

Adult Social Care Commissioning Strategy & Market Position Statement

2024/2025

Commissioning Strategy Contents

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Vision for Adult Social Care, Drivers, Principles and Outcomes

2025

Our Vision

We are proud of our vibrant and diverse city.

Our vision is that all of us in Bristol city will have the support that we need to live in a place that we call home, with the people and things that we love, in communities where we all look out for one another, doing the things that matter to us.

Sometimes, we or the people that we care about need help to achieve this because of a disability or health condition.

This is the role of Adult Social Care.

People in Bristol have worked in partnership

to understand what this vision means for our diverse community and what we need to do to help our vision become a reality.

Our Vision builds on the work of Social Care Future

Strategic Drivers

This strategy aligns with and is influenced by several other system and local strategies (this list is not exhaustive):

Corporate Strategy,
specifically *Health,
Care and Wellbeing
and Home and
Communities themes*

Bristol One City Plan

NHS Long Term Plan

Joint Strategic Needs
Assessment (JNSA)

Multiple
Disadvantage
strategy

All Age Carers
strategy

Coproduction Policy
and Process for Adult
Social Care

BNSSG ICB Joint
Forward plan (*Bristol
Health and Wellbeing
Board Strategy*)

BNSSG ICB all age
mental health and
wellbeing strategy

Project 1000: Better
Lives in Bristol
Supported Housing
Delivery Plan

Specialist Supported
Housing Strategy

Adult Social Care
Service Plan

Operating Principles

The team have developed 8 key operating principles.

One: Targeted - Reduce reliance on long term institutional care where short term home/community orientated interventions and support can achieve better outcomes

Two: Sustainable - Deliver a sustainable care market within budget set by full council 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.

Operating Principles

These principles set out how to support and facilitate the delivery of a quality and sustainable local care market

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 opportunities to integrate with NHS commissioners where it promotes efficiency, creates seamless service delivery and produces better outcomes for people.

Seven: Funded - Shift funding 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 effectively across the city.

Accommodation and Community Based Care and Support

Bristol's commissioning is split across two service areas, Accommodation including Complex Care and Community Based Care and Support. The service works towards the following shared outcome:

To have sufficient supply of good-quality services, interventions and accommodation, now and in the future, which enable people to optimise their independence in their own home and thrive within their communities of choice

Priority Delivery Areas 2025

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How will we work to achieve our service outcomes?



Focus On Maintaining
Good Quality Services



Support A Sustainable
Market Through
Transparent Value For
Money Discussions



Embed Co-production
And User Voice Into
Commissioning Practice



Take Positive Action
On Equality And
Inclusion Issues



Explore Joint
Commissioning Or
Collaboration That Supports
Positive Outcomes For
People



Establish Strategic
Partnerships With
Providers To Address
Chronic Gaps In
Provision



Encourage Innovation,
Promoting A Shift Away
From Traditional Forms
Of Care



Create A Better
Environment For SME's
And The VCSE To Grow
Their Local Offer



Improve Our Prevention
Offer, To Prevent,
Reduce And Delay Need
For Long Term Care And
Support



Increase Supply Of
Housing For People
Who Draw Upon Care
And Support

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Focus on maintaining good quality services

Where are we now?

- Bristol currently has 96% of providers rated by CQC as good and outstanding, compared to an England average of 83%.
- With a proactive programme of regular service inspection Bristol ASC aims to work more closely with people who draw upon care and support, providers and others to improve quality.

What do we plan to do next?

- Through working with stakeholders to understand the best way to raise a compliments, concerns or complaints through the service monitoring and improvement process.
- Explore embedding experts by experience into our quality assurance process

We will know we are making a difference when

- People who draw upon care and support and their carers telling us that their service is good quality.
- Satisfaction surveys conducted as part of the contract with BCC demonstrates this.

Support a sustainable market through transparent discussions around value for money

Where are we now?

- Our market analysis team (MAT) in addition to support planning and brokerage teams, work with social care providers to understand their costs with an aim of aligning the cost of care with national benchmarks.
- We continue to have an open dialogue with providers where they disclose financial sustainability issues.
- We use the annual contractual uplift mechanism to distribute funds equitably that support and encourage our service vision and outcome.

What do we plan to do next?

- Continue to work with the Integrated Care Board (ICB) to ensure appropriately commissioned services deliver to ensure best value for money and a detailed understanding of the local care market.

We will know we are making a difference when

- People who draw upon care and support and their carers receive consistent support with the provider that can best meet their needs.
- Providers are able to provide good quality services and remain sustainable through the income they receive.
- We are able to manage demand for services within our Adult Social Care purchasing budget. We will do this by generating the right supply of services across the care ladder (see appendix)
- We have the right supply of services to maximise people's opportunity to live independently in the community

Embed co-production and user voice into commissioning practice

Where are we now?

