

# Wiltshire Council

## Cabinet

2 February 2021

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**Subject:** Commissioning Extra Care Housing Services

**Cabinet Member:** Councillor Simon Jacobs – Cabinet Member for Adult Social Care, Public Health and Public Protection

**Key Decision:** Key

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### Executive Summary

1. This paper makes recommendations for the four Extra Care Housing (ECH) sites supported financially by Wiltshire Council: Needham House, Crammer Court, Meadow Court and Bell Orchard. All sites support residents as tenants, with Needham House additionally supporting a number of private leaseholders.
2. ECH services are discretionary rather than statutory. The current ECH service seeks to offer support to residents in emergencies. It is provided under contract by Somerset Care and Cera Care (formerly Mears). The service model is no longer considered fit for purpose when viewed against more effective models of independent living.
3. Contractual arrangements expire on 31 March 2021. Earlier consultation with residents in July 2019 didn't support a clear way forward before the original contract term expired. Until 1 November 2020, residents at Needham House and Bell Orchard paid a contribution to the service's running costs. Meadow and Crammer Court residents did not.
4. Findings from the recent consultation suggest that, while residents value the presence of a service, there is little active need for, or use of, its current offer. There remains a range of opinion on future support solutions. This paper proposes that residents are consulted on Cabinet's recommended option before a final decision is made.
5. Corporate Leadership Team (CLT) agreed the suspension of core charges for residents at Needham House and Bell Orchard until 31 March 2021 to enable officers to undertake a consultation. This paper identifies a longer timeframe for transitioning services so requests an extension to that provision.

### Summary of Proposals

1. Cabinet is invited to consider the proposals in Section 1 of the report:
  - a. To note the indicative timetable and the requirement to extend current provision as an interim stage to support the service design and transition to a new model.
  - b. To endorse the recommended option of ending the current contracts and transitioning to a new support model identified in section 6c. This model would retain an onsite presence at Needham House with visiting support being available to the other three sites with additional community alarm capacity.
  - c. That residents are consulted on the recommended option and their views inform the final decision.

- d. That residents continue to be involved in the design of new support arrangements, alongside engagement with potential providers.
- e. That the final decision on the future means of supporting ECH residents and any associated contract award decisions is delegated to the Director Joint Commissioning in consultation with the Cabinet Member for Adult Social Care, Public Health and Public Protection and the Corporate Director of Resources.
- f. To extend the suspension of core charge contributions at Needham House and Bell Orchard until the expiry of the current contractual arrangements to support consultation, service redesign and any necessary procurement.

**Reason for Proposal(s)**

1. Current contractual arrangements cannot run 'at will' indefinitely.
2. Initial resident consultation suggests low utilisation or need for the services in their current form, suggesting better alternatives for support residents' continued independence.
3. Residents' views should be sought on the Council's recommended option.

**Terence Herbert**  
**Chief Executive**

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#### **1 Purpose of Report**

- 1.1 This report makes recommendations for the future commissioning of support to residents living in the four Extra Care Housing (ECH) sites supported financially by Wiltshire Council: Needham House, Crammer Court, Meadow Court & Bell Orchard.
- 1.2 The report also outlines residents' current needs across the four sites, an overview of current provision and related issues, as well as residents' views from the recent consultation on the services and options for the future.
- 1.3 The report makes the following specific recommendations:
  - 1.3.1 To note the indicative timetable and the requirement to extend current provision as an interim stage to support the service design and transition to a new model.
  - 1.3.2 To endorse the recommended option of ending the current contracts and transitioning to a new support model identified in section 6.2. This model would retain an onsite presence at Needham House with visiting support being available to the other three sites with additional community alarm capacity.
  - 1.3.3 That residents are consulted on the recommended option and their views inform the final decision.
  - 1.3.4 That residents continue to be involved in the design of new support arrangements, alongside engagement with potential providers.
  - 1.3.5 That the final decision on the future means of supporting ECH residents and any associated contract award decisions is delegated to the Director Joint Commissioning in consultation with the Cabinet Member for Adult Social Care, Public Health and Public Protection and the Corporate Director of Resources.
  - 1.3.6 To extend the suspension of core charge contributions at Needham House and Bell Orchard until the expiry of the current contractual arrangements to support consultation, service redesign and any necessary procurement.

#### **2 Relevance to the Council's Business Plan**

- 2.1 This report is relevant to the Council's 2017-27 Business Plan in that it meets its core objectives of 'Protecting the most vulnerable' and 'Building stronger and more resilient communities'. The recommendations are also relevant to the key aims of:
  - Helping people to remain as independent as possible for longer

- Getting the right help that people need, in the right place and at the right time

### 3 Background

- 3.1 ECH provides independent living accommodation to residents, typically over the age of 55, who have current social care needs or may develop such needs in the future.
- 3.2 Although interpretations of ECH are widely debated, in Wiltshire 'Extra Care' is currently defined as an element of attached support available to all residents in an ECH premises. This support is separate to eligible needs identified in a customer's individual care and support plan. These planned social care needs are met in the same way that they would be elsewhere in the community.
- 3.3 A core service typically provides support of a nature that helps residents maintain their tenancy and continue to live independently. A key element that has traditionally differentiated ECH from e.g. sheltered housing, is the availability of a dedicated emergency response service, which provides reassurance and is available for urgent support.
- 3.4 The current ECH service model is no longer considered fit for purpose when viewed against more effective models of independent living. The Council financially supports four ECH schemes providing this service: Crammer Court (Devizes), Needham House (Devizes), Meadow Court (Pewsey) and Bell Orchard (Westbury).

#### 2010 Accommodation Strategy

- 3.5 The origins of ECH in Wiltshire date back to the Older People's Accommodation Strategy of 2010. ECH was intended to enable residents to maintain their independence, whilst having the security of an on-site staff presence and aspects of communal living to combat isolation.
- 3.6 Under the strategy, ECH was also intended to deliver savings by reducing the number of people moving into residential care. To achieve this, ECH schemes were set up under the 'balanced community' model; whereby each scheme would have a balance of people in high, medium and low needs bands.
- 3.7 Savings, however, have not been realised. In 2017 a desk top review of Crammer Court was carried out, which identified there was a much lower level of aggregate client need being met in the scheme than would support the savings sought in residential care.

#### Contractual & Funding Arrangements

- 3.8 An overview of the four schemes is included below:

Scheme	Service Provider	Landlord	Units (flats)
Crammer Court	Cera Care	Aster	50
Needham House	Cera Care	Wiltshire Council	47
Meadow Court	Cera Care	Aster	25
Bell Orchard	Somerset Care	Selwood	12
<b>total</b>			<b>134</b>

- 3.9 All four schemes have a 24/7 onsite staff presence. Regarding night services, Bell Orchard offers a sleep-in service whereas with Crammer, Needham and Meadow have a 'waking' night service. Needham is the only site not to have 'activities' within the service offer as the service model was not designed to include this.
- 3.10 Also in terms of Needham House, provision of an emergency 24/7 assistance service is required as a term of the Homes England grant (then known as HCA, or Housing & Communities Agency) received by the Council for the construction of the property.

Provision of it is not therefore, discretionary. However, the grant does not require that the assistance service is provided by a 24/7 onsite presence.

- 3.11 The service has been fully funded by the Council since 1<sup>st</sup> November 2020. Before that time residents at Needham House and Bell Orchard paid a compulsory contribution to the running costs of the services, referred to as the 'core charge'. The core care charge for Needham House was £23.24 per week and for Bell Orchard, £29.32 per week. A number of residents were dissatisfied with this charge, with many reporting that they neither wanted nor needed care.
- 3.12 The Corporate Leadership Team (CLT) agreed to the suspension of core charges for residents at Needham House and Bell Orchard between 1<sup>st</sup> November 2020 until 31<sup>st</sup> March 2021, the remainder of the current service contracts at the time, to enable consultation to take place and a long term solution to be sought.
- 3.13 An overview of the costs is provided below. A full year effect of suspending the core charges to residents of Needham House and Bell Orchard would constitute a £75,095 per annum budget pressure:

Scheme	Provider	Annual Cost	
		WC	'core charge'
<b>Before 01.11.20</b>			
Crammer Court	Cera Care	£70,713	NA
Needham House	Cera Care	£79,230	£56,799
Meadow Court	Cera Care	£73,474	NA
Bell Orchard	Somerset Care	£32,000	£18,296
<b>total</b>		<b>£255,417</b>	<b>£75,095</b>
<b>grand total</b>		<b>£330,512</b>	
<b>After 01.11.20</b>			
Crammer Court	Cera Care	£70,713	NA
Needham House	Cera Care	£136,029	NA
Meadow Court	Cera Care	£73,474	NA
Bell Orchard	Somerset Care	£50,296	NA
<b>grand total</b>		<b>£330,512</b>	<b>NA</b>

- 3.14 Formal contracts with Cera Care and Somerset Care expired in March 2020. Following advice from procurement and legal services, ECH services are currently running 'at will' until recommendations on future support options are agreed and implemented.
- 3.15 It is anticipated that an additional period of up to 6 months, to 30<sup>th</sup> September 2021, will be required following approval of these recommendations to allow officers to:
- Consult with residents across the four sites on the recommended option
  - Engage with potential providers on commercial viability
  - Undertake the delegated authority process and any necessary procurement or transition arrangements.

This would represent a budget pressure of £37,548.

Level of Need

3.16 The four sites provide 134 units of accommodation. At January 2021 there are 138 residents and 14 void units. This suggest there are 18 cohabiting couples with the remaining 92 occupied units being occupied by single individuals.

3.17 There are 48 residents with current care packages including 9 self-funders. This means that of the 138 current residents, 65.2% have no identified care needs at all. The majority of care packages are delivered through homecare. An overview of council-funded care packages is provided below:

<b>Council-funded care packages - Overview</b>	
HTLAH (Help to Live at Home)	<ul style="list-style-type: none"> <li>➤ 28 clients</li> <li>➤ Average package 14.3 hours pw. (skewed by a small number of larger packages)</li> </ul>
GLA (Good Lives Alliance)	<ul style="list-style-type: none"> <li>➤ 3 clients (all at Meadow)</li> <li>➤ Includes a package of 24/7 care – double-handed. Waking nights.</li> </ul>
Personal Assists	<ul style="list-style-type: none"> <li>➤ 3 clients (2 at Crammer; 1 at Needham)</li> </ul>
Direct Payments	<ul style="list-style-type: none"> <li>➤ 3 overall, including -</li> <li>➤ (2 at Needham – both ‘high’ banded (1 used to fund live-in care (plus spot purchased care hours). The other used to fund ‘24hr care’))</li> <li>➤ (1 at Crammer – used to fund PA. ‘Low’ banding)</li> </ul>
Telecare	<ul style="list-style-type: none"> <li>➤ 3 clients</li> <li>➤ (2 at Crammer. ‘High’ banded. Both have additional HTLAH or PA support)</li> <li>➤ (1 at Bell. ‘Low’ banded. Has additional HTLAH support)</li> </ul>
Sitting Service	<ul style="list-style-type: none"> <li>➤ 3 clients (1 each at Needham, Crammer and Meadow)</li> <li>➤ None have any additional support</li> </ul>
Respite	<ul style="list-style-type: none"> <li>➤ 1 client at Needham. 4 weeks respite pa in addition to HTLAH care package (medium banded)</li> </ul>
Reablement	<ul style="list-style-type: none"> <li>➤ 1 Client at Bell</li> </ul>
<ul style="list-style-type: none"> <li>➤ <i>In the majority of cases, the level of individual care need is comparable to that used to support people living in general needs or ‘non-specialist’ accommodation.</i></li> <li>➤ <i>A GLA client with 24/7 additional care package illustrates the complexity of need that can be supported in ECH but is rare in the current cohort.</i></li> <li>➤ <i>Reablement is an interim package of support (e.g. post-hospital discharge or to maximise functioning) and does not necessarily result in an ongoing package of care</i></li> </ul>	

3.18 The allocation procedure for ECH identifies that schemes operate a ‘balanced community’ model. This model seeks an even distribution of high, medium and low needs clients in order to ‘*operate effectively as possible, be used as a preventative measure, provide a realistic alternative to residential care and to facilitate sustainable funding models.*’

3.19 The model’s intended balance and the current balance is summarised here:

<b>Banding Type</b>	<b>‘Balanced Community’ model</b>	<b>Current Care Needs Balance (Jan ’21)</b>				
		<b>Total</b> (out of 138 residents in 134 units)	<b>Needham House</b> (capacity 47 units)	<b>Crammer Court</b> (capacity, 50 units)	<b>Meadow Court</b> (capacity, 25 units)	<b>Bell Orchard</b> (capacity, 12 units)
<b>High</b> (14+ care hours)	33.33%	12.32%	10.6%	14%	8%	25%

