Adult Social Care Commissioning Strategy 2023/24

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Commissioning Vision

- Our vision is to align with the best national thinking and developments on the delivery of quality adult social care provision as championed by:

  – Think Local Act Personal (TLAP)

  – Social Care Futures Vision

  – Social care Institute for Excellence (SCIE)

"Our vision is that the services we commission empower people to live in a place they call home, with the people and things that they love, in communities where we all look out for one another, doing the things that matter most to them.

Commissioners will work to support our local communities so that people can draw on community resources to live their lives in the way that they want to, with meaning, purpose and connection, whatever their age or stage of life"

Adapted directly from Social Care Futures

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Operating Principles slide 1

The team have developed 8 key operating principles that set out how as a team to support and facilitate the delivery of a quality and sustainable local care market.

ONE: TARGETED - Reduce reliance on long term institutional care where short term home/community orientated interventions and support can achieve better outcomes for people

TWO: SUSTAINABLE - Deliver a sustainable care market within budget set by cabinet each year, which meets legislative obligations and implements best practice from across the country.

THREE: CO-PRODUCED - Increase co-production with the people that have lived experience of services and use evidence to address equality of access.

FOUR: LOCALLY DELIVERED - Continue to support new locality models that build sufficiency of supply within the local market to meet the needs of Bristol residents. Build upon partnerships with all system stakeholders to ensure optimal focus on locality

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Operating Principles slide 2

FIVE: INNOVATIVE - Build in space to find creative solutions with providers, encouraging and developing new shared service models and strategic partnerships that benefit people.

SIX: INTEGRATED - Take all opportunities to integrate with NHS commissioners where it produces better outcomes for people, promotes efficiency, creates seamless service delivery.

SEVEN: FUNDED - Increase the proportion of our funding spent on services and support towards services that promote early intervention, prevention, personalisation and increase community belonging.

EIGHT: EFFICIENT - Simplify and streamline frameworks and tenders with the provider market to make it easier for a diverse range of providers to operate effectivity across the city.

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Current Position

Headlines from 2021 Census for Bristol

- The Population of Bristol is 472,500

- 19.4% have a health issue for disability

- 89,000 are born outside the UK

- 26.2% have no car

- There are 9,491 veterans

- Somalis are the largest ethnic minority group in Bristol with a population of almost 9,200

- 6.1% of the population over the age of 16 is LGB+

- 0.8% of the population over the age of 16 is Trans

- There are over 90 main languages.

- 51% of the population has no religion

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Population Pressures on Services

- Between 2011 and 2021 the population of Bristol rose by 10.3%. In England and Wales, the population of Bristol rose by 6.3%.

- This means that Bristol was the fastest growing core city in England and Wales during this time.

Population with higher leaves of Disability

- There are over **81,000** disabled people under the Equality Act living in Bristol

- This is an increase of 9,435 since 2011 and almost a fifth (19.4%) of the total Bristol population

- The overall England and Wales population is 17.8%.

Adult Social Care in Numbers

- 5,409 Service users

- 2,695 18-64 year olds

- 2,714 over 65 Year olds

- 63% of service users are adults with Long Term Conditions

- 1,136 of service users have Learning Disability as Primary Support Reason

- 947 service users have Mental Health as Primary Support Reason

- 87% of service users are supported in the city

- £186m Market spend

- £663 Average cost per service user

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Over the last 5 years in Adult Social Care

- The total number of service users in long term care has remained stable

- The number of 18-64 year olds has increased and the number of over 65s fallen

- Unit prices in average weekly cost have increased by £148

- Total market spend has increased by £40m

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Over the last 5 years in Adult Social Care

- Domiciliary care remains the most utilised service type on the care ladder with over 22,400 hours delivered every week.

- There is a long term shift away from care home placements but they still make up 27% and care homes account for 48% of the spend

Provider Snapshot

- BCC work with around 490 providers *(265 outside BCC).*

- In most markets the top 5 providers in BCC have comfortably over a third of provision.

