

## **CABINET**

<b>DATE</b>	21/12/2022
<b>REPORT OF</b>	Cllr Stan Shreeve, Portfolio Holder for Health, Wellbeing and Adult Social Care
<b>RESPONSIBLE OFFICER</b>	Simon Galczynski, Interim Director of Adult Social Services
<b>SUBJECT</b>	Extension of Supported Living and Housing Related Support (HRS) Framework
<b>STATUS</b>	OPEN
<b>FORWARD PLAN REF NO.</b>	<b>CB 12/22/04</b>

### **CONTRIBUTION TO OUR AIMS**

Current work to review the quality and value of supported living services will help to support a stronger service and pathway for people with a disability, autism and/or mental health condition who require support to live independently within their community. By reviewing the market and reforming key areas of the pathway, this will build innovation and the improvement of outcomes for individuals in receipt of health and social care services, with the aim of maintaining people's independence for longer and reducing the need for long-term care and support services. This model of support and care is a key element of our strategic aim to promote independence and support people to live as independently as possible.

### **EXECUTIVE SUMMARY**

The Supported Living and Housing Related Support Framework is coming to an end on 31<sup>st</sup> March 2023. A programme of review has started to understand how the contract is performing and what may need to be changed in the supported living specification moving forwards, including individual engagement via surveys, face to face sessions and discussions with providers. The information has been collated and will be scrutinised to inform a service review. Work to understand how to best move the housing related support (HRS) element forward is still required and a programme of data collection has been implemented to begin to interrogate the service and its effectiveness. Alongside the commissioning review, targeted work as part of the Better Value for Adult Care Programme will provide robust reviews of selected individual packages of support and care which will provide further data to support the re commissioning of these services.

### **RECOMMENDATIONS**

It is recommended that Cabinet:

1. Supports the principle of the recommendation of North East Lincolnshire's Health and Care Contracting Committee to extend the Supported Living and Housing Related Support Framework by 1 year from the date of expiry.
2. Delegates authority and responsibility to the Director of Adult Social Services, in consultation with the Portfolio Holder for Health, Wellbeing

- and Adult Social Care, to take all requisite action to ensure that such extension is implemented.
3. Authorises the Assistant Director Law and Governance (Monitoring Officer) to execute any documentation arising.

## REASONS FOR DECISION

To extend the supported living and housing related support (HRS) framework by 1 year to allow to sufficient review of both services enabling change and influence over the system to support improved outcomes for people. The review will enable opportunity to create a genuine preventative service via HRS to reduce the dependence on long-term funded care and support for longer, and to implement improvements across both services to support greater independence for people within North East Lincolnshire.

### SUPPORTED LIVING AND HOUSING RELATED SUPPORT (HRS) FRAMEWORK 2019-23

#### 1. INTRODUCTION

- 1.1. **Supported living** is a concept that was developed as an alternative to institutionalised care for people with disabilities and/or autism. The main principles of supported living are that people with disabilities and/or autism own or rent their home and have control over the support they get, who they live with (if anyone) and how they live their lives. Supported living assumes that all people with disabilities and/or autism, regardless of the level or type of disability, are able to make choices about how to live their lives even if the person does not make choices in conventional ways.

**Housing related support (HRS)** services help people to live independently or move on to independent living, this can include people receiving support to:

- set up and maintain their home
- manage safety and security of their accommodation
- apply for benefits
- access other services
- get advice and advocacy in connection with housing or tenancy matters.

*Housing Related Support services (HRS) help many vulnerable people in North East Lincolnshire to live independently and they also reduce the demand for other services, such as funded supported living and homelessness*

#### 1.2. Current service

The North East Lincolnshire provision of supported living is currently delivered by 7 providers and the HRS function delivered by 3 providers; all of which are on the framework. The framework provides a consistent specification and hourly rate which currently sits at £17 per hour for both services. The framework covers the provision of Learning Disability, Physical Disability, Mental Health and Continuing Health Care supported living arrangements and is therefore consistent across the whole health and social care system.

Supported living annual spend is currently forecasted at £12.6m gross (as at Month 7 for 22/23) across all client groups. The supported living provision is a statutory function. The HRS annual forecast for 22/23 is £788k.

The quality of provision is generally to a good level but skillsets amongst providers continue to vary. Some providers lack the skills and experience to support more complex needs and behaviours. However, given the number of providers, choice is maintained. There is a related programme of work to develop, 'Supported Living Plus' which aims to create the local capacity in North East Lincolnshire to provide services to people with complex support requirements.

