

BUSINESS CASE

OPTIONS FOR THE FUTURE DELIVERY OF EXTRA CARE HOUSING AND SOCIAL INCLUSION – PART I



I. EXECUTIVE SUMMARY

This paper describes the options for the future delivery of Extra Care housing for older people contract (care element) and Social Inclusion. This includes the direct award of an Extra Care (ECH) contract for a period of 8 months to the incumbent provider to allow time for the redesign and procurement of this service. The direct award for 8 months holds a contract value of approximately £2.3m. The social inclusion service has a contract in place and therefore a direct award is not required for this.

There is an increase in demand on services with Plymouth's growing and ageing population that require suitable accommodation and care and social engagement opportunities for their current and future needs, and the increase in the number of people with complex disabilities living in the community means pressure on services in this area are significant.

Plymouth City Council currently spends approximately £3.4m per annum on care and support in 7 ECH schemes across the City for people over 55 years of age. Within the ECH schemes, there are 4 Pathway Flats managed by Plymouth City Council which offer a short-term placement to people who may need a trial prior to signing up for a tenancy with the housing provider.

The current contract for this service has been in place since 2013, and due to market changes during this time, there have been a number of care providers delivering the service.

The social inclusion service was first commissioned in 2013. The Elder Tree currently delivers the social inclusion service at St Pauls, St Barnabas, The Rise, Runnymede Court and Astor Court. Livewest, the housing provider, delivers the service at Devonport Views.

The current Social Inclusion offer is not equitable across all of the extra care schemes for older people due to historic contractual changes, there is not an offer of social inclusion with Riverview ECH scheme which will be addressed through the planned procurement process.

The Council spends c£182k annually on social inclusion and the service delivers, on average, 40 hours of social inclusion per scheme each week.

The proposed commissioning approach seeks to provide value for money and develop services that best meet the care and support needs to people who currently live in ECH and/or access Social Inclusion services, and those who may do in the future. Part of this approach includes rebalancing the services to meet the needs of the ECH community, weighted towards clients with more complex and fluctuating needs. This is in line with our approach to offer extra care housing as an alternative to nursing and residential placements where appropriate.

2. THE SERVICES

EXTRA CARE

An Extra Care (ECH) scheme is where people have their own self-contained homes as part of a larger complex, have a legal right to occupy the property, and have the provision of 24/7 on-site care and support. Plymouth has 7 Extra Care schemes; the total current budget for extra care housing is £3.4m, representing £1m for core service delivery and £2.4m for commissioned self-directed care packages.

Unit name	Area of Plymouth	Landlord	No of flats (all a mix of 1 and 2 bedrooms)	No of commissioned clients (as at April 2023)	No of staff (as at April 2023)
Astor Court	Cattedown	Sovereign	30	19	17
Devonport Views	Devonport	Livewest	42	29	17
Riverview	Ernesettle	Aster	40	21	21
Runnymede	Ernesettle	Anchor	38	27	20
St Barnabas	Stoke	Aster	32	22	23
St Paul's	Efford	Aster	40	38	37
The Rise	Plympton	Housing 21	76	9	30
Total			298	165	165

The Extra Care service for older people supports the following outcomes:

- People are supported to continue to live independently;
- People are supported individually so that they can lead as natural and independent a life as possible behind the privacy of their own door;
- People with complex needs associated with dementia and physical and mental disability receive skilled services that help them maintain and enjoy an active life;
- A more independent lifestyle may be facilitated for some, whereas the provision of a continually supportive environment will be a key factor for others;
- People are supported to achieve their desired level of involvement with their local community and the service will work collaboratively with the Social Inclusion service to this aim;
- People are supported to maintain or gain independent living skills following periods of illness and so prevent hospital admission or readmission;
- People are supported to evaluate and manage their own risk and to establish their preferred priorities;
- People passing through the Pathways flats (where applicable) will receive individualised care and support with the aim of achieving a positive outcome for continued independent living;
- The promotion and facilitation of flexible telecare solutions to achieve a wide range of responses to meeting people's needs;
- The allocation of accommodation and the movement of people into/out of the scheme are efficiently and effectively handled and the service will work in partnership with the housing providers and social inclusion provider(s) to achieve this;
- Good partnership working with the Housing Provider and Social Inclusion Services will be achieved to ensure a fully utilised, safe and well-coordinated environment where people enjoy living.

The service focuses on two key areas of delivery:

CORE

A core service for the seven schemes ensures care and support cover 24 hours a day. The core service will be a fixed arrangement, available to all and will not be charged for. This core service will also provide planned support to those residents who have not been assessed as requiring an Adult Social Care assessed package of care and support but who

require low level support to maintain independence, continue to enjoy health and well-being and remain socially engaged.

SELF DIRECTED

Self-directed support is the term used to describe how people are able to design the support or care arrangements that best suit their specific needs.

Through self-directed support people are able to direct and control how the money available to meet their support needs is spent. A greater emphasis is placed on people using personal budgets to build on their own support networks such as family and friends.

