



Market Position Statement

Supported Living services 2016

Preface

This is the first version of Bristol City Council's Market Position Statement relating to Supported Living services for citizens with statutory social care needs; it is intended that the Market Position Statement will be a living document, reviewed as required by commissioning staff and the product of an on-going dialogue between commissioners, providers and other interested parties,

Much of the knowledge, experience, skills and commitment around social care lies with providers of care and support and social workers. Providers are a key route to the voice of people who currently use services, we need to ensure that voice, and those of the wider communities in Bristol, are heard to help us with future decision making.

We welcome feedback from providers and other interested parties to help us improve this document for future versions. Please tell us what kind of market information would be useful in the future or what information is difficult to obtain independently as well as your views on the type of engagement you feel will be most useful to you.

This document will be refreshed following the tender for community support services open framework, at which point we will have further information about what we are buying, at what costs and where the gaps in provision are.

Please send your comments and suggestions by e-mail to adultcommissioning@bristol.gov.uk

You can get this document in large print, by email, in Braille, on audiotape/CD, as a BSL DVD, in Easy English with pictures and in community languages. You can also get a summary with pictures. Please contact the Adult Commissioning team at adultcommissioning@bristol.gov.uk if you require this.

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Section One: Market Shaping

1.1 What is a Market Position Statement?

A Market Position Statement is designed to provide intelligence, information and analysis about the supply and demand of services which will enable providers to;

- Have an overview of the Supported living market, for adults that have an eligible need.
- Shape their services to meet the needs of individuals
- Share the Councils thinking and future commissioning intentions.

Bristol City Council used information from different sources to compile this statement including:

- The Bristol Joint Strategic Needs Assessment (JSNA)
- Internal data from Social care database (LAS) and Bristol City Council finance systems
- Pansi - Projecting Adult Needs and Service Information <http://www.pansi.org.uk/>
- ASCOF data from the Health and Social care Information centre.
- Feedback from our providers.
- Feedback from service users, carers and their families.
- Information from other services on the care pathway (including homecare)

1.2 Co-production in Commissioning and Market shaping

Co-production is a key concept in the development of public services. It has the potential to make an important contribution to all of the big challenges that face social care services.

The statutory guidance for the Care Act identifies co-production as an important consideration for commissioning and market shaping. It says that commissioning and market shaping should be a "shared endeavour" with "commissioners working alongside people with care and support needs, carers, family members, care providers, representatives of care workers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions".^[30]

^[30] Department of Health. (2014). *Care and Support Statutory Guidance: Issued under the Care Act 2014*. p.52.

Bristol City Council uses co-production meetings with social care providers to develop key documents for the Community Support Services Tender of which Supported living is one of the four areas being commissioned. Following the principles of co-production, providers are also encouraged to work collaboratively with their service users, carers and other partners in developing their services and business models. Co-production aims to enable individuals to be partners in the process of devising service specifications to best meet their outcomes and demonstrate value for money.

Market Shaping

Market Shaping means the local authority having a relationship with stakeholders to ensure the market continues to meet citizen's needs and changing demand.

The core activities of Market shaping are to;

- Engage with stakeholders to develop an understanding of supply and demand
- Articulate likely trends that reflect people's evolving needs and aspirations
- Signal to the market the types of services needed now and in the future

1.2 Who is this document for?

Community Support Services (CSS) in Bristol are adult social care support services for adults (18+ years) with statutorily assessed eligible social care needs, including but not limited to those with learning disabilities, physical disabilities, sensory impairments, mental ill health, older people and carers. Community Support Services include 4 areas being Supported living, Support to access the Community, Day services and 'Time for you' (Respite service).

Supported Living is support provided within someone's home to enable and maintain independent living, where the tenancy and support are intrinsically linked. Supported Living, as described in the community support services specification, tends to be accommodation support alongside support with non-domestic tasks. The provider may or not be the Landlord alongside the service provider but the tenancy and support will be intrinsically linked.

These providers will include;

- Independent and private providers
- Voluntary and community sector providers
- Providers who are not currently working with Bristol City Council and who wish to work with Bristol City Council in the future.

Our aim is for this information to be used to stimulate further conversations with providers to support our vision for a thriving, diverse care and support market. We are committed to working in partnership with providers, service users and carers, both to face the challenges

ahead and seek out opportunities to build on local strengths, thereby encouraging a diverse, innovative and active market.

Commissioners recognise that we cannot meet the challenges ahead without working with both people that use care and support services and providers. We are committed to working with providers to help develop our future plans and encourage a dialogue with organisations to discuss areas of interest outlined in this document via email at

adultcommissioning@bristol.gov.uk

Bristol City Council also run a number of provider forums, partnership boards, and participate in briefing sessions where we engage around specific issues or service areas. Some are restricted to providers we have a contractual relationship with, or to nominated representatives from the sector, and some are open to all.

Please see <https://www.bristol.gov.uk> for contact information and navigate to Adult commissioning for further information.

Third sector and independent sector forums

The Adult Commissioning Team hopes that the Market Position Statement will support care providers of adult social care and support services to learn both about our intentions as a purchaser of services, and our vision for how services might respond to the needs of our citizens.

We also hope that Voluntary and Community organisations can learn about potential opportunities which may encourage this sector to build on its knowledge of local needs in order to develop new activities and services.

Bristol City Council fund Voscur to deliver the [Support Hub](#) which helps Bristol-based voluntary and community sector (VCS) groups and organisations improve their performance, capacity, sustainability and quality and the [Voice and Influence service](#), representing VCS groups and organisations in Bristol to help influence decisions on policy and development in the city.

1.3 Commissioning principles and standards

Commissioning for Better Outcomes – a route map

In 2014 the ‘Commissioning for Better Outcomes’ (see Useful links) framework was published to support the implementation of the Care Act. The framework was funded by the Department of Health, and commissioned by the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA). The standards were co-produced with a wide

range of local authorities, service providers and service users, and overseen by a steering group coordinated by Think Local Act Personal (TLAP). They are designed to drive improvement, providing a framework for councils to self-assess their progress against best practice in commissioning and enable them to identify areas for further improvement.

The framework has 12 standards, and guides our commissioning practice. It states good commissioning is:

- Person centred and focused on outcomes
- Promotes health and wellbeing for all
- Promotes social value
- Co-produced with people, their carers and their communities
- Promotes positive engagement with all local providers of care and support
- Promotes equality
- Well led by local authorities
- Demonstrates a whole system approach
- Uses evidence about what works
- Promotes a diverse and sustainable market
- Provides value for money
- Develops the commissioning and provider workforce.

The emphasis is on person-centred and outcome focused commissioning which is inclusive of all, and which places co-production with service users at the centre of commissioning practice.

1.4 Background context – what the people told us

We believe that the best way to achieve a diverse and responsive market place is to communicate with providers, to tell them about our projected demands for services and what we understand to be the gaps in provision in the city. In May 2016, we asked current Supported Living providers to complete an online survey on the challenges in the sector and what information would they consider useful that Bristol City Council could provide. This feedback has informed subsequent work packages which have been identified as a way to build the capacity and diversity of the Supported Living provision in Bristol.

