



# **Commissioning Plan for Extra Care Housing: Care and Support Contracts**

*To be finalised following feedback from Consultation in June/July 2021*

**Date: June 2021**

## Contents

Contents .....	2
1. Purpose of this Document.....	3
2. Context.....	3
3. Drivers underpinning this Commissioning process .....	4
4. Summary of Needs and Demographics Analysis .....	5
5. Demand for Services.....	7
6. Services in scope for Commissioning .....	8
7. Key Commissioning Principles for Care and Support in ECH Services .....	9
8. Key Strategic Drivers for Care and Support Services in ECH.....	9
9. Focus for future service provision .....	11
10. Service Specification.....	13
11. Pricing Options.....	14
12. Equality Impact Assessment.....	18
13. Purchasing Options for future services (the way we buy services and who provides services).....	18
15. Outcomes from ongoing engagement and consultation.....	19

## 1. Purpose of this Document

The purpose of this document is to set out a commissioning plan for the recommissioning of the care and support contracts in Extra Care Housing (ECH) services in Bristol that are funded through Adult Social Care. This commissioning plan is subject to change according to the public consultation on this re-commissioning.

The commissioning approach will look to provide value for money and develop services that best meet the care and support needs of people who currently live in ECH, and those who may do in the future.

Commissioning (buying or procuring a service) is a process whereby a local authority pays another organisation to deliver services. The council must make sure it gets best value for public money and that organisations that would like to apply to deliver care and support services in ECH are given an opportunity to do so. When an organisation applies to the local authority to deliver services, this is called a tender.

The final commissioning plan will be informed by feedback from people who have an interest in how care and support services are provided in ECH:

- People living in extra care housing
- People who care for people living in extra care housing
- The families or friends of people living in extra care housing
- The providers of support services in extra care housing
- Other stakeholder and organisations who work with extra care housing.

## 2. Context

Bristol City Council currently spends approximately £4.8m per annum on care and support in 13 ECH schemes across the City for people over 55 years of age. An ECH scheme is where people have their own self-contained homes as part of a larger complex, have a legal right to occupy the property, and have the provision of an onsite care and support service.

ECH offers a good quality of life and promotes good levels of wellbeing. This is assisted through opportunities to interact with neighbours, communal facilities and through the offer of leisure opportunities and meaningful activities. These activities are recognised as contributing to the reduction of isolation and loneliness. The council is also keen to explore the benefits of intergenerational living opportunities and activities.

ECH offers cost savings to local authorities. It aims to maintain independence and prevent the need for residential care. The availability of ECH for people, who might otherwise be referred for residential care, is a key strategy and area for growth. The council is therefore looking to increase the numbers of older people living in ECH and to ensure there is sufficient supply of ECH in the city where it is needed.

Going forward we want **more people** to continue to benefit from:

- Flexible and responsive care and support 24 hours a day, seven days a week
- Access to wellbeing services and meaningful activities
- Support to access the community and local assets, plus shared on-site facilities
- Services that help reduce people's isolation.

### 3. Drivers underpinning this commissioning process

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

- **NHS Long Term Plan (2019):** Care to be increasingly delivered in people's homes or somewhere convenient, freeing up space in hospitals for those who need it most. Focus on expanding community care, support and prevention.
- **Care Act (2014):** places a duty on local authorities to facilitate and shape our market for care and support; to ensure sustainability, diversity and continuously improving and innovative services. It includes the promotion of strengths-based approaches and particularly a focus on prevention and wellbeing
- **Public Services (Social Value) Act (2012):** To consider how the services the council commissions and procures might improve the economic, social and environmental well-being of the Bristol area.
- **Equality Act (2010) - Public Sector Equality Duty:** To eliminate unlawful discrimination, harassment, and victimisation, to advance equality of opportunity between people, to foster good relations between people who share a protected characteristic and those who do not.