- Implementing the agreed co-production policy and process for Adult Social Care with People with Lived Expertise. This policy and process sets out how Adult Social Care will co-produce work with people with lived expertise to transform and improve services
- Working with system partners to explore opportunities to collaborate on effective co-production across the City.

What do we plan to do next?

- Use the co-production policy and process into our practice across Adult Social Care
- Explore opportunities to strategically embed people's voices into how we make decisions about service transformation.
- Improve and increase our levels of engagement and co-design across our commissioning work.
- Commence work to address the Stephen Bubb, Building Rights report with people with lived expertise.
- Upskill and train our staff so they have the skills and tools to co-produce well

We will know we are making a difference when

- People who draw upon care and support and their carers voices are represented in everything we do.
- Peoples' outcomes are being met in better ways through their involvement in the design of services.

Take positive action on Equality and Inclusion issues

Where are we now?

- We continue to work towards delivering our Adult Social Care Equalities action plan
- We work with the Chair of the Disability Equality Commission to work collaboratively on issues for Disabled people in the City.
- Included the National Development Team for Inclusion (NDTI) traffic light system into our ASC Commissioning Framework service specification to encourage providers to creating inclusive opportunities for people who draw upon care and support
- Increasing access to and use of the We work for everyone programme, to increase the number of Disabled People with a Learning Disability into paid employment
- Make use of the learning from the Make It Work report to support Black and Minortised Suppliers to thrive

What do we plan to do next?

- Embed learning from the Changing Future Programme to improve access into services for people who experience multiple disadvantage
- Use of framework call offs to address gaps in the market ensuring equality of access to the right support, such as culturally appropriate services to meet the diverse need of our community
- Take positive action through our co-production policy and process to understand the equality and inclusion issues that people experience

We will know we are making a difference when

- People who draw upon care and support are supported in inclusive community settings
- More Disabled people with a learning disability are in paid employment.
- People who draw upon care and support and their carers, tell us that their equality and diversity needs are being met through the care and support they receive.

Explore joint commissioning and collaboration opportunities that will support positive outcomes for people

Where are we now?

- Transforming Care, We have established and embedded a commissioning process to support successful discharge from long stay hospitals for a number of different people to re-enter the community with the right support.
- Using Better Care Fund (BCF) and Discharge Grant to grow shared capacity across health and care for a range of discharge services from hospital, such as the Bridging service and VCSE link worker pilot both of which supports people to return home once discharged from hospital and stay well within their community
- Improve existing mechanisms and agreements around joint commissioning and the opportunities that presents

What do we plan to do next?

- Transitions, refine effective demand forecasting processes allowing sufficient appropriate support for young people entering adult services.
- Reprocare a new directory of services to help people access information, advice and guidance with BNSSG partners
- Work with the ICB to agree how to best allocate resources from our various funding streams, including the Discharge grant and other statutory funding agreements, now and into the future to ensure best value and outcomes.
- Work in partnership with BNSSG ICB to align how to work with the local care market. This includes use of Hospital (pathway) and Mental Health step down beds, funded nursing care, Mental Health aftercare provision and Continuing Health Care.

We will know we have made a difference when

- People who draw upon care and support, and their carers, have a better experience from jointly commissioned services telling their story once
- We are making better use of resources to commission services together with shared system outcomes.

Establish strategic partnership with providers to address chronic gaps in provision

Where are we now?

- We are working with the ICB to improve services for people with a learning disability and mental health needs through the development of a strategic partner model. The aim of this is to create and plan for and supply a range of services to meet people's needs and outcomes.

What do we plan to do next?

- To work closer with fewer providers to develop a complete service offer across Bristol that works in a locality approach. This will include targets for service growth that means that people are able to fulfil their potential with the right support services available where they live whilst maintaining a balanced approach to existing budgets
- These will include increasing the right housing supply, support to access the community, supported employment and respite care.
- In the coming year we will be targeting the areas of the market most in need of development.

We will know we are making a difference when

- People who draw upon care and support are supported in their local community
- More people with a learning disability are able to live in Bristol and not out of area.
- People who use support tell us that their needs are being met through the care and support they receive.

Encourage innovation to shift away from traditional forms of care

Where are we now?

- Making use of the Accelerating Reform Fund to explore innovations to improve outcomes for carers in the City.
- Embedding use of Technology Enabled Care (TEC) by default to enable people to maintain independence and work with South West ADASS to explore further opportunities
- Explore the use of IT platforms to make our systems better and also enable citizens and providers to access and provide information more efficiently
- Positive Behaviour Support (PBS) is made available to more providers upskilling the workforce to manage increased complexity of need.

What do we plan to do next?