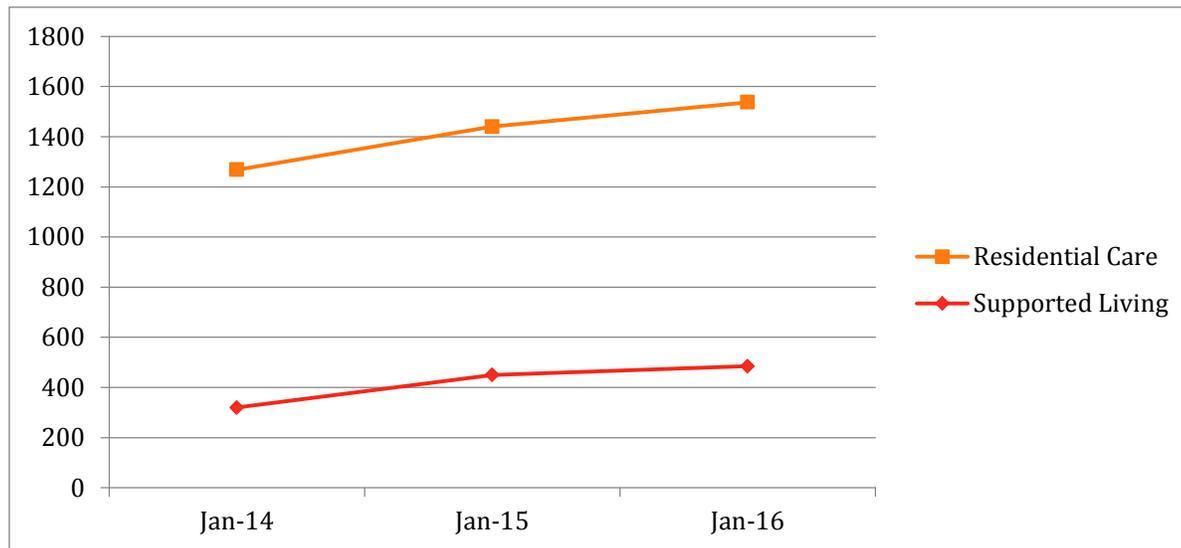
This is a summary of what was fed back to us:

- There needs to be clear Pathways for Service users who need Supported Living accommodation.
- The gaps are in provision and trends/patterns of need are not communicated to us.
- Voids (empty tenancies) impact on provider's business model and sustainability of service - there needs to be a better way of matching Service users need to provision to avoid placements breaking down.
- Better transition support is needed for Service users changing accommodation.
- Better information about those in residential college whose destination is Supported Living
- Lack low level of housing available – what solutions can Bristol City Council bring?
- 60% of providers that responded to the survey both experienced an increase in in demand for their service and intend to expand their capacity.
- We are concerned about the impact of the Housing benefit cap on Supported Living providers
- We welcome a focused provider engagement events in relation to Supported Living.

1.5 Key Messages

- Bristol City Council will align services with need, encouraging those who are able to do so to make the transition to greater independence.
- There has been a 34% increase over 3 years in the number of individuals in Supported living accommodation compared to just a 10% increase in the total number of adults living in Residential care (see fig 1)
- Where possible (especially for people with LD), Bristol City Council will look to move capacity from care homes to Supported Living in the community.
- There is a gap in Supported Living services that offering specialist support for adults with moderate to severe mental health and learning disabilities. This remains a national supply issue.
- There is a gap in adequate, good quality 'move on' provision in Bristol
- Location is an important consideration for individuals moving into Supported living. Factors that will be considered will be links to transport, distance to College/training or employment and distance to Family/Friends/support network.

Fig 1. Adults with eligible need, by type of accommodation.



Section Two: Political and Financial Context

2.1 National Policy

The Care Act 2014

The Care Act 2014 seeks to bring together a number of existing laws, and introduce new duties to ensure that wellbeing, dignity and choice are at the heart of health and social care across the Country.

The Act presents both Commissioners and Providers with a new set of challenges and opportunities. The Act places a new statutory duty on local authorities to promote the diversity and quality of local services, in order that there is a sufficient range of high quality service providers to enable genuine choice for service users. The Act also affords legal rights to carers to have their support needs met. Local authorities will have a duty to ensure continuity of care should a provider fail. The duty to provide market oversight to ensure quality will be shared with the Care Quality Commission (CQC) for regulated services. A new power to delegate local authority functions, e.g. assessment, and a new duty to provide social care in prisons may offer further business opportunities to providers

Housing Benefit Cap

During the Spending Review and Autumn Statement 2015 the Chancellor announced that Housing Benefit claimants living in dwellings rented from a social landlord (local authority or housing association) would face future restrictions on the amount of Housing Benefit they would receive:

It will apply to claimants with social sector tenancies entered into or renewed after April 2016; Housing Benefit entitlement will be impacted from April 2018.

Rent levels in supported housing tend to be higher than those charged for similar accommodation in the private sector. This has given rise to particular concerns amongst providers of supported accommodation who are seeking an exemption from the imposition of LHA rates. Suppliers are arguing that they will be forced to close schemes and that they are already delaying/reconsidering the development of new schemes on the grounds that they will be unviable with Housing Benefit assistance for residents capped at LHA levels.

‘Supported housing covers a range of different housing types including group homes, hostels, refuges, supported living complexes and sheltered housing. Residents of supported housing generally require a level of personal care, support or supervision. Residents of supported housing typically include the elderly, people with mental, physical and learning disabilities, and substance abusers’ *Source: Housing Benefit Reform – Supported Housing, DWP July 2011*

The Government has established an evidence review in respect of supported housing in England “to understand the scale, shape and cost of the sector.”

Implementation of Cap

The policy is still being developed. No legislation in respect of this measure is currently before Parliament. Several Parliament questions have asked about the publication of an impact assessment; in response, Ministers have referred to the establishment of an evidence review in respect of supported housing. Please see ‘Sources and useful links’ at the end of this document for more information on this topic.

2.2 Local Policy Context

The implementation of a new commissioning model for Community Support services that focuses on value for money, enables efficiencies to be realised by bringing Bristol City Council in line with other Local Authorities. The existing model for commissioning Community Support care has been in place for some time and therefore it is timely to review the model as part of the commissioning cycle and determine whether a different model will help to secure capacity,

increase value for money and promote high quality and innovative services. More detailed information on the key features and process of this is available in the CSS Strategy.

Three Tier Model

In line with our vision of aligning services with need and encouraging those who are able to do so to make the transition to greater independence, Bristol is introducing a 'Three Tier Model' (see fig. 2.3a) which affect all of adult social care services including Supported Living. This model advocates the need for quality services based in the community for adults in need of social care, in order to prevent or delay the need to move into residential/nursing or domiciliary care, in cases whereby Supported Living Services can meet their needs. By implementing this model, Bristol City Council expects social care needs to be met in a variety of ways, maximising the use of universal services where appropriate.

Fig 2.3a Three Tier model



The key focus of the model is to minimise dependency on social care when outcomes can be achieved in an independent or semi-independent environment through support services.