The following **Council Strategies and Plans** must also support the recommissioning of ECH services:

- **Better Lives at Home:** The Better Lives at Home programme brings our work together to improve services while also responding to the demand and financial pressures we face
- **BCC Corporate Strategy 2018 – 23:** Final theme is on wellbeing, to create healthier and more resilient communities
- **Bristol One City Plan:** Mental health will be as important as physical health

- **Equality and Inclusion Policy and Strategy 2018 – 2023:** Listen to and understand the diverse needs of all people to make our information, services, and products more accessible and inclusive
- **Health and Wellbeing Strategy 2020:** Supports residents' mental and physical health and wellbeing, with children growing up free of Adverse Childhood Experiences, gaps in health outcomes significantly reduced
- **A Strategy for an Age Friendly Bristol 2019 – 2022:** Bristol City Council to review and develop their approach to Extra Care Housing and additional options including intergenerational approaches.
- **Adult Social Care Commissioning Strategy 2021/22 – 2024/25:** commissioners develop, shape and buy services and interventions so that people are empowered to live in a place they call home, with the people and things that they love, in communities where we all look out for one another, doing the things that matter most to them

#### 4. Summary of Needs and Demographics Analysis

A selection of some of the key points from the analysis of needs and demographic data is below. Information from all available protected characteristics and needs data is being considered when designing future services.

##### **Bristol Demographics:**

**Age:** Projections estimate that the number of people aged over 65 in Bristol will increase by 11% by 2030, and by 19.3% by 2040<sup>i</sup>. *This means more older people will require ECH housing in the future.*

**Ethnicity:** The Black, Asian and Minority Ethnic population (all groups with the exception of all the White groups) make up 16% of the total population in Bristol<sup>ii</sup>. Black, Asian and Minority Ethnic adult social care service users make up 12% of 65-84-year olds and 6% of people aged over 85 years<sup>iii</sup>. *This means we must ensure ECH meets the needs of local populations, is inclusive and non-discriminatory.*

**Sexual Orientation:** In the 2019 Bristol Quality of Life survey, 9.2% of respondents identified as Lesbian, Gay or Bisexual, and in 2018 this figure was 8.1%, giving an approximate estimate of 8.7% in Bristol. Based on 2017 population estimates, there could be at least 1950 LGBT people over 65 years of age in Bristol. This could rise to 3196 people by 2041, given projected population increases<sup>iv</sup>. *This means we must ensure ECH is inclusive to people who identify as LGBT and can meet any specific health, care and wellbeing needs.*

**Disability:** Half of people over 65 in Bristol are currently living with a limiting long-term illness (LLTI) or disability. It is forecast that the number of over 65s with an LLTI whose

day-to-day activities are significantly limited will reach 21,596 by 2035, a rise of almost 30%.<sup>v</sup> *This means ECH must continue to provide support for people to live independently with a limiting long term illness (LLTI) or disability.*

## **Needs:**

**Dementia:** The number of people with dementia aged over 65 is projected to rise by 28.4% in Bristol in the next 10 years. This rise is largely due to the projected increase in people in the older age range (85+).<sup>vi</sup> The number of Black, Asian and Minority Ethnic people with dementia is expected to increase significantly faster than the national average.<sup>vii</sup> *We will look to strengthen the provision of Dementia Care and Support in ECH.*

**Falls:** The Bristol rate of emergency hospital admissions due to falls in people aged 65 and over in 2018/19 was 2,837 per 100,000 population, significantly higher than England average of 2,197 per 100.<sup>viii</sup> *We will look to strengthen the provision of falls prevention in ECH.*

**End of Life Care:** In 2017 Bristol had a significantly higher percentage of people of all ages dying at home (29.5%) than England (23.6%) and the South West average<sup>ix</sup>. *We will look to strengthen the provision of End of Life Care in ECH.*

**Mental Health:** 20% of people report below average mental wellbeing, significantly worse than last year (15%), and this rises significantly to 34% in the most deprived areas (up from 21% last year)<sup>x</sup>. Disabled people are the least satisfied with life (43%), significantly lower than the Bristol average (75%).<sup>xi</sup> *We will look to strengthen the provision of Mental Health support in ECH.*

**Carers:** According to the 2011 Census, there are over 40,100 carers in Bristol (all ages), which is just under 1 in 10 of the population (9.4%). However, a more recent 2015 estimate indicates there are almost 42,300 carers in Bristol<sup>xii</sup>, an increase of 20.4% since 2001. This report indicates the value of the care provided is £793m per year. *We will look to strengthen support for carers in ECH and ensure services can prevent carer breakdown.*

**Impact of Covid-19:** There is evidence that Covid -19 has led to an increase in isolation, risk to mental health and pressure on informal carers. *We will look to strengthen support in these areas.*

## **Current ECH Service User Demographics:**

The following information is taken from data recorded on the Bristol City Council Liquidlogic Adults' Social Care System (LAS). This includes all service users living in ECH, not just those receiving care and support from the onsite care and support provider.