- Explore commissioning models to modernise care and support in the community, including maximising the use of Home Care and Extra Care Housing.
- Further develop services to enable more people to take a Direct Payment
- Work with BNSSG ICB and other partners, such as children's and public health, to explore opportunities for the VCSE, including working with the newly formed BNSSG VCSE Alliance

We will know we are making a difference when

- People who draw upon care and support have opportunities to be supported to increase or maintain their independence through innovative services and interventions

Create a better environment for SMEs and the VCSE to work with us

Where are we now?

- Further work to embed and improve work with ICB around the use of VCSE link workers in hospital and community to support safe and effective discharge home
- Increased the Direct payments rate to encourage this market and to support VCSE organisations to work directly with people with a direct payment
- Develop a VCSE offer through our Advocacy recommissioning

What do we plan to do next?

- Working with BNSSG ICB in the development of the VCSE Alliance brokerage system
- Targeting SME and VCSE organisations to grow and develop services to improve our personalisation offer
- Explore further opportunities for collaboration with system partners, including BNSSG ICB and Childrens Commissioning team

We will know we are making a difference when

- People who draw upon care and support are supported by a range of organisations that are local to them and their community
- SMEs and the VCSE thrive within Bristol sustained via a range of income stream

Improve our prevention offer to prevent, reduce and delay the need for long term care and support

Where are we now?

- Exploring opportunities to collaborate on a new information, advice and guidance offer that aligns with our self-assessment process for people who may need help, care and support.
- Collaborate with internal operational teams through the use of support options forum to promote preventative interventions in the care act assessment process
- Recommissioned non-statutory, preventative services informed by best practice and gaps in our provision, including Help when you need it and Home Improvement Agency

What do we plan to do next?

- Continue to explore opportunities to pilot preventative interventions when funding is available within the budget, utilising the innovation lot from the ASC Framework.

We will know we are making a difference when

- People who draw upon care and support receive the right information, advice and guidance that enables them to help themselves.
- We see a reduction in the number of 'inappropriate' contacts to Care Direct

Increase supply of housing options for people who draw upon care and support

Where are we now?

- Supported Housing Delivery Plan focussed on the totality of ASC housing need developed. In conjuncture with Specialist Supported Housing (SSH) Policy to support Registered Landlords to sustainably increase the amount of housing they can deliver.
- This includes Mental Health step down accommodation to support people to recover in the community working with mild to severe Learning Disability and/or Autism and young people transitioning into adult social care from Children's Services.

What do we plan to do next?

- Continue to work with Registered Landlords and the Housing Delivery Team to increase the amount of housing available to people who draw on care and support.
- Housing pipeline planning and development of new sites to continue to address gaps as identified in the Supported Housing Delivery Plan.

We will know we are making a difference when

- People who draw upon care and support are living in the most suitable accommodation to optimise their independence.
- We have fewer delayed discharges from long stay health settings into the community.
- People who draw upon care and support are supported in a more effective way as they transition from children's services.

Tender Opportunities for 2025

Tender Opportunities across the care ladder

Area of Focus	Opportunity
<p>ASC Commissioning Framework – This is an open framework for most of the Social Care market in Adult Social Care. Services commissioned from this framework include:</p> <ul style="list-style-type: none"> • Lot 1 - Residential and Nursing Care Homes, • Lot 2 - Extra Care Housing, • Lot 3 - Supported Accommodation, • Lot 4 - Home Care, • Lot 5 - Community Support & Day Opportunities, • Lot 6 - Personalisation, • Lot 7 – Advocacy, • Lot 8 - Carers. <p>Services include all social care primary needs for adults over 18. Social care providers will only have to apply for one framework to access a range of opportunities. Includes an ‘innovation’ lot, where we will procure innovations in the sector including test and learning pilots.</p>	<p>The Single Commissioning Framework for Adult Social Care is now open for tender applications.</p> <p>ProContract reference number: DN671282</p> <p><u>Adult social care single framework (bristol.gov.uk)</u></p>

Accommodation and Complex Care Opportunities

Area of Focus	Opportunity
<p>Strategic Partner Contract for Learning Disabilities and Autism – It is recognised across the Integrated Care System (ICS) that we have gaps in provision and poorer outcomes for the Disabled people with Learning Disabilities and Autism (LD&A). Through our joint LD&A commissioning team, this opportunity is to be the primary provider of a range of services in a locality-based approach across Bristol.</p>	<p>Providers need to have been awarded onto the Single Commissioning Framework to tender for this opportunity</p> <p>Single Commissioning framework – DN671282</p> <p>A separate tender opportunity will be published via the single Framework. Indicative date : Summer 2024.</p>
<p>Strategic Partner Contract for Mental Health – It is recognised across the Integrated Care System (ICS) that we have gaps in provision and poorer outcomes for the people with Mental Health related support needs. Through our joint commissioning team, this opportunity is to be the primary provider of a range of services in a locality-based approach across Bristol.</p>	<p>Providers need to have been awarded onto the Single Commissioning Framework to tender for this opportunity</p> <p>Single Commissioning framework – DN671282</p> <p>A separate tender opportunity will be published via the single Framework. Indicative date : Winter 2025.</p>
<p>Extra Care Housing – As part of the move to maintaining more activity and choice into older age, BCC recognises the move to more independent forms of care and support. New schemes currently in planning and development will require support providers to create the culture and ethos needed to launch successful new schemes.</p>	<p>Providers need to have been awarded onto the Single Commissioning Framework to tender for this opportunity</p> <p>Single Commissioning framework – DN671282</p> <p>A separate tender opportunity will be published via the single Framework. Indicative date : Late 2025.</p>
<p>Information, Advice and Guidance – contract opportunity for the provision of directory of services, information, advice and guidance platform, including quality assurance of the data and partnership working with communities to ensure that the platform is up to date.</p>	<p>Route to market to be confirmed</p>