The aim of this model is to provide help when it is needed to enable people to regain independence. Supported Living services can act as a flexible, individualised platform which will offers options for people on their way towards greater independence. As a result, there needs to be a greater focus on personal outcomes than is currently the case. It is essential that providers transition away from traditional social care packages to more innovative and personalised services that support individuals to meet their outcomes. A key element of this is

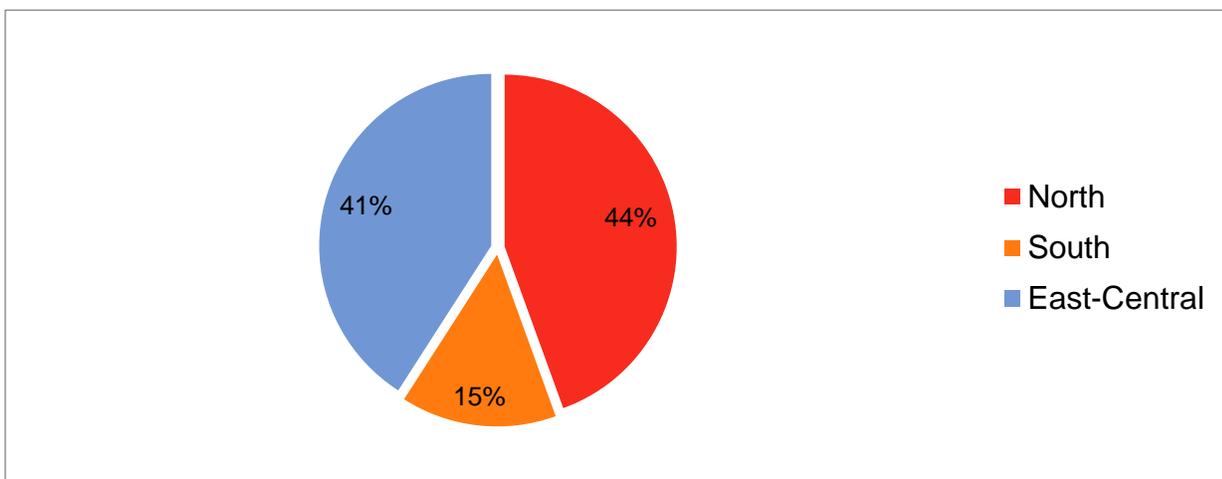
enabling individuals to access other services and facilities within their local community, to support them to be active local citizens.

2.3 Financial Messages

The total budget for Community Support services is 14.4 million pounds. Supported Living services account for 6.1 million pounds and represents the biggest over-spend within the CSS Budget. The council and our partners face an unprecedented challenge today, as resources shrink and demand increases for the services we provide. From April 2017 to April 2020 we need to save at least £60 million from the council's budget for day-to-day services (<https://www.bristol.gov.uk/council-spending-performance/budget-conversation>)

The below graph shows the current spend across Bristol for Accommodation Based services. It shows that highest spend is in North Bristol, followed by East-Central and then South.

Fig 1. Percentage Spend of Supported living services Budget across Bristol 2015-2016

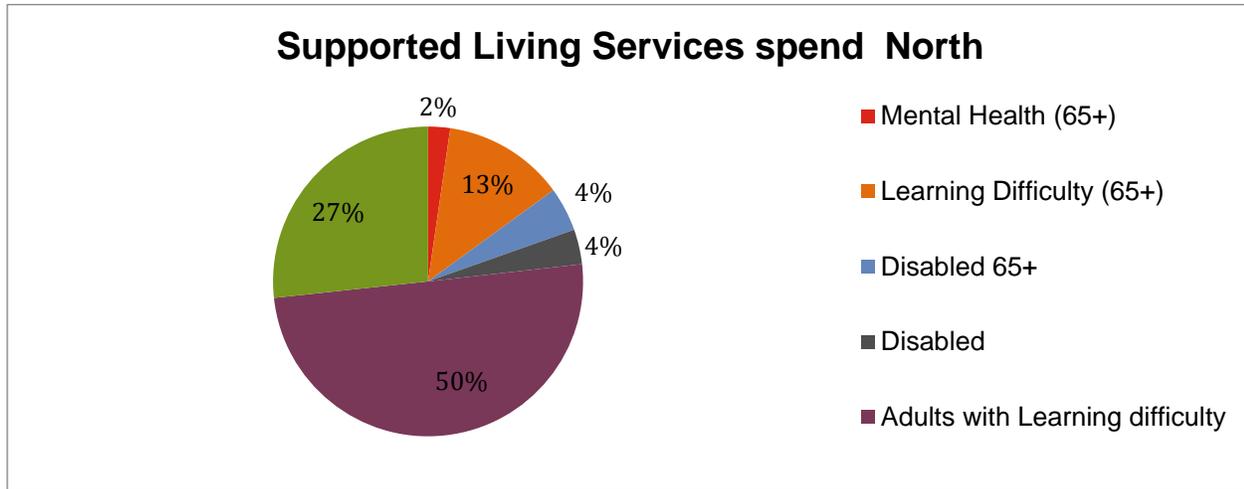


Supported Living Services spend by areas of Bristol 2015-2016

North Bristol

The breakdown of spend in North, representing 44% of total Supported living spend across the city shows that the majority of commissioned services spend is on adults with a Learning difficulty as their primary need, followed by adults with identified Mental health needs.

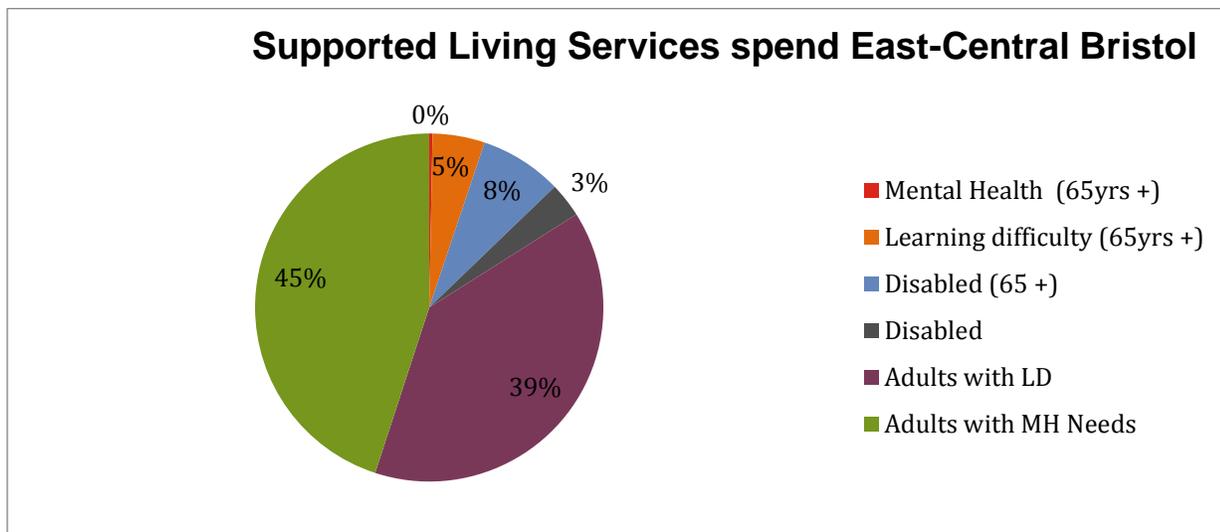
Fig 2. Commissioned services in North Bristol by spend.