Therefore the second aspect of this combined care and support service will be the provision of one to one care and support that a significant number of Extra Care Housing Residents require and which has been assessed as being eligible within Adult Social Care Fair Access to Care Assessment.

People will have the choice of either selecting the core organisation to deliver this one to one care and support (as assessed as eligible by Adult Social Care), or may wish to select a different provider for this purpose. Through self-directed support people will be able to direct and control how the money available to meet their support need is spent.

SOCIAL INCLUSION

The Social inclusion service that is delivered to the various extra care schemes provides a broad range of activities for the residents both living within the schemes and some of the surrounding areas where appropriate, to achieve the following:

- Assist residents to achieve and sustain a good level of social inclusion, to maximise their opportunity to enjoy and achieve in life;
- Establish strong links with the local community to optimise social inclusion opportunities for people living outside of the scheme who would benefit;
- Provide assistance in partnership with the Care and Support provider on an individual basis to enable people to access activities and opportunities that are made available at the scheme;
- Provide initially intensive support to orientate new people to the scheme during their first weeks of settling in;
- Establish, manage and support a group of volunteers from the wider community who will enhance the range of social inclusion opportunities available to people living in the scheme and with those other older people who live in the surrounding community and are engaging with the activities and opportunities that you provide both within the scheme and the wider community;
- Respond flexibly to the particular and individual needs of people living within the Extra Care Scheme, which will vary on each scheme.

Currently there is a voluntary sector provider who is commissioned to deliver this service within 5 of the Extra Care schemes, and one scheme has their social inclusion delivered by the landlord of the property. As detailed above, there is one scheme which currently does not have a social inclusion offer, and this does not provide an equitable service across the 7 schemes. Therefore the recommended procurement activity will incorporate social inclusion for all schemes as this is a vital aspect of the extra care housing model.

Provider	Schemes covered
Elder Tree (VCS)	Astor Court Runnymede St Barnabas St Paul's The Rise
Livewest (Housing Provider)	Devonport Views
Total	c£15,138 monthly c£181,680 annually
NB. There is currently no social inclusion at Riverview	

3. WHAT SERVICE USERS/PROFESSIONALS TOLD US

In 2022, Plymouth City Council received questionnaires from service users, and in 2023 have met with service users and their relatives within the current improvement project. Plymouth City Council also receives regular feedback from Livewell Southwest workers, some of which is detailed below.

Commissioners have been visiting the ECH schemes in recent months, and feedback has been increasingly positive in relation to the current service provider. Residents meetings have been held and one of the key topics raised has been in relation to social inclusion and potentially creating more opportunities for residents of the schemes to have more activities to take part in. The Covid-19 pandemic impacted on the ability of the social inclusion providers to do as many activities, such as day trips, however going forward this would be valued by the residents.

The overwhelming feedback from residents is that extra care has been invaluable for them, and in many cases it has provided the lifeline for people to be able to stay independent for longer without relying on bedded care. Residents have also told us that it has helped them feel less lonely and has reduced anxieties, having both other residents and staff on hand to support them.

Within the feedback we received, we heard:

"I need to feel relaxed with my carers"

"I want to work closely with service users, families and the care provider to give the best outcomes for the client"

"It can be lonely moving in, it's important to have social events to make you feel welcomed and at home"

"It's important that there is social inclusion in all schemes so that peoples' health and wellbeing is supported the best it can be"

"It's important to me for my carers to listen and be well trained"

4. DEMAND FOR SERVICES

The demand for housing with care provision is likely to trend upwards to 2035, reflecting the growth in Plymouth's older population of 27% from 2020 to 2035 (Projecting Older People Population Information System). This means:

- ECH will need to meet the needs of growing numbers of frail older adults with complex health and social care needs;
- ECH will need to provide for the increasing dependency of those with lower needs, i.e. preventative support that reduces the risk of loneliness, social isolation, falls and multi-morbidities associated with aging;
- ECH will need to play a key role in reducing the numbers of people moving prematurely into costly and inappropriate residential and nursing care;
- ECH will need to provide more flexible care and support options to people requiring temporary stays through the Pathway Flats;
- Consideration needs to be given to build on the ECH stock in the City in the future;
- ECH will continue to support people to remain independent in their own homes.

5. NATIONAL AND LOCAL DRIVERS

The following national strategic drivers support the recommissioning of ECH and Social Inclusion services:

- **NHS Long Term Plan (2019):** Care to be increasingly delivered in people's homes or somewhere convenient, freeing up space in hospitals for those who need it most. Focus on expanding community care, support and prevention.
- **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 innovating services. It includes the promotion of strengths-based approaches and particularly a focus on prevention and wellbeing.
- **Public Services (Social Value) Act (2012):** To consider how the services the local authority commissions and procures might improve the economic, social and environmental wellbeing of the Plymouth area.
- **Equality Act (2010) – Public Sector Equality Duty:** To eliminate unlawful discrimination, harassment, and victimisation, to advance equality of opportunity between people, to foster good relations between people who share a protected characteristic and those who do not.
- The Government's policy **Build Back Better: Our plan for adult social care in England** aims to: offer choice, control and independence to care users, provide an outstanding quality of care, and be fair and accessible to all who need it, when they need it.