<b>Medium</b> (6-14 care hours)	33.33%	13%	10.6%	12%	20%	16.66%
<b>Low</b> (0-5 care hours)	33.33%	74.68%	78.8%	74%	72%	58.34%
<p>➤ <i>The details of self-funders' care packages are private and unknown to the council at the time of writing. They have been evenly distributed across high, medium and low bands for the purposes of this analysis.</i></p> <p>➤ <i>Residents with no care needs/packages are automatically included in the 'low' banding</i></p>						

- 3.20 While the equal split of bandings is an 'ideal' of the model, it is accepted that there will be a degree of fluctuation over time as residents' needs change and due to the presenting needs or likely future needs of applicants at any given time. However, current needs are significantly lower than ECH's intention, with 65% of residents having no care needs at all, and only a quarter falling into the medium and high bandings where the model would expect closer to two thirds.
- 3.21 The Institute of Public Care suggests that care needs under 5 hrs pw, and in cases up to 10 hrs pw, can often be met as or more effectively through alternate community or voluntary resources as opposed to formal care. This would cover a notable portion of care needs in the low and medium bands. Results from the resident consultation (appendix 2) showed that residents received more additional support from family, friends and other informal means, than from care agencies.
- 3.22 Over time, a disproportionately high number of ECH tenancies have been let to people with little-to-no emerging care needs. This has reduced the ability of the schemes to meet the initial commissioning intentions of supporting people with complex needs in ECH rather than residential care (and in doing so improve their quality of life while delivering efficiencies). As a result, people who may have been suitable for ECH's intended purpose may have instead been diverted to traditional residential care. Moreover, relatively independent people whose housing need may have been effectively met in general needs or sheltered housing, have been allocated extra care tenancies. This is evident in the cohort of current ECH residents who report that they neither want nor need the support provided from the current ECH model.
- 3.23 Applying the concept of 'extra care' to a resident cohort with low aggregate need risks creating a dependency culture on services which is counter to the overriding direction of travel for supporting communities under the Care Act (2014) (see section 4 below). The commercial viability of the current model is also questioned as ECH providers typically rely on providing additional care packages to higher needs clients.
- 3.24 Needham House is a mixed-tenure scheme, which mixes social rented tenants with private leaseholders. There has been a range of firmly held views on the onsite service's relevance and core charge contributions: with some residents not needing or wanting the service, and wanting to opt out, while others find value in it and wish to keep it.
- 3.25 The private leaseholders at Needham House occupy their properties under a 125-year shared ownership lease. They have collectively taken legal advice on the terms of those shared ownership leases. They have notified the Council of an intent to pursue legal action should the onsite service be removed, due to references to it in their leases (see Legal Implications below).

- 3.26 Officers have considered options to buy out the leaseholders to bring parity across all ECH sites and to support future service development. However, this was not taken forward as it would not have been commercially attractive to leaseholders. The Council is instead using its rights under the shared ownership leases to buy back those leases on the death of the leaseholder or when the leaseholder wishes to move. There are currently 9 leaseholders with one of those in the process of selling back their lease to the Council, leaving 8.
- 3.27 The buy-back of shared-ownership leases at Needham House is also in-keeping with the Council's housing department's wider activity in purchasing back similar leases in other parts of the County to support the Council's need for this type of property for rental tenants.

#### Engagement & Consultation

- 3.28 The Council originally consulted with ECH residents in July 2019. The outcome of that exercise did not support a clear way forward before the original contract term expired and therefore the proposals did not proceed to Cabinet. The consultation approach in support of this paper's proposals enables a broader evidence base to be established and also increases the opportunity for residents to be more involved in co-producing a new support model and service. The stages of the process are as follows:
- A first consultation stage to identify residents' current usage and views of the current ECH service, areas of support need and views on possible alternatives.
  - A second stage consultation with ECH residents on the recommended option for future services – alongside engagement with potential providers to assess commercial viability - to enable a final decision to be made on the model and consideration to resident involvement within the procurement / transition process.
- 3.29 The first stage took the form of a postal survey across November and December 2020. The overall response rate was 48% of residents (55% of households) with similar proportions of responses across each scheme. The consultation took place during the second COVID-19 lockdown. It is possible this impacted on responses. The methodology and findings are available in appendix 2 and will be shared with ECH residents prior to Cabinet.

#### Key findings

- 3.30 Overall, over 80% of respondents said they either have never used the service or do so only rarely. Only 10% use the service at least once a week.
- People at Needham make least use of the service (52% don't use it and a further 37% only rarely, meaning only 11% make active use of the service at least weekly).
  - At Bell, 36% haven't used the service and 33% only use it monthly. No other responses received.
  - Crammer: Over 75% don't use it at all or use it rarely
  - Meadow: Half don't use the service at all, the other half only rarely.
- 3.31 Most respondents (between 65%-75%) across the four sites identify that they need little or no help with the types of support that the ECH services offer. Where they do need support, this is mostly 'emotional wellbeing' and 'feeling safe in the home' with some 'maintaining social contact' and 'interests to keep occupied'.
- 3.32 Between 66%-88% at Needham don't need any ECH type help. Needham returned the highest response rate to this question. About half from Bell require help in most areas. Crammer and Meadow fall between Needham and Bell.



- 3.33 Key priorities for respondents emerged as ‘timely response’ and ‘easy access to emergency services’ when required.
- 3.34 More additional care needs are met by family and friends than paid-for care. About a third receive support from family or friends at least weekly. This is mostly for basic daily living tasks, maintaining tenancy and independent living (e.g. bills and appointments).
- 3.35 Opinions on the services are varied, similar numbers suggesting that the service represents value for money as would like the option to opt out. Needham House (50% of responses) indicated the greatest dissatisfaction with the service. Crammer Court (where residents have never had to pay) responses indicate that on the whole, the service offers good value for money, as do Bell Orchard’s respondents. There was a noticeable difference in the perception of value for money depending on whether people had previously had to pay for the service. People at Crammer and Meadow tend to see it as providing value for money. However, people at Needham and Bell view it differently. Only 9 respondents at Needham were happy to pay for the service (perhaps corresponding with the 9 leaseholders there). Only 13% at Needham think the service offers value for money and 43% would want to opt out and not pay. 40% at Bell think its value for money with another 40% saying they’d like to opt out.
- 3.36 As many people wanted telecare as wanted a 24/7 service (40 out of 66 responses for each). But this is in addition to the 24/7 service, not instead of. The strongest support for telecare was at Needham where 60% of responses included it as a top future option. However, looking more closely into preferences across the sites, these were:

First Preference
<ul style="list-style-type: none"> <li>➤ <b>Needham:</b> Two thirds of respondents preferred a form of onsite presence (33% each for the two options of ‘24/7 availability’ and ‘daytime service with sleep-in at night’). Telecare / emergency alarm a close second with 29%</li> <li>➤ <b>Meadow:</b> 50% ‘Daytime onsite emergency response service with a sleep-in presence during the night’</li> <li>➤ <b>Crammer:</b> 40% ‘An onsite emergency response service that is available 24 hours a day’</li> <li>➤ <b>Bell:</b> 50% ‘Daytime onsite emergency response service with a sleep-in presence during the night’</li> </ul>
Second Preference
<ul style="list-style-type: none"> <li>➤ <b>Needham:</b> 44% emergency alarm</li> <li>➤ <b>Meadow:</b> 60% emergency alarm</li> <li>➤ <b>Crammer:</b> 55% Daytime onsite emergency response service with a sleep-in presence during the night’</li> <li>➤ <b>Bell:</b> 50% each for ‘advice &amp; information’ and ‘telecare / emergency alarm’</li> </ul>
<p><i>The multiple responses from respondents to these questions explain some of the contradictions in preferences and underline the need for further consultation.</i></p>

- 3.37 While people make little use of the service, it appears many respondents are reassured by the presence of the urgent support element of the provision. A strong preference emerges for an onsite service similar to the current model, but with additional community alarm call and some information and advice services. However it is clear that contributing to the current level of service is significantly unpopular.
- 3.38 In many cases, people with comparable care and support needs are seen to live independently in general needs housing without the support offered under the current model. So building in such a level of support to daily living would be disproportionate.

3.39 There is little to suggest from residents that the daytime service plays an active role in many residents' day to day lives. The night-time element in some respects supports the ECH purpose of peace of mind and support in an emergency.

#### **4 Statutory Requirements**

4.1 Under the Care Act (2014) councils have a statutory duty to meet people's eligible care and support needs in the most cost-effective way. However, the ECH services contracted through Cera Care and Somerset Care are discretionary and not statutory. Therefore, subject to the requirement to provide 24/7 emergency assistance in some form at Needham House, the Council has discretion in deciding whether it continues to fund the ECH service, or whether its duties and residents' outcomes are best supported through alternate means.

4.2 In meeting their duties under the Act, councils have to consider what services, facilities and resources are already available in the area that might help local people e.g. voluntary and community groups. Furthermore, councils are expected under the Act to provide or arrange services in such a way as to:

4.2.1 help keep people well and independent, and to work with them to help access those services.

4.2.2 reduce need and help people regain skills

4.3 A number of ECH residents have eligible care and support needs met through separate council-funded care packages. The needs and outcomes being met under those care packages are not affected by this paper's proposals.

#### **5 Main Considerations for the Council**

5.1 Despite ECH services not being statutory, the ECH sites themselves are people's homes and have historically been marketed to applicants by the Council as providing 'Extra Care'. This will have influenced residents' perceptions and expectations.

5.2 Continued provision of a non-statutory service that is consistently not-well utilised, however, does not represent value for money and is inconsistent with the council's strategic aims for adult social care.

5.3 The stated preferences of service users as identified through the consultation need to be considered against the low utilisation or need for the current service.

5.4 The council should consider the benefits of more modern 'housing with care' options as part of its future commissioning arrangements – notably as the focus moves away from traditional residential care and supporting people with more complex needs in the community.

5.5 The need to provide some form of full-time emergency assistance provision at Needham House (see Legal Implications).

#### **6 Options**

6.1 Common to all options is the need to balance residents' independence and wellbeing with ensuring that needs are met appropriately. Residents' preferences and the commercial viability of any care and support model intended to be provided through external providers also need due consideration. There is not one model that provides a perfect solution for all parties. All options will require parallel activity around letting and activity for future referrals.

6.2 There are 3 principal options, each with potential variants. In producing these options, officers have considered the first stage consultation findings, range of alternative means of supporting residents' outcomes effectively, as well as the need to ensure

efficient use of public money and focus investment on those in greatest need in a challenging financial climate for the Council. The options are as follows:

<b>6.2.1 - Option A</b>	
No change / tender for a like-for-like service model	
<b>Benefits</b>	<b>Drawbacks</b>
<ul style="list-style-type: none"> <li>➤ Promotes continuity</li> <li>➤ Likely to be more favourable with some residents (but not if residents continue to be charged at current levels)</li> <li>➤ Avoids risk of legal action from leaseholders at Needham House</li> <li>➤ Tender process enables the market to be tested for best value</li> <li>➤ First stage consultation shows residents are reassured by its presence</li> </ul>	<ul style="list-style-type: none"> <li>➤ Continues a dependency culture in a non-statutory service</li> <li>➤ Analysis of care needs shows the services are supporting lower aggregate need than they were designed to meet</li> <li>➤ More likely to be commercially unattractive to providers</li> <li>➤ First stage consultation shows little use or need for, the current service model</li> <li>➤ Would prolong an inefficient and ineffective use of public money for non-statutory services</li> <li>➤ Inconsistent with the council's strategic aims for social care and Care Act requirements</li> <li>➤ Will not be supported by many residents who are charged</li> </ul>
<b>Further considerations</b>	
<ul style="list-style-type: none"> <li>➤ Providers may need additional opportunity to provide services either directly to ECH residents or to other client cohorts in the surrounding community.</li> <li>➤ Would need consideration of a permanent waiving of the core charge to be palatable to residents in Needham House and Bell Orchard (or its equal application of the core charge to all ECH premises which would be unpopular). Waiving the core charge increases the council's costs by £75K pa with the current provider but may be more following tender submissions.</li> </ul>	
<b>6.2.2 - Option B</b>	
Decommission all ECH services and replace with Telecare/Emergency call response	
<b>Benefits</b>	<b>Drawbacks</b>
<ul style="list-style-type: none"> <li>➤ Equitable approach across all schemes</li> <li>➤ Offers a break from the current model and a chance to consider new ways of meeting residents' needs in line with current strategic direction for social care and residents' actual needs</li> <li>➤ Reduces the continuance of a dependency culture and more effectively supports independence</li> <li>➤ Support levels more proportionate to actual need</li> </ul>	<ul style="list-style-type: none"> <li>➤ Highest risk of legal action from leaseholders at Needham House</li> <li>➤ Increased risk of challenge from residents across the 4 premises (mitigated through robust engagement and consultation approach)</li> <li>➤ Reputational risk to Council if perceived as 'removing services'</li> <li>➤ In some cases, may result in increased care packages</li> </ul>