East-Central Bristol

The breakdown of spend in East-Central representing 41% of Supported living spend shows that the majority of Commissioned services spend is on adults with Mental Health needs as their primary need, followed by adults with Learning difficulties. There are less commissioned resources for Adults with a Learning disability that are 65yrs+

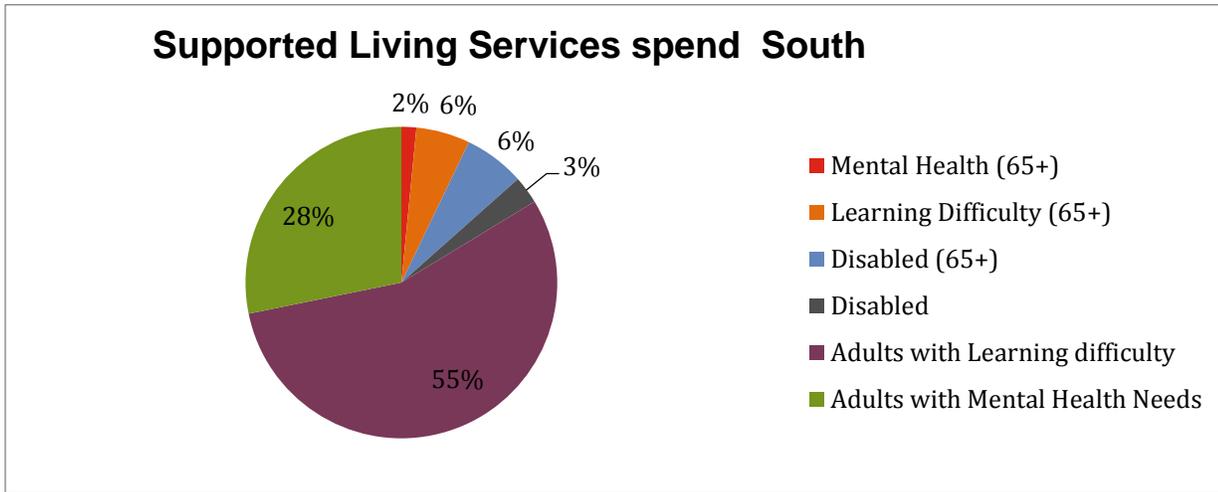
Fig 3. Commissioned services in East-Central Bristol by spend.



South Bristol

The breakdown of spend in South representing 15% of Supported living spend across the city shows that the majority of this spend is on adults with a Learning difficulty as their primary need, followed by adults with identified Mental health needs.

Fig 2. Commissioned services in North Bristol by spend.



Summary

Primary need

These pie charts represent the proportion of spend and are not indicative of the volume of care as care costs vary between individuals depending on their primary need. Adults with a learning difficulty account for the largest element of spend in Supported living accounting for 48% of spend across the city. Mental health as a primary need accounts for the second largest spend accounting for 33% of spend. Spend for Adults with a disability and older people (65+) in all primary need groups across areas represent similar proportions of spend.

Area spend

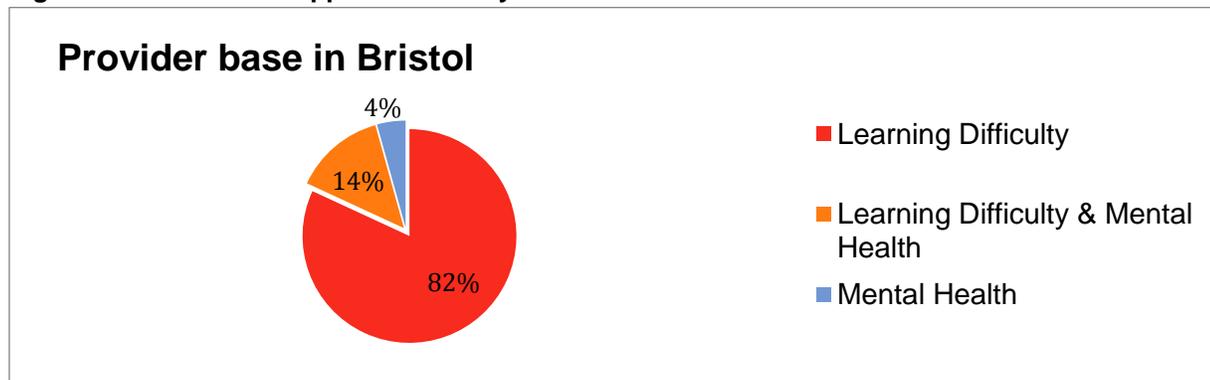
South Bristol currently has the smallest spend for Supported living despite being the largest geographic area. East-central being the smallest Geographical area has a spend that is similar to North Bristol.

3.1 Overview of Supported Living market in Bristol

Supported Living services are currently delivered in a variety of schemes designed to provide both housing and support to enable vulnerable people to live as independently as possible in their community. The majority of providers offer Supported living services to support both individuals that have a Learning difficulty and those that require Mental health support.

Within this provider base, there are also commissioned providers that exclusively offer to support to adults with a Learning difficulty (14%) and a smaller group of Providers (4%) that only offer Supported living services to individuals who require Mental health support.

Fig 1. Breakdown of Support offered by Provider 2015-2016



Service user needs within Supported living provision

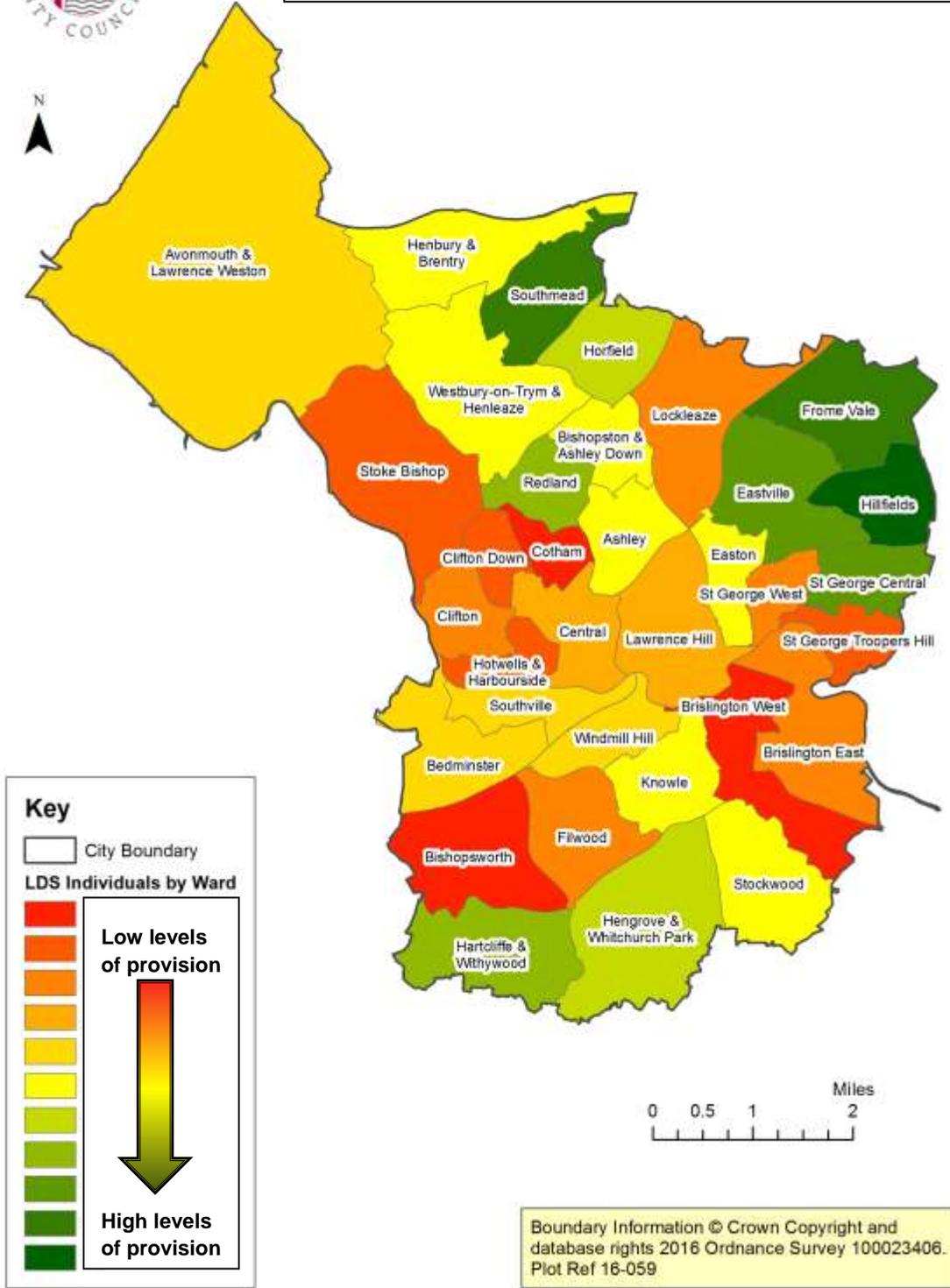
The majority of need within the Supported living is for individuals that have either a Learning difficulty or Mental health needs. There is also a need for some specialist placements for people with complex needs in mental health and/or Learning Difficulties (LD). The need of individuals with other needs such as physical support needs, sensory support needs, substance misuse support, social isolation support, memory and cognition and asylum support also need to be recognised within the Context of Supported living services.