- BCC are most dependent on out of city placements in residential (337 placements) and supported accommodation (156 placements) mainly for 18-64 population.

- Supply is most underdeveloped at the complex needs end of the market especially for Learning Disability and Autism and Mental Health.

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Provider Snapshot Slide 2

Providers based in Bristol and Percentage of Top 5 Providers

Care Ladder Services	Providers Based in Bristol	Top 5 providers make up %
Nursing	26	44%
Residential	53	32%
Supported Accommodation	46	42%
Extra Care Housing (ECH)	6	95%
Supported Living	64	55%
Home care	47	41%
Day Care	24	56%

Strategic Direction

People Directorate

Commissioning, Adult Care

Strategic Direction Slide 1

As we take our services through the commissioning cycle of *analyse, plan, do* and *review* there are some clear points for providers to engage with us on:

- Continue to have local services rated higher than average by the Care Quality Commission

- Target high-cost outlier placements using a nationally recognised pricing tool, for example Care Cubed. With the medium term aim to move away from using these services where the unit costs have become prohibitive against meeting needs

- Use the levers available to commissioning, such as annual uplift application, framework structuring and negotiation to create a sustainable market within budget

- Increase the current levels of co-production with our local market through continuation of the forums, but in addition more 1:1-time wth individual providers through the transformation and commissioning team, the market analysis team and the new joint LD&A team

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Strategic Direction Slide 2

- Support providers that can develop specialisms and can support underrepresented groups and communities bringing a deeper cultural awareness to the delivery of care hours

- Work with providers to call off from the framework across traditional care service boundaries to help support models that promote move through and increases levels of community belonging and wellbeing for people

- Find ways to promote a solution focused work ethic with the care market that supports innovation and priorities independent living for service users.

- With the expectation of moving to less providers (currently 490) to longer term strategic partnerships through call offs from the ASC single framework where the market requires further targeted support to create the best practice models we want to specify for.

Strategic Direction Slide 3

- Streamline operational commissioning and contracts to make it easier for providers to join our framework and contract with us directly

- Encourage and support local VCSE organisations to self-organise and bid for work collectively and in partnership and to attract NHS as well as social care funding

- Restructure the teams to better align with our markets and provide clear community and complex accommodation-based commissioning leads for th care market to engage with

- Develop our commissioning officer roles to work within the new localities set up under the Integrated Care System (ICS) to promote local solutions to population health and care determinants across a specific locality

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Strategic Direction Slide 4

- Promote medium to long term care shifts in the percentage of clients supported to continue to live in their own home

- Promote medium to long term care shifts in the percentage of clients supported by services such as Shared Lives, Direct payments, Day opportunities and Respite

- Make room for other new alternatives to run alongside these services, Voluntary, Community and Social Enterprise Services and Technology

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Strategic Direction Slide 5

Current Spend and activity by percentage

Care Ladder	Current % spend split care ladder	Current % activity care ladder
Nursing	17.8%	11.7%
Residential	29.9%	14.6%
Supported Accommodation	20.6%	12.4%
Extra Care Housing (ECH)	2.8%	7.9%
Supported Living	6.4%	12.4%
Home care	11.5%	21.6%
Day Care	1.4%	4.3%
Adult Placement	0.5%	1.1%
Direct Payments	8.6%	13.9%

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A focus on our care ladder and meeting demand lower down the care ladder

- The Care Ladder concept sets out the different types of care and support activity.

- The Care Ladder has Tier 3 services such as Residential and Nursing Care at the top, Tier 2 services such as Reablement and Early Intervention Services in the middle, and Tier 1 services such as Social Prescribing at the bottom of the ladder.

- The ambition is to drive volume of activity and cost down to the optimal level, avoiding unnecessarily high level institutional services.

- This enables the service to manage costs more effectively, whilst supporting individuals to achieve better outcomes and maximise their independence.

