracts that evidence these services impact on delaying and preventing the need for long term care.</p> <p>More innovation including a clear AT offer.</p>	<p>Develop local knowledge of local community services providing targeted information, advice or interventions to people who need some support in or more areas of their life.</p> <p>Direct people to targeted information and advice specific to their needs.</p> <p>Work alongside the Council to maintain and develop appropriate targeted initiatives and services.</p> <p>Work jointly with other organisations to ensure efficient use of resources, network and ensure complementary services rather than duplication of resources.</p> <p>Work in ways that maximise independence for all people using their services.</p> <p>Ensure that working to outcomes, and avoiding assumptions that any service or approach is permanent is embedded in service delivery and staff development.</p>

Strategic Priorities:

Strengthened and expanded Reablement First approach to ensure that people are supported to maximise their independence before long term decisions are made about levels of support required. To do this BCC in house Reablement Service will expand and on the basis of this plan, any other approaches or provision required.

Through increased partnership working and greater emphasis on targeted, short-term interventions, the building of links between providers to create options and "Pathways" will be developed for people to get on with their own lives.

A Tier 2 Commissioning Strategy is being developed.

Tier 3 - 'Help to live your life well'		
Level of support to consider	Bristol City Council's Commissioning role	What can providers do?
<p>Eligible for Statutory Care and Support</p> <p>Services for people whose needs meet eligibility criteria as set out in the Care Act, with a focus on maximizing independence where possible - Tier 3 is usually longer term care.</p>	<p>An overall reduction of Tier 3 services and the redirecting of funds over time into effective Tier 1 and Tier 2 services.</p> <p>Less reliance on traditional Tier 3 solutions.</p> <p>A less transactional relationship with providers – more co-production of specifications and business cases for change.</p> <p>Improved outcomes for service users.</p> <p>Ensuring we make best use of limited budgets: based on a fair price of care.</p> <p>Ensuring there is sufficient provision of home and community based services (e.g. home care, outreach) to avoid people requiring residential provision and to secure timely hospital discharge.</p> <p>More use of alternatives (shared lives, extra care housing, supported accommodation).</p>	<p>Embrace the development of universal and targeted information, advice and interventions to help individuals retain their independence for as long as possible.</p> <p>Register on ProContract and take advantage of supplier training events to understand how the Council buys services.</p> <p>Take part in provider forums and events about specific commissions and opportunities to work together jointly to resolve specific commissioning issues.</p> <p>Familiarise themselves with the priorities in Section 4 of this MPS as relevant to their business.</p> <p>Make changes to how they deliver services to help achieve current and future priorities for vulnerable adults in Bristol.</p> <p>Understand our budgetary constraints and work with us.</p>

Strategic Priorities:

Work is underway with health and other partners to address Delayed Transfer of Care (DTOC) issues from hospital and appropriate support for people with complex health needs.

A review of home care commissioning is underway and considering the best way forward in the short, medium and long term to ensure a strong market with sufficient capacity at the right quality and price. This includes identifying an appropriate hourly rate to support the increase of supply in this area.

Changes to the brokerage and pricing of residential and nursing care placements is underway – this will ensure a more equitable approach to the pricing of these placements. A cost of care exercise and benchmarking has underpinned efforts to ensure sustainability for providers. A new Bristol Rate for Older People's residential care, based on this will be announced in early summer 2018.

Work is underway with housing providers and care providers to ensure there is a sufficiency of Extra Care Housing in the City, and to develop more supported accommodation options for working age adults.

4.4 Under-pinning principles

The work of BCC Strategic Commissioning in relation to the 'Better Lives Programme: improving outcomes for adults in Bristol', will focus on a number of key areas outlined below.

Engaging with People with Care and Support Needs, their Carers, Families and Communities.

There is commitment to engagement and co-production with people with care and support needs and carers where appropriate. During 2018/19 the mechanisms for engaging people with care and support needs will be reviewed. This includes carers, support networks, members of local communities and subject experts in VCSE. Given restricted resources, approaches will be developed that support voice and influence for people effectively, including making good use of the intelligence collected from people as well as providing opportunities for co-production.

Stronger emphasis on collaboration and joint commissioning across the system.

Partnership with other agencies including Bristol North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group, public health, neighbouring local authorities (LA) and housing providers to jointly explore commissioning opportunities that are place based and cross LA commissioning.

Commissioning approaches to support and deliver strength based collaborative approaches.

Area based provider forums will be shaped to bring together services and support providers across Tier 1, 2 and 3 to share and plan together to deliver maximum independence.

A range of procurement models will be considered that are relevant to commissioning across the spectrum of Tier 1, 2 and 3 services.

The primary emphasis will be to focus on **outcome based commissioning** to ensure robust links to improving outcomes for service users and carers. The intention is to extend this approach to drive more **place based commissioning** and **joint commissioning** with health partners and across local authority boundaries.

Other models will be explored, for example, social impact bonds which involve an investor arranging capital for providers to develop services and alliance contracting with a group of providers. Individual approaches will be encouraged that support the delivery of outcomes, including Individual Service Funds.

Promotion of Assistive Technology to support health and wellbeing

- There is wide recognition within Bristol's health and care system that Assistive Technology (AT) has an important role to play in managing demand for care and support services with the potential to maximise independence, improve outcomes and provide financial benefits.

David is supported by a carer to go to the café each day as part of his routine. The café staff know him well and David knows the route. He has shown no sign of confusion or of going further afield. David would like to be able to achieve this independently.

A GPS watch has been provided to David with boundaries set to trigger an alert if he were to lose his way. He received a staged introduction to the watch and to travelling to the café on his own and is now independent in this activity. This has had a positive effect on David's emotional wellbeing and enhanced his personal dignity.

- A clear vision, strategy and business case for care technology in Bristol will be developed to clarify the desired role of care technology across the health and care economy. This will position care technology closer to the heart of the Three Tier model and give practitioners the support that they need to use it to promote independence.
- In future commissioning we will incentivise the use of AT to meet strategic commissioning objectives and deliver continuous improvement and manage demand. Providers will work with our AT leads to develop innovative services that truly promote independence, dignity and choice for our citizens to live safely within their communities.

Martin is carer to his Mother who has Dementia. Martin was so worried about what his Mother was getting up to in the daytime whilst he was at work that he kept coming home to check on her. Martin was feeling this was such a concern that this was happening more and more regularly and he was feeling he may need to give up his job to care for his Mother full time.

Just Checking was used to monitor Martin's mum's movements during the day, which allowed Martin to know that she was getting herself food and drink, going to the toilet and generally mobilising but not going out of the house on her own.

Following the assessment Martin purchased a Just checking system to allow him to monitor his Mum's movements to ensure she was safe during the day, offering Martin huge relief and allowing him to continue to work.

4.5 Tier 1: Our Community Offer: Asset based community investment

Adult Care Commissioning is working with internal and external partners, including colleagues in Community Development and in Public Health and third sector agencies such as Bristol Aging Better and VOSCUR to develop a "Tier 1" Investment approach.

BCC invests in the voluntary community and social enterprise sector through grants based approaches (e.g. the Impact Fund) and commissioning specific expertise (many of our community support services are VCSE).

Many partner agencies bring monies into the city. In line with the BCC Corporate Strategy, supporting and enabling are key priorities, but BCC is not now in a position to fund large amounts of provision. Work is underway with others (including community based provision such as social prescribers and community navigators) to develop an evidence base on what kinds of small interventions support people with care and support needs and what the gaps are in the City, especially for working age adults where there appears to be less community support available.

A Tier 1 Investment Strategy will be published shortly. The current working approach is that BCC adult care will:

- Work with to support organisations (not financially) who are bringing resources into the city, to help embed evidenced approaches.
- Work closely with colleagues in BCC Community Development to support the development of inclusive communities where people with Care and Support needs can contribute and lead fulfilling lives in their communities.
- Develop mechanisms to provide very low level funding for small grassroots community based developments, such as informal local groups. This would be based on an asset development community development approach: enabling people with care and support needs to contribute and use their skills/ interests. For example, a small amount of one off start-up money for a local group of people to meet and share an interest in walking.

4.6 Tier 2 provision: Short Term Targeted Provision to support Independence.

A Commissioning Strategy is being developed which will deliver two forms of Tier 2 (Help when you need it) provision.

Emergency Tier 2 offer – ‘alternative interventions for discharge and hospital avoidance’

This will focus on maximising independence after an illness or event such as a fall, avoiding hospital admission and facilitating speedy discharge addressing Delayed Transfers of Care (DTOC). The design will support the development of an Integrated Care Bureau overseeing hospital discharge and discharge to assess approaches and development of a new Home First Service. There will also be changes to commissioned homecare.

Community Tier 2 offer – ‘alternative solutions to maximise independence in the community’

This will focus on:

- Short term intensive support to achieve outcomes that maximise independence, e.g. access to employment for young adults with learning disabilities, step up and step down support for people experiencing mental health issues.
- Longer term but low level support that works towards specific outcomes to support independence, e.g. support for carers to enable them to continue to support, focused support to maintain housing.
- In particular, co-production with services currently funded under Supporting People to develop approaches that will deliver outcomes within a reduced funding envelope.
- Carers services will be considered within the scope of Tier 2 provision and a commissioning strategy developed to deliver a co-produced Carers Strategy. Particular emphases will include support at times of change and support for Black and Minority Ethnic carers.

- Approaches to externally commissioned services will be developed to align with redesigns for internal services such as Community Links. Shared pathways will be sought and for services to work together to deliver outcomes.

4.7 Key Commissioning Information/ activity in relation to Tier 3 Longer Term Provision.

4.7a Homecare

Homecare plays a critical role in keeping people in their own homes. BCC looks to the homecare market for innovative ideas to help keep people independent. BCC wants to work with providers to maximise independence for people, including the use of assistive technology and other approaches.

Current Position (early 2018)

- BCC commissions 19,500 hours of homecare a week for approximately 1424 people. Spend is circa £318,156 a week.
- The Average weekly package is 11.76 hours. The average age of people receiving homecare is 76.
- In August 2015 BCC contracted “main” and “secondary” providers to work across 11 geographical zones across the City to deliver day homecare. Packages are still brokered with over 30 other accredited providers across the City.
- BCC provides night time care for approximately 95 people. This is delivered by 3 specific commissioned providers in the City. The contract for this was re-commissioned in early 2017.

Demand

- The number of packages provided decreased from a high of 1685 in July 2015, to a low of 1441 in August 2017. This reflected supply as much as demand, prior to our recent rate increases, and the number of packages has been increasing again since then.