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Bristol Demographics and Market Position

Headlines from the 2021 Census



**Health issue
or disability**
19.4%

Equality Act Disabled
(17.8% England & Wales, E&W)



**Born outside
the UK**
89,000

18.8% population
(16.8% in E&W)



No car
26.2%

Households with no car
(23.3% in E&W)



Veterans
9,491

2.4% population 16+
(3.8% in E&W)



Ethnicity
287+

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



Population
472,500

+10.3% more people than 2011
fastest growing Core City in E&W



Qualifications
42.1%

with a degree or higher
Highest of E&W Core Cities (33.8% E&W)



LGB+
23,650

6.1% population 16+
(3.2% in E&W)



Trans
3,220

0.8% population 16+
(0.5% in E&W)



Main languages
90+

7,000 Polish speakers



Religion
45+

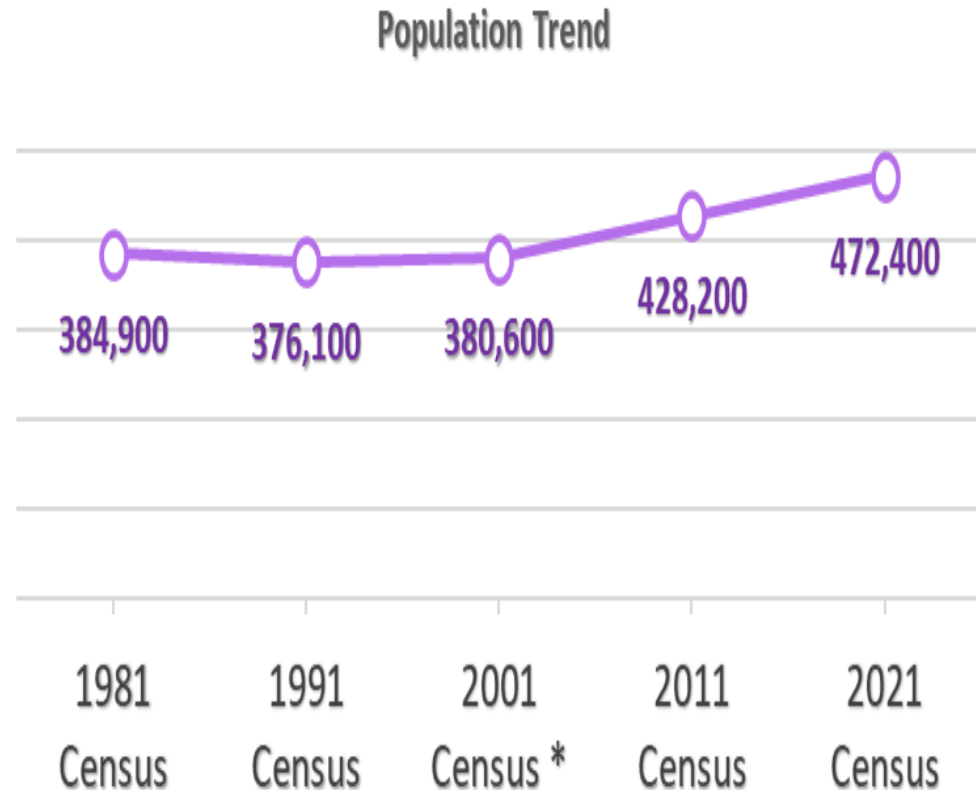
51% no religion
(37.2% in E&W)