**Age:** Almost a third of service users are between 85 and 94 years of age (30.5%). 25.4% of service users are between 75 and 84 years of age. 21.3% are between 65 and 74 years of age. 11.4% of service users are under 65 while 8.8% are over 95 years of age.

**Ethnicity:** 74.4% of service users are White British, below the overall Bristol total of 77.9%. 1.8% of service users are of Caribbean ethnicity, while 0.9% are Chinese. 0.9% of service users are of Black / African / Caribbean / Black British ethnicity.

**Sexual Orientation:** There is a lack of recorded data on sexual orientation. Heterosexual is the predominant (recorded) category for sexual orientation.

**Religion:** 39.4% of service users are recorded as Christian or one of the Christian denominations, which reflects the dominant religion in Bristol. However, a larger number (46.6%) have no religion recorded.

**Primary Support Needs:** Looking at those who receive care and support from the onsite care and support provider, half of service users (51.2%) have their primary support need listed as '*Physical Support - Personal Care Support*'. The second most common primary support need is '*Physical Support - Access and Mobility Only*' (17%). 9.5% of service users have '*Mental Health Support*' as their Primary Support reason, 8.1% '*Support with Memory and Cognition*', 4.4% '*Sensory Support*,' 3.5% '*Social Support (Support for Social Isolation/ Other)*,' and 0.6% '*Substance Misuse Support*'.

**Carers:** There is a significant number of people living in ECH that are recorded as being or having a carer. 41.6% of all people living in ECH have an 'informal carer' or 'main' carer recorded (22.1%). 26.3% of people living in ECH are recorded as informal carers and 9.5% as a main carer.

**Disability:** There is a lack of recorded data on disability. Out of a total of 769 service users across all ECH schemes, 6.9% are recorded as having a disability. It is likely this figure is an underrepresentation of the level of disability.

## 5. Demand for Services

The demand for Housing with Care provision is likely to trend upwards to 2035, reflecting older people's preference for housing-based options over residential care and the growth in the older population<sup>xiii</sup>.

This means:

- ECH will need to meet the needs of growing numbers of frail older adults with complex health and social care needs
- ECH will need to provide for the increasing dependency of those with lower needs: preventative support that reduces risk of loneliness, social isolation, falls, and multi-morbidity associated with aging
- ECH will need to play a key role in reducing the numbers of people moving prematurely into costly and inappropriate residential care
- ECH is supporting people to stay independent in their own homes.

## 6. Services in scope for Commissioning

The council will seek to find out what is important to people in how care and support services in ECH are delivered. Organisations will then apply to deliver these services in a tender, or through another type of procurement exercise, which will be issued in autumn / winter 2021. New contracts will be in place to start on 1<sup>st</sup> April 2022.

### Current contracts:

- ABC Centre ECH Care and Support
- Ash Lea Court ECH Care and Support
- Blaise Weston ECH Care and Support
- Bluebell Gardens ECH Care and Support
- Colliers Gardens ECH Care and Support
- Haberfield House ECH Care and Support
- Hillside Court ECH Care and Support
- Lincoln Gardens ECH Care and Support
- Monica Wills House ECH Care and Support
- Sommerville ECH Care and Support
- The Knowle Complex ECH Care and Support – (Southlands & Anchor House)
- Waverley Gardens ECH Care and Support

The care and support delivered at Stoke Gifford Retirement Village is not part of this recommissioning, as this is a new contract.

There are other care and support services being delivered in ECH that are contracted to other providers. These services are not part of this consultation or recommissioning.