- It is expected that demand for homecare will stabilise in line with our Better Lives Vision: on the one hand, fewer people will enter residential and nursing care and will be cared for in their own homes. At the same time: improved alternatives for supporting some people in communities will be sourced through Tier 1 and Tier 2 interventions that are not necessarily statutory social care services.
- Currently there is an 'Unable to Source' list of approximately 50 people waiting for homecare packages in the City, including people experiencing delayed transfers of care from hospitals and those awaiting discharge from BCC's in-house Re-ablement service and from other community settings. The commitment is to reduce this. BCC needs to ensure sufficient supply of homecare at any one time in the City to meet needs.

Supply

- There are persistent issues with a lack of supply of homecare at any one time to meet needs in the City.
- There are some concerns about the quality of some services as per CQC ratings, although overall quality of homecare in the City is good.
- The financial sustainability of the provider market has previously been an issue but a recent rate rise for commissioned homecare has helped stabilise the provider market and improved the sustainability of contracts. This is currently a temporary rate rise, with a permanent rate to be agreed. Current plans include use of block hours to provide even more sustainability to the homecare market and to encourage improved rates of pay and conditions for care staff.
- There is a commitment to work closely and collaboratively with providers to address these issues short to medium term, and in the longer term to deliver transformational change together in line with the Better Lives vision.

Work Force

- A key issue in relation to homecare is recruitment and retention of homecare professionals: in a City with high land prices and wages/ salaries in the service sector that compete with care salaries, this makes recruitment challenging. Addressing this is at the heart of the homecare commissioning model redesign. Care workers need to be paid appropriately commensurate with other wages and salaries in the city and need to be encouraged into care.
- Bristol City Council has invested in Proud to Care – a campaign to generate interest in the caring profession with a new jobs board hosted on the Council's website. The rate rise awarded in November 2017 to commissioned homecare providers was passed on in large part onto staff and BCC awarded a Christmas bonus to care staff working throughout the Christmas period. Recruitment is looking healthier for 2018.

What is Bristol is doing now, and into the future

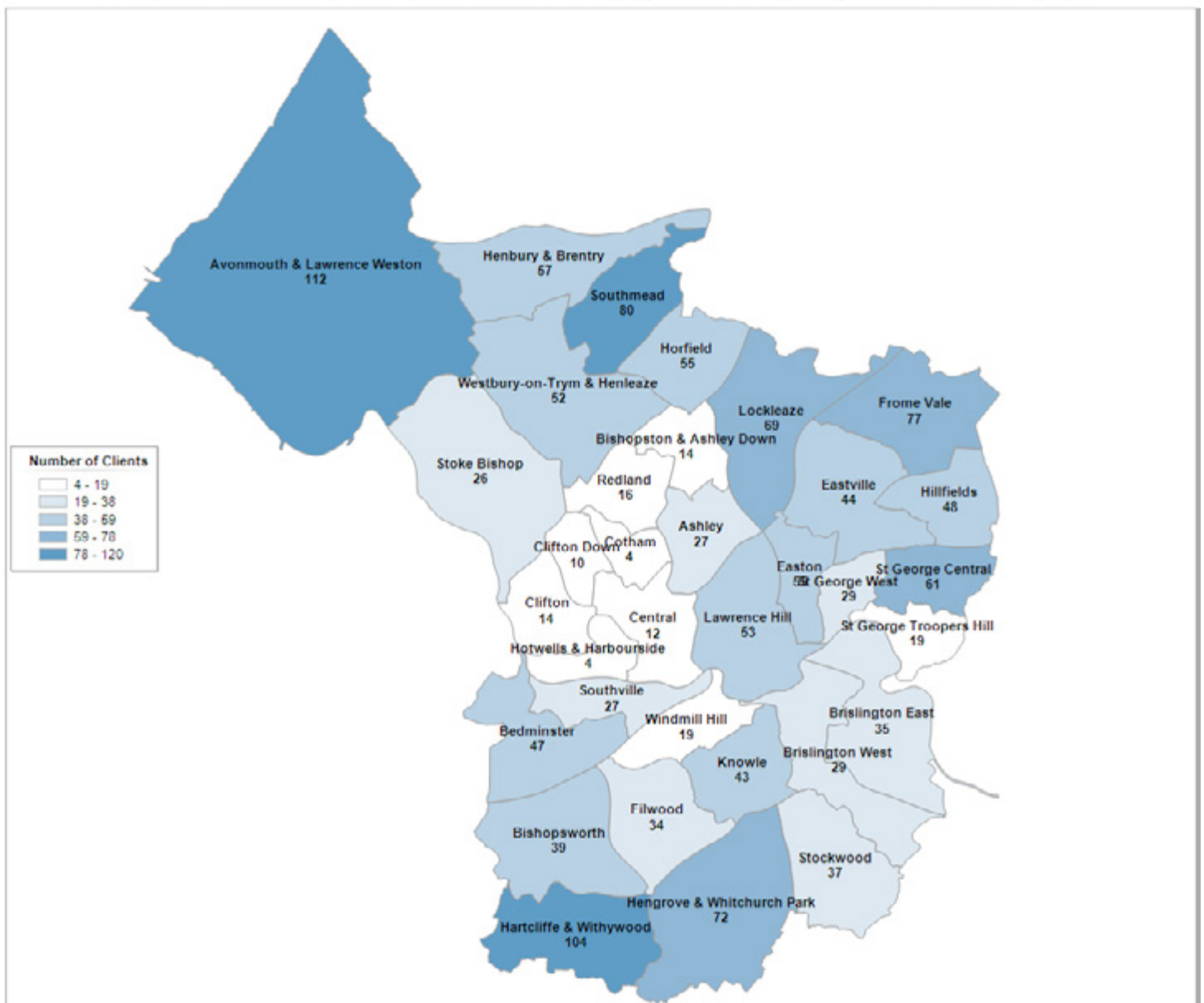
- Winter planning for 18/19 has commenced and BCC needs to ensure with system partners that DTOC rates are much lower in Bristol in Winter 18/19.
- A model to ensure an effective Home First (hospital to home rapid response homecare service) from both Acute Trusts in the City is being developed currently.
- This also includes the role that BCC's in-house Reablement service plays in ensuring that people are supported intensively to maximise their independence from the outset of their care and prior to longer term support planning.
- Collaborative work is underway with commissioned homecare providers to look at short and longer term solutions to ensure that the supply and quality of homecare in the City meets needs and demand, and that contracts are financially viable for providers.

- This includes cost of care work to inform the final agreed hourly rate for commissioned homecare to best support supply. We are also considering other investment to support the sector with workforce issues.
- In addition, a Framework is being developed for those providers not on main and secondary contracts to quality check provision and enable the block and spot purchase of care from them.

No. of Home Care Service Users in Each Ward

No. of individual home care packages delivered across the city

Density of Dom Care clients per Bristol Ward - this data is a mapping of the clients appearing on the Dom Care Listing report



4.7b Community Support Services

Community Support Services (CSS) in Bristol are adult social care support services for adults (18 years+) with eligible social care needs 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 in CSS are:

- Supported Living
- Support to Access the Community
- Day Services
- Time for You

Community Support Services play an essential role in enabling people to live independently, keep connected to others, and achieve personal outcomes ranging from a healthy diet to employment.

Bristol City Council supports 1423 individuals through CSS services:

Supported living: **499** individuals

Support to access the community: **522** individuals

Time for you Carers Service: **26** individuals

Day Services: **376** individuals

And there are currently 125 providers on the CSS Framework split by the following types of services:

Day services – **27** services

Supported living – **39** services

Support to access **49** services

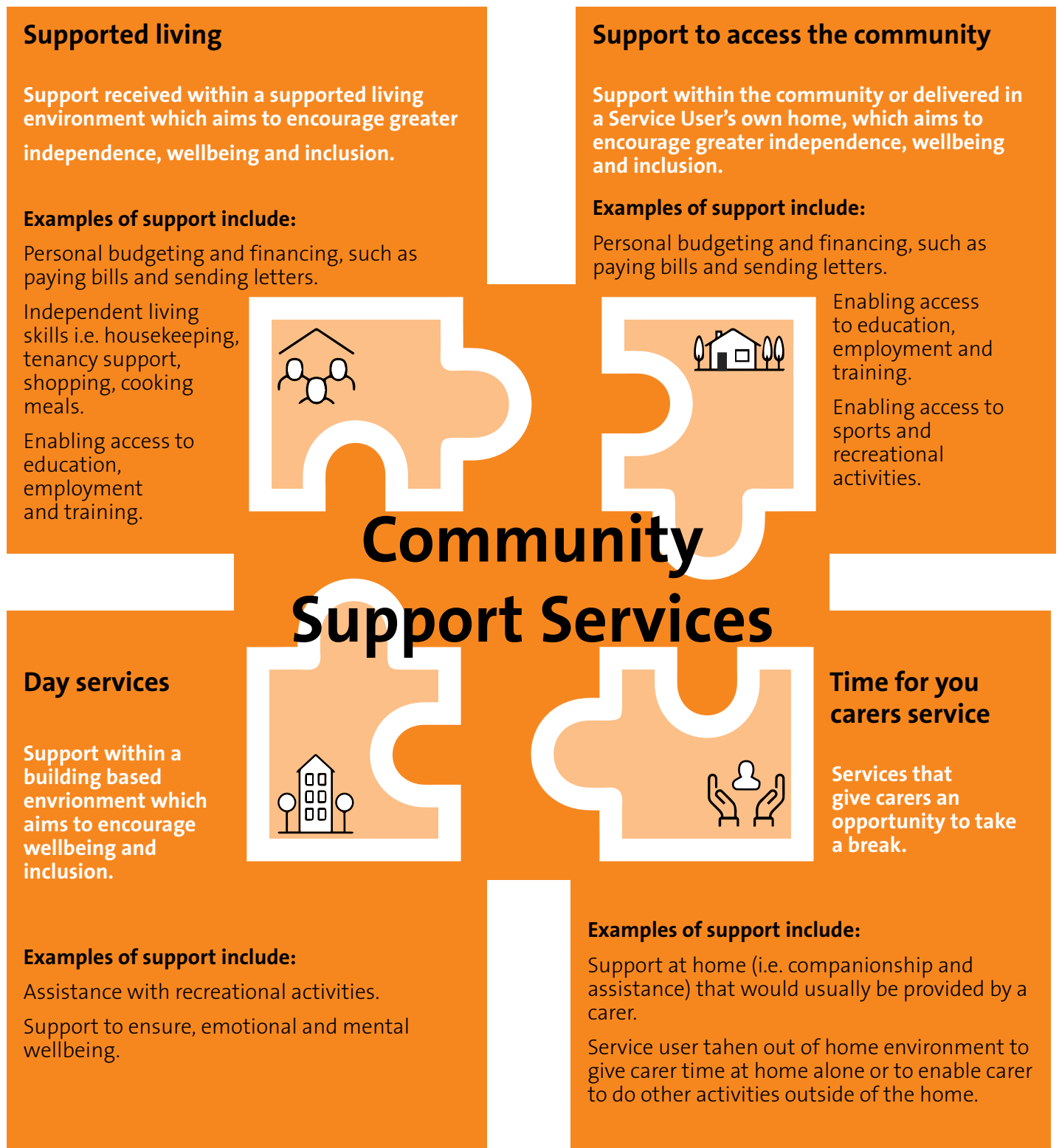
Time for you – **8** services.