## **2. BACKGROUND**

2.1. Since 2015, supported living and HRS has been on a framework, offering a choice of care and support on a consistent hourly rate and specification. We have re-procured this provision every 4 years in line with the framework coming to an end. To avoid disruption for those supported within both provisions, the procurement exercise has been light touch and any existing provider who has been successful in maintaining a spot on the framework has continued the same packages of support to ensure consistency of care. This has meant new providers have struggled to become established within the local market. The provider landscape has changed very little since 2015.

### **2.2. Supported Living**

The supported living provision has remained largely unchanged since the 2015 when work was undertaken to bring providers onto a consistent specification and hourly rate. Generally, the provision is stable and of good quality, however we are seeing a disparity in the skillset of providers. With more complex needs coming through, we now need to re-model the service to attract providers who support a higher complexity.

An engagement exercise has been undertaken over the summer (2022) to understand individual experiences of their service. The information from the engagement has been collated into a report from Healthwatch and is supporting the review and development of the service based on the feedback received.

### **2.3. Housing related support (HRS)**

The HRS service transferred to the North East Lincolnshire Clinical Commissioning Group (NELCCG) from the Council in 2015 and was combined with the supported living framework. Work is required to develop the HRS service to ensure good quality outcomes to individuals and to move away from block booked hours into a need based hourly rate.

Recent work across the 3 HRS framework providers has found a lack of consistency in the approach, varied quality and delivery of outcomes, and continuation of historical practices of the HRS hours 'propping up' some of the funded supported living. This has meant that a preventative model is not always achieved, and some individuals have had stagnated outcomes with little to no changes in their support provided over several years.

Over the last year, closer working with the HRS providers has commenced, including the collection of monthly data to start to inform what is happening with the service and to develop a more outcomes focussed and preventative approach. Where shortfalls were identified, changes to practice have been implemented and are starting to be demonstrated through the monthly data submission. The learning from this work with providers will inform future specifications for HRS.

### **3. ASSESSMENT**

- 3.1. There is still work to be done to fully understand the future model of the HRS provision and how to ensure the move to a preventative service that improves people's outcomes and maintaining people within their tenancy / home for longer before requiring long-term funded supported living.
- 3.2. We know there is an increase in demand across most services. The feedback from providers is an increase in referrals to HRS which is being managed very carefully but has become difficult over the last year. There is further work required to determine whether, with the right model, the hours (879.5 per week, £788k per annum) are sufficient to deliver the HRS model, prevent longer term funded supported living and deliver people's outcomes ensuring a quality of life we expect for our population within North East Lincolnshire.
- 3.3. Work is currently being undertaken to determine how we tackle the supported living voids locally. We have seen an increase in voids (care and rent) that are remaining void for longer than we have experienced in the past. There is work being undertaken, working closely with focus practitioners, to determine how best to approach the void issue including any opportunities to redesign some properties, to decommission properties that we no longer see as fit for purpose, and to understand if there are any gaps within the accommodation offer across the provision.
- 3.4. The national Fair Cost of Care exercise is currently being worked up locally for NEL's support at home and care home provision. Whilst this is only working towards a fair cost of care for these sectors, it is likely to have an impact on other services and their fee rates in the future. We do not currently understand what the impact may be on services like supported living and HRS, but we hope to gain some clarity over the next few months. A key milestone will be the proposed publication of a Market Sustainability Plan in February 2023 which will provide some clarity on fee rates for support at home and for care homes for people over 65.
- 3.5. In terms of the fees, the option of having fees for complexity is being looked at to support a disability pathway. A fee rate based on complexity will allow more specialist providers to enter the market and to focus on supporting their staff teams to have the skills and tools to effectively manage more complex needs and behaviours. It is the intention to have an opportunity to realise the impact on the wider fair cost of care exercise and to further understand the most

effective fee approach for both supported living and HRS in order to build into the re-procurement of the framework.

## **4. ENGAGEMENT**

### **4.1. Supported Living**

Working closely with Healthwatch, various engagement sessions have been undertaken across supported living sites to ascertain individual views of their experiences within their supported living provision. Part of this process has also been to record any views presented by staff within the service to understand any issue, barriers or what is working well from their perspective and how this affects supporting people.

The outcome of these sessions has been compiled and key areas have been identified in order to improve the experience for tenants within supported living:

- Faster maintenance response times, ensuring items within homes work consistently and repairs are actioned quickly.
- Improving access to dentists, streamlining referral pathways where necessary to support good oral health.
- Addressing inequalities faced by those with a learning disability and/or autism when accessing acute services.
- Supporting other professionals to understand supporting living settings and the difference between these settings and a care home i.e. hospital staff and paramedics.
- To improve the health support and training to staff to enable more to be done within the supported living setting, i.e. putting on dressings and avoiding the need to visit A&E for this level of need to be met.
- To have support provided to staff within supported living settings to reduce the likelihood of someone requiring A&E or a hospital admission.
- Improving access to employability, education and courses.