Population Pressures on Services

2011-2021

- Bristol +10.3%
- England & Wales +6.3%

Making Bristol the fastest growing
Core City in E&W



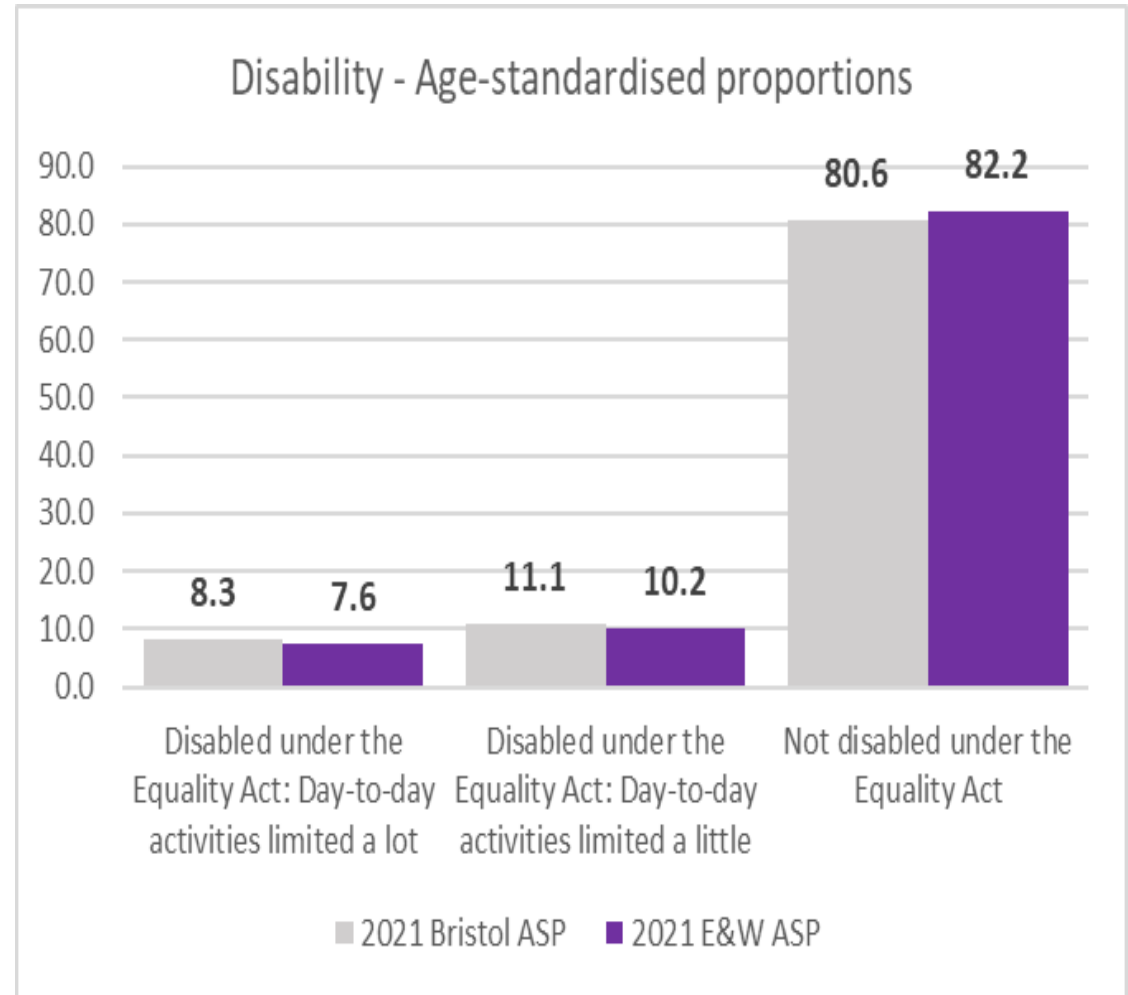
** 2001 Census undercounted Bristol population by 6,700 people*

Population with higher levels of Disability

Over **81,000** disabled people under the Equality Act living in Bristol

This is an increase of 9,435 since 2011

Almost a fifth (19.4%) of the total population (E&W 17.8%)