<ul style="list-style-type: none"> <li>➤ Delivers approx. £273,026k net savings from all ECH spend (cost of current services minus the cost of telecare installation)</li> <li>➤ Enables more social care budget to be redirected to those in greatest need</li> <li>➤ Good support for telecare as a preference in first stage resident consultation</li> </ul>	
Further considerations	
<ul style="list-style-type: none"> <li>➤ Without the risk of legal challenge from leaseholders at Needham House would be a present a strong option</li> <li>➤ Level of care need across the schemes is largely consistent with the level and type of need able to be supported elsewhere in the community in general needs housing</li> <li>➤ Further consultation would be required to ensure no negative impact on the people currently using the service or with care packages / direct payments</li> </ul>	

### 6.2.3 - Option C (Recommended)

Hub & Spoke ECH model

*In context of the four existing ECH schemes, the model would include:*

- |  |
|--|
| <ul style="list-style-type: none"> <li>➤ Day-time service (Monday to Friday) based at Needham House (hub) with visiting 'surgery' days to the other 3 premises for direct support and signposting to relevant community services required to meet needs</li> </ul> |
| <ul style="list-style-type: none"> <li>➤ Sleep-in night provision based at Needham – contactable via telecare / community alarm from residents in all 4 premises</li> </ul>  |
| <ul style="list-style-type: none"> <li>➤ Residents at Crammer, Meadow and Bell to have telecare / community alarm installed and funded by the council</li> </ul>   |

Benefits	Drawbacks
<ul style="list-style-type: none"> <li>➤ Provides balance between the first stage consultation findings and use/need of current service</li> <li>➤ No contributions to the core service from residents</li> <li>➤ Risk of legal challenge from leaseholders at Needham is averted if the onsite service is based there.</li> <li>➤ Improved choice &amp; control: people pay for their care only when they choose or where they need to make a contribution to their assessed, eligible care.</li> <li>➤ Estimated reduction in costs of £157,160pa compared to the costs of the current service model (see 6.7 below).</li> </ul>	<ul style="list-style-type: none"> <li>➤ Less consistent with many residents' stated preferences (although residents do not want to pay for these)</li> <li>➤ Increased risk of challenge from residents, mitigated through robust engagement and consultation approach)</li> <li>➤ As with Option B, reputational risk to Council from the perception of 'removing services' needs mitigation through further consultation</li> <li>➤ Commercial viability requires engagement with potential providers before specifying and procuring any new service</li> <li>➤ May be seen as favouring Needham</li> </ul>

<ul style="list-style-type: none"> <li>➤ Same benefits as Option B: positive break from current service model; reduced continuance of dependency culture; improved independence; support levels proportionate to need and social care budgets supporting those in greatest need</li> <li>➤ Good level of support for telecare/emergency alarm services as a viable alternative to the current model</li> <li>➤ Provides a level of onsite daytime support to all schemes while still providing appropriate reassurance at night-time</li> <li>➤ Key resident outcomes of 'emotional wellbeing' and 'feeling safe in the home' continue to be met</li> <li>➤ Creates additional opportunities in 'Commercial Viability' and 'Supporting Strategic Priorities'</li> <li>➤ Risk of challenge from residents is potentially less than for Option B</li> </ul>	
<b>Further considerations</b>	
<ul style="list-style-type: none"> <li>➤ Outcomes of 'emotional wellbeing' and 'feeling safe in the home' can be met through a range of solutions including signposting to other existing community, voluntary or council assets and building individual and community resilience through co-production</li> <li>➤ As Option B, requires a permanent end to the core charge</li> <li>➤ Potential providers may question the commercial viability of the model without a guarantee of being 'first-call' provider for additional care packages. This is often the case in private retirement housing and ECH schemes</li> <li>➤ Resident cohorts change over time and commissioning and service approaches need to change with them. It is possible that existing and future cohorts develop greater need for care meaning that a new approach may need to be developed</li> </ul>	

6.3 A hub and spoke model would include:

- **Hub & Spoke**
  - Service based at one site (hub) but available to people living in other locations
- **Core & Flexi**
  - Council would fund a core level of ECH service. Core provider is priority for any homecare needs developing among residents
  - Residents can use their own resources to purchase additional care and support in excess of their assessed need, should they wish. This can be from the onsite provider or another provider of their choosing

6.4 The potential model across the four existing ECH sites needs to be tested with providers but may lend itself to wider opportunity to the voluntary sector as well as private provision.

- 6.5 The successful provider could potentially use Needham House as a hub for wider homecare or other support activity in the area; reducing their overheads and promoting market sustainability which will be particularly useful for smaller organisations with a smaller available resource. Similar benefits may exist to voluntary sector providers reducing their overheads and making use of available office space in Meadow, Crammer and Bell Orchard. In doing so, this increases signposting options to residents at those schemes as well as increased reassurance from proximity to other community support options.
- 6.6 The cost of the proposed 'hub & spoke' provision would be determined through competitive procurement. The projected cost is estimated at:

Cost element	Projected cost
Onsite service based at Needham House <i>(using the current costs for Needham House as a proxy)</i>	£136,029
Telecare for Bell Orchard, Meadow Court & Crammer Court	£37,323
<b>Total</b>	<b>£173,352</b>

- 6.7 The projected cost of £173,352 for the new service is less than (by £157,160pa) the overall costs of the current service model of £330,512.
- 6.8 Officers will also look at the change of use of a small number of void units within the service to become 'short stay' flats for flexible community step-up/step-down/respite or for people to trial the extra care model as an alternative option to live-in-care or residential care where they are struggling to cope at home (with associated priority status in the lettings bidding process).
- 6.9 'Telecare' includes sensor monitoring, reassurance calls and physical responder service for urgent situations. However, these elements are usually part of a larger package of care and included in funding assessments for client contributions. Only three current ECH households have telecare provision. The equipment elements of telecare include installation and maintenance and are similar in type to community equipment. This means that they are free to the customer and not assessed as ongoing costs, neither are they included in any financial assessments for client contributions. Increased use of community equipment is also in-keeping with the direction of travel in social care and the council's emerging commissioning intentions, as it helps maximise independence while promoting sustainable use of physical care resource.

**7 Overview and Scrutiny Engagement**

- 7.1 A briefing on these proposals for the Chairman and Vice-chairman of Health Select Committee and the Chairman of Financial Planning Task Group will be provided on 27 January 2021.

**8 Safeguarding Implications**

- 8.1 Current contract arrangements with extra care providers contain robust safeguarding measures in line with Council policy. Future support arrangements will build on these provisions and give clear direction on safeguarding policy process.

**9 Public Health Implications**

- 9.1 Improved availability of well-targeted extra care provision will ensure that people with care needs that cannot be met in less specialised settings and who are reliant on financial support from the Council to pay for care, can access appropriate services to meet their needs and support their wellbeing.

## **10 Procurement Implications**

- 10.1 The commercial viability of the service model put forward under the recommended option will require market engagement with providers to assess its commercial viability before determining the best option.
- 10.2 Any procurement will follow a robust process in line with the Public Contracts Regulations (2015) Light Touch regime. A project group and risk log will be in place to support this.
- 10.3 Advertising and market engagement for the tender will stimulate the market and should secure competitive bids from those providers able to meet the requirements. Service specifications will be clear and robust, but also build in sufficient flexibility for the successful provider to continue to work with residents, commissioners and partners and ensure the service continues to be strategically relevant and of value to residents.
- 10.4 There is the potential for the new service model to be open to both registered care providers and voluntary sector and potentially, partnerships between the two. Registered providers with an 'Inadequate' CQC rating will not be invited to tender for the service.
- 10.5 Service design and the requirements of any procurement will consider how the new service model will deliver social value as defined by the Social Value Act (2012).
- 10.6 As this report identifies, potential providers will also need to be engaged on the proposed model to allow the council to consider commercial viability ahead of any procurement. This will inform scope, specifications and potential tender price submissions. However the Council must have regard to PCR 2015 (40) to ensure that advice from potential "market participants" does not distort competition.

## **11 Equalities Impact of the Proposal**

- 11.1 An initial EQIA risk assessment has been undertaken and has not identified impact, discrimination or inequity of provision or cost, based on residents, age, gender, disability or other protected characteristic. The full text is available on request.
- 11.2 Until recent action by the council, some residents paid towards the ECH service and others did not. These proposals promote fairness in that there is alignment across the service model, with no resident being required to contribute to the core costs of a new ECH service.
- 11.3 There are potential negative impacts, or certainly the perception of negative impacts, for residents in some schemes where the current level of onsite service presence will be reduced. However, this impact is counteracted by:
  - 11.3.1 Low usage of and need for the current scheme as evidenced through the initial consultation
  - 11.3.2 The viable alternatives to current services identified in the recommendations which are proportionate to need
  - 11.3.3 The planned subsequent consultation with residents on the recommended option to ensure their views are given appropriate consideration in the final decision making
  - 11.3.4 The generally positive impact of the recommendations outlined above
- 11.4 It is noted however that due to longstanding familiarity with the existing service model and its 24/7 on-site staff presence, existing residents would need to be supported to adjust to how the new model continues to meet their needs. New referrals into the

ECH schemes will simply experience the new service model on its own merits with clear expectations.

## **12 Environmental and Climate Change Considerations**

12.1 The tender evaluation criteria and contract terms and conditions include provision on environmental and climate change impact to ensure this is appropriately considered.

## **13 Risks that may arise if the proposed decision and related work is not taken**

13.1 There would be continued pressure on commissioning budgets for a service that is not appropriately targeted or utilised and cannot demonstrate outcomes for a majority of clients. Under current 'at will' arrangements, improvements to services are less likely.

13.2 Maintaining the status quo is inconsistent with the prevailing trends in adult social care of meeting demand in a preventative way using approaches which focus on prolonging independence and utilising people's strengths and existing assets in the community. There is also the risk of creating a dependency culture among some residents.

13.3 Some residents would remain dissatisfied with current arrangements due to the polarised opinion among the residents' community in some ECH schemes. This presents a reputational risk to the Council as seen in recent media coverage.

## **14 Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

14.1 Any recommendation for change risks dissatisfaction amongst some residents, especially a change that potentially involves a reduction in service levels. There is therefore reputational risk for the Council but less so than other options. Mitigation is through an appropriate resident engagement and consultation process to ensure that all residents' views are considered alongside a clear evidence base of the case for change.

14.2 Any risk of legal action from leaseholders at Needham House is reduced by this paper's proposals.

14.3 Residents' preferences may not be consistent with the provider market's view of commercial viability for a future service. This paper recommends that providers are engaged alongside further resident consultation on this paper's recommended option to understand risk and opportunities around the future model before a final decision is made.

## **15 Financial Implications**

15.1 The current budget for these contracts is £220,070pa. Under the current service model there has been a gap in the commissioning budget of £35,347pa which grew to £110,442pa as a result of the Council's decision to suspend the core charge at Needham House and Bell Orchard. The proposals outlined in this report will help address the gap in the commissioning budget for these services as the projected annual cost for the new service model is within the current budget. There is a projected reduction in total costs to the service of £157,160 on a permanent basis.

15.2 However, the projected cost reduction in 2021/22 will be £78,580. This is due to the transition between service models planned for 1<sup>st</sup> October 2021, and the Council meeting the core charges between April and September 2021. The impact of this is as follows:



- 15.2.1 (March to September 2021) current model costs including core charge: £165,256
- 15.2.2 (October to March 2022) new model projected costs: £86,676
- 15.2.3 The total projected of the Extra Care service for 2021/22 is therefore £251,932, establishing a budget gap of £31,862 for the year, before greater cost reductions identified in 15.1 come into effect in subsequent years.

## **16 Legal Implications**

- 16.1 The Public Contract Regulations (2015) (“PCR”) require that Council contracts are tendered and let in accordance with certain procedures. In addition, any procurement process must be undertaken in line with the provisions of Part 9 (Financial Regulations), Part 10 (Contract Regulations) of the Council’s Constitution also apply., as well as the Public Contracts Regulations (2015, PCR).
- 16.2 Contracts let “at will” are unlikely to be in accordance with those things set out in para. 16.1 and could be challenged by other service providers on the basis that the opportunity was not extend to them or the market generally. In the current circumstances this risk is diminished as the delay is in part caused by Council activity which seeks to optimise the service that will be put to tender and thereby make for a better market opportunity.
- 16.3 Decisions for the award of new contracts and all associated documents in respect of the Alliance and draw-down contracts may be delegated to the Director Joint Commissioning in consultation with the Cabinet Member for Adult Social Care, Public Health and Public Protection and the Corporate Director of Resources in accordance with the Council’s Scheme of Delegation.
- 16.4 Procurement competitions are required by PCR to, as far as possible, present the same opportunity to all tenderers. The aim of pre-tender consultations is to allow the Council to be better informed and so able to run a more effective competition. In consequence, pre-tender market consultations have to be done in such a way so that procurement documents developed after consultation can’t be said to discriminate on the basis of the results of the pre-tender consultation and so distort competition.
- 16.5 Appropriate contract documents support the compliant and effective delivery of services and support the Council in ensuring its statutory duties are upheld through commissioning services from the private care market. Legal Services are supporting the project and ensuring the contractual documentation required is robust and fit for purpose.
- 16.6 Compliance with PCR will be observed, and the Council’s Strategic Procurement Hub and Legal Services team will be fully engaged. There is no particular risk of a procurement challenge on the procedure for the acquisition of new services if the PCR procedures are followed.
- 16.7 Needham House was constructed with the assistance of a grant from Homes England (then known as Homes and Communities Agency) which requires the Council to provide a 24/7 emergency assistance service. Homes England does not specify how that service is to be provided.
- 16.8 The shared ownership leases and tenancy agreements granted by the Council contain the terms for the provision of that service. The shared ownership leaseholders have taken legal advice which asserts that any removal of the 24-hour onsite presence would be a breach of the leases by the Council. The Council’s internal legal advice is that, whilst the terms of the leases should be wide enough to allow for provision in another form, there is room for doubt and that there is a significant risk that any challenge by the leaseholders to the removal of the current

arrangements would be successful. Any changes to the ECH provision will need to take account of this.