Some of these services are provided by the same provider, for example, Agincare UK offers supported living, support to access the community, time for you.



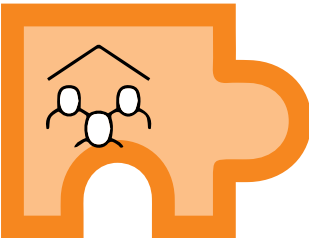
Photograph courtesy of the NHS

Overview of current CSS services



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.

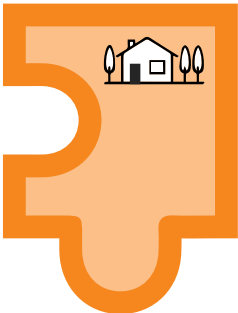


Supported living

53 Current Providers
499 Service Users
23,778 Weekly Hours
54% Learning Disabilities
33% Mental Health
2% Physical Disabilities

Support to access the community

47 Current Providers
522 Service Users
8,124 Weekly Hours
52% Learning Disabilities
20% Mental Health
6% Physical Disabilities



Total Community Support Services

100+

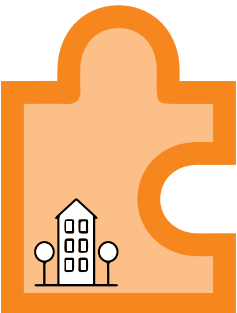
Total current providers

1,000+

Service users

23,000+

Total weekly hours



Day Services

43 Current Providers
376 Service Users
2,250 Weekly Hours
44% Learning Disabilities
5% Mental Health
18% Physical Disabilities

Time for you carers service

9 Current Providers
26 Service Users
92 Weekly Hours
0% Learning Disabilities
4% Mental Health
27% Physical Disabilities



Spend

- Spend on CSS services is approximately £20.35m against a budget of circa £15.2m.
- This is due to growth in demand for supported living and outreach services – each month sees a growth in the number of these placements and resulting increases in spend.
- CSS is a growth sector hence this is to be expected. However, under the Better Lives Programme it is clear that this must be offset by reductions in spend in residential care costs for working age adults. Therefore, quality provision needs to be commissioned that reduces the need for residential care for working age adults.

Demand

- Demand for CSS outreach and supported living services is growing as judged by the increase in spend on these areas month by month.
- This aligns well with the Three Tier model as these services maximise independence for mainly working age adults in the community.
- Supported living especially is a growth area (see section 5).

Supply

- There are currently 70 CSS providers accredited on the CSS Framework -27 provide day services, 40 provide supported living, 50 provide outreach services and 10 provide carers sitting services.
- There is evidence of residential providers for adults of working age de-registering and becoming supported living providers and there is evidence of providers expanding or wanting to set up new supported living provision in Bristol for different types of client groups.

- In 2016 / 2017 BCC carried out a strategic commissioning process in relation to CSS, including a new specification and contract. A DPS process for the brokering of CSS services commenced as of February 2017. This has had mixed success and a review is underway as to its continued use for some CSS services.
- A CSS Provider Forum is co -chaired between BCC and two provider organisations. It hasn't met for a while as the strategic re-commissioning process has concluded and the contract management handed over to the BCC Contracts and Quality Team.
- In Bristol there is a continuing 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 within reduced resources, with a greater focus on outcomes for individuals. BCC will continue to work with the market to ensure that there is an outcome focused personalised offer to meet a range of needs, especially for people with more complex needs. CSS services are expected to maximise independence and skills development, including routes into employment. There is a framework approach for new CSS providers wanting to be commissioned to deliver services for Bristol residents.

4.7c. Residential and nursing care

Under the Better Lives Programme BCC's aim is to enable people to live as independently as possible for as long as possible. Where residential or nursing care is assessed by Bristol City Council as the only safe way to meet someone's needs, then these services will be commissioned and brokered. In this situation it is expected that providers will deliver good provision in return for a fair price, emphasising outcomes for individuals. There should always be a drive to maximise someone's independence within any setting and this applies to residential and nursing care.

There is evidence to suggest that BCC places more people in residential and nursing placements than in other comparator local authorities. However the number of placements made in residential and nursing care is forecast to reduce as BCC builds and commissions alternatives to this care e.g. Extra Care Housing, home care supply.

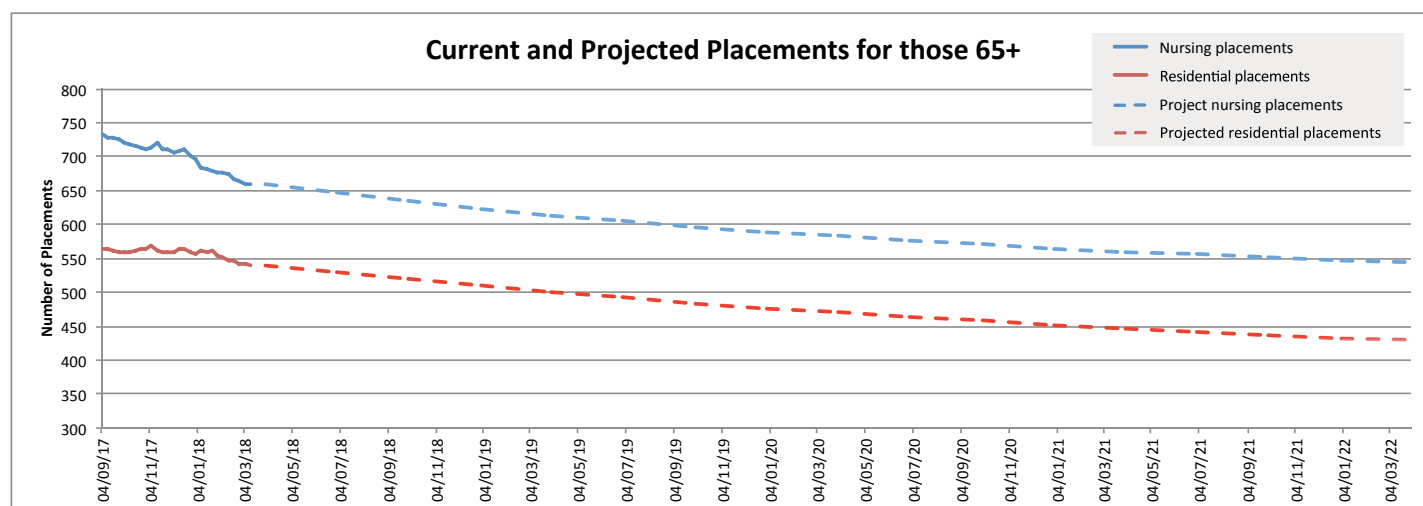
For working age adults (and some older people) skilled input is needed to develop independence and support to move people to their own home as much as possible. Where short term residential provision is commissioned e.g. respite or discharge to assess placements, providers are needed which have the culture, skills and approaches to maximise independence and move clients into supported living, their own tenancies with floating support etc.

Current Position (early 2018)

- Current spend of circa £81m per annum on residential and nursing placements.
- BCC pays more for residential and nursing placements than comparable authorities.
- Current average price of a residential placement is £890 compared to the England national price of £642 and a London average price of £760 (2016/17 figures).
- Current average price for a nursing placement is £843 (excluding FNC) compared to an England average of £641 and a London average of £685.
- It is acknowledged that hotel costs are significant in Bristol given land prices and that there are other pressures on providers with living wage, apprenticeship levy and other requirements. However this does not fully account for the differential over other areas including Bristol.
- Prices currently paid for older people's residential and nursing placements are being reviewed and new ceiling prices will commence mid-June 2018 subject to Cabinet approval.
- As alternatives to residential and nursing care are expanded, it is expected that the number of people placed in this type of provision decreases over time.

Demand

- Demand for residential and nursing care varies over time but the graph below shows placements over the past 6 months and projected into the future.
- It is expected that demand for residential and nursing placements will decrease over time as alternative forms of care are commissioned / market developed e.g. ECH, Homecare



Supply

- There are currently 91 providers on the BCC Residential Framework. These are mainly, but not exclusively, Bristol providers.
- DPS has been used to broker residential and nursing placements since February 2017 -this has not had the economic or brokerage anticipated benefits. BCC is therefore reverting to manual methods of brokering placements with providers on the BCC Framework.
- BCC has a mixture of block and spot contracts with residential providers. 5% of market capacity is currently blocked. This is expected to expand to 10% this year.
- Given the situation set out above regarding the relative price being paid for residential provision in Bristol, a cost of care exercise is has been recently conducted for older people's residential and nursing placements.
- Subject to consultation and political decision making processes, new ceiling prices will be applied to all new older people's residential and nursing placements as of mid-June 2018.

Cost of placements

Service Type	Number of Service Users	Average weekly cost
PD* – nursing	23	£874
PD* – residential	50	£1226
MH* – nursing	29	£827
MH* - residential	108	£1317
LD – residential	230	£1561
LD – nursing	13	£1457



Section 5:

“Better Lives at Home”: Key Messages for Housing Providers and Providers of Care and Support Services.

This section sets out the priority being on developing supported living approaches for both older (Extra Care Housing) and working age adults. With the right level of support that can be stepped up and down, independent living can deliver much better outcomes for people. As part of Better Lives the emphasis will be moved from residential care to supported living, where ever possible. This section will develop and specific plans announced as they emerge.

- As part of the Better Lives programme, and in line with maximising independence, there is a specific focus on developing accommodation based support as a strong and effective alternative to residential care. Floating support needs to be accessible for housing related issues that enable vulnerable people to manage their tenancy, access relevant benefits and maximise their independence to keep them away from statutory care, health and housing needs.
- The review of accommodation based services for vulnerable people will be undertaken in the context of ongoing changes to welfare reform benefits and funding including current consultations (2018) on possible changes in funding streams.
- This work will be undertaken in collaboration with current and future providers and key partners in health and housing across a range of settings including extra care housing, sheltered housing, supported living, shared lives, and self-contained small units with communal areas for example for people with learning disabilities / autism.