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

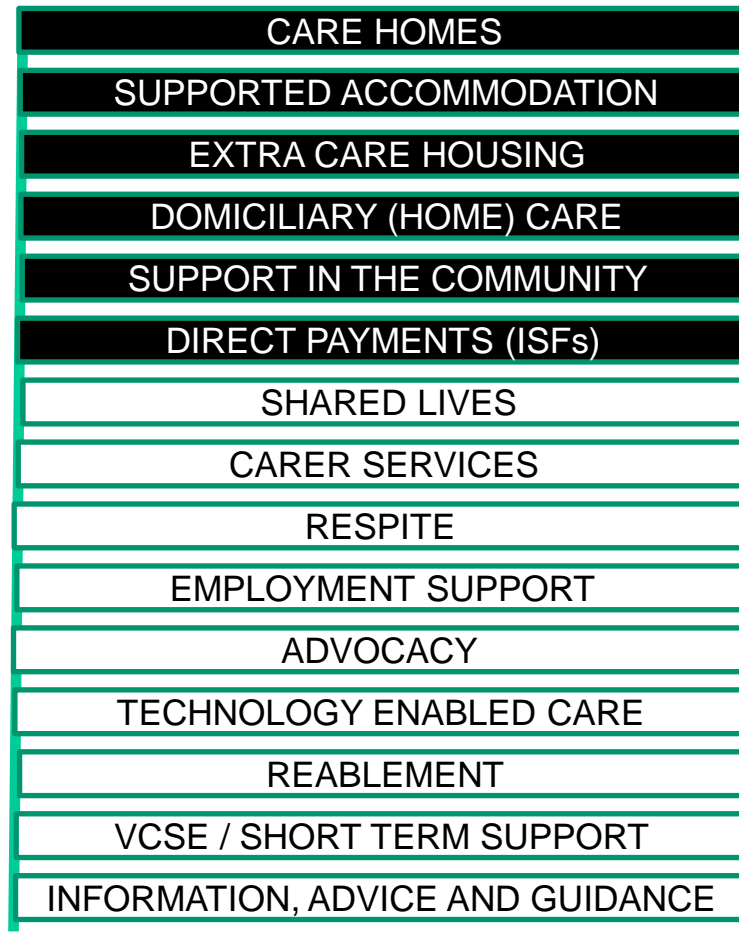
The Care Ladder

The Care Ladder illustrates the services that make up the core Adult Social Care offer to meet people's care and support needs.

On the top rungs, the Care Ladder shows high-level types of care that support people with the most complex needs. This care is often institutional and can be restrictive.

Further down the Care Ladder, are services usually used to meet moderate needs. At the bottom of the ladder are locality-based service offering preventative support. These can be provided by community groups and the VCSE, using community facilities and 'assets'.

Such approaches help reduce and prevent the need for more restrictive care further up the Care Ladder.



Prevent, delay and reduce the need for on-going long-term support to help maximise independence and offer outcomes that support wellbeing

Bristol ASC Headline Numbers

5,595
Service users

2,806
18–64-year-olds

2,789
Over 65
year olds

Adults with Long
Term Conditions
62.5%

1,191
Learning
Disabilities as
Primary Support
Reason

1,065
Mental Health as
Primary Support
Reason

87% supported
in the city

£229m
Market spend

£786
Average cost per
Service User

Over the last 5 years

Activity in ASC

Total number of service users in long term care has remained stable

Number of 18-64 increased – Number of over 65s fallen

Price in ASC

Unit prices in average weekly cost have increased by £165

Total market spend has increased by 37%

318

Change in No. of Service Users

£165

Change in Avg. Weekly Cost

34.8%

% Change in FYE Cost

[Click for
Actuals](#)

[Click for
Percentages](#)

Care Type	Service Users Start of Period	Service Users End of Period	Actual Change in Service Users	Change in FYE Cost due to change in No. of Service Users	Change in Average Weekly Cost	Change in FYE Cost due to change in Weekly Cost	Total Change in FYE Cost
Nursing	676	666	-10	£-462,307	£195	£6,775,161	£6,312,855
Residential	899	767	-132	£-8,063,492	£357	£14,284,648	£6,221,156
Extra Care Housing	420	426	6	£74,940	£39	£877,290	£952,231
Supported Accom	616	818	202	£8,719,472	£482	£20,553,678	£29,273,150
Supported Living	595	827	232	£3,698,187	£13	£573,826	£4,272,014
Homecare	1,190	1,445	255	£3,515,824	£112	£8,463,694	£11,979,519
Shared Lives	55	52	-3	£-45,617	£2	£4,954	£-40,663
Direct Payments	1,026	850	-176	£-3,447,048	£38	£1,676,374	£-1,770,674
Day Services	256	247	-9	£-84,574	£85	£1,099,837	£1,015,263
Total	5,262	5,580	318	£10,106,482	£165	£48,108,483	£58,214,965