Supported living Provision across the city

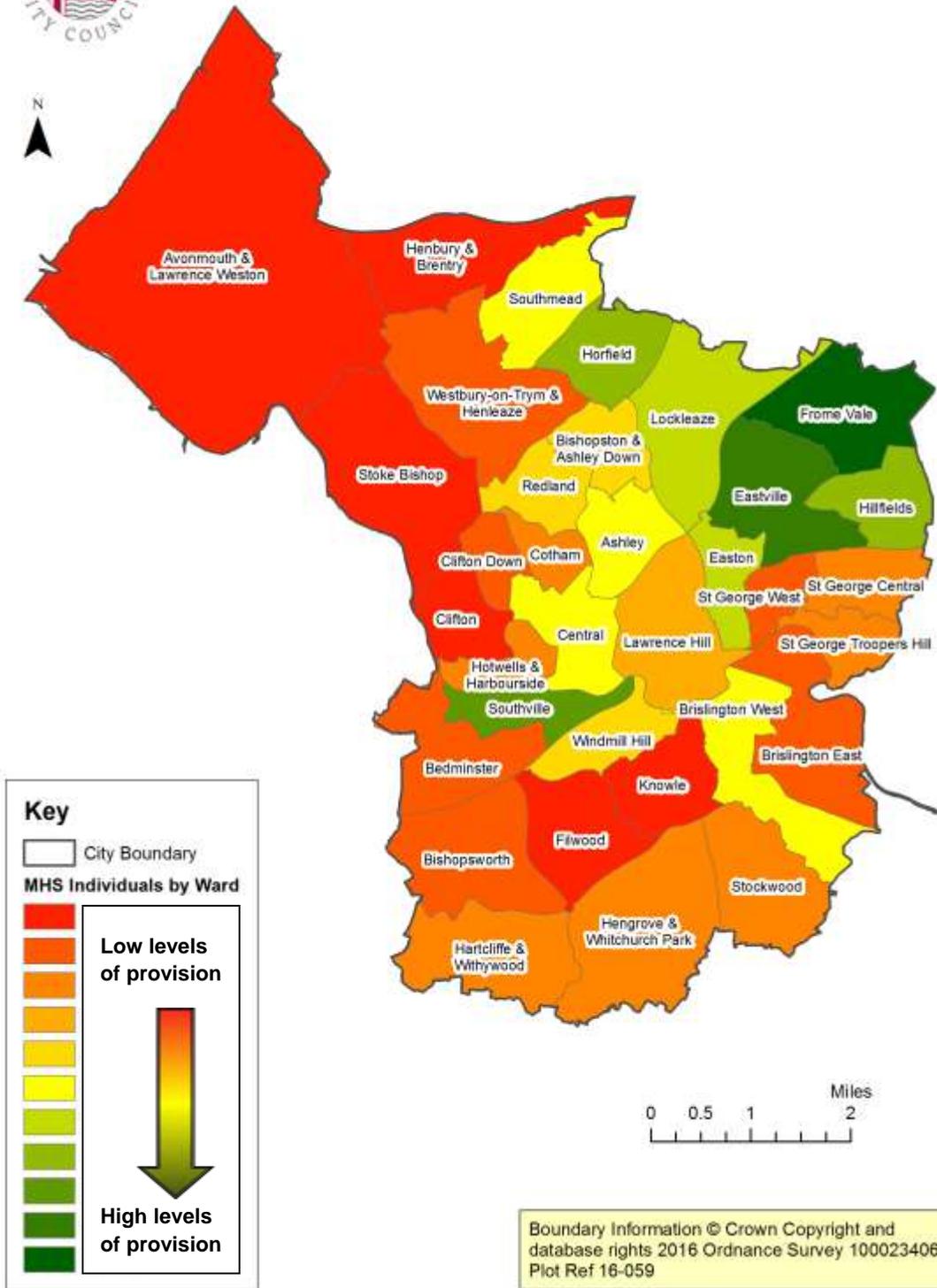
Currently the provision of Supported living across the city is uneven. The first graph represents Learning disability services and with colours identifying where there is low provision through to high provision. It shows that there are wards in Bristol that have a distinctly different offer with little Supported living services being offered in Cotham, Bishopsworth and Brislington West.

The second graph represents Supported living service provision for adults with Mental health needs as their primary need. This provision is clearly grouped in the North of Bristol with little provision elsewhere in the city other than Southville.

Commissioned Supported living services by ward for
Adults with a Learning difficulty identified as their Primary need



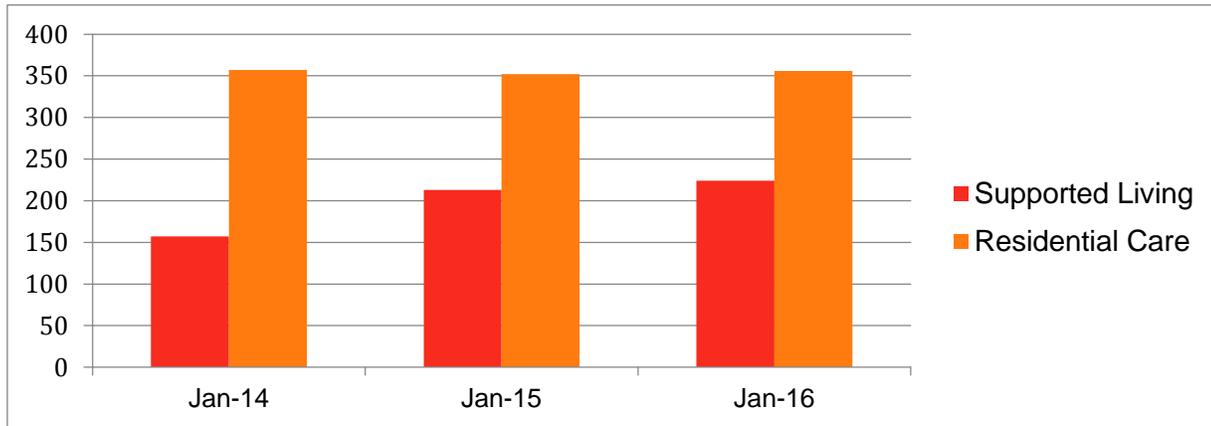
Commissioned Supported living services by ward for Adults with Mental health identified as their Primary need



Learning difficulty provision

Supported living Provision for adults with increased steadily in supported living since 2014, whilst the number of individuals in residential care has changed very little.