- Key activities include:

5.1. Overarching Accommodation Strategy (Better Lives at Home)

- A full picture of current supply of accommodation with care/support (including sheltered housing) is being developed to understand the gap in future demand, particularly for pressure points in Extra Care Housing and Mental Health services.
- Planners and commissioners are working together to ensure that sufficient land supply is identified and planning policy supports the development of a variety of new accommodation with support/care to meet future needs.
- There is work underway with housing providers to develop appropriate accommodation for vulnerable adults.
- Needs analysis and development work includes other accommodation support, including Shared Lives provision, and use of generic housing with floating care and support.

5.2 Extra Care Housing (ECH)

- There is continuing BCC’s partnership with Extra Care Housing providers to ensure ECH can provide a real alternative to residential provision as individual needs increase.
- Working together to ensure that, for most people entering ECH, it is a home for the rest of their lives. Ensuring that most people can return to their ECH home after treatment in hospital.
- Ensuring good, evidence based use of Assistive Technology in all schemes.
- Working with developers and care providers to ensure there is sufficient capacity in the city, both on the private marketing and affordable housing (rental and shared ownership). Needs analysis is being updated but current estimation suggest that there is a gap between what is already built and what is needed (some of which is under plan).

5.3 Working Age Adults

- **Mental Health:** There is work underway with health and housing colleagues to design and develop provision for people with mental health issues, with an emphasis on recovery where support can step up or down, and to support hospital avoidance and ease discharge from hospital. This is through an Enabling Discharge Market Development Group.
- **Learning Disabilities and autism:** This is work with health and housing colleagues, with reference to the local Transforming Care agenda and BCC’s Learning Disabilities Partnership Board, and Autism Forum to plan and commission improved pathways to independence for adults with these issues.
- **Transition/ Pathway to Adulthood:** Long term planning for young people approaching adulthood who will require accommodation based support, working alongside colleagues in Children’s and Education Services. Providers who are willing and able to work under both regulatory frameworks are welcomed so that an appropriate approach for young people 14/16 plus into and through transition into adulthood can be planned. This includes an appropriate emphasis on developing independence skills and approaches to managing risk that lead to proportionate support.



Section 6:

Investment priorities for Bristol and detailed information.

This section gives more information about specific service user groups. It provides some idea of the types of services BCC will seek to commission in the near future in order to achieve the corporate and Better Lives vision and in keeping with the principles and ways of working described above.

This is not a comprehensive list of all developments taking place. It is instead intended to help identify what the future demand for care and support might look like and to act as a starting point for discussions between BCC and those who provide services, including voluntary and community sector organisations, small and medium sized enterprises, and entrepreneurs. Information is provided to enable providers and partners to consider the likely scale of and demand for services for each service user group.

6.1 Older People

Demand

- There are 59,300 people aged over 65 in Bristol. This is 13.2% of the population, lower than the 17.9% nationally. However there are projected to be 7,700 more people 65 & over by 2024, a 13% rise (and potentially a 44% rise by 2039).

- For people 85 & over, this is projected to be 1,100 more by 2024, a 12% rise (but potentially an 84% rise by 2039).
- In recent years most of the 65+ population rise has been in wards in the Bristol North & West (inner) area, which is different to other age groups[ix].

Projecting Older Peoples Needs

- Data from POPPI[x] illustrates that the older population in Bristol is expected to grow over the next 10 plus years.
- There are estimated to be between 6,300 and 11,400 socially isolated older people in Bristol.
- There has been a rise in the number of older people in Council funded care homes or extra care housing, but a reduction in those receiving home care services (at end 2015-16). Adult Care currently support approx. 3200 older people: 653 in nursing care, 532 in residential care, 1,400 people receive homecare, 125 receive day services and 343 live in and receive support through Extra Care Housing.

***Joint Strategic Needs Assessment[xi]** (JSNA) 2016-2017: Data profile of Health and Wellbeing in Bristol

	2017	2020	2025	2030	2035
Total population	458,900	472,400	492,600	513,100	531,500
Population aged 65 and over	60,500	62,500	67,500	74,500	80,600
Population aged 85 and over	9,200	9,400	10,400	12,100	15,300
Population aged 65 and over as a proportion of the total population	13.18%	13.23%	13.70%	14.52%	15.16%
Population aged 85 and over as a proportion of the total population	2.00%	1.99%	2.11%	2.36%	2.88%

Dementia

- The number of people with dementia aged over 65 is projected to rise by 14% by 2024, and by 66% by 2039. This much higher rise is in large part due to the projected increase in the older age range (85+), who have much higher prevalence rates for dementia.^[xii]
- An estimated 4,100 people over 65 are living with dementia in Bristol: projected to rise by 14% by 2024, and by 66% by 2039 (due to the high projected rise in people 85+).
- It is estimated that there are around 4,100 people over 65 living with dementia in Bristol. Of this estimate, around 69% in Bristol have a recorded diagnosis of dementia (nationally this is 67%). 2,830 people in Bristol have a diagnosis of dementia recorded by their GP. This is 0.58% of all Bristol GP patients, but is rising. The Bristol rate is lower than the England average (0.74%), which may be linked to having a younger population.^[xiii]
- As a proportion of patients aged 65 and over, 4.5% in Bristol are recorded as having dementia, which is higher than England (4.3%). Whilst the ratio of people with dementia using hospital inpatients services to recorded dementia diagnoses (all ages) has fallen in Bristol from 64% in 2012/13 to 59.2% in 2014/15, it is still higher than the England average of 54.6% (fig 10.1.2). In contrast, emergency admissions rates for people with dementia are increasing both in Bristol and nationally, and the Bristol rate for emergency admissions is higher than the rate for England.^[xiv]
- The Bristol rate of mortality with a recoded mention of dementia is 751 per 100,000 people which has increased from 2012 to 2014 and is very similar to England rate. This rise in mortality rate is likely to be due to increase in diagnosis of dementia. The majority of people with dementia in Bristol die at home (72.9%) compared to (67.5%) across England^[xv].

Our Strategic Direction for Older People:

- BCC places more people in residential care, and pays more for that residential care than comparable local authorities.
- By 2021 high cost packages in Residential Care will be reduced by 10%, mid cost packages by 20% and low cost packages by 30%, with more placements in Homecare and Extra Care Housing.
- Where people are placed in residential and nursing care, provision is needed that provides quality support and keeps people as independent as is possible, supporting their health and wellbeing. As part of a whole health and social care system it needs to be ensured that provision does not add avoidably to hospital delayed transfers of care. The aim is also that the number of providers rated as 'Requires Improvement' by CQC reduces.
- Older citizens should be enabled to be as independent for as long as possible. With this in mind, investment will be made in:
 - Increased numbers of older people living in Extra Care Housing.
 - Extra Care Housing providing support for people with more complex needs, and people returning to their own ECH flat from hospital in a timely way.
 - Quality Home Care provision that maintains independence and can work with people with more complex needs, including dementia.
 - An improved Tier 2 offer that addresses issues and delivers reablement. This will include increasing BCC's in house reablement provision and development of other services to address other issues that affect independence.
 - Carrying out a strategic review of carers provision and respite.
 - Support for our Tier 3 services to work closely with local community organisations to ensure that older people receive as much support and inclusion in their community as possible.

6.2 Learning Disability (Please also read the section on ‘Transitions’)

Demand

- According to overall population estimates there were around 8,600 adults in Bristol with some level of Learning Disability in 2016. Of these, around 1,800 adults are estimated to have a moderate or severe learning disability, and hence likely to be in receipt of services. BCC delivers adult social care services to 1112 people with Learning Disability support recorded as their primary need.
- Data from GP patient registers indicates there are around 2,200 people (all ages) recorded as having Learning Disabilities (LD) in Bristol. This will focus on those with moderate to severe LD who are most likely to require support.
- This represents 0.45% of the patient population, which is similar to the England average (0.44%). BCC Adult Social Care data (April 2016) shows 640 clients receiving a community support service have Learning Disabilities (aged 18-64). In addition, there are over 1820 pupils recorded with a Learning Disability in Bristol schools in 2016, of which 160 are “Severe” and 100 are “Profound & Multiple.”

Our Strategic Direction for People with Learning Disabilities

- The second phase of the Better Lives programme will have a focus on working age adults, and this section will be updated in line with this. Under Better Lives, the following need to be addressed:
- Currently too many people with learning disabilities in Bristol live in residential care, often at very expensive rates.
- Where people do live in the community, too few people are in, or working towards, employment. **Less than 6%** of learning disabled people are in full-time employment[xvi].

- Many people with learning disabilities are living with aging parents. This may be a challenge for parents who require respite and in the longer term where people will need more support following parental death, but have not been supported to develop independent living skills.
- Currently, where people have complex needs we have too little provision in the City, although this is improving.

Supporting, developing, maximising independence:

- In line with the Better Lives Three Tier model, all adults with learning disabilities will be supported to be as independent as possible. There is work with partners and communities to help develop inclusive communities. It is expected that any provider BCC funds or contracts with will support this approach, e.g. to support and enable people to volunteer locally, to access local groups etc.
- Our Community Offer needs to support people with learning disabilities to live in inclusive and supportive communities and to be involved in activity within that community. This will be one focus of work on our community offer under Tier 1.

Independent Living

In line with the Better Lives at Home work, the aim is for as many people with learning disabilities as possible to live in the community with appropriate support. Depending on their individual needs, and where they are on a pathway to increased independence, this may mean:

- Living in specifically designed accommodation with support designed and delivered through partnerships between BCC, developers and support agencies.
- Living in accommodation with attached support.
- Living in generic accommodation with floating support.

Ideas for expanding and developing this provision in partnership with providers and partners is critical as there are currently gaps in good quality supply in all of the above.

During the next few months the Accommodation Work Stream (Better Lives at Home) will be updating specific needs analysis and this will be placed on our web site. It is very likely this will include a partnership opportunity in relation to some specialist new build.

In particular, more options are needed at either end of the spectrum, for people new to independent living who need the right support and approach to develop their skills, and for those who need only light touch support and could be moving into their own long term accommodation.

The vision is that supported living provision is aspirational about outcomes for tenants and to emphasise the development of independence and choice; and the effective delivery of outcomes for people with learning disabilities. Supported living needs to be a very different offer from residential provision.

General Approaches

We want providers to develop provision and approaches that deliver improved outcomes in terms of:

- Tier 2 short term enabling provision focused on outcomes such as improving ability to travel, work, and eat a healthy diet.
- Real social networks that can sustain and support people's independence on a lifelong basis.
- Development of independent living skills. This includes adults living in residential care: emphasis for more working age adults planning to move from residential care into supported living.
- Sustainable employment: refresh BCC's commissioning approach to provision to support access to employment through evidence based interventions such as job coaching-

Tier 3 Provision

In line with above, it needs to be ensured that all people with learning disabilities, including the most complex and those people in the "Transforming Care" cohort receive support that is outcomes focused. In particular, services need to be commissioned that provide better lives for people by:

- Emphasising positive appropriate risk management, including the use of flexible and timely interventions. For people with complex need, working together alongside health colleagues to manage risk appropriately. There is a need to move away from assumptions that the way to manage risk is always a staffing ratio for an individual service user as the first response.
- Ensuring that limited budgets are used effectively. During 2018/19 there will be a cost of care price exercise with regards to working age adults, in addition to regional work addressing this. Commissioners wish to work with providers on this and to develop outcomes focused effective provision, especially for people with the most complex needs.
- Ensuring there is learning from Safeguarding Adults Reviews and evidence based best practice. As commissioners there will be joint work with providers to ensure that issues such as compatibility of tenants/residents are addressed.