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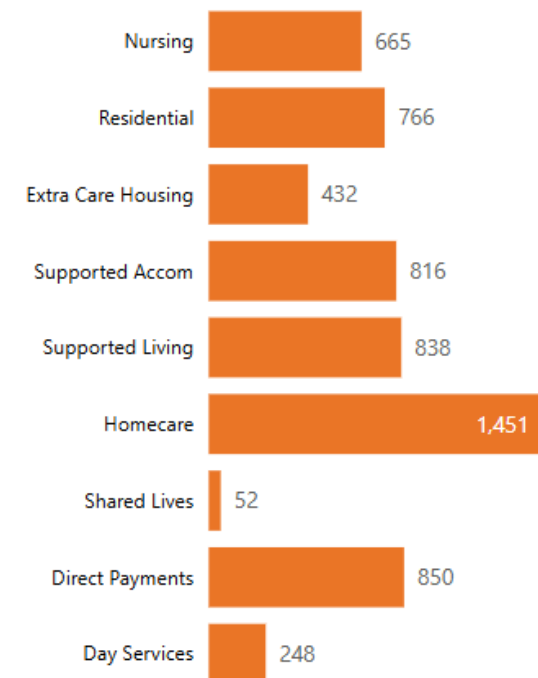
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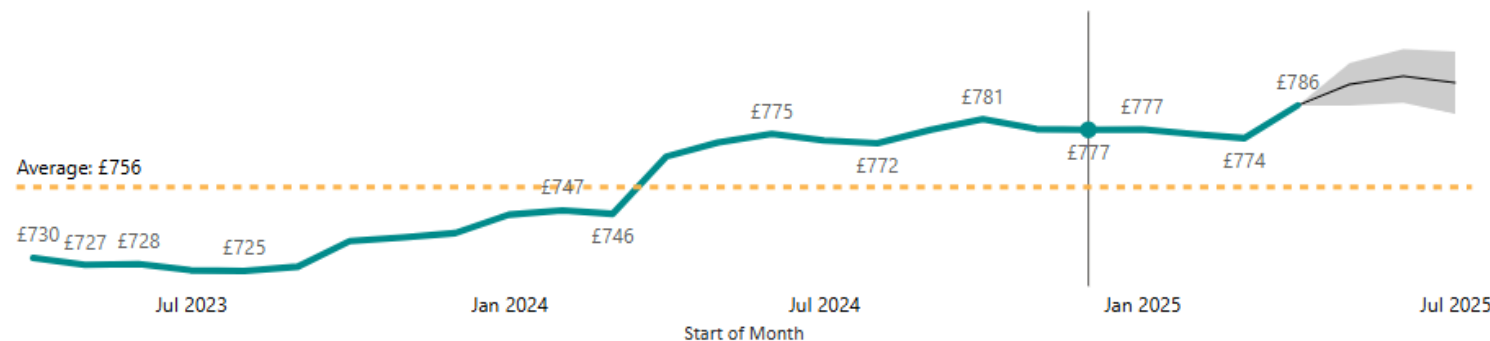
Over the last 5 years in ASC

- Home care remains the most utilised service type on the care ladder with over 22,977 hours delivered every week
- Long term shift away from care home services for individuals but still make up 25.5% and care homes account for 44% of the spend.
- While unit costs have remained stable there has been an overall increase in the number of people who draw on care and support (124) representing a 4.5% growth in the last 12 months.

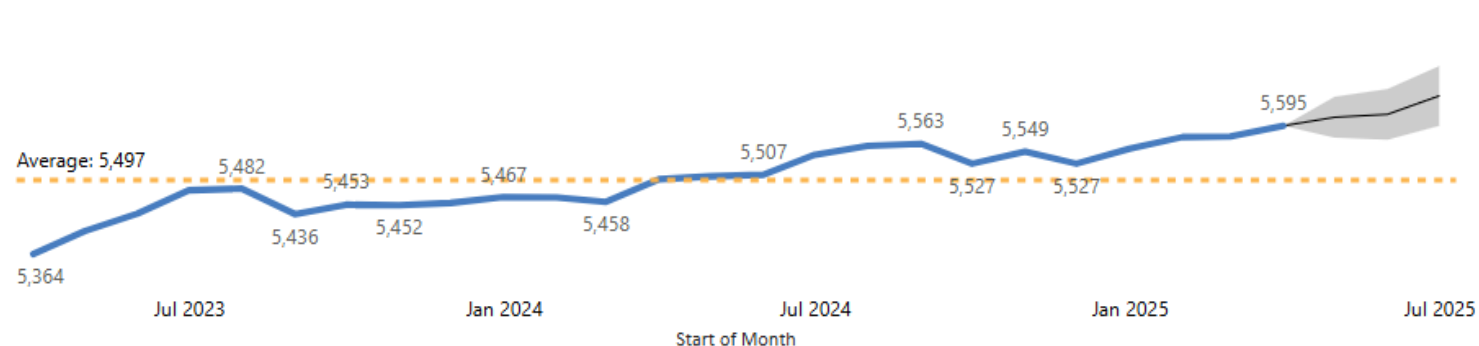
Number of Service Users by Care Type at the end of the selected period