## **17 Workforce Implications**

17.1 These proposals largely relate to activity delivered through external providers. Aside from one individual there is no direct impact on the Council's own workforce. A manager from the council's housing function is based at Needham House, where the Council is landlord. This manager was previously employed by Mears Care (predecessor to Cera Care) but was TUPE transferred into the Council on 01.10.19 to support improved effectiveness of the role in enabling the manager to access the Council's IT system.

## **18 Conclusions**

18.1 With contractual arrangements coming to an end and the current service model no longer fit for purpose, it is essential that a clear direction for support at ECH sites is established and that residents are properly involved in that decision-making process.

18.2 Cabinet is asked to consider the proposals outlined in section 1:

18.2.1 To note the indicative timetable and the requirement to extend current provision as an interim stage to support the service design and transition to a new model.

18.2.2 To endorse the recommended option of ending the current contracts and transitioning to a new support model identified in section 6c. This model would retain an onsite presence at Needham House with visiting support being available to the other three sites with additional community alarm capacity.

18.2.3 That residents are consulted on the recommended option and their views inform the final decision.

18.2.4 That residents continue to be involved in the design of new support arrangements, alongside engagement with potential providers.

18.2.5 That the final decision on the future means of supporting ECH residents and any associated contract award decisions is delegated to the Director Joint Commissioning in consultation with the Cabinet Member for Adult Social Care, Public Health and Public Protection and the Corporate Director of Resources.

18.2.6 To extend the suspension of core charge contributions at Needham House and Bell Orchard until the expiry of the current contractual arrangements to support consultation, service redesign and any necessary procurement.

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**Date of Report:** 02/02/2021

## **Appendices**

Appendix 1	Indicative Timeline
Appendix 2	First Stage Resident Consultation Analysis

**Appendix 1**  
Indicative Timeline

Stage	Date(s)
Communicate cabinet decision to residents with proposals for second stage consultation	10-12.02.21
Second stage consultation	15.02.21 – 09.04.21
Market engagement 1: commercial viability and provider feedback	08.03.21
Market Engagement 2 – tender opportunity	19.04.21
Publish Tender	07.05.21
Tender Submission	06.06.21
Evaluation & governance for intended contract award	07.06.21 – 28.06.21
Standstill	29.06.21 – 08.07.21
Contract Award	09.07.21
Mobilisation and TUPE (where applicable)	09.07.21 – 30.09.21
Contract Start Date	01.10.21

## **Background & Method**

This appendix outlines the results the Council's recent consultation with ECH residents. This is the first stage of the consultation process and was designed to identify:

- Residents' current usage and views on the ECH service
- Areas of support need
- Views on possible alternatives

The consultation window ran from 5<sup>th</sup> November to 4<sup>th</sup> December 2020. Logistics for delivery were impacted by COVID restrictions however each premises received the same amount of time to respond overall. This consultation window was deemed appropriate, considering:

- The similar consultation exercise undertaken in July 2019, and
- February 2021 Cabinet recommendations recommending that further engagement with ECH residents is undertaken on the Council's preferred option

Surveys were distributed in hardcopy to residents by council officers or staff from Somerset Care/Cera Care – as was most appropriate to the arrangements at each scheme.

A business reply envelope was provided for residents to return their completed survey. The consultation was supported by Wiltshire Centre for Independent Living (WCIL), who offered assistance where residents wanted to respond via telephone or needed help with any of the questions. WCIL completed a total of one response to the ECH consultation over the telephone with a resident.

*Prior to Cabinet's February 2021 meeting, officers will update residents on the findings of the initial consultation and advise of the shortlisted options and preferred option, as well as next steps for consulting them on the preferred option itself.*

## **Key Findings**

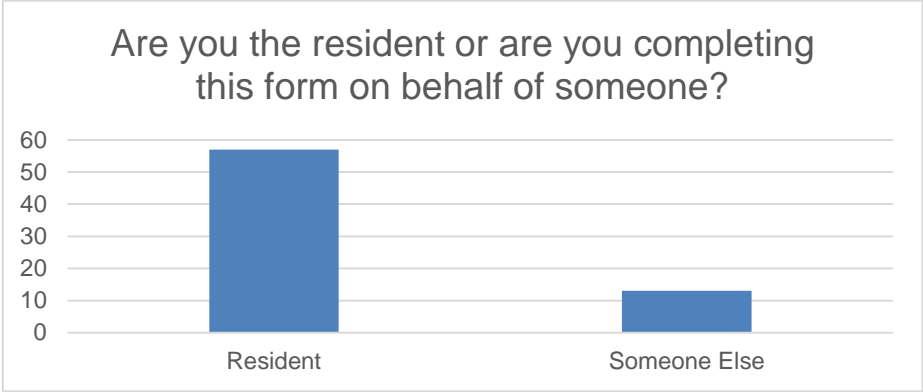
- a. The ECH service is not often utilised by residents. Most respondents identify that they need little or no help with the types of support that the ECH schemes offer. Many receive the support they need from family, friends or purchased care.
- b. Residents broadly reported that they enjoy the security of knowing an emergency response service is available on-site should they require it.
- c. Opinion on the service remains varied, with similar numbers suggesting that the service represents value for money, and they are happy to pay; while a notable cohort would like the option to opt out of the service.

## **Results**

Consultations were delivered to all ECH households (reaching all 138 residents across the four schemes). 66 completed surveys were returned, giving a representative response rate equating to 48% of the resident cohort. In some cases, one survey was submitted on behalf of a co-habiting household. It is possible that other returns were on behalf of a household (2 residents), however this was not indicated on the returned survey.

Some respondents chose not to answer every question or provided multiple responses where they felt this was appropriate.

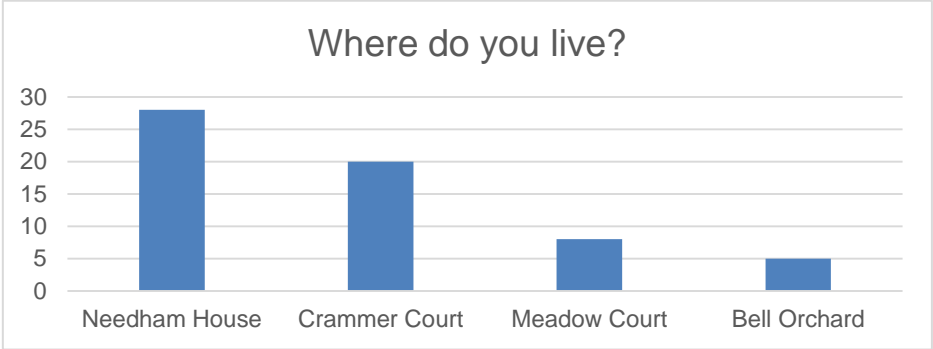
**Q1: Are you the resident or are you completing this form on behalf of someone?**



*Key findings*

- Most responses were from the resident. In cases where someone else responded, this tended to be a family member.

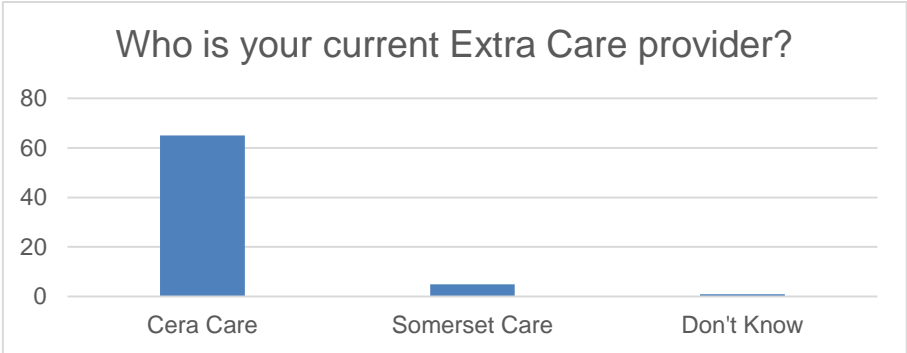
**Q2: Where do you live? (name of Extra Care scheme)**



*Key findings*

- Most respondents were from Needham House, followed by Crammer Court. Meadow Court and Bell Orchard had similar response rates.
- Considering the number of residents / households at each scheme, the responses from each scheme are proportionate to the number of residents living there.

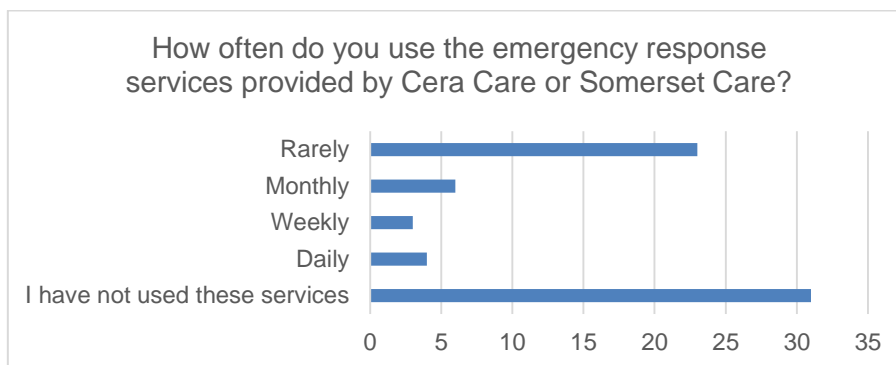
**Q3: Who is your current Extra Care provider?**



*Key findings*

- Results here are therefore broadly proportionate to contractual arrangements and number of residents supported by each provider.
- Most respondents have their care provided by Cera Care. As Cera Care provide services to 94% of ECH residents this is not unexpected.

**Q4: How often do you use the emergency response services provided by Cera Care or Somerset Care?**

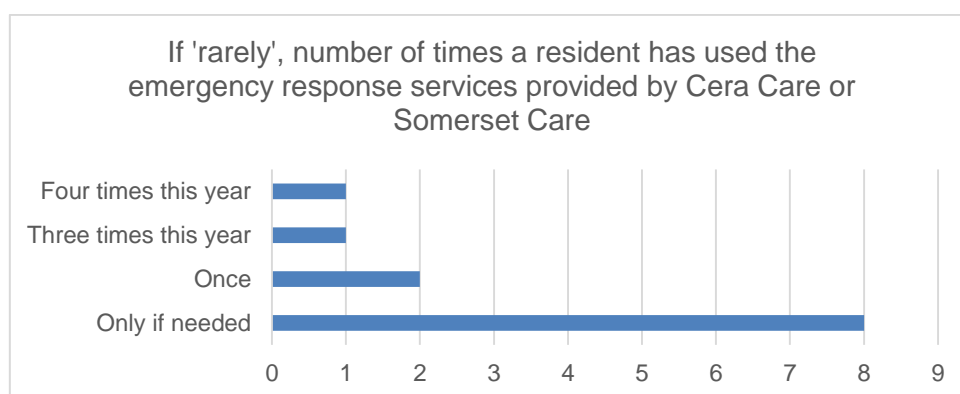


*Key findings*

- An overwhelming majority of respondents (over 81%) have either not used the service or use it rarely.
- Only 10% of respondents use the service once a week or more (6.6).