6.3 Autistic Spectrum conditions

Demand

- In terms of overall population prevalence, there are estimated to be 3,570 adults in Bristol with some level of autistic spectrum condition in 2016 (18+, including 560 people over 65).
- Future demand – it is believed that this will increase. There are over 750 pupils recorded with Autism in Bristol schools in 2016.

Current Situation

BCC facilitates an Autism Forum. The Forum is a partnership board and is the place where implementation of the Bristol Autism Strategy is monitored. The Forum is accountable to the Health and Wellbeing Board. The Bristol Autism Strategy is designed to ensure the local implementation of 'Fulfilling and Rewarding Lives: The Strategy for Adults with Autism' in England as set out in the [Statutory Guidance](#)^[xvii] for local authorities and NHS organisations to support implementation of the Adult autism strategy – 2015. The Strategy and associated work plan is currently being refreshed in line with the statutory guidance.

It is believed that Bristol starts from a position of relative strength compared to many other cities. Bristol aims to ensure good support for people of all ages across the spectrum. This ranges from low level, targeted support for large numbers of people to highly specialist support for those with complex needs.

Already in place in the City are a range of support and diagnostic services within education, social care and health for children with autism. (Information about services for children and young people with autism in Bristol can be found on www.autism.org.uk). There is also a well-developed Preparing for Adulthood Service that has an excellent track record of working with young people with learning disabilities/ autism. In adult services, there is also the NHS commissioned Bristol Autistic Spectrum Service (BASS), a specialist diagnostic and support service established in 2009.

Strategic Direction

- Adult services for people with autistic spectrum conditions are in the main purchased through the CSS contract and autistic people are accessing supported living and support to access the community.
- There is currently no specialist autistic supported living provision in Bristol. This will be addressed through our Better Lives at Home workstream, and BCC would like to hear from housing support providers and others who have ideas to share.

- Autistic people experience significant difficulties in seeking employment. Only 16% of autistic people are in full time employment (compared to 47% of disabled people and 80% of non-disabled people) and this has remained the same for the past 10 years. Services across BCC, both adult care, and employment and skills are coming together to develop an employment service specifically for adults with learning disabilities or autistic spectrum conditions. As per the service specification for CSS, it is expected that community support services working with this group of adults have pathways and opportunities for important outcomes such as employment.

6.4 People with Mental Health Issues

Demand

Mental health conditions are one of the biggest contributors of years lived with disability in England (18.4%).^[xviii]

5,200 Bristol patients (1.3%) had a new diagnosis of depression in 2015-16, above the England average (1.1%). In Bristol during 2015-16 there were 1,345 emergency admissions for self-harm; 869 females and 476 males. There is a correlation between higher rates of self-harm and people living in more deprived areas.^[xix]

Bristol's suicide rate is significantly higher than England average. The incidence of suicide and undetermined death is highest amongst people in the most deprived areas.^[xx]

Excess mortality rate in adults with serious mental illness is higher in Bristol than nationally.^[xxi]

6.8% of Bristol residents reported a low life satisfaction score, significantly more than nationally (4.8%), 2014/15. Local data shows 13% have "below average mental wellbeing", but significantly more in deprived areas (20%).^[xxii] Young people report lower life satisfaction than nationally. Self-harm hospital admission rates for young people (10- 24 year olds) exceed the England average^[xxiii].

Strategic Direction.

This is a Joint Statement between Bristol City Council and BNSSG Clinical Commissioning Group

Mental Health (working age adults)

There is joint work underway with colleagues in the Clinical Commissioning Group (BNSSG CCG) housing, BCC and Avon Wiltshire Partnership (AWP) to understand and map provision and care pathways for people who experience mental health issues. There needs to be improved support in the community and timely support after discharge from acute inpatient provision such as Callington Road, Bristol. Delayed transfers of care are one area of focus that needs constant review and addressing together with our providers. Joint commissioning is being considered where appropriate. The Market Position Statement will be refreshed as this work is developed.

In particular, there is a focus on accommodation based provision. Supported living was re-commissioned in 2016/2017 and there are over 40 supported living providers on BCC's CSS Framework. A fresh look is being taken at what supported accommodation is available in the City, other forms of accommodation e.g. private rented, and what is needed to meet demand.

There is room for this market to grow for low/ medium and high need service users and BCC is keen to encourage new providers, as well as existing providers to broaden their "offer". This must be based on meeting local needs as set out in this document.

To deliver improved outcomes for people with mental health issues, BCC needs to work with providers who take proportionate approaches to risk and facilitate independence. BCC is considering a variety of contract arrangement including prime provider and alliance models and want to improve system leadership. There will be opportunities for existing and interested providers to be involved with this exciting work.

Particular considerations:**Lower level support: Tier 1 and 2**

- More support for people with lower level needs, e.g. Linked to social prescribing and peer to peer support
- As with other user groups, developing an Accommodation Strategy is central to our work on mental health issues. This is likely to include:
 - Partnership development of specific support housing where the preference may be for landlord and care and support functions to be separate - the current CSS specification allows for this and for care and support to be linked to housing.
 - Making good use of generic housing with appropriate and skilled floating support focused on outcomes and addressing fluctuating needs.
 - Reviewing Shared Lives provision and whether this kind of provision could support this group more.
- In line with the BCC Three Tier Model, there is an emphasis on employment for working age adults.

Tier 2/Hospital Discharge

- Step down from acute inpatient services such as half-way houses where people can go to adjust, be further assessed and step down from the ward.
- Intensive specialist community floating support model taking an enablement approach to help people move out of hospital to home or a placement, and then act as a peripatetic service to prevent admissions and maintain tenancies and placements in residential care.

Tier 3/Complex Needs.

There is a commitment to working jointly and improve outcomes for citizens in need of Tier 3 services, ensuring that people regain and retain independence as much as possible and progress along their pathway. Moves to outcomes based commissioning and payments by result to deliver this need to be developed by commissioners, partner and providers.

There are some specific gaps in provision:

- Provision of support for complex personality disorder: there is a lack of this leading to high level of admissions for this cohort and costly packages outside of the local area.
- More local provision is needed that is equipped to work with risk, in an appropriate and proportionate way. This includes arson/ sex offences, for men from secure settings/criminal justice system who are detained under MH Act in low/medium secure settings and need step down to the community
- There is a lack of provision for young people who develop issues before their 18th birthday, and need a proportionate approach to support to enable them to move to independence in adulthood, including engaging with education and employment.

Unfortunately, placements made in Wales for anyone with complex health needs are problematic in terms of meeting health needs. Health services in Wales are not willing to provide community support to people funded from English CCGs. This leads to high risk of relapse and associated costs to health and social care.



Photograph courtesy of ProudtoCareSW

6.5 Physical Impairment

This section refers to disabled people who have a physical impairment that has a substantial and long term effect on their ability to carry out day-to-day activities.

Someone with a moderate physical disability would have mobility problems, e.g. unable to manage stairs, and need aids or assistance to walk. Someone with a severe physical disability would be unable to walk and dependent on a carer for mobility.

According to the 2011 Census the proportion of the population of Bristol whose day-to-day activities are limited is 16.7%, or 71,724 of a total population figure of 428,234. This is a lower proportion than in 2001 when 17.8% of all people had a 'long-term limiting illness'. However, the population of Bristol has increased considerably over the decade and the actual number of people whose day-to-day activities are limited has increased from 67,739 people to 71,724 people.

Of the 71,724 people who are disabled, 34,570 (8%) have day-to-day activities that are limited a lot and 37,154 (9%) have day-to-day activities that are limited a little.

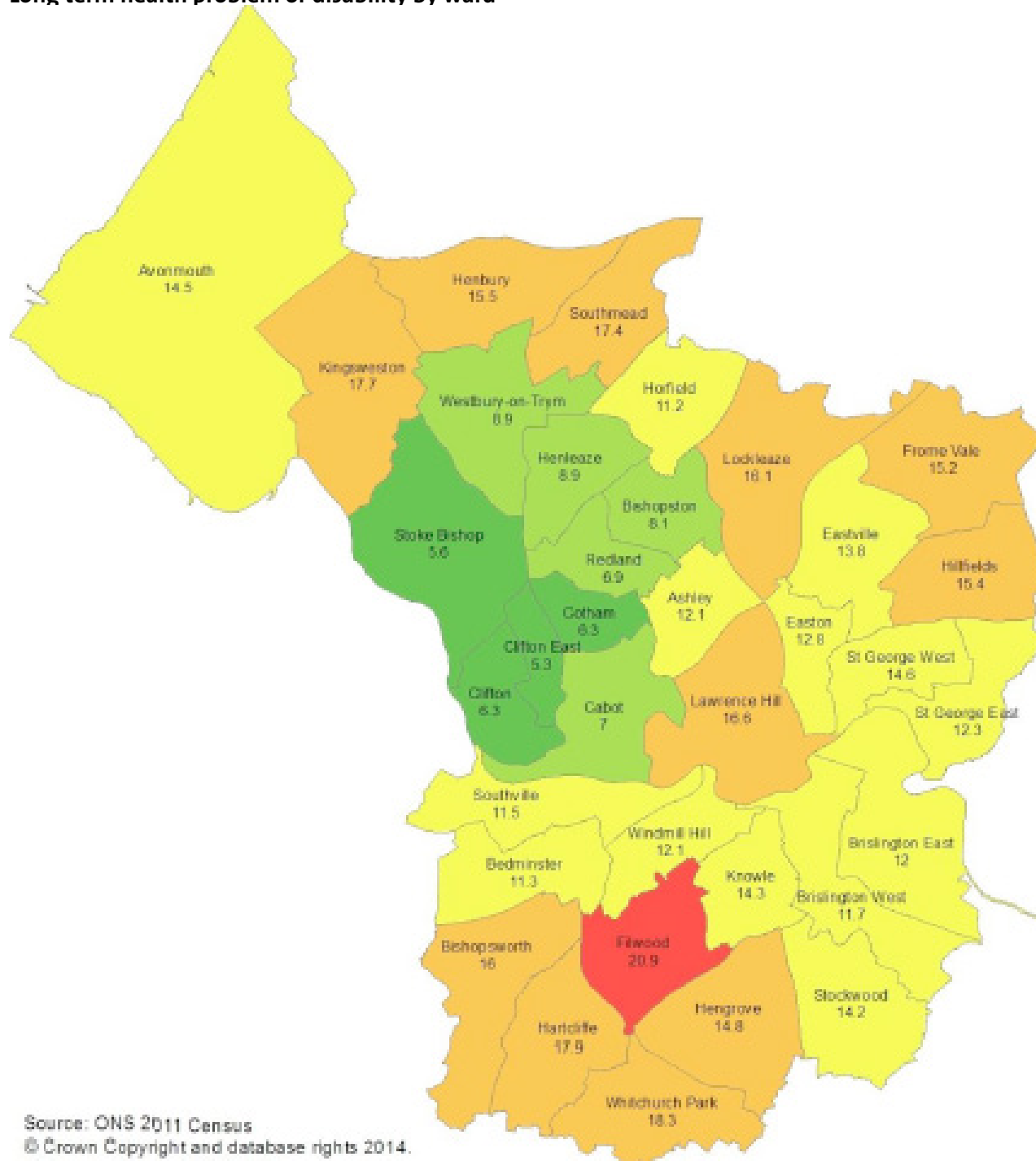
There are more disabled women than men living in Bristol – 15.6% of men and 17.8% of women are disabled. This is due to women generally living longer than men.