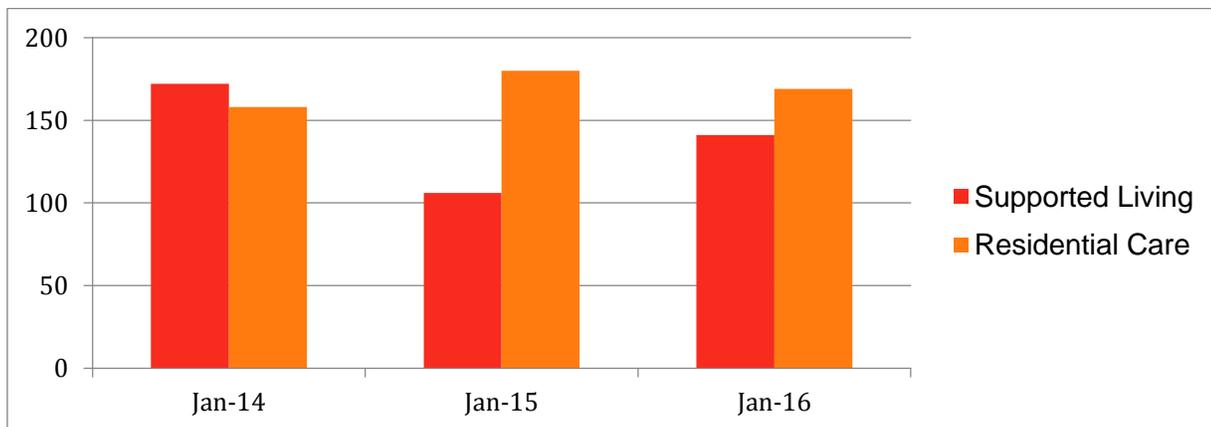
Fig 2. Table showing Service users with a Learning disability, by accommodation 2014-2016



Mental Health provision

Mental health Supported living provision for adults with decreased overall whilst the amount of individuals in residential care has increased slightly.

Fig 3. Table showing Service users with Mental Health needs, by accommodation 2014-2016



Older People

An estimated 4,100 people in Bristol have dementia. Of these people, 68.7% have a diagnosis, compared with a national diagnosis rate of 66.1%. This number is rising in line with an ageing population. There are estimated to be between 6,300 and 11,400 older people socially isolated in Bristol. Socially isolated older adults have: longer stays in hospital, a greater number of GP visits and more dependence on homecare services.

Section Three: Population and projected demand for services

3.2 Current situation in Bristol – Population and Statistics

The population of Bristol is estimated to be 442,500 people, the 8th largest city in England. Bristol has a relatively young age profile; the median age of people living in Bristol in 2014 was 33.4 years old, compared to 39.9 years in England and Wales. If recent trends continue, the total population of Bristol is projected to increase by 25,700 people (5.8%) between 2016 and 2020 to reach a total population of 467,000 people in 2020. The projections suggest continuing increases in the number of children, young people in their 20s and 30s, people in their 50s and older people in their 70's.

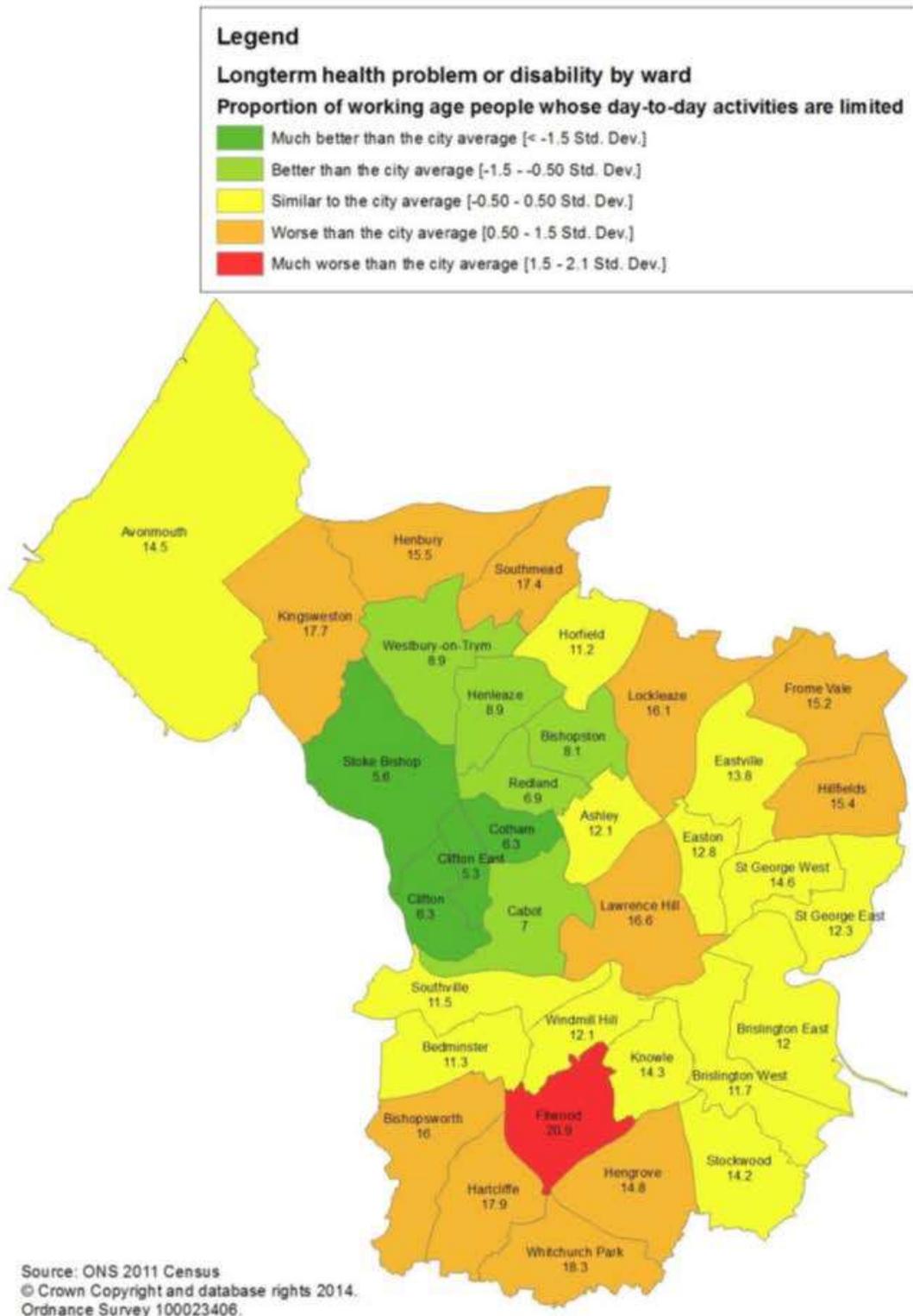
Prevalence of disabling conditions in young people