<b>Responses by Premises</b>	
<p><b>Needham House</b> (capacity 47 units)</p>	<p>27 responses to this question</p> <ul style="list-style-type: none"> <li>➤ 14 out of 27 respondents (52%) have not used the services</li> <li>➤ 2 out of 27 respondents (7%) use the services daily</li> <li>➤ 1 out of 27 respondents (4%) use the services weekly</li> <li>➤ 10 out of 27 respondents (37%) use the services rarely</li> </ul>
<p><b>Crammer Court</b> (capacity, 50 units)</p>	<p>17 responses to this question</p> <ul style="list-style-type: none"> <li>➤ 4 out of 17 respondents (24%) have not used the services</li> <li>➤ 1 out of 17 respondents (6%) used the services daily</li> <li>➤ 1 out of 17 respondents (6%) used the services weekly</li> <li>➤ 2 out of 17 respondents (12%) said they used the services monthly</li> <li>➤ 9 out of 17 respondents (53%) used the services rarely</li> </ul>
<p><b>Meadow Court</b> (capacity, 25 units)</p>	<p>6 responses to this question</p> <ul style="list-style-type: none"> <li>➤ 3 out of 6 respondents (50%) have not used the services</li> <li>➤ 3 out of 6 respondents (50%) said they used the services monthly</li> </ul>
<p><b>Bell Orchard</b> (capacity, 12 units)</p>	<p>3 responses to this question</p> <ul style="list-style-type: none"> <li>➤ 2 out of 3 respondents (36%) have not used the services</li> <li>➤ 1 out of 3 responses (33%) said they used the services monthly</li> </ul>

Where someone has selected 'rarely', more detail on this is captured below:

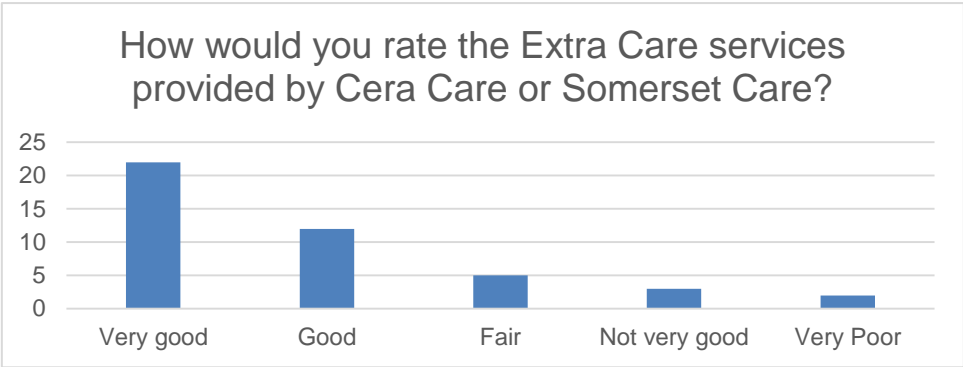


**Key findings**

- Where people rarely used the service, this tended to be on an ad-hoc basis.
- In addition to the majority response where residents do not used the services at all, this suggests the ECH services were not heavily relied upon for support.

<b>Responses by Premises</b>	
<b>Needham House</b> (capacity 47 units)	<p><b>Out of the 10 responses</b> who selected 'rarely', only four specified how often this was.</p> <ul style="list-style-type: none"> <li>➤ 1 response said (10%) 'three times this year'</li> <li>➤ 1 (10%) response said 'once'</li> </ul>
<b>Crammer Court</b> (capacity, 50 units)	<p>Out of the 9 responses who selected 'rarely' –</p> <ul style="list-style-type: none"> <li>➤ 1 (11%) said they had used the services four times in the past month</li> <li>➤ 5 (56%) saying they used the services as required.</li> </ul>
<b>Meadow Court</b> (capacity, 25 units)	No responses selected 'rarely'
<b>Bell Orchard</b> (capacity, 12 units)	No responses selected 'rarely'

**Q5: How would you rate the Extra Care services provided by Cera Care or Somerset Care?**



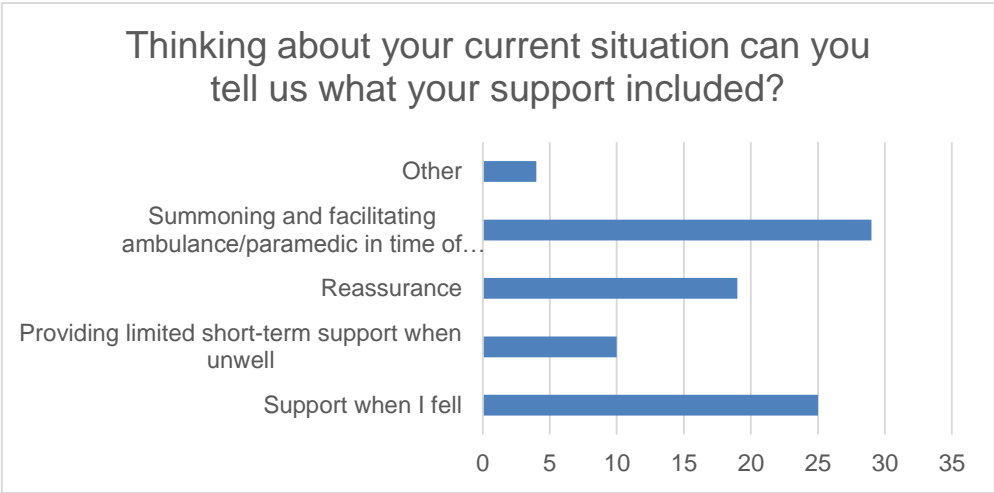
**Key Findings**

- A majority of respondents reported that the ECH services they received were either 'very good' or 'good'.
- However, a number of these respondents also said they do not use the service.
- Even though the service is only actively used by a fraction of respondents, people perceive it as adding value.

<b>Responses by Premises</b>	
<p><b>Needham House</b> (capacity 47 units)</p>	<p>16 responses to this question (34% sample size)</p> <ul style="list-style-type: none"> <li>➤ 5 out of 16 responses (31%) said 'very good'</li> <li>➤ 4 out of 16 responses (25%) said 'good'</li> <li>➤ 4 out of 16 responses (25%) said 'fair'</li> <li>➤ 2 out of 16 responses (13%) said 'not very good'</li> <li>➤ 1 out of 16 responses (6%) said 'very poor'</li> </ul>
<p><b>Crammer Court</b> (capacity, 50 units)</p>	<p>10 responses to this question (20% sample size)</p> <ul style="list-style-type: none"> <li>➤ 7 out of 10 responses (70%) said 'very good'</li> <li>➤ 2 out of 10 responses (20%) said 'good'</li> <li>➤ 1 out of 10 responses (10%) said 'fair'</li> </ul>
<p><b>Meadow Court</b> (capacity, 25 units)</p>	<p>5 responses to this question (20% sample size)</p> <ul style="list-style-type: none"> <li>➤ 4 out of 5 responses (80%) said 'very good'</li> <li>➤ 1 out of 5 responses (20%) said 'good'</li> </ul>
<p><b>Bell Orchard</b> (capacity, 12 units)</p>	<p>2 responses to this question (16% sample size)</p> <ul style="list-style-type: none"> <li>➤ 1 out of 2 responses (50%) said 'very good'</li> <li>➤ 1 out of 2 responses (50%) said 'good'</li> </ul>



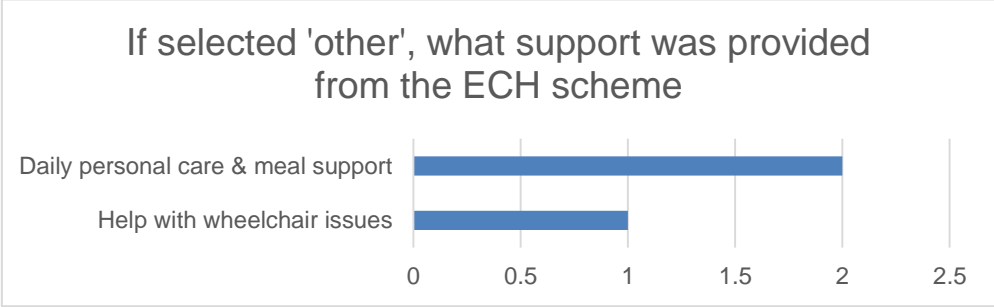
**Q6 – Thinking about your current situation, can you tell us what your support included?**



*Key findings*

- Most support provided was for contacting the emergency services, support when an individual fell or to provide reassurance to the household.
- Responses should be put into context with how often the services is utilised, with responses indicating that the support is used 'rarely'.
- The survey did not support more detailed response on the nature of the support offered when people are unwell or have fallen.

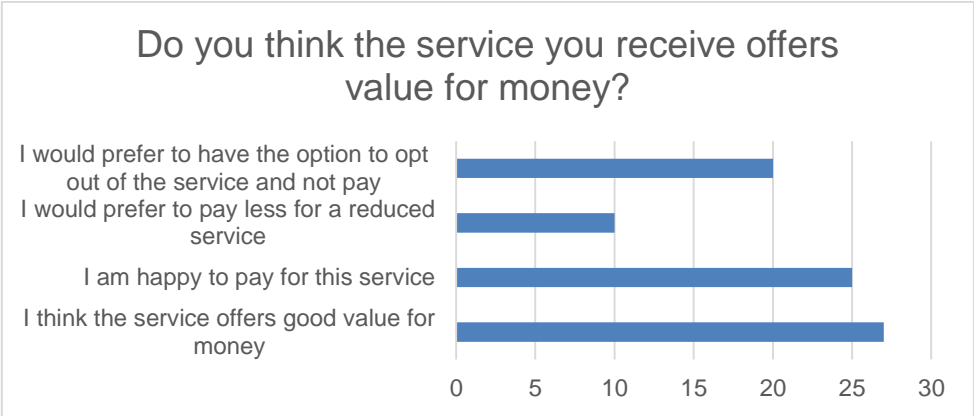
For those who selected 'other', the support they received is set out below:



*Key findings:*

- Response levels are very low. Support needs were met for personal issues, such as personal care or help accessing a wheelchair when the individual was unwell.
- The survey did not support more detailed response on the nature of the support offered in relation to wheelchair issues.

**Q7: Do you think the service you receive offers value for money? Please tick all the statements which apply to you**



**Key findings**

- The service’s value for money is inconclusive. Whether someone pays toward the service or not appears to have an influence on respondents’ perceptions of the value.
- A majority of respondents believe the ECH service offers value for money and are happy to pay for it (a number of respondents selected both these options)
- Conversely, there are notable cohorts who would either prefer to opt out of the service and not pay, or to pay less for a reduced service.

<b>Responses by Premises</b>	
<b>Needham House</b> (capacity 47 units)	<p>32 responses for this question.</p> <ul style="list-style-type: none"> <li>➤ 4 out of 32 responses (13%) said that they think the service offers good value for money</li> <li>➤ 9 out of 32 responses (28%) said that they are happy to pay for the service</li> <li>➤ 7 out of 32 responses (22%) said that they would prefer to pay less for a reduced service</li> <li>➤ 12 out of 28 responses (43%) said that they would prefer to have the option to opt-out of the service and not pay</li> </ul>
<b>Crammer Court</b> (capacity, 50 units)	<p>18 responses to this question</p> <ul style="list-style-type: none"> <li>➤ 11 out of 18 respondents (61%) said that they think the service offers good value for money</li> <li>➤ 4 out of 18 respondents (22%) said that they are happy to pay for the service</li> <li>➤ 3 out of 18 respondents (17%) said that they would prefer to have the option to opt-out of the service and not pay</li> </ul>
<b>Meadow Court</b> (capacity, 25 units)	<p>8 responses to this question:</p> <ul style="list-style-type: none"> <li>➤ 3 out of 8 responses (36%) said that they think the service offers good value for money</li> <li>➤ 4 out of 8 responses (50%) said that they are happy to pay for the service</li> <li>➤ 1 out of 8 responses (13%) said that they would prefer to pay less for a reduced service</li> </ul>

<b>Bell Orchard</b> (capacity, 12 units)	<p>5 responses to this question:</p> <ul style="list-style-type: none"> <li>➤ 2 out of 5 responses (40%) said that they think the service offers good value for money</li> <li>➤ 1 out of 5 responses (20%) said that they are happy to pay for the service</li> <li>➤ 2 out of 5 responses (40%) said that they would prefer to have the option to opt-out of the service and not pay</li> </ul>
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**Further Comments on Value for Money**

In a number of cases, respondents at Needham indicated more than one answer, so it is not possible to specifically identify the results proportionate to the number of responses received. Nevertheless, responses from Needham House, which amount to just over half the responses received for this question, indicated the greatest dissatisfaction with the services.

Crammer Court responses indicate that on the whole, the service offers good value for money, as do Bell Orchard’s respondents. Residents at Bell Orchard and Meadow Court have never been asked to pay the core charge.

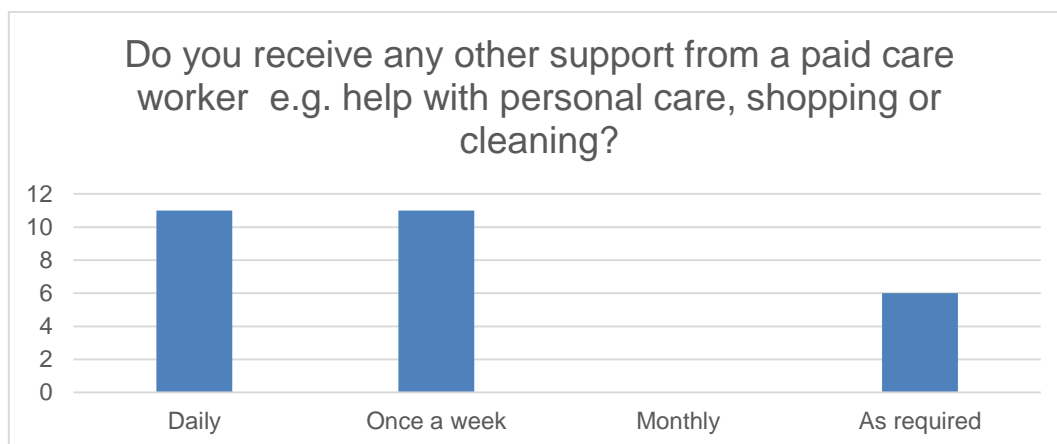
**Core Charge**

Responses for Needham did not capture whether the respondent was a leaseholder or a tenant. However, the number of current leaseholders at Needham (9) is the same as the number of respondents in the survey who indicated they were happy to pay for the service.