The proportion of people whose day-to-day activities is limited is lower for people living in households compared to people living in communal establishments.

The primary source of data is the 2011 Census which asked the following question: Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age

- Yes, limited a lot
- Yes, limited a little
- No

Long term health problem or disability by ward



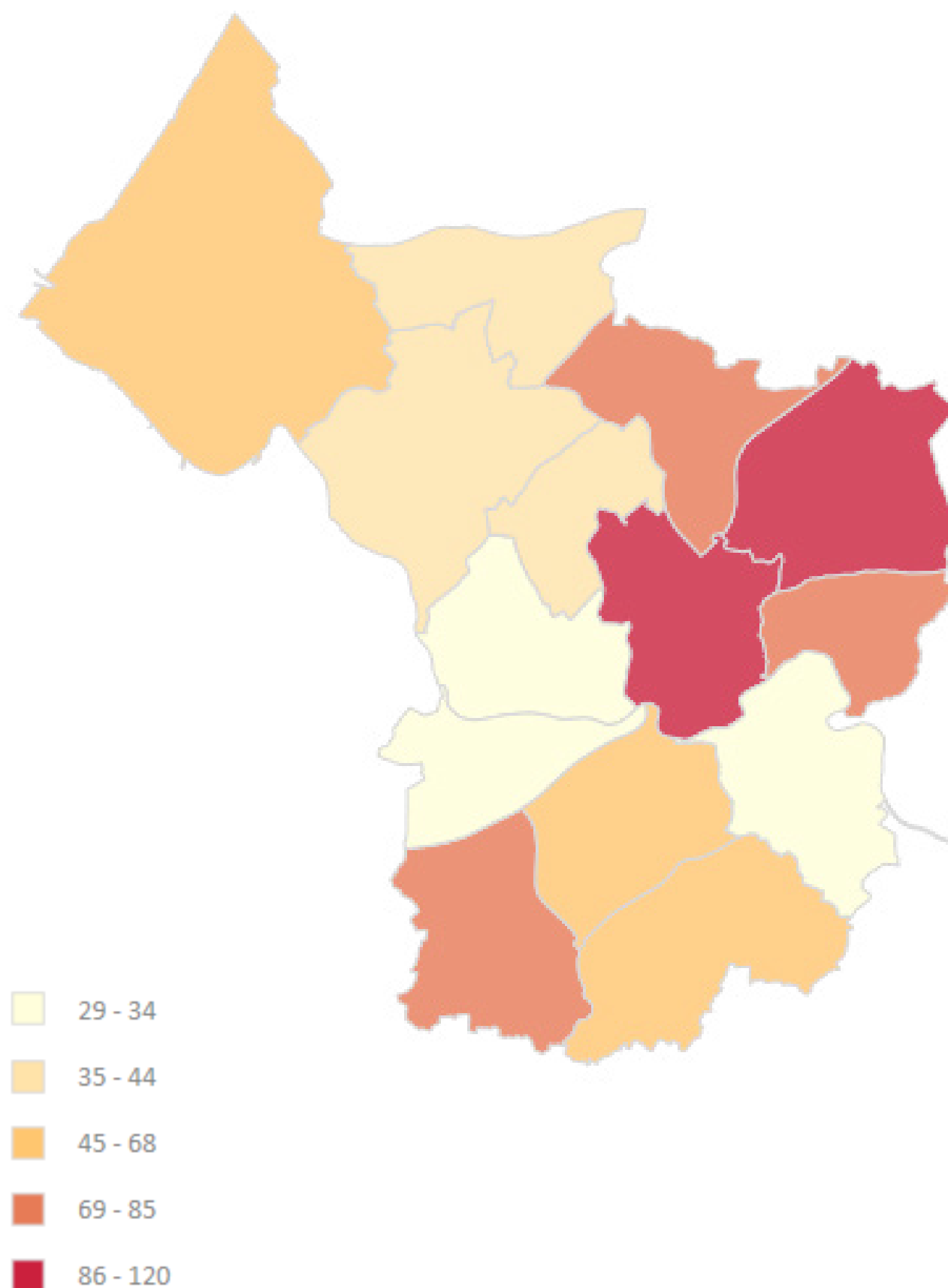
Legend

Longterm health problem or disability by ward

Proportion of working age people whose day-to-day activities are limited

- Much better than the city average [< -1.5 Std. Dev.]
- Better than the city average [$-1.5 - -0.50$ Std. Dev.]
- Similar to the city average [$-0.50 - 0.50$ Std. Dev.]
- Worse than the city average [$0.50 - 1.5$ Std. Dev.]
- Much worse than the city average [$1.5 - 2.1$ Std. Dev.]

Recipients of a community based service via Health and Social Care at the end of the month aged 18-64 with a physical/sensory disability (excludes carers and those in care homes).



There are population profiles for many Equalities groups using Census 2011 data on the council's [Equalities data and research webpage](#)^[xxiv] including more detailed information on disabled adults here:

Financial spend 2017/18 – Physically disabled adults by support need

Service	18-64 (Spend by BCC £)	Number of People	64 plus (Spend by BCC £)	Number of People
Direct Payments	7,930,948	592	4,515,087	492
Day Services	152,094	125	145,148	168
Home Care	1,958,652	382	8,930,410	1967
Residential Care	2,894,810	110	7,671,834	500
Nursing	1,303,318	71	16,305,741	1480
Total	14,239,822		37,568,220	

Strategic Direction

- In line with the Better Lives Vision, there will be work with partners, especially in Health and Public Health to address the independence and wellbeing of people with long term conditions. This will inform Tier 1 and Tier 2 work.
- 28% of people of working age receiving a service from Adult Care receive a Direct Payment. The market will be encouraged to offer a range of services and support for people to purchase with their direct payments. There is a need for the offer of trained and vetted Personal Assistants, and ways for people to offer smaller amounts of time who cannot work full time, and for people who do not require full time PAs.
- There is work with colleagues in housing to understand the requirement for accessible housing and to help support that.
- During 2018/19 the needs of working age adults will be assessed in terms of residential provision and supported accommodation.

Accessible Homes

The Accessible Homes Service provides a major and minor adaptations service in people's homes. We commission a Home Improvement Agency (HIA) service to provide a range of advice and support

services for older and vulnerable home owners.

The number of disabled people enabled to live more independently in Bristol as a result of a home adaptation has grown in the last 10 years, with 3,024 people across all tenures being supported in 2016/17 compared with 2,887 in the previous year, through Accessible Homes. Demand for adaptations continues to increase and our budget for adaptations continues to grow, supported by funding from the Better Care Fund.

There has been a significant rise in demand for BCC's commissioned handyperson service mainly from people on low incomes and from referrals for minor adaptations.

Bristol has 193,000 homes (2014) and we envisage that 30,600 new homes will be built before 2026. In Bristol the majority of disabled people own their own home (53.6%) similar to the population average. A higher proportion than average rent from a social provider (i.e. local authority or housing association) – a third (33.6%) of disabled people live in social rented accommodation. This further indicates the potential for growth for Home Improvement and adaptation services in the city.

BCC's Accessible Homes service is looking to:

- Increase the use of Assistive Technology, including the use of incorporating ADL Smart Care.

Future services

- Provide a broader range of assistance using Wessex Home Loans to enable low income households improve the condition of their homes.

6.6 Transitions: Services for rising and young Adults (16 -25)

There were 70,700 people aged 16-24 in Bristol in 2016, which was 15.6% of the overall population[xxv]. Bristol's child population is rising in all areas, and the 0-15 population is projected to rise by 16.2% by 2024. [xxvi]

2016 Bristol City Council data for Disabled children indicates there are over 830 disabled children (under 18) in Bristol and around 1,000 disabled children and young people up to age 25, based on those who meet the criteria for services from Social Care, plus children in Bristol schools with physical and sensory impairments.

In 2011, 3,250 children in Bristol had a “limiting long-term illness or disability.” This is 4.1% of the local child population, higher than the national average. Child hospital admissions for asthma are rising, especially in the Inner City. 2 of 3 admissions are for boys. The proportion of Bristol children who are overweight or obese at school entry is 22.9%, but now 35.4% for those leaving primary school (both similar to national average). More 15 year olds smoke in Bristol than nationally, and girls at that age are more likely to smoke than boys. An estimated 6% of 15 year olds regularly drink alcohol, similar to the England average, and 18% have tried cannabis, significantly higher than nationally (11%)[xxvii].

In Bristol almost 10% of children and young people experience emotional health problems, and self-harm hospital admission rates (10-24 yrs) exceed England average. Young people report lower life satisfaction than nationally. Bristol has above average coverage for chlamydia screening (27% of 15 to 24 year olds screened in 2015)[xxviii].

Strategic Direction: A Joint Statement between Adult Care and Children's Services.

A key aspect of the Better Lives vision is to improve independence and outcomes for working age adults who have support needs. This builds on the work carried out by colleagues in Education/ Skills and Children's services in delivering the Bristol SEND vision, and support delivered through the adult care Preparing for Adulthood team, who reach down into children's services. Bristol is committed to delivering the Preparing for Adulthood outcomes set out in the SEND reforms: Independent Living, Employment and Training, Enjoying Social Networks and Friendships, promoting Health and Wellbeing

Key emphases for young people in Bristol include:

- Raising ambition and aspiration, supporting progress in education, employment and independence.
- Retaining young people in Bristol wherever possible and meeting education, development and care needs locally, and/ or if they need to be placed elsewhere, bringing them home where-ever that is appropriate.