There are currently an estimated 84,145 children living in Bristol, of these there may be in the region of 6,300 young people (0-18) with a significant physical or mental difficulty or severe chronic medical condition that could potentially impact on their daily lives. The majority of all potentially “disabling conditions and chronic illnesses” are mental difficulties, including general and specific developmental delays and mental health difficulties

People with Long-term health problems or Disability

According to the 2011 Census, there are 71,700 people in Bristol with a “limiting long-term illness or disability”. As a proportion this is 16.7% which is lower than the 17.9% national average. Of the 71,700 people who have a limiting long-term condition or disability, 34,550 (8%) have day-to-day activities that are limited a lot and 37,150 (9%) have day-to-day activities that are limited a little. There are more women than men with a “limiting long-term illness or disability” living in Bristol – 15.6% of men and 17.8% of women. This is due to women generally living longer than men. See following Map for this information by Ward.

Fig 2 Long-term health problem or disability by Bristol ward
 Source: 2011 Census ONS Crown Copyright Reserved [from Nomis on 5 June 2013]



Prevalence of learning difficulties in adult population

The national average of people with learning difficulties is 2%. According to overall population estimates provided by the JSNA (see sources), there are around 7,250 (18-64 years) and 1,230 (over 65's) adults in Bristol with some level of Learning Difficulty (or Learning Disability) in 2015.

The 2014 "Projecting Ault Needs and Service population estimates 1,800 adults in Bristol with a moderate or severe Learning Disability (who are likely to be in receipt of services) projected to increase to 1,900 by 2020. 73.8% of these adults are living in their own home or with their family (Source –ascof data 20 14-2015).

A review of health checks for people with Learning Difficulties in Bristol (2012-13) suggests that this group have an increased number of health conditions and a significantly worse health profile compared to the overall % of Bristol patients.

These local findings reflect national research showing increased rates of conditions including epilepsy, psychiatric disorders and coronary heart disease for people with learning difficulties, which also highlighted inequalities in life expectancy, as men with Learning Difficulties die an average 13 years sooner than the wider population and women die 20 years sooner.

People with Mental health needs

1 in 4 people in the UK will suffer a mental health problem in the course of a year. 46,300 people (18+) are estimated to have a common mental disorder of some level in Bristol (2012),

According to 2014 "Projecting Adult Needs and Service Information" there are around 46,600 people (18-64) in Bristol with a "Common mental health disorder" (19.7% of women and 12.5% of men). The 2012 Mental Health Needs Assessment for Adults in Bristol estimated that 29,000 adults with Common Mental Health Disorders required treatment. 49.4% of these adults are living in their own home or with their family (Source –Ascof data 2014-2015).

Fig 3.2b % reporting a long-term mental health problem (NHS Bristol CCG data)

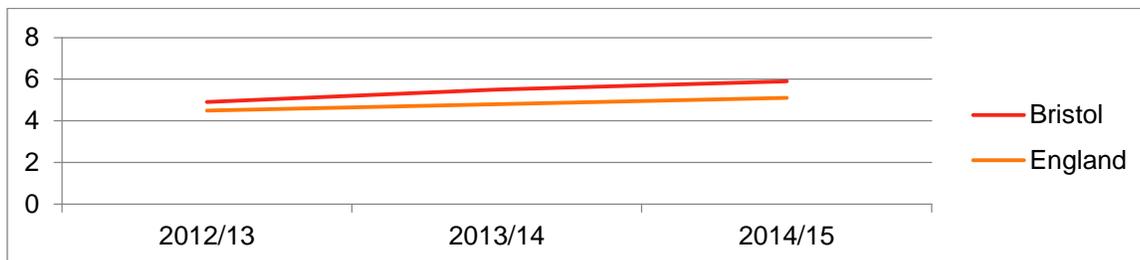


Fig 3.2c People aged 18-64 predicted to have a mental health problem, by gender, projected to 2030

Diagnosis	2020	2025	2030
Common mental disorder	48,631	49,800	51,210
Borderline personality disorder	1,355	1,387	1,425
Antisocial personality disorder	1,083	1,116	1,153
Psychotic disorder	1,207	1,236	1,271
Two or more psychiatric disorders	21,850	22,405	23,061

Source: JSNA update 2013: Mental Health

Self-harm

There were 1,600 attendances for deliberate self-harm at the Bristol Royal Infirmary in 2014, by 1,066 people. 18% made a repeated attendance for self-harm during the year. Approximately 1 in 25 self-harm presentations to the hospital requires admission to the intensive treatment unit. The prevalence of unemployment is particularly high among the self-harm patients (57%), particularly males.

People with Autistic Spectrum Conditions

Estimating the prevalence of autistic spectrum disorders is difficult because of the absence of long term studies and inconsistencies in the use of definitions over time. Autism is currently thought to affect approximately one in every 100 people. With a population of 433,000 Bristol's population is therefore likely to include over 4,000 people with autism. Current estimates suggest over half of these people will also have a learning difficulty and approximately 1500 people will have autism in the absence of learning difficulties.

In terms of overall population prevalence in the 18-64 age range, there were estimated to be 2,690 males and 290 females in Bristol with some level of autistic spectrum condition in 2015.

Further data details are available in the Public Health England Learning Difficulties profiles for each Local Authority area: <http://fingertips.phe.org.uk/profile/learning-disabilities>

Young people who may potentially have future support needs in adulthood

Children with limiting long-term illness and disability

According to the Census 2011, 3,250 children in Bristol (4.1% of child population) have a "limiting long-term illness or disability". 1,300 children (1.7%) have their daily activities limited a lot and 2,000 children (2.5%) limited a little. Within Bristol this varies from 2.7% in North & West (inner) to 4.6% in South and 4.8% in North & West(outer). The range spans from 2% in Clifton East & Cotham to 5% in several outer wards and 6.1% in Filwood.

Emotional Health and Wellbeing of Children & Young People

An estimated 10% of children and young people may be experiencing emotional health problems at any time (estimate of 5,400 children and young people, 2014). Diagnoses of mental health disorders increase with age through childhood and are more common in boys for all conditions except emotional disorder and self-harm. Self-harm hospital admission rates for young people (10-24 year olds) exceed the England average.

Transition to Adulthood

The Care Act includes a refreshed duty on Local Authorities to plan appropriately for transition to adulthood for young adults at 18. The Children and Families Act 2014, which includes SEND reforms 0-25, is the key statutory guidance on longer term preparing for Adulthood planning for young adults. Council services for adults are different from those for children, so it's important we ensure plans for their future care arrangements are made which will help them live as independently as possible.

We also need to consider demographic trends of young people in transition, not all young people with a special educational need (SEN) in school will require adult care services. There are important links though in terms of people with physical disabilities and Learning Difficulties and we know that increases in the number of young people in 'transition' between children's and adult's services will have a significant impact on our growing numbers overall.