A greater removing Needham House’s results from the equation we can see that a greater proportion of responses from the other 3 premises indicate a belief that the service offers good value for money and notably less concern regarding the core charge.

Most responses from Meadow Court report being happy to pay for a service in the future.

**Q8: Do you receive any other support from a paid care worker, or a family member/friend e.g. help with personal care, shopping or cleaning? Please can you tell us about this support.**

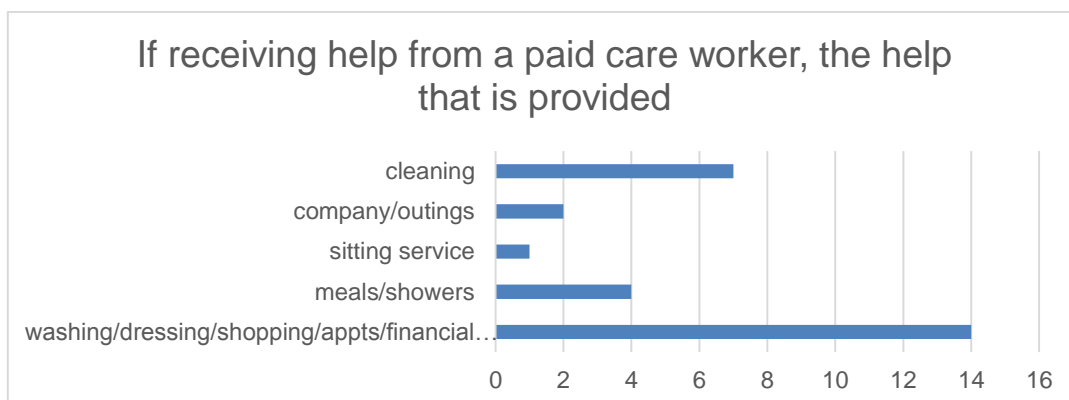


## Key Findings

- 28 respondents identified additional support needs met by paid care or informal means: with the majority receiving this support at least once a week.
- around 42% of respondents receive paid help and around 62% receive help from a family member or friend. Those who receive paid help have this more regularly than those who rely on family/friends for support.
- For context, LAS data shows 39 ECH residents have care packages. For Council-funded packages of homecare, the average size is 14.3 hours per week but with a wide range of between 1.5-35 hours per week (however the average is skewed by a small number of high-volume packages).
- There are an additional 9 residents who fund their own care with approximately 2 receiving weekly visits and 7 daily visits. Providers state this changes according to the fluctuating needs of the residents.
- Therefore, 48 residents have some form of paid care that represents 35% of all residents, which is slightly lower than the results of the survey (42%). This may suggest that the respondents to the survey are more representative of those residents with identified care needs as opposed to residents with no identified care needs.

<b>Responses by Premises</b>	
<b>Needham House</b> (capacity 47 units)	8 responses to this question <ul style="list-style-type: none"> <li>➤ 4 out of 8 (50%) responses reported that they receive help from a paid care worker 'daily'</li> <li>➤ 2 out of 8 (25%) responses reported that they receive help from a paid care worker 'once a week'</li> <li>➤ 2 out of 8 (25%) responses reported that they receive help from a paid care worker 'as required'</li> </ul>
<b>Crammer Court</b> (capacity, 50 units)	12 responses to this question <ul style="list-style-type: none"> <li>➤ 3 out of 12 (25%) responses reported that they receive help from a paid care worker 'daily'</li> <li>➤ 6 out of 12 (50%) responses reported that they receive help from a paid care worker 'once a week'</li> <li>➤ 3 out of 12 (25%) responses reported that they receive help from a paid care worker 'as required'</li> </ul>
<b>Meadow Court</b> (capacity, 25 units)	3 responses to this question <ul style="list-style-type: none"> <li>➤ 1 out of 3 (33%) responses reported that they receive help from a paid care worker 'daily'</li> <li>➤ 1 out of 3 (33%) responses reported that they receive help from a paid care worker 'once a week'</li> <li>➤ 1 out of 3 (33%) responses reported that they receive help from a paid care worker 'as required'</li> </ul>
<b>Bell Orchard</b> (capacity, 12 units)	2 residents responded to this question <ul style="list-style-type: none"> <li>➤ 1 out of 2 (50%) responses reported that they receive help from a paid care worker 'daily'</li> <li>➤ 1 out of 2 (50%) responses reported that they receive help from a paid care worker 'once a week'</li> </ul>

## Support from Paid Care

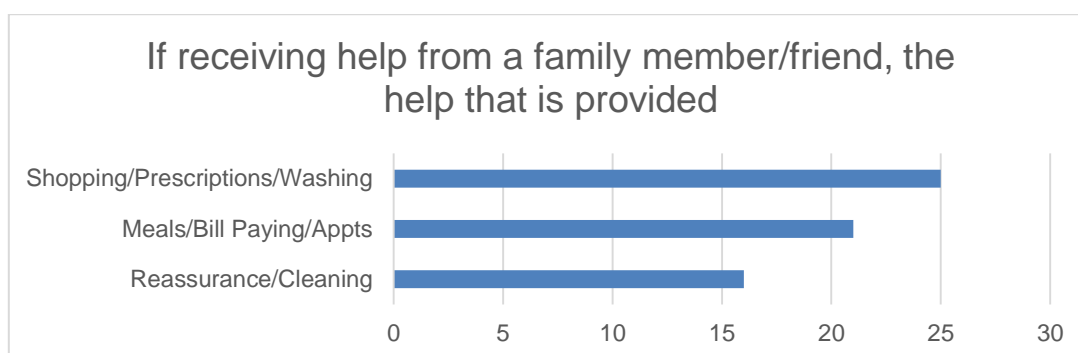
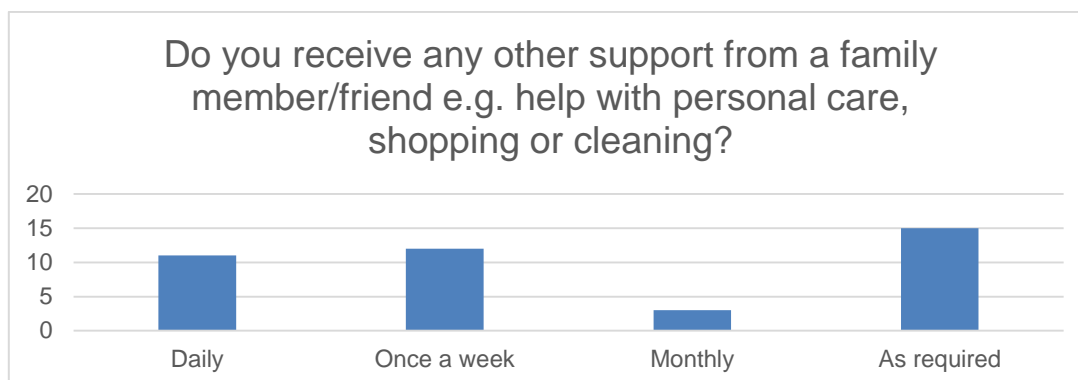


### Key Findings

- Support from paid care workers (see table below) tended to be around daily living.
- More in-depth analysis will be beneficial but results at this stage indicate, alongside the generally low levels of weekly package hours, that there are a number of paid care support tasks that can be delivered through informal or universal support rather than care as part of a strength based approach to social care (e.g. shopping, domestic cleaning).

Responses by Premises	
<b>Needham House</b> (capacity 47 units)	6 responses reported on the things that their paid care worker helps them with: <ul style="list-style-type: none"> <li>➤ 5 out of 6 (83%) said 'washing/dressing/shopping, etc'</li> <li>➤ 1 out of 6 (16%) said 'meals/showers'</li> </ul>
<b>Crammer Court</b> (capacity, 50 units)	Some responses specified multiple choices, <ul style="list-style-type: none"> <li>➤ 8 said 'washing/dressing/shopping, etc'</li> <li>➤ 1 said 'sitting service'</li> <li>➤ 5 said 'cleaning'</li> </ul>
<b>Meadow Court</b> (capacity, 25 units)	3 responses to this question <ul style="list-style-type: none"> <li>➤ 2 out of 3 (67% or two thirds) said 'washing/dressing/shopping, etc'</li> <li>➤ 1 out of 3 (33% or one third) said 'cleaning'</li> </ul>
<b>Bell Orchard</b> (capacity, 12 units)	2 responses to this question. Some residents specified multiple choices <ul style="list-style-type: none"> <li>➤ 2 said 'washing/dressing/shopping, etc'</li> <li>➤ 1 said 'cleaning'</li> </ul>

## Support from Family / Friends

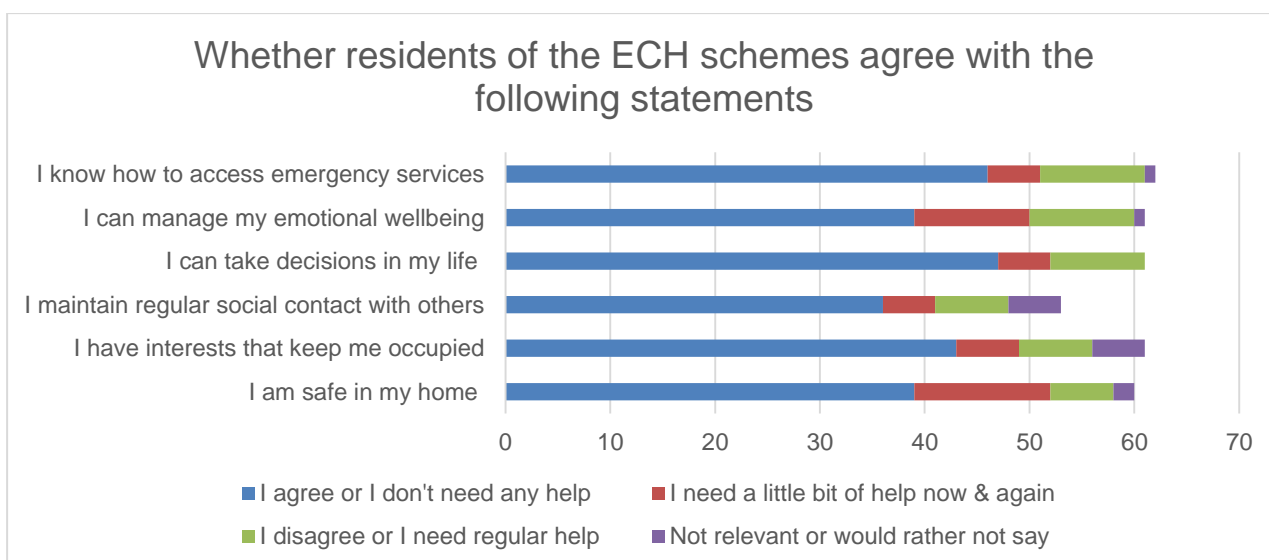


- About a third of respondents receive support from family or friends at least weekly, with slightly more than that amount being supported on a less frequent, ad-hoc basis.
- Majority of support is in basic daily living tasks and maintaining their tenancy and independent living (e.g. bills and appointments).