Each year approximately 60 young people who are eligible under the Care Act reach 18. Of those we expect no more than 10% to remain in residential provision, and our aim is for fewer than 5% to remain in residential provision by the time they reach 22. This requires us to deliver expert provision based on working towards the Preparing for Adulthood outcomes for all our young people.

Support for this age group in particular must enable each young person to develop their own independence and move along their pathway.

That movement might include:

- Developing independent living skills, so that the amount of support required in independent living is reducing.
- Developing resilient and sustainable social networks (real friendships not just with paid staff).
- Where residential provision is required, provision that focuses on a “not for life” attitude and

supports young people to develop their skills as much as possible, with clear pathways towards independent living wherever possible.

- Moving into paid employment, and away from reliance on service provision all together.
- Support that can be stepped up or down if people experience difficulties.
- Of course this pathway is relevant for all working age adults, and whilst some people may take longer to progress or require more support to do so, this is our working age approach.

Market Opportunities

There are challenges in delivering an ambitious vision for each young person supported by BCC in the context of limited resources. There is a need and wish to work with providers who understand Preparing for Adulthood outcomes and can work creatively with an emphasis on developing independence. The emphasis is on increasing the provision of supported accommodation. In terms of accommodation, there is a particular gap in wheelchair accessible accommodation.

BCC wishes to see improved offers from across the market (cost effective in line with specific Commissioning frameworks) and BCC encourages new models from providers (Community based, respite/ short breaks, supported accommodation or residential) that emphasise:

- Dual registration: 16 - early 20s/ 25.
- Expertise in engaging young people and providing age appropriate experience.
- Ability to support engagement with local post 16 educational offer.
- Supporting young people with Employment pathway, short and long term, including job coaching, apprenticeships, and links to provision such as the Job centre.
- Housing options that enable young people to move on at appropriate time (not that lasts only for 2 years).

- Provision that can flex as skills develop, reducing levels of input (and cost).
- The development of independence skills.
- Building resilience through building own social networks and friendships.
- Build and develop the capacity in local communities to support and engage disabled young people.
- Work with universal and mainstream provision.
- Support that provides breaks for parents where young people are still “living at home” (as do many young adults) in ways that develops the skills and independence of the young adult.
- There is a particular need to develop:
 - Provision that supports (proportionately and appropriately) young adults (and their families) who exhibit challenging behaviour and/or emerging personality disorders.
 - Provision that supports young adults with high levels of anxiety and/or issues arising from high functioning social communication/ integration issues.
 - Provision that supports young adults with complex autistic spectrum conditions and associated behaviour that challenges.
- Too many young people are currently being placed outside of Bristol at high cost. BCC is keen to work with the markets and local/ regional partners to address this.

The importance that Bristol places in transition from childhood to adulthood, and appropriate support for young people is further emphasised in a recent policy on transitions developed by the Bristol Safeguarding Boards: <https://bristolsafeguarding.org/media/24859/final-transitions.pdf>

6.7 Homelessness and Supported Housing (Joint Statement with BCC Housing)

Overview

The aim is to support people recover from homelessness and ensure that homelessness is not

repeated, by providing sustainable accommodation with support to families and adults.

Demand

There is rising homelessness in Bristol as the gap between demand for and supply of affordable housing in the city grows. The formal rough sleeper count 2017 recorded 86 rough sleepers, up 14% from 2016.

Needs / Unmet demand

A diagnosed mental health problem is the most prevalent support need across all levels, with 51.7% of all current service users suffering from mental health issues. Only half of those (51%) are engaged with mental health services (26% of total residents). There is a clear unmet demand for longer-term accommodation with flexible support to help those with enduring mental health issues move on from temporary accommodation (preventing homelessness provision).

36% of clients in preventing homelessness services have substance misuse support needs, of these people, less than half (42.5%) are engaged with substance misuse services.

Future

In order to achieve the Preventing Homelessness Accommodation Pathways Commissioning plan BCC aims to:

- Align supply and demand so that the right type of accommodation is available at the right time to people in need.
- Make the most efficient use of accommodation and maintain a healthy provider market.

BCC is in the process of refreshing the Homelessness Strategy and starting a review of the changing demands and requirements from our Outreach and Rough Sleepers Service. This will form part of a wider market position statement so that there can be communication in advance with potential providers and voluntary organisations what commissioning

should be expected in the medium term. This should enable providers to plan ahead regarding securing accommodation and developing the workforces in order to respond. This is anticipated to be in place by March 2019.

6.8 Carers

Family and Friend unpaid Carers provide essential support for many people in the city. There are over 40,000 carers in the city, 9,000 of whom provide more than 50 hours a week care. Bristol City Council works closely in partnership with Carers, providers, and health organisations to identify and address issues raised that affect carers. **The Bristol Carers Strategy**^[xxix] (2015-2020) was co-produced with carers and partners across the city. Bristol City Council and Bristol Clinical Commissioning Group currently fund circa £450,000 p.a. of contracted services to directly support carers in Bristol. Many of these contracts and grants were set up many years ago, and have not evolved in line with changing needs of carers in Bristol, or in relation to the Care Act 2014.

A full recommissioning of all contracts to support carers in their role will be carried out during 2018-19. This will be based on the requirements set out in the Carers Strategy 2015-2020.

The key objectives of the new commissioning process will be to:

- Ensure best value for money from public funds, to support carers in their caring role, both from a social care and health perspective.
- Support delivery of the Carers Strategy, particularly focused on areas where there are currently no services to support key outcomes.
- Ensure future flexibility of services to meet changing demands in the city.
- Ensure a partnership approach with carers and organisations in the City to design and deliver new services.
- Work to embed the Better Lives programme in the way that services and communities are enabled to support carers in Bristol.



Section 7:

Working with us

This section sets out some details of how BCC wants to work with providers generally to deliver the outcomes set out in previous sections. It includes how BCC will collaborate and coproduce with providers and partners, its approach to quality, contracts and procurement, and key issues such as safeguarding. Used in tandem with the sections on strategic direction, it is hoped that this section and the approaches set out will help us all deliver Better Lives for vulnerable adults in Bristol.

7.1 Working together to deliver better Outcomes: Collaboration and Co-production

A key objective of this MPS is to support an open dialogue between commissioners and partners, in particular to:

- Jointly generate new ideas and problem solving in terms of meeting the forecast reductions in budgets in an inclusive and progressive way.
- Identify ways of simplifying the bureaucracy of procurement where it is disproportionate (Tier 1 provision).
- Use joint learning and engagement events to share knowledge and best practice on common priorities such as developing outcome measures, quality monitoring and the effective use of assistive technology.
- Facilitate more alliance and partnership development in the city to respond to the Council's strategic priorities.

BCC wants to collaborate and coproduce with providers and with people who use services as full partners in the process of devising service specifications to best meet personal outcomes and demonstrate value for money, in order to give people greater control over their care.

In our current context resources are limited and therefore during 2018/19 current processes will be reviewed such as Partnership Boards and an Engagement Plan will be issued. To reflect the Three Tier approach there will be a strengths-based approach to co-production and close work with communities.

As a key planning tool, the aim is to co-produce the MPS, to ensure it is helpful for the market. BCC will effectively seek views, and routinely review and update the MPS.

7.2 Working together to deliver Quality Services: Quality and Contract Compliance.

Keeping vulnerable adults safe from harm underpins all of our commissioning activity. Providers will continue to be worked with to maximise quality and to encourage collaboration across the sector.

Providers will have a clear contact for their contract, and we will expect providers to keep us abreast of any issues that may affect their delivery planning or quality of services. Monitoring arrangements for our commissioned services will seek to maximise all opportunities to secure improved outcomes for service users and maximise opportunities for service users / carers to be involved in the development and co-production of services that they access.

In line with our Better Lives 3 Tier approach, there will be a review of contract and monitoring approaches to ensure they are outcome focused, relevant, and proportionate to the different support and services we will invest in in our Tier 1 (Community Offer), Tier 2 (Help when you need it) and Tier 3 (Long Term help to live your life) services. There will be work with other BCC commissioners to develop integrated approaches to contracting and monitoring for smaller organisations where possible.

During 2018/19 there will be development of a new Quality Outcomes Framework with more proportionate approach to monitoring contract compliance and quality, across all commissioned activity, based on risk. This will include more theme based work.

Current Quality of Services: CQC Ratings across Bristol

CQC Ratings Published	Outstanding				Good			
	Oct '17	Nov'17	Dec '17	Jan'18	Oct '17	Nov'17	Dec '17	Jan'18
City of Bristol (Care Homes only March 18)				3%				72%
City of Bristol (all registered)	2.9%	2.8%	2.34%	2.64%	64.8%	65.5%	62.3%	67.02%
National (England all registered)	2%	2.1%	2%	2%	67%	65.2%	65%	67%

CQC Ratings Published	Requires Improvement				Inadequate			
	Oct '17	Nov'17	Dec '17	Jan'18	Oct '17	Nov'17	Dec '17	Jan'18
City of Bristol (Care Homes only March 18)				25%				0%
City of Bristol (all registered)	30%	30.3%	31.38%	29.02%	1.4%	1.4%	3.98%	1.32%
National (England all registered)	27%	21%	28%	27%	4%	3.1%	6%	4%

The ratings above include all services which are regulated by CQC[2] – this includes care homes, home care, extra care homes and some supported living services.

The proportion of services that were good or outstanding at the end of January 2018 is slightly higher than the national average and has increased in recent months. This position will be further improved under our new Quality Assurance regime, to increase the percentage that are Good/ Outstanding, and reduce the percentage rated Requires Improvement.

We require effective but efficient services; promotion of equality and diversity to ensure people are treated fairly and with respect and a stronger emphasis on outcomes.

Revised Quality Assurance Framework:

During 2018/19 there will be development of a revised Quality Assurance framework (QAF) which will support our Quality Assurance strategically.

The revised QAF will:

- Be robust in assurance but supportive of improvement, facilitating shared learning and systems leadership.
- Drive up quality across all providers.
- Reduce registered services assessed as Requiring Improvement and increase those rated 'Good'.

We will consult with providers on the final version.

The principles underlying the new QAF are:

- Methodology and Reporting: Robust but proportionate and avoiding duplication of work for providers.
- Making good use of intelligence about services, especially ensuring we support and enable people using services to feed back (e.g. through lay assessors).
- Working in partnership to support providers to improve quality for people using services.
- Supporting Collaboration between providers and system leadership, driving up all quality.

The new Framework will include an annual self-assessment. It is intended to base the annual self-assessment on the new CQC Prior Information Collection (PIC) so that providers which have been inspected in the previous year will not have to collate the information twice. In addition to addressing poor quality, we will develop a themes approach identifying good and poor practice, and encouraging systems leadership. This will also link back to Safeguarding Adult Reviews and any issues raised by Bristol Safeguarding Adults Board.

7.3 Working together to Safeguard Adults.

The Bristol Safeguarding Adults Board Strategy and policies can be accessed [here](#).^[xxx]

BSAB's prevention and early intervention strategy is set out [here](#).^[xxxi]

This policy sets out expectations for both commissioners and providers, that contracts set out clear expectations, and Managers and staff are clear about their role in complying with the Bristol Multiagency Safeguarding Adults Policies and Procedures.

Multiagency Safeguarding Adults Policies and Procedures.

Through contracting and monitoring, in line with the revised Quality Assurance Framework, it will be ensured that providers are capable and competent in responding to allegations of abuse or neglect, and work with providers and partners to ensure that poor or unsafe care is identified and addressed at an early stage.

BSABs organisational abuse policy can be viewed [here](#).^[xxxii]

This policy sets out key principles that are core to our contracting and commissioning processes.

High quality care services that respect people's dignity should:

1. Have a zero tolerance of all forms of abuse;
2. Support people with the same respect you would want for yourself or a member of your family;
3. Treat each person as an individual by offering a personalised service;
4. Enable people to optimise the maximum possible level of independence, choice and control;
5. Enable people to express their needs and wants;
6. Respect people's right to privacy and dignity.

Safeguarding Adults Reviews

Through Provider forums, access to training, and briefings, the learning from Safeguarding Adult Reviews (SARs), both those local to Bristol and key reviews from elsewhere will be shared with transferable learning. Local SARs can be accessed [here](#). [xxxiii]

Key Learning from Recent SARS (to be updated when new SARS are published)

Providers of residential care/ supported living should familiarise themselves with the learning from this SAR, key aspects of which include:

- Commissioners and providers must ensure that their understanding of agreed staffing levels are explicit throughout a twenty-four period including at night.
- Assessments undertaken when an adult is moving into a provision must include assessments of compatibility with other residents as well as robust risk assessment. This includes ensuring that placing authorities provide information in a timely and accurate way.
- Risk management assessments and strategies should be reviewed regularly and always reviewed if there is a change in behaviour or new information about risk becomes available.
- All documentation and assessments concerning an adult's risk must be provided to providers in a timely manner and their findings must influence placement decisions and the development of robust risk management plans.

BCC Commissioning and Quality and Contracts services will work with Care Management colleagues, providers and other agencies to support the dissemination and implementation of learning from this SAR.

7.4 Bristol City Council's e-Procurement System

- Bristol uses e-procurement for all contracts over £15,000. The system we use is known as [ProContract](#). [xxxiv]
- This allows suppliers to register to access past, current and future contract information, and submit tenders electronically. They can also keep their profile updated, including the supplies, services and works they offer, and supporting documentation such as brochures and price lists. We recommend that all organisations registered on the e-procurement system regularly update their details, particularly if key people leave the organisation.

How do I find out about opportunities?

- Potential suppliers should check Contracts Finder for advertisements of opportunities. If you are registered on ProContract and Contracts Finder you should receive automatic alerts when relevant opportunities are available.
- Contracts over EU thresholds are also advertised in the Official Journal of the European Union (OJEU). Potential suppliers should review the [Official EU website](#) [xxxv] regularly to obtain details of potential forthcoming opportunities.

How do I apply for contracts?

- The prior information/contract notice or advertisement will advise suppliers and potential providers of the process to be followed for that particular contract. Potential suppliers will need to register on ProContract and complete a suitability assessment. This will be used to assess their suitability to supply the Council and their ability to satisfy the standards required to tender for a contract. It is essential that you supply all of the information requested and respond by the due date.

7.5 Market development

- For the majority of contracts which are above the EU threshold there are market development sessions with suppliers and potential providers. At these sessions contracts are introduced with information on which process will be followed and relevant timescales..
- A key element of the sessions is to get the attendees' feedback on the proposed contract. It is felt that the supplier markets are the experts in what they deliver and feedback from the market is crucial to a successful contract for both the council and the suppliers.

Where can I get further information?

If you are seeking information regarding a specific contract please use the contact details provided in the advert, contract or prior information notice and tendering details.

More information about tendering for council contracts is available [here](#) [xxxvi].

7.6 Approaches to Brokerage of Individual packages

- During 2018/19 there will be a review of mechanisms for brokering individual support packages for people, including taking feedback from providers on how they have experienced our DPS system.
- Commissioned care providers are expected to be able to respond to the increasing Direct Payments and self-funders markets, offering flexible service provision and clear pricing structures. Please consider whether information provided to people regarding your services is accessible and easy to understand. BCC is keen to hear from providers who can develop a flexible personalised and cost effective offer for Direct Payment holders.



Thank you for your time and for working with us to deliver Better Lives for People with Care and Support needs in Bristol.

We hope you have found this useful. Please watch our website for information about engagement events.

Please email us with any questions/ comments to: adultcommissioning@bristol.gov.uk

Carol Watson

Head of Adult Care Commissioning
Bristol City Council

Footnotes

[1] www.d3n8a8pro7vhmx.cloudfront.net/labourclp407/pages/233/attachments/original/1460111184/Our_Bristol_Plan.pdf?1460111184

[2] There are issues with comparing the reporting data above. CQC currently publish all ratings of inspections undertaken, including where providers have had more than one inspection and therefore more than one rating in year. The data above only shows the current rating for both Bristol and nationally. The information above is only for published CQC ratings.

[i] www.bristol.gov.uk/council-spending-performance/corporate-strategy

[ii] www.democracy.bristol.gov.uk/documents/b8598/Medium%20Term%20Financial%20Plan%2027th-Jul-2017%2016.00%20Cabinet.pdf?T=9

[iii] www.bristol.gov.uk/documents/20182/239382/Social+Value+Policy+-+approved+March+2016-1.pdf/391b817b-55fc-40c3-8ea2-d3dfb07cc2a0

[iv] www.bristol.gov.uk/en_US/statistics-census-information/the-population-of-bristol

[v] www.fingertipsreports.phe.org.uk/health-profiles/2017/e06000023.pdf

[vi] Bristol Economic Briefing March 2018

[vii] Bristol Economic Briefing March 2018

[viii] A Summary of the adult social care sector and workforce in Bristol. March 2018 Skills for Care www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Local-authority-area-summary-reports.aspx

[ix] Bristol 2016/17 JSNA

[x] Projecting Older Peoples Needs Information Systems

[xi] www.bristol.gov.uk/en_US/policies-plans-strategies/jsna-data-profile

[xii] Bristol 2016/17 JSNA

[xiii] Bristol 2016/17 JSNA

[xiv] Bristol 2016/17 JSNA

[xv] Bristol 2016/17 JSNA

[xvi] DWP

[xvii] www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance

[xviii] 2016/17 Bristol JSNA

[xix] 2016/17 Bristol JSNA

[xx] 2016/17 Bristol JSNA

[xxi] 2016/17 Bristol JSNA

[xxii] 2016/17 Bristol JSNA

[xxiii] 2016/17 Bristol JSNA

[xxiv] www.bristol.gov.uk/people-communities/equalities-data-and-research

[xxv] ONS 2016 Mid-Year Population Estimates.

[xxvi] Bristol 2016/17 JSNA

[xxvii] Bristol 2016/17 JSNA

[xxviii] Bristol 2016/17 JSNA

[xxix] www.bristol.gov.uk/en_US/policies-plans-and-strategies/carer-strategy

[xxx] www.bristolsafeguarding.org/adults/news/joint-adult-and-children-safeguarding-policies/

[xxxi] www.bristolsafeguarding.org/media/1269/final-1-bsab-prevention-and-early-intervention-strategy-april-2016-draftv2.pdf

[xxxii] www.bristolsafeguarding.org/media/24857/final-bsab-organisational-abuse-policy.pdf

[xxxiii] www.bristolsafeguarding.org/adults/safeguarding-adult-reviews/bristol-sars/

[xxxiv] www.procontract.due-north.com/Login

[xxxv] www.ted.europa.eu/TED/main/HomePage.do

[xxxvi] www.bristol.gov.uk/en_US/tenders-contracts

[CM1] Done see text below

Glossary

Alliance Contracting	A collaborative approach where there is one contract between the owner/financier/commissioner and an alliance of parties who deliver the project or service.
Assistive Technology	Equipment and gadgets that helps people carry out daily activities and manage more easily and safely in their own home.
Better Care Fund	A programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.
Better Lives Programme	The overarching programme of work to implement the vision and delivery priorities for adult social care in Bristol.
Care Act 2014	The Care Act 2014 came into effect in April 2015 and replaced most previous law regarding carers and people being cared for. It outlines the way in which local authorities should carry out carer’s assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and places new obligations on local authorities.
Clinical Commissioning Group	Clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
Commissioning	The process by which health and care services are planned, purchased and monitored.
Delayed Transfers of Care (DTOC)	When a patient is ready to leave a hospital or similar care provider but is still occupying a bed.
Direct Payments	Money given to individuals by social services departments to buy the support they have been assessed as needing.
Health and Wellbeing Board	Hosted by local authorities, Health and Wellbeing Boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health.
Individual Service Funds	Where an individual chooses a provider, rather than the council or themselves, to manage their personal budget.

Joint Strategic Needs Assessment (JSNA)	A document that looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services within a local authority area.
Market Shaping	Where the local authority collaborates closely with other relevant partner to encourage and support the whole market in its area for care, support and related services.
Needs Analysis	A document that looks at the current and future health care needs of the local population.
Outcome Based Commissioning	A way to deliver services where all or part of the payment is dependent on achieving specified outcomes.
Personal Assistant (PA)	A person, either directly employed or through an agency, who helps to support a person with their social care needs.
Place Based Commissioning	A way to commission with more focus on the needs of local communities and the role of local networks.
Reablement	A short and intensive service, usually delivered in the home. The purpose of reablement is to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home.
Social Impact Bonds	A form of outcomes based commission with the involvement of social investors to cover the upfront capital required for a provider to set up and deliver a service.
Social Value	The term used to describe the additional value created in the delivery of a service contract which has a wider community or public benefit. This extends beyond the social value delivered as part of the primary contract activity.
Three Tier Model	Bristol City Council’s model to express our strength based approach - working with people to make the most of their own strengths, those of the people who support them, and the wider community around them.
Voluntary and Community Sector (VCS)	Social activity undertaken by organisations that are not-for-profit and non-governmental. Also known as Third Sector organisations.



Documents available in other formats:

If you would like this information in another language, Braille, audio tape, large print, easy English, BSL video or CD rom or plain text please contact: xxxxxxxxx@bristol.gov.uk or phone on 0117 xxx xxxx