## **7. Key Commissioning Principles for Care and Support in ECH Services**

The key commissioning principles for the recommissioning of care and support in ECH are as follows. These principles will shape the service specification for the new contracts:

- ECH that plays a key part of community-based care and is a realistic alternative to residential care provision
- ECH that promotes support and wellbeing for all, including the provision of meaningful and fulfilling activities
- ECH services that are accessible and reach out to the local community, sharing assets and enhancing community interaction
- ECH that promotes Intergenerational Living and Intergenerational Activities, where appropriate
- Services that are focused on the locality, connected with other care providers, community and VCSE organisations, supporting people to live and thrive in their communities
- Commissioning models that help providers to work in an outcomes focussed way
- A sustainable, consistently priced, and transparent ECH model that works for providers, and delivers for service users and the local community.

## **8. Key Strategic Drivers for Care and Support Services in ECH**

The key strategic drivers for the recommissioning of care and support in ECH are as follows. These drivers will shape the service specification for the new contracts:

- The drive to reduce long term residential care where ECH can be a better alternative
- A balanced, mixed community of care, for example considering complexity rather than just number of care hours
- Strengthening provision for complex needs and support for Dementia Care
- Enable people to move to ECH earlier, before needs escalate to a crisis point, maintaining independence, and lower care and support needs, for longer

- Better referral pathway alignment into ECH i.e. helping people to downsize / move on from council tenancies
- Different uses of ECH, for example for pathways out of hospital
- ECH supporting informal care and self-care.

The council also wants to ensure services:

- Support carers and prevent carer breakdown
- Support hospital discharge and prevent re-admission, for example services can receive more referrals from hospital and provide more complex packages
- Use more Technology and Equipment within ECH, using digital transformation to address current and future challenges, including Technology Enabled Care (TEC)
- Recover well from the Covid-19 Pandemic and address any new challenges together.

To achieve this the council will review Contracts, Service Specification(s), and Key Performance Indicators (KPIs) to ensure that services deliver the best outcomes.

The council will explore how it funds and pays for services, so they are sustainable, and explore the best contract options.

The council will implement the findings of the Equality Analysis to ensure services are non-discriminatory and promote equality of opportunity.

The council recognises the key role of ECH Landlords in ensuring that ECH is a safe, sustainable, and quality housing with care environment, where people are supported to maintain their tenancies and lifestyles. Many of the priorities for the provision of care and support services in this commissioning plan could not be achieved without effective joint working and liaison with ECH Landlords. The council will ensure that mechanisms are in place to support effective joint working between landlords and care providers going forward.

## 9. Focus for future service provision

The following are suggested as the most important considerations when commissioning and developing ECH services in Bristol. This is based on the analysis of current and future needs.

These areas of focus will help inform the agreements and service specification between the council and organisations that are commissioned to provide care and support in ECH services in the future.

	Area of Focus
1.	<p><b>Focus 1: Strengthen the support provided for people with dementia in ECH</b></p> <p><i>Background to Focus 1:</i> The council wants ECH to continue where appropriate as a realistic alternative to residential care for people with dementia. The number of people with dementia aged over 65 is projected to rise by 28.4% in Bristol in the next 10 years.</p>
2.	<p><b>Focus 2: Strengthen support for people with mental health issues in ECH, such as depression and anxiety.</b></p> <p><i>Background to Focus 2:</i> 20% of people report below average mental wellbeing (BCC Quality of Life Survey 2020/21), significantly worse than last year (15%), but further that this rises significantly to 34% in the most deprived areas (up from 21% last year).</p>
3.	<p><b>Focus 3: Strengthen support for people with complex needs (multiple health conditions) in ECH, including substance and alcohol misuse.</b></p> <p><i>Background to Focus 3:</i> The number of people with multiple health conditions or complex needs is growing.</p>
4.	<p><b>Focus 4: Increase the level of intergenerational activities and promote intergenerational living in ECH.</b></p> <p><i>Background to Focus 4:</i> Intergenerational means bringing people of different ages together for example young adults in the same complex as people over the age of 55. This can have benefits for reducing loneliness and improving health.</p>
5.	<p><b>Focus 5: Ensure ECH can better support people who have lower care and support needs.</b></p> <p><i>Background to Focus 5:</i> The council wants to ensure ECH can support people better before their needs get to a crisis point, preventing or delaying the need for residential care, and to make it easier for people to move into ECH earlier.</p>