Average Weekly Cost by Date, with 3-Month Forecast



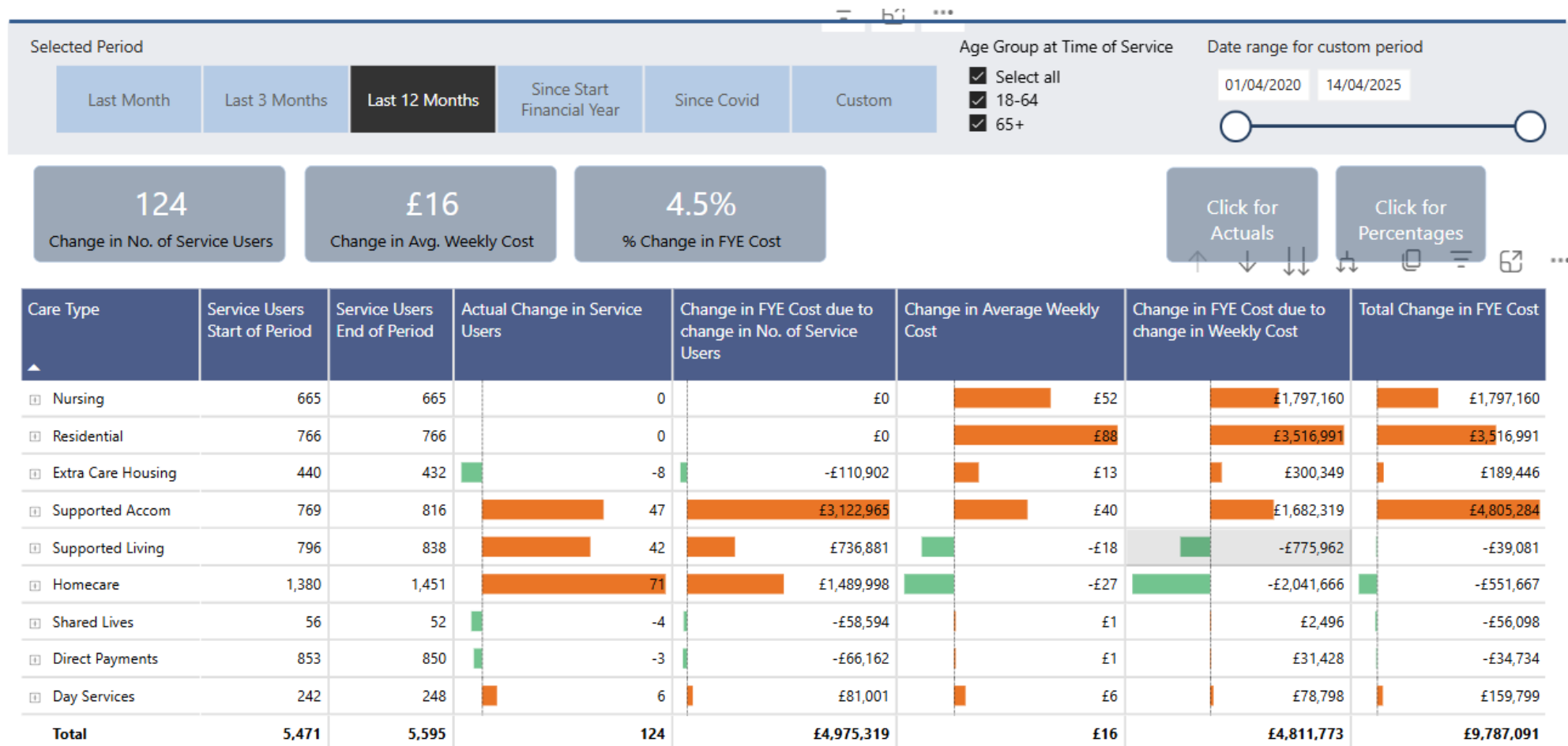
Number of Active Service Users by Date, with 3-Month Forecast



Over the last 12 months in ASC

Growth in the last twelve months has largely been contained to tenancy-based accommodation and community support in line with the strategy.

Overall growth has outstripped regional benchmarks leaving Bristol as a regional outlier in the Southwest as per the LGA use of resources report.



Provider Snapshot

- BCC work with around 483 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 services out of city in residential (330) and supported accommodation (177) mainly for 18-64 population
- Supply is most underdeveloped at the complex needs end of the market especially for LD&A and MH

Care Ladder	Providers in BCC	Top 5 providers make up %
Nursing	55	41%
Residential	155	24%
Supported Accommodation	86	35%
Extra Care Housing (ECH)	8	89%
Supported Living	69	46%
Home care	48	38%
Day Care Services	25	58%

Shifting resources across our Adult Social Care budget

- We will know that we have been successful in achieving our service outcome as we see shifts further down the care ladder and a gradual increase in the proportion of activity and spend in more community-based interventions
- We also want to enable the development of new interventions to improve our offer, including advancements in VCSE provision and TEC

Care Ladder	Current % spend split care ladder	Current % activity care ladder
Nursing	16.39%	11.57%
Residential	27.53%	13.75%
Supported Accommodation	22.50%	13.71%
Extra Care Housing (ECH)	2.77%	8.13%
Supported Living	6.45%	14.72%
Home care	13.78%	26.13%
Day Care	1.52%	4.60%
Adult Placement	0.38%	1.01%
Direct Payments	8.69%	15.45%

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
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Number of service users in long term care	2,550	2,580
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Percentage of service users receiving long term care at home or tenancy	84%	61%
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Average weekly cost of service users in long term care	£780	£575
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The percentage of unique contacts through care direct that result in a long term (Tier 3) service	3%	7.5%
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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%
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Percentage of BCC regulated CQC Care Service providers, where provision is rated 'Good or Better'	90%	90%
---------------------------------------------------------------------------------------------------	-----	-----