Responses by Premises	
<p><b>Needham House</b> (capacity 47 units)</p>	<p>14 responses to this question</p> <ul style="list-style-type: none"> <li>➤ 4 out of 14 (29%) responses said that they receive help from a family member/friend 'daily'</li> <li>➤ 3 out of 14 (21%) responses said that they receive help from a family member/friend 'daily'</li> <li>➤ 7 out of 14 (50%) responses said that they receive help from a family member/friend 'as required'</li> </ul> <p>In total, 11 responses specified what this help is for:</p> <ul style="list-style-type: none"> <li>➤ 6 out of 11 responses (55%) said 'shopping/prescriptions/washing'</li> <li>➤ 3 out of 11 (27%) said 'meals/bill paying/appts'</li> <li>➤ 2 out of 11 (18%) said 'reassurance/cleaning'</li> </ul>
<p><b>Crammer Court</b> (capacity, 50 units)</p>	<p>10 responses to this question</p> <ul style="list-style-type: none"> <li>➤ 3 out of 10 (30%) respondents said that they receive help from a family member/friend 'daily'</li> <li>➤ 3 out of 10 (30%) respondents said that they receive help from a family member/friend 'once a week'</li> <li>➤ 1 out of 10 (10%) respondents said that they receive help from a family member/friend 'monthly'</li> <li>➤ 3 out of 10 (30%) respondents said that they receive help 'as required'</li> </ul>

<b>Meadow Court</b> (capacity, 25 units)	6 responses to this question <ul style="list-style-type: none"> <li>➤ 1 out of 6 (17%) respondents said that they receive help from a family member/friend 'daily'</li> <li>➤ 4 out of 6 (67%) respondents said that they receive help from a family member/friend 'once a week'</li> <li>➤ 1 out of 6 (17%) respondents said that they receive help 'as required'</li> </ul>
<b>Bell Orchard</b> (capacity, 12 units)	1 response to this question <ul style="list-style-type: none"> <li>➤ 1 out of 1 (100%) respondent said that they receive help from a family member/friend 'once a week'</li> </ul> Response indicated that this help is for all of the categories listed above: <ul style="list-style-type: none"> <li>➤ 'shopping/prescriptions/washing'</li> <li>➤ 'meals/bill paying/appts'</li> <li>➤ 'reassurance/cleaning'</li> </ul>
<b>Further Comments</b> Overall, more responses report receiving help from a family member or friend, than a paid care worker.	

**Q9 – the statements below relate to the kind of things that Extra Care supports people with. Please tell us whether you agree with the following statement**



**Key findings**

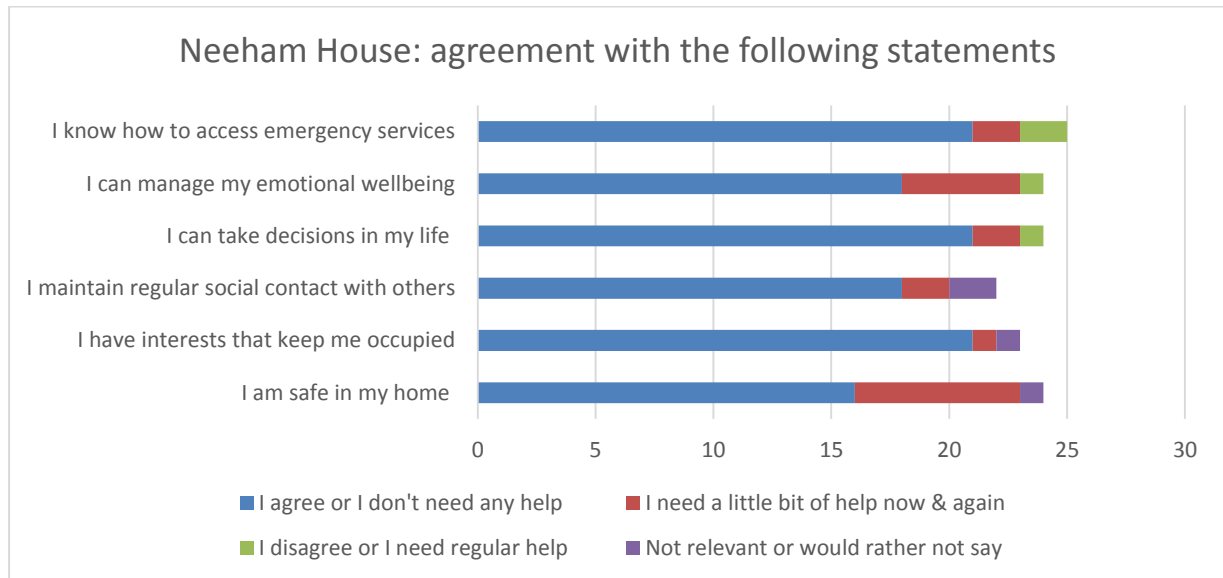
- In all ECH service domains, a significant majority of respondents do not need any help. This majority accounts for between approximately 65% - 75% of responses across all domains.
- 'Emotional wellbeing' and 'feeling safe in the home' are the two areas where the greatest occasional need is identified.
- Most notable area for people needing regular support is emotional wellbeing and accessing emergency services, though again this is a minority of respondents.

- Areas where either occasional or regular need is identified are in the minority of cases. Alongside the low levels of regularity in which the service is used, suggests low demand for the current service model.

### Responses by Premises

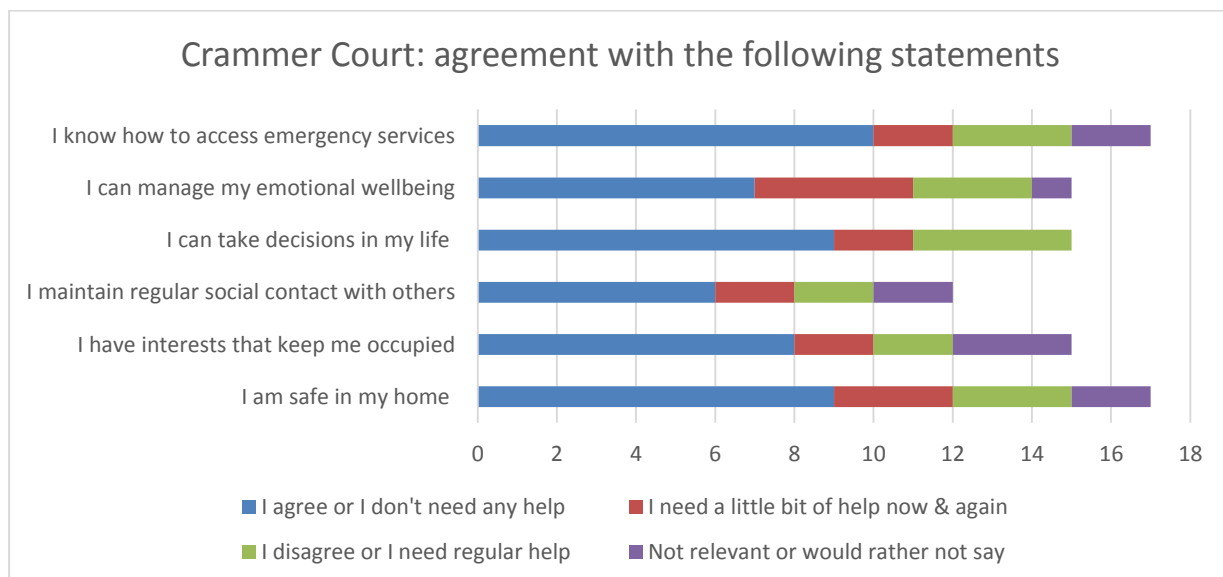
*It is important to note that this consultation was conducted during England's second lockdown period for COVID-19, so answers about maintaining regular social contact and having interests to occupy oneself need to be considered in the context of the pandemic.*

#### Needham House



**Key finding:** A significant majority of Needham House's responses report not needing any help with the types of services that the ECH service is intended to support.

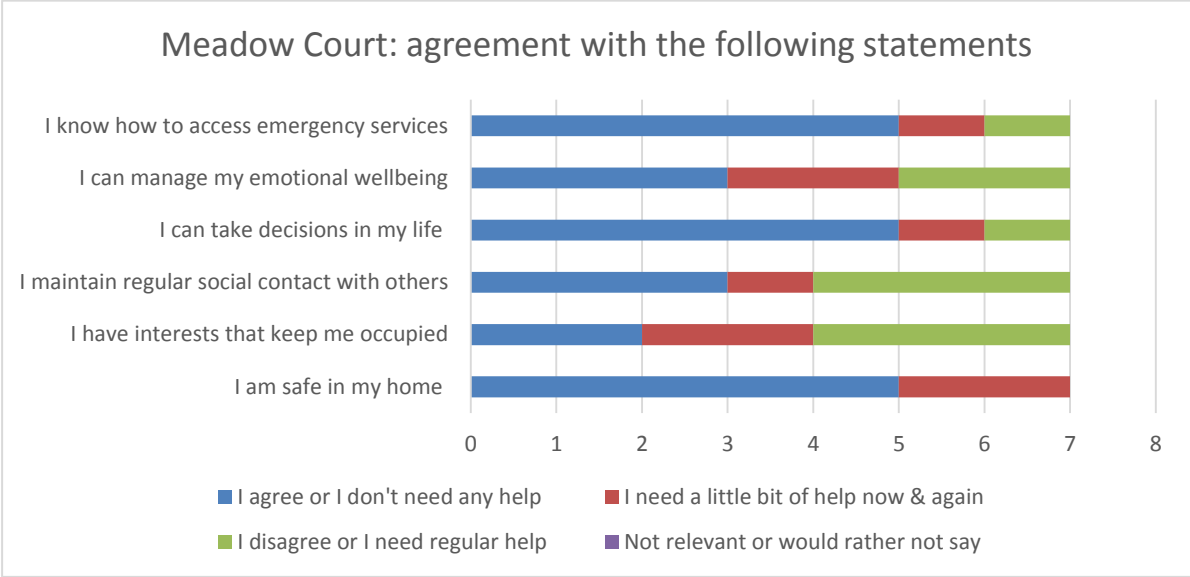
#### Crammer Court



**Key finding:** Crammer Court responses suggest need for some help with the types of services that ECH can support; most notably, managing their emotional wellbeing and feeling safe in their home.

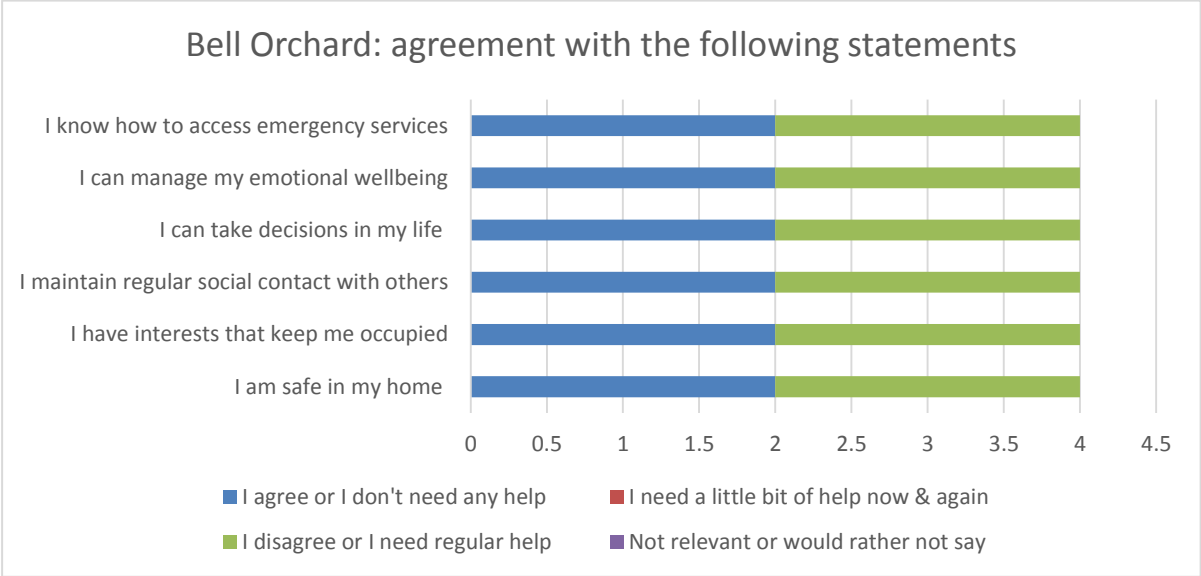


**Meadow Court**



*Key finding:* As with Crammer Court, Meadow Court’s responses indicate a need for some help with the types of services that ECH can support. Again, about managing emotional wellbeing, maintaining regular social contact but also notably, having interests that keep them occupied. In essence, all these support needs relate to one’s wellbeing.