6.	<p><b>Focus 6: Support ECH care and support service providers to use more technology and assisting independence equipment within ECH, such as mobility equipment, alarms, and sensors.</b></p> <p><i>Background to Focus 6:</i> The council wants to make sure ECH is making best use of the latest advancements in technology and equipment (assistive technology) to improve health and wellbeing and support independent living for longer.</p>
7.	<p><b>Focus 7: Strengthen links within the locality and community.</b></p> <p><i>Background to Focus 7:</i> The council has a vision for ECH to work more closely with its local communities to build resources, share assets, and make services more joined up for service users.</p>
8.	<p><b>Focus 8: Strengthen support to carers living in ECH</b></p> <p><i>Background to Focus 8:</i> The council wants to make sure care and support services increase support for unpaid / informal carers and help prevent carers from feeling overwhelmed. 35.7% of people living in ECH are recorded as being a carer or having a caring role.</p>
9.	<p><b>Focus 9: Strengthen support in ECH for people being discharged from hospital.</b></p> <p><i>Background to Focus 9:</i> The council wants ECH to play a key role in helping people return to the quality of life they had before they last went into hospital, and to prevent them going into hospital again.</p>
10.	<p><b>Focus 10: Make sure ECH care and support provision is inclusive and representative of the community it serves.</b></p> <p><i>Background to Focus 10:</i> There is evidence that ECH has an underrepresentation of people from Black, Asian and Minority Ethnic communities, including people from 'Black, African, Caribbean or Black British' and 'Indian' ethnicities, meaning there are not as many people from these communities in ECH as expected, and that services could be meeting people's needs better. Therefore, more engagement is needed, for example, with people from ethnically diverse communities, people of different religions and with lesbian, gay, bisexual and transgender (LGBT+) people.</p>

## 10. Service Specification

The Service Specification describes the key features of the service being purchased.

*This will be further informed by engagement with stakeholders within the consultation phase. The types of services that are likely to be commissioned are below.*

### **Main types of care and support / activities we propose to commission in ECH**

These are the main care and support activities that the onsite care and support provider would need to provide to those living in ECH whose care and support is funded by the council. The council also expects care and support providers to work with ECH landlords and other organisations to support service users with achieving their outcomes where needed.

The care and support and activities may change based on the feedback received for this consultation and does not include all the types of care and support that could be delivered.

	<b>Main types of care and support / activities we propose to commission</b>
1.	A flexible and responsive care and support service which is available 24 hours, seven days a week. For example, responding to emergency requests for unplanned care and support during the day and night, and responding to alarm calls.
2.	Personal care that is person – centred, promotes independence, and is responsive to changes in service users’ needs over time.
3.	Support for service users to maintain and improve physical and emotional wellbeing and a healthy lifestyle.
4.	Support for service users to maintain and improve independent living skills and promotion of independence.
5.	Support for service users to maintain their tenancy, for example support with moving in, maintaining the home, budgeting, staying safe, and help arranging repairs.
6.	Support for service users to access Occupational Therapy, Technology and Equipment to improve their independence, such as mobility equipment, alarms, and sensors.
7.	Support for service users to find employment, education or training, and support for taking part in meaningful activities.
8.	Support to combat isolation and loneliness, for example supporting service users to create social networks and informal support networks.

## 11. Pricing Options

The council has decided that the way we fund care and support services in ECH needs to change, to improve the way ECH services are delivered in the future and to support more people.

The council is proposing pricing options to fund a) planned care, and b) unplanned care and support. *This will be further informed by engagement with stakeholders within the consultation phase.*

### a) Planned Care and Support

Planned care is care and support that is needed on a regular basis to meet that person's needs and improve their outcomes. This care and support is written in a person's care and support plan. Planned care and support is currently paid for by 'Spot Purchasing,' where the council pays ECH care and support providers a set rate for each hour of care and support they provide.