The following **Council and partners' strategies and plans** must also support the recommissioning of ECH and Social Inclusion services:

- The **Plymouth Plan 2014-2034** details the Local Authority's ambition to meet local housing needs, ensuring that everyone has access to a safe home which is suited to their needs and located in a community where they want to live. One of the key aspects of this is enabling older people to promote, secure and sustain their

independence in a home appropriate to their needs, including increased provision for extra care housing.

- **Livewell Southwest's** mission is to support people to lead independent, health lives in the place, and the community in which they live.
- Plymouth's **Go Green Campaign** is a key driver for our procurements, with the goal for the City to be net zero carbon by 2030. This includes sustainable procurement and driving innovations to create change across the City.
- The **Local Care Partnership** supports the Government's policy to Build Back Better: Our plan for health and social care. It aims to: improve health and wellbeing outcomes for the local population, reduce inequalities in health and wellbeing of the local population, improve people's experience of care, and improve the sustainability of the health and wellbeing system. Ultimately, the ambition of the Local Care Partnership is for people to receive 'the right care, at the right time, in the right place'.

5. PROPOSAL

It is proposed to procure a new contract with 2 Lots:

- Extra Care
- Social Inclusion

The proposed contracts will provide core and self-directed Extra Care and Social Inclusion services for 4 years with an option to extend for a further 4 years (2+2). The length of the contract is to provide security for providers, and to allow for robust strategic partnerships, upon which the contract will be based, to be built. We will also include the option to increase the number of Extra Care schemes during the lifetime of the contract, to be able to flex the offer in the city to meet changing demand. The total contract value (4+2+2), taking into account potential inflationary increases and the potential to add to the extra care stock in Plymouth, is estimated to be circa £50m.

Through the procurement and tendering process, we will aim to encourage collaborative bidding by holding market engagement events and support providers who wish to do this. Consideration has been given to procure the social inclusion as a single integrated Lot with the ECH contract, however this would disqualify voluntary sector services from being able to tender and therefore the recommendation is to tender separately for the care element of the contract and the social inclusion element.

ALTERNATIVE OPTIONS CONSIDERED

	Option	Comments
1.	Extend the current contracts	<p>The current contract has been in place for a number of years for both extra care and social inclusion, with no further extension options and therefore a redesign is needed to ensure the services are fit for purpose and equitable across all of the schemes.</p> <p>There has been interest from other providers in relation to the contracts, and therefore an extension of the current contracts would not be equitable across the market.</p>
2.	Do nothing – let the	This provision supports citizens to be able to live independently and engage in social activities. Without sufficient provision in

	contracts expire	place there is a risk that needs will be unmet and demand will rise for more intensive forms of housing, support and care. The Local Authority has a statutory duty to provide care and support for people, and therefore it is not an option to not have these services in place.
3.	Direct Award	Consideration has been given to making direct award of a contract to the Local Authority Trading Company. However, as this service was set up with the purpose and aims of addressing market failure, the Extra Care and social inclusion re-procurement does not meet this criteria and therefore to ensure a fair and equitable process is undertaken, an open tender is the recommendation.

TIMESCALES

An indicative timescale is as follows:

Activity	Timescale
Direct Award to current provider to 31/03/2024	July 2024
Final development of ECH and social inclusion specification	July 2024
Market engagement	July - September 2024
Tender process	September – December 2024
Contract Award	December 2024
Development of mobilisation plan	January – March 2024
Contract Go Live	April 2024

RISKS AND MITIGATIONS

	Risk	Mitigation
Procurement	Short-term direct award rather than immediate competitive tender	Enables early market engagement to keep market informed and facilitate partnership bidding
	Tendering for one lot as opposed to separate	Encourage providers to work together and put forward collaborative bids - work with partners (local authority, health and social care partners, housing partners) to ensure supportive and strategic relationships built
	Awarding to a number of providers with collaborative bidding	Consistency of oversight will be mitigated through consistent contract management Providers to work together, i.e. forums/networking/shared training to support mitigation of inconsistency of approach
Future demand	Ageing population and increased complexity of need as described above	Potential to develop further ECH schemes within the City in future years. This may result in the successful provider(s) incorporating this increase within the contract term.

OUTCOMES AND BENEFITS

Financial outcomes and benefits	Non-financial outcomes and benefits
<p>The provision will achieve system efficiencies by supporting people to live independently in their own home for longer. This reduces the need for people to move into 24/7 residential services which in turn achieves financial efficiencies for the local authority.</p>	<p>Fit for purpose service design, giving improved customer experience.</p> <p>Ability to drive more specialist training to support people to live independently for longer, such as those people living with dementia.</p> <p>Creating social inclusion opportunities within all schemes will bring health and wellbeing benefits to the service users, helping to reduce social isolation and loneliness.</p> <p>Working co-operatively with partners (Care providers, Livewell SW and voluntary sector organisations to serve the best interests of our City and its communities.</p> <p>Continue to explore extra care opportunities in line with the Plymouth Plan policy to meet local housing needs (HEA8).</p>