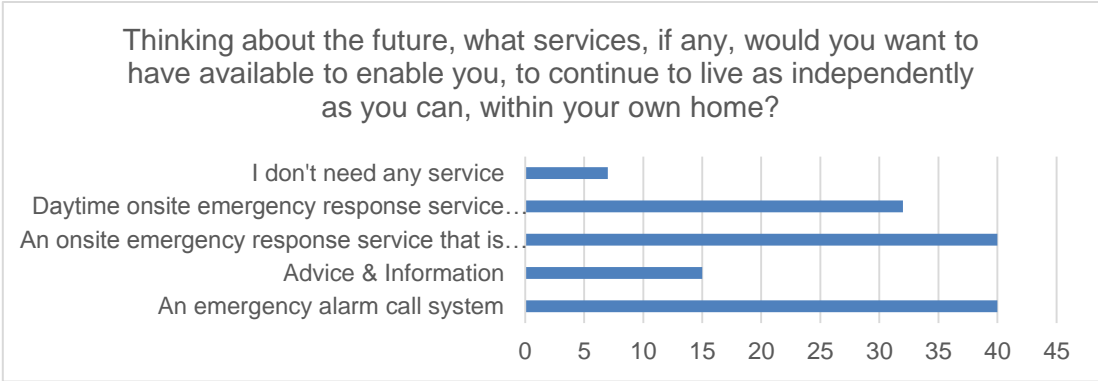
**Bell Orchard**



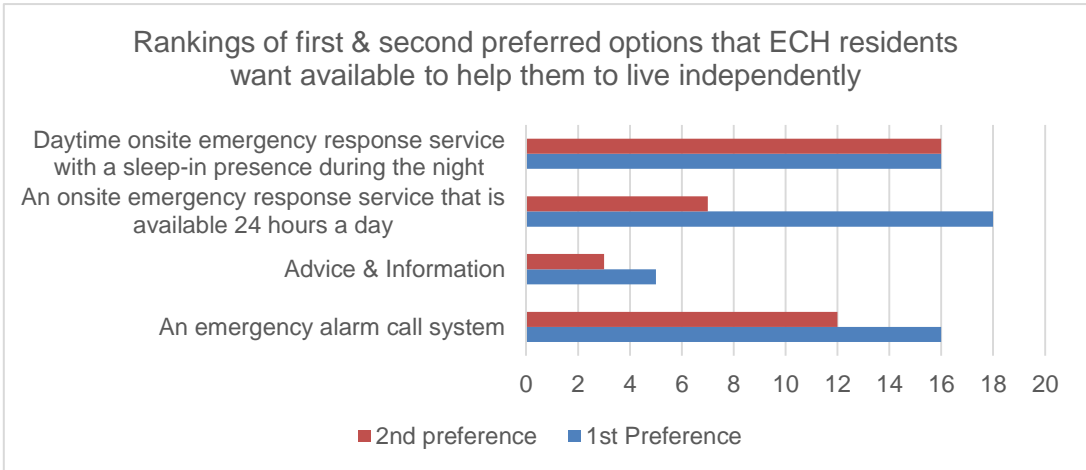
*Key finding:* The results for Bell Orchard come from a small sample size. They indicate 2 responses requiring no help at all, and a further 2 responses requiring help across all domains.

**Q10: Thinking about the future: what services, if any, would you want to have available to enable you to continue to live as independently as you can within your own home?**

Q10a



Q10b



**Key findings**

- There was strong support for a physical onsite presence. However significantly more people said they would want to have an onsite service available than actually make regular use of the current service. This suggests that the *idea* of a service adds value to people even though it is not needed or used proportionately.
- 60% of respondents indicated they would value an emergency alarm
- Nearly a quarter of respondents would value an information & advice service
- As shown in the graph above, the vast majority of respondents would like either an emergency alarm call, or an on-site 24-hour emergency response service. This is closely followed by a daytime onsite emergency response presence, with a sleep-in night service.

**Preferences**

- Slightly more people would prefer an onsite 24/7 service as a first preference than either a day-time service with night-time sleep-in or an emergency alarm system; both of which were tied for second with strong support for each.

- The strongest second preference is for an onsite daytime service with a sleep-in night-time presence. Where a 24/7 service is identified a second preference, this is much less so than for where the emergency alarm option is a second preference.

<b>Responses by Premises – Summary</b>			
	<b>Most popular option for Future (Q10a)</b>	<b>First Preference (Q10b)</b>	<b>Second Preference (Q10b)</b>
<b>Needham House</b> (capacity 47 units)	Emergency Alarm	Either of the on-site presences (sleep-in or 24 hour)	Emergency Alarm
<b>Crammer Court</b> (capacity, 50 units)	An onsite emergency response service that is available 24 hours a day	An onsite emergency response service that is available 24 hours a day	Daytime onsite emergency response service with a sleep-in presence during the night
<b>Meadow Court</b> (capacity, 25 units)	Either of the on-site presences (sleep-in or 24 hour) and an Emergency Alarm	Daytime onsite emergency response service with a sleep-in presence during the night	Emergency Alarm
<b>Bell Orchard</b> (capacity, 12 units)	Emergency Alarm	Daytime onsite emergency response service with a sleep-in presence during the night' and an Emergency Alarm	Emergency Alarm or Advice and Information

*Key Finding:* The two premises where residents have previously paid for the ECH service have selected 'emergency alarm' as the most popular future option, whereas the two services where residents have never had to pay, prefer to retain an onsite provision. However, for both Needham and Bell, the stated first preference is for an onsite presence of some sort. This may be explained by the multiple responses provided for individual questions.

<b>Responses by Premises – Individual Premises data</b>	
<b>Needham House</b> (capacity 47 units)	<p>A number of responses selected multiple options to Q10a. The findings are as follows:</p> <ul style="list-style-type: none"> <li>➤ 17 of NH responses said that they would like 'an emergency alarm call system'</li> <li>➤ 4 of NH responses said that they would like 'Advice &amp; information'</li> <li>➤ 12 of NH responses said that they would like 'An onsite emergency response service that is available 24 hours a day'</li> <li>➤ 9 of NH responses said that they would like 'Daytime onsite emergency response service with a sleep-in presence during the night'</li> <li>➤ 4 of NH responses said that they 'don't need any service'</li> </ul> <p><b>First Preference</b></p> <p>21 responses noted a first preference</p> <ul style="list-style-type: none"> <li>➤ 6 out of 21 (29%) would like 'an emergency alarm call system' as their first preference</li> <li>➤ 2 out of 21 (10%) would like 'advice &amp; information' as their first preference</li> </ul>

	<ul style="list-style-type: none"> <li>➤ 7 out of 21 (33% or one third) would like ‘An onsite emergency response service that is available 24 hours a day’ as their first preference</li> <li>➤ 7 out of 21 (33% or one third) would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’ as their first preference</li> </ul> <p><b>Second Preference</b></p> <p>16 respondents noted a second preference</p> <ul style="list-style-type: none"> <li>➤ 7 out of 16 (44%) would like ‘an emergency alarm call system’ as their second preference</li> <li>➤ 2 out of 16 (13%) would like ‘advice and information’ as their second preference</li> <li>➤ 3 out of 16 (19%) would like ‘An onsite emergency response service that is available 24 hours a day’ as their second preference</li> <li>➤ 4 out of 16 (25%) would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’ as their second preference</li> </ul>
<p><b>Crammer Court</b> (capacity, 50 units)</p>	<p>A number of responses selected multiple options to Q10a. The findings are as follows:</p> <ul style="list-style-type: none"> <li>➤ 9 responses from CC said that they would like ‘an emergency alarm call system’</li> <li>➤ 4 responses from CC said that they would like ‘Advice &amp; information’</li> <li>➤ 13 responses from CC said that they would like ‘An onsite emergency response service that is available 24 hours a day’</li> <li>➤ 9 responses from CC said that they would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’</li> </ul> <p><b>First Preference</b></p> <p>15 responses selected a 1<sup>st</sup> option:</p> <ul style="list-style-type: none"> <li>➤ 3 out of 15 (20%) would like ‘an emergency alarm call system’ as their first preference</li> <li>➤ 2 out of 15 (13%) would like ‘advice &amp; information’ as their first preference</li> <li>➤ 6 out of 15 (40%) would like ‘An onsite emergency response service that is available 24 hours a day’ as their first preference</li> <li>➤ 4 out of 15 (27% or one third) would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’ as their first preference</li> </ul> <p><b>Second Preference</b></p> <p>11 responses selected a 2<sup>nd</sup> option:</p> <ul style="list-style-type: none"> <li>➤ 1 out of 11 (9%) respondents would like ‘an emergency alarm call system’ as their second preference</li> <li>➤ 4 out of 11 (36%) would like ‘An onsite emergency response service that is available 24 hours a day’ as their second preference</li> <li>➤ 6 out of 11 (55%) would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’ as their second preference</li> </ul>
<p><b>Meadow Court</b> (capacity, 25 units)</p>	<p>A number of responses selected multiple options to Q10a. The findings are as follows:</p>

	<ul style="list-style-type: none"> <li>➤ 5 responses from MC said that they would like ‘an emergency alarm call system’</li> <li>➤ 3 responses from MC said that they would like ‘Advice &amp; information’</li> <li>➤ 5 responses from MC said that they would like ‘An onsite emergency response service that is available 24 hours a day’</li> <li>➤ 6 responses from MC said that they would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’</li> </ul> <p><b>First Preference</b> 6 responses selected a 1<sup>st</sup> option:</p> <ul style="list-style-type: none"> <li>➤ 1 out of 6 (17%) would like ‘advice &amp; information’ as their first preference</li> <li>➤ 2 out of 6 (36%) would like ‘An onsite emergency response service that is available 24 hours a day’ as their first preference</li> <li>➤ 3 out of 6 (50%) would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’ as their first preference</li> </ul> <p><b>Second Preference</b> 5 responses selected a 2<sup>nd</sup> option:</p> <ul style="list-style-type: none"> <li>➤ 3 out of 5 (60%) respondents would like ‘an emergency alarm call system’ as their second preference</li> <li>➤ 1 out of 5 (20%) would like ‘An onsite emergency response service that is available 24 hours a day’ as their second preference</li> <li>➤ 1 out of 5 (20%) would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’ as their second preference</li> </ul>
<p><b>Bell Orchard</b> (capacity, 12 units)</p>	<p>A number of responses selected multiple options to Q10a. The findings are as follows:</p> <ul style="list-style-type: none"> <li>➤ 4 responses from BO said that they would like ‘an emergency alarm call system’</li> <li>➤ 1 response from BO said that they would like ‘Advice &amp; information’</li> <li>➤ 1 response from BO said that they would like ‘An onsite emergency response service that is available 24 hours a day’</li> <li>➤ 2 responses from BO said that they would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’</li> </ul> <p><b>First Preference</b> 5 responses selected a 1<sup>st</sup> option:</p> <ul style="list-style-type: none"> <li>➤ 2 out of 5 (40%) would like an ‘emergency alarm call system’ as their first preference</li> <li>➤ 1 out of 5 (20%) would like ‘An onsite emergency response service that is available 24 hours a day’ as their first preference</li> <li>➤ 1 out of 5 (20%) would like ‘An onsite emergency response service that is available 24 hours a day’</li> <li>➤ 3 out of 6 (50%) would like ‘Daytime onsite emergency response service with a sleep-in presence during the night’ as their first preference</li> </ul> <p><b>Second Preference</b> 2 responses selected a 2<sup>nd</sup> option:</p> <ul style="list-style-type: none"> <li>➤ 1 out of 2 (50%) respondents would like ‘an emergency alarm call system’ as their second preference</li> <li>➤ 1 out of 2 (50%) would like ‘Advice and Information’ as their second preference</li> </ul>

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## Conclusions

The overall response rate of 48% of residents is a reasonable sample size. The highest number of responses came from Needham House where there has historically been more debate on service quality, value for money and residents' contributions to the service costs. Survey responses by contrast showed only a very small level of dissatisfaction with the service.

48 residents have some form of paid care that represents 35% of all residents, which is slightly lower than the results of the survey (42%). This may suggest that the respondents to the survey are more representative of those residents with identified care needs as opposed to residents with no identified care needs.

Most respondents don't use the ECH service. For those who do, most do so only rarely. 'Emotional wellbeing' and 'feeling safe in the home' are the two areas where the greatest occasional need is identified. It is not surprising then that while people make little use of the service, it is reassuring for many to know that it is there. Respondents have also been clear on their priority of timely response and easy access to emergency services when required.

The perception of value for money of the current services, in particular the level wishing to opt out or receive a lower level of service, may be effected by the fact that only in 2 of the 4 schemes have residents historically paid a contribution to the service costs.

Taken as a whole, residents' stated preferences for future services is unclear other than to suggest that respondents would typically prefer to keep a service level very similar to what is currently offered, but with additional community alarm call and some information & advice services. This contrasts with:

- The low level of usage of the current service
- The extend of demand being met through other means: paid care, family and friends
- ECH service not being statutory and therefore the Council has discretion in deciding whether continued funding is affordable or in the overall best interest
- The prevailing trends in adult social care of preventative ways of meeting demand and an approach which focusses on people's strengths and existing assets in the community.

It is therefore likely that a portion of the demand currently met (or welcomed as being available to meet) may be able to be delivered through other means and in doing so, continue to meet residents' outcomes. It is noted though that there is a high level of support for alternative means of supporting clients through e.g. emergency alarm systems. Indeed, responses from Needham and Bell, where residents previously paid toward the core charge, responded more in favour of community alarm as the most popular future option.

The majority of respondents say they do not need help in the areas that (certainly the daytime element of) the ECH is intended to support them with. This may be part due to the

service model, allocations process and generally higher levels of independence in the resident cohort than ECH was intended to support.

The reported expectation among residents for a greater extent of service delivery despite low demand or usage, risks creating a dependency among residents that is inconsistent with the council's intent to support people to continue to live as independently as possible and to concentrate financial resources on areas of greatest need. Remembering that ECH are not statutory services, this is more acute in times of financial constraint.

It is helpful that following the identification of a preferred option, the Council intends to further engage with residents on the findings of the first consultation and offers further consultation on the preferred option to explore how needs and demand can be met in future. The Council may also wish to consider engaging with current and potential providers on the commercial viability of the preferred option alongside the preferences of residents.

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