### b) Unplanned Care and Support

Unplanned care and support is help that is **not arranged in advance**, including the care and support **provided in an emergency**. It is available at any time of the day or night and is provided by the staff who work in ECH. It includes the support provided in response to alarm calls. The council expects ECH care and support providers to employ staff to provide unplanned care and support, including emergency response, during the day and night.

Unplanned care and support can contribute to the safety and peace of mind of all people who live in ECH. This includes those who may not need unplanned care and support when they first move in, but could need it in the future, as their needs change.

At present service users often have at least one additional hour of staff time per week included in their care and support plans, to be used specifically for funding unplanned or emergency care and support, during the day and night. Service users contribute to this cost up to the level they can afford. This is how unplanned care and support is paid for currently.

The following funding packages are being proposed to pay for planned and unplanned care and support in the future.

**Funding package one: A 'block contract' to pay for planned and unplanned care and support. Includes the cost of both planned and unplanned care and support in a charge based on a banding system.**

**Impact of this option on service users:**

- The council would set a charge for service users in ECH schemes that would cover the cost of their planned and unplanned care and support, including emergency cover during the day and night.
- The charge would be based on a banding system. People would be placed in a band according to how many hours of care and support they might use each week, based on their level of need. People with higher care and support needs, and who would use more care and support hours each week, would be in a higher banding, and would pay more than those on a lower banding.
- This option may mean some service users pay more or less than they are currently paying for their care and support. Service users would only pay what they could afford, following a financial assessment which would determine their level of contribution.
- The hours to directly pay for unplanned care and support would be removed. These are currently included in care and support plans.

**Impact of this option on providers:**

- The council would make one overall payment to ECH providers to pay for services to be delivered, in a block amount.
- A block contract allows providers to be flexible, meaning they can change the amount of care they deliver according to demand and the needs of their service users.

**Funding package two: 'Spot purchasing' to pay for planned care and support combined with 'block contract funding' to pay for unplanned care and support.**

**Spot purchasing to pay for planned care and support**

This is how planned care and support is paid for now.

**Impact of this option on service users:**

- Service users would be charged for their planned care and support based on the number of hours of care and support identified in their agreed care and support plan. Service users would only pay what they could afford, following a financial assessment, like the current system.

- This option may mean some service users pay more or less than they are currently paying for their care and support.
- Spot purchasing could help service users have more choice over how their personal care and support budgets are spent if they have one.

**Impact of this option on providers:**

- The council would continue to pay ECH care and support providers a set rate for each hour of care and support they provide.
- Spot purchasing might make it difficult for providers to maintain enough staff and to provide a flexible and responsive service compared with a block contract.
- It may be less attractive to smaller providers with fewer resources to cover changes in hours.

**Block contract funding to cover unplanned care and support during the night.**

**Impact of this option on service users:**

- At present service users often have at least one additional hour of staff time per week included in their care and support plans, to be used specifically for funding unplanned or emergency care and support, during the day and night. Service users contribute to this cost up to the level they can afford. Funding package two would mean that these hours would only be included in service users' care and support plans to fund unplanned or emergency care and support during the day. The council would fund unplanned or emergency care and support during the night.

**Impact of this option on providers:**

- Block contract funding would be a sum of money, paid by the council, to fund unplanned care and support during the night, including emergency night cover. This would be paid from the council to care and support providers in one amount.
- Providers' costs are adequately covered, and providers would know about what level of funding they would receive.



**Funding package three: 'Block contract funding' to pay for planned care and support combined with 'Block contract funding' to cover unplanned care and support during the night.**

**Block contract funding to pay for planned care and support**

**Impact of this option on service users:**

- Service users would be charged for their planned care and support based on the number of hours of care and support identified in their agreed care and support plan.
- This option may mean some service users pay more or less than they are currently paying for their care and support.
- Service users would only pay what they could afford, following a financial assessment, like the current system.

**Impact of this option on providers:**

- The council would make one overall payment to ECH providers to pay for services to be delivered. This is one sum of money to cover all the care that their service users might need.
- Providers would know what level of funding they would receive. A block contract allows providers to be flexible, meaning they can change the amount of care they deliver according to demand and the needs of their service users.