Survey results have been collated to understand areas for providers to focus on in the new specification, including:

- Improved support to understand the health and care services available
- Support for people to understand their care and support plans, and to ensure they are involved in that process and are able to make a valid contribution to drive how they wish to be supported.
- A renewed focus on supporting people to access voluntary or paid work.
- To utilise hours in a way to give people more time for activities outside of the home, where they are expressing a wish to do so.

### **4.2. Housing related support**

The service transferred from the council in 2015. During the last year, quarterly meetings with the providers have been set up to ascertain how each provider is operating this element of the framework.

Each provider returns datasets on a monthly basis to start to demonstrate a picture of how the hours are being utilised, for what purpose, long/short term packages, and to better understand how to move the service forward ensuring the delivery of a preventative model moving away from what has been historical cost shunting between funded supported living and HRS.

## 5. CONCLUSION

Given the range of outstanding issues required to be resolved and the finite resource available within the care and independence team, further time is required to support the modelling of both services and develop commissioning intentions and related service specifications that are fit for the future.

## 6. RISKS AND OPPORTUNITIES

### 6.1 Risks

6.1.1 There is a risk of challenge under the contract and procurement regulations should NEL Health and Care not re-procure for a new framework for a four year period. However, there are enabling regulations that permit a shorter period extension to the existing framework arrangements, which is the route recommended, so as to enable the reviews articulated.

6.1.2 There is also a risk of disrupting the market and individuals using the provision should we re-procure. This risk is always present when considering re-procuring or changing service specifications to better meet need. The risk will be mitigated through devising plans to cause the minimum disruption whilst balancing the need to remodel the services to deliver best value. Working with social workers and other external support organisations, such as the Intensive Support Team and advocacy, we will ensure individuals affected by any changes receive timely and appropriate support.

### 6.2 Opportunities

6.2.1 Although HRS services are discretionary, they can save money through preventing longer term funded care and support. We need to ensure the model is outcome focussed and supporting individuals effectively without creating dependencies. There is risk that without an effective model the benefit of a preventative service is not fully realised, and without effective data collection and analysis, we are unable to prove those benefits. Working more closely with providers to implement data returns and having open discussions about how to move the model forwards with professionals, providers and individuals will allow effective processes to be built in and ensure a more outcome focussed approach is utilised by all providers. Developing a more in-depth specification for HRS will provide clarity, reduce “grey areas” and develop a consistent approach to utilising the hours across providers and social workers.

6.2.2 The opportunity to review and redesign elements of both the supported living and the housing related support services will support an improved offer, creating a genuine pathway of preventative and long-term provision for people with a disability, autism and/or mental health conditions.

6.2.3 New service models such as Shared Lives will also be considered as commissioning intentions develop to ensure that people who require accommodation-based support have the right options to ensure proportionate packages of support and care.

## **7. OTHER OPTIONS CONSIDERED**

7.1. To reprocure now in line with the original contract timeframe

Risks:-

Given the uncertainty over the governance arrangements following the move from Clinical Commissioning Group (CCG) to the Integrated Care System (ICS, there have been delays in seeking approval via the most appropriate governance route to extend or reprocure this provision. It has therefore left little time to undertake a procurement and mobilisation of any new providers entering the market. There may still be a need to extend the framework for a short period to allow for a thorough process and sufficient timeframe for any potential engagement or TUPE transfer of staff.

7.2. To extend for a longer period i.e. a 2 year extension

Risks:-

There is a risk that extending for too long does not provide us with the timely opportunity to implement changes to a specification following the review of the service.

Opportunity:-

Enables greater time to undertake the review and procurement process, ensuring the process is not rushed and can take full account of the impact of the Social Care Reforms

## **8. REPUTATION AND COMMUNICATIONS CONSIDERATIONS**

There are potential negative reputational implications for the Council resulting from the decision due to extending outside of the procurement regulations and presenting a risk of challenge. Supported living and HRS is currently via a framework which cannot extend beyond 4 years, whilst the call-offs under that framework can extend beyond that 4 year period. The proposal therefore mitigates the risk by extending the contracts. There are no expected call-off opportunities envisaged over the next year whilst the review and re-procurement is being finalised.

## **9. FINANCIAL CONSIDERATIONS**

The contract value for supported living and HRS is over the procurement threshold for services and for re-procurement/extension approval via Cabinet. The contract value is committed spend and a support service for those in the system currently is required regardless of the procurement or extension route. Supported living is covered under the local authority's statutory duty.

## **10. CHILDREN AND YOUNG PEOPLE IMPLICATIONS**

N/A

## **11. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS**

N/A

## **12. CONSULTATION WITH SCRUTINY**

The report has been taken to NEL Health and Care