Carers Role

Many carers support people who would otherwise need statutory services, therefore saving the NHS and Local Authorities money. Research by Mencap shows that at least half of all adults with a learning disability live in the family home. The economic value of the contribution made by carers in the UK is £119bn per year. 2011 census figures showed that the number of unpaid carers in Bristol has risen by 13.5% to 40,138 carers (from 35,344 in 2001).

Of the 40,100 unpaid carers identified in the 2011 Census, 8,300 carers who are over 65 years of age (15% of all people over 65 in Bristol). The average weekly amount of care provided by a carer rose by almost 8% between 2001 and 2011 to 23.1 hours per week

29,000 adults with a learning disability (nationally) live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. By 2030 the number of adults aged 70+ using social care services for people with learning disabilities will more than double. (Source: Report - Estimating Future Need for Social Care among Adults with Learning Disabilities in England)

Section Four: Commissioning Intentions

4.1 How Bristol City Council will buy from the Market

At present all support services are 'spot purchased'. This means that there isn't a commitment from the Council to use a particular provider and likewise there isn't a commitment from any providers to accept individuals and their packages of care. The future commissioning model will seek to increase the level of transparency and competition in the marketplace via the use of a Dynamic Purchasing System (DPS), which will enable providers on the commissioning framework to have visibility of the placements required and the opportunity to submit a price.

A new price range based on service users' need and the level of support required will apply to all service within this specification. Each price range will describe the level of service intervention expected for service users with differing levels of social care need, recognising that varying degrees of complexity exist and providing a framework that better aligns need and cost to ensure a fair and consistent approach to pricing. The price bands and descriptors will be reviewed regularly and adjustments may be made during the life of the framework to reflect changes in external factors accordingly.

**Please read the Bristol City Councils Community Support Services Specification document for further information on the Standards and Outcomes that apply to Accommodation based services.*

Performance Management Framework (PMF) and Quality Assurance Framework (QAF)

Bristol City Council (BCC) requires all Community Support Services, which includes Supported living providers to deliver quality, outcomes focussed, value for money services that meets service user needs and agreed CSS outcomes and individual service user outcomes.

The Performance Management Framework (PMF) will monitor Provider performance in the delivery of Supported living services. Performance management can be defined as:

“A process that provides feedback, accountability, and documentation for performance outcomes”

The PMF is a tool to assess the performance of CSS providers and monitor the impact of their service in enabling CSS service users to meet their outcomes. Key Performance Indicators (KPIs) determine whether a service is being delivered to the required quality. KPIs are a mixture of quantitative and qualitative measure's and measure individual service user outcomes and broader organisational performance. These KPIs will also be considered in quality assurance assessment visits, to ensure there is a joined up approach to performance management.

The focus will be the outcomes on which specifications for contracts are based. That is, the benefits derived by the people who receive care and support.

Some examples of these KPI's are detailed below

How many individuals have had their Support Plan Review carried out by the Provider in the past 12 months?

How many individuals have received information, advice or guidance regarding independent travel opportunities?

How many individuals have been signposted to EET information, advice & guidance services?

How many individuals have been involved in service delivery decisions?

Providers will be required to self-assess progress against outcomes and KPIs every six months. The self-assessment will then need to be submitted to BCC and represent accurate and honest information.

Providers will be responsible at all times for monitoring and recording their own performance and compliance with the requirements of this PMF. BCC will seek evidence that demonstrates the extent to which CSS outcomes and individual service user outcomes have been met.

Quality standards will be measured against the following service level outcomes:

- The service is always delivered in the best interests of the Service User
- People are treated with dignity and respect
- The service is person centred
- The provider has a clear method of measuring quality and acts upon any underperformance
- There is a clear pathway of access and move on from the service
- There is management of Service User's health and wellbeing needs
- The service works with the local community and the Service User's support network
- The provider operates effectively and there is clear leadership and management of the organisation

- The provider works from an equalities perspective
- The provider has an understanding of the Service User's mental capacity and any deprivation of their liberty is lawful
- Serviceusers have choice and receive a varied programme of support.

4.2 What Bristol City Council wants to purchase

Meeting future Demand

Bristol City Council will address the issue of gaps in provision of specialist services for people with complex needs by working in partnership with Providers in the city to grow and establish services. We want to encourage providers to consider what skills and expertise their organisation can bring to the Bristol market where they may have a different offer in other local authorities. Bristol City Council will be using a Dynamic purchasing system to purchase Supported living so it is essential that providers apply to be on the Framework.

Current data shows that across the city there is patchy provision for Supported living, especially for adults with Mental health needs as their primary need. This may present opportunities for the Market to explore whether they are able to fill these gaps. We know proximity to support networks, education, employment and transport links are an important factor for individuals when considering where to live. Current data also shows that the Supported living sector has been steadily growing over the last 3 years. We want to encourage and stimulate this growth through our partnership working.

One of the key gaps identified through public consultation was the gap in services for the transition to adulthood and this will be an area of focus for further market development work. Providers of Community Support Services may therefore wish to consider dual registration for under 18s to support this aim.

The Community Support Tender process will provide further information about the Supported living provision we commission. Once the framework is live (early 2017), Bristol City Council will have further intelligence around demand, such as what people's needs are and what support they need from a provider. We will also have a clear picture of the Supported living provider base across Bristol which may identify further gaps.

Once the Framework is live, Bristol City Council will re-populate the data in this Market Position statement to allow providers to see opportunities in the Market that they can fill.

5. Sources and useful links

Sources and useful links

ADASS: www.adass.org.uk

Adult Social Care outcomes – Health and Social care Information centre
<http://ascof.hscic.gov.uk/Outcome>

Community Mental Health Profile 2013 <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp>

Social care institute for excellence: <http://www.scie.org.uk>

Department of Health (Personalisation agenda):
<https://www.gov.uk/government/publications/personalised-health-and-care-2020>

The Care Act 2014 - Implementation in Bristol City Council: <https://www.bristol.gov.uk/social-care-health/care-act-2014>

The Care Act 2014: Fact Sheets www.gov.uk/government/publications/the-care-bill-factsheets

The Care Act 2014 – Full Document
http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

Housing Benefit Cuts and Supported Housing
<http://researchbriefings.files.parliament.uk/documents/CDP-2016-0021/CDP-2016-0021.pdf>

Personalisation briefing, Implications for housing providers
<http://www.scie.org.uk/publications/ata glance/ata glance08.asp>

JSNA: <https://www.bristol.gov.uk/policies-plans-strategies/joint-strategic-needs-assessment-jsna>

POPPI: <http://www.poppi.org.uk>

CSS Spec:
<https://www.bristol.gov.uk/documents/20182/379217/Community+support+services+strategy+2016+to+2021/415275c0-536e-48e2-93d3-6d2f75e566bb>

Personalised Budgets – A Guide for providers
<http://www.local.gov.uk/documents/10180/11493/PERSONAL+BUDGETS+Providers+03+08+15.pdf>

Facts about Carers - <http://www.carers.org/key-facts-about-carers>

Finding Common Purpose <https://www.adass.org.uk/learning-disability/public-content/Finding-Common-Purpose/>

Guidance on the Local Government association website <http://www.local.gov.uk> on Personal budgets 'PERSONAL BUDGETS – The essentials for providers'

NHS Confederation - Key Facts and trends in mental health: 2016 update
<http://www.nhsconfed.org/resources/2016/03/key-facts-and-trends-in-mental-health-2016-update>