**Block contract funding to cover unplanned care and support during the night.**

**Impact of this option on service users:**

- At present service users often have at least one additional hour of staff time per week included in their care and support plans, to be used specifically for funding unplanned or emergency care and support, during the day and night. Service users contribute to this cost up to the level they can afford. Funding package three would mean that these hours would only be included in service users' care and support plans to fund unplanned or emergency care and support during the day.
- The council would fund unplanned or emergency care and support during the night.

**Impact of this option on providers:**

- Block contract funding would be a sum of money, paid by the council, to fund unplanned care and support during the night, including emergency

night cover. This would be paid from the council to care and support providers in one amount.

- Provider's costs are adequately covered, and providers would know about what level of funding they would receive.

## 12. Equality Impact Assessment

Initial Equality Impact Assessment analysis has highlighted the need for this commissioning process to:

- Ensure services meet the needs of the local population across the Protected Characteristics, including the needs of Black, Asian and Minority Ethnic (BAME) communities
- Consider the implementation of equalities service standards and targets in revised specifications
- Ensure during the tender process that organisations' employment policies, procedures and practices are not discriminatory
- Consider the use of specialist provision to address unmet needs
- Consider the position of specialist/small and medium sized organisations when designing the tender, so they are not disadvantaged and provide a market event to support providers
- Ensure that the consultation includes all those potentially affected by the proposals.

The Equality Impact Assessment will be updated following the results of the consultation.

## 13. Purchasing Options for future services (the way we buy services and who provides services)

The council is considering the following two options for how we will commission (buy) Extra Care (care and support contracts) in the future. When an organisation applies to the council to deliver services, this is called a tender. The council needs to ensure ECH services will meet the needs of the city and the people that use the service. *The chosen option will be decided following the consultation on this commissioning plan.*

#### **Option 1: Open tender** for individual contracts.

'Open Tender' means that any organisation can apply to deliver ECH services if they meet certain criteria. The contracts could be for individual ECH schemes or the contracts could be based on geography (a group of ECH schemes in one location).

The tender allows the council to check the quality of the organisations who want to deliver services. The council does this by asking bidders questions based on a service specification and the bidders who score the highest marks will be awarded contracts. A new service specification, explaining what services should be delivered, will be written by the council to improve and modernise the service delivery.

This option does not allow the council to 'call off' (buy more) care and support services in ECH schemes in the future, for example if more contracts were needed, or there needed to be a change to who provides services. A separate tender process would be required.

#### **Option 2 Open Framework (DPS)** for care and support.

'Open Framework' means that any organisation can apply to deliver services throughout the life of the contract if they meet certain criteria. The contracts could be for individual ECH schemes or the contracts could be based on geography (a group of ECH schemes in one location).

An 'Open Framework' means that organisations would apply to be on a list of providers, who can then be chosen to provide services now and in the future. Organisations would need to meet the minimum criteria to be accepted on to the list. Organisations may still need to apply for certain contracts but would be on the list do this. Organisations would be able to apply to join the list now, and in the future, for example on certain dates set out in the tender documents.

The tender allows the council to check the quality of the organisations who want to deliver services. The council would do this by asking certain questions. A new service specification, explaining what services should be delivered, will be written by the council to improve and modernise the service delivery.

The Open Framework would need to be managed by the council in the future, so this would mean ongoing work for the council.

## **14. Outcomes from ongoing engagement and consultation**

*To be completed when consultation has concluded.*

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<sup>i</sup> (ONS 2018).

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- ii 2011 Census
  - iii Older People's Needs Analysis
  - iv Older People's Needs Analysis
  - v Bristol JSNA 2018 estimate
  - vi LSE: Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040
  - vii Bristol JSNA Health and Wellbeing Profile 2020/21
  - viii Bristol JNA Health and Wellbeing Profile 2020/21
  - ix Bristol JNA Health and Wellbeing Profile 2019/20
  - x Bristol Quality of Life survey 2020/21
  - xi Bristol JSNA Health and Wellbeing Profile 2020/21
  - xii Carers UK, Valuing Carers 2015 - The rising value of carers' support
  - xiii Housing LIN BCC Internal Report