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Delivery for 2023/24

Internal Transformation Projects

- Commissioning restructured into Complex accommodation-based care and community-based care to be more aligned with local markets

- New Joint Learning disabilities and autism team to promote joint commissioning between health and care – initially working with the complex transforming care cohort

- New Market Analysis Team to target provider level working promoting open book accounting and longer-term sustainable partnerships

- Create Locality officers with a greater focus on 'knowing their patch' and supporting care management to better understand the services and support accessible in a locality

Internal Transformation Projects Slide 2

- Contracts resource to move corporately with tighter recording through Proactis continuing closer alignment with corporate procurement

- Brokerage and Client and Carer Finance exploring greater digitalisation of business processes including PAMMS, Finance portal, e-brokerage

- All teams under commissioning to explore closer working with Children's services to deliver better outcomes for people and more efficient use of resources

- Working with Housing through the housing board to create a pipeline of suitable adapted specialist and general needs housing supply for ASC clients

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New Single Adult Social Care Framework

- Simplify and standardise terms and conditions

- Streamlined application process

- Streamlined quality assurance process

- Ability to call off services across Lots promoting move through and strategic partnerships

- Clear and transparent pricing and rates

- Ability to move budget and activity across the care ladder more easily promoting certain services such as direct payments

- Remove barriers to innovation with a new innovation lot all providers will be encouraged to apply to join

- Promotes integration with health as a named commissioner on the framework

- Explore the potential in making the framework publicly available in order or to allow citizens to view who Bristol City Council has approved for care

Joint Working with the NHS

- Align our Information, Advice and Guidance web facing service with health to make finding health and care information easier

- Increased alignment of intermediate care services (Reablement) with health's intermediate care offer to support smoother, faster hospital discharge and admissions avoidance

- Support health partners with commissioning care providers into the intermediate care space e.g Link worker project (VCSE), Provider reps project, micro provider project, additional domiciliary care capacity into Pathway one project

- Link into ICB commissioning meetings to join up on transformation programmes like BNSSG Home First and BNSSG Digital Transformation

- Pilot a joint community tec pathway as part of our shared prevention offer to maximise independence

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Price Control Slide 1

- All teams under commissioning are being restructured and have to deliver savings

- Focus on commissioning support into transformation projects that prioritise savings

- Administer the uplift fairly across the care ladder and to promote alternatives lower down the care ladder

- Standing commissioning representation into the new care management governance and assurance pathway. With Commissioning representation at the weekly Support Options Forums (SOF) and Case Discussion Funding Forums (CDFF)

- Application of Care Cubed by provider – focusing initially on the high cost complex end of the care market (LD and Section 117)

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Price Control Slide 2

- Brokerage negotiation and record keeping of securing agreed market rates

- Working with health to reprofile historic funding agreements e.g. community equipment, Continuing healthcare (CHC) and Section 117 arrangements

- Supporting health with transforming care cohort stepping down from long stay hospital and securing that funding follows the patient from NHSE so as not to put further burdens on local budgets

- Benchmarking using Use of Resources and new SWADASS regional benchmarking data produced by Caja

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New emphasis on Co-production and Engagement recognising a past gap

- Commission Healthwatch as an independent partner to help co-ordinate and expand our direct work on co-production with people with lived experience

- Learn from the excellent examples of co-production being piloted in the national changing futures programme

- Apply engagement and co-production with Healthwatch to the single framework tendering process

Key Performance Measures

Key Performance Indicators

Key Performance Indicator split by age –18-64 year olds and over 65s	Target 18-64	Target Over 65s
Number of service users in long term care	2,550	2,580
Percentage of service users receiving long term care at home or tenancy	84%	61%
Average weekly cost of service users in long term care	£780	£575
The percentage of unique contacts through care direct that result in a long term (Tier 3) service	3%	7.5%
Percentage of adult social care service users who say that services have made them feel safe & secure	90%	90%
Percentage of adult social care service users, who feel that they have control over their daily life	80%	80%
Percentage of BCC regulated CQC Care Service providers, where provision is rated 'Good or Better'	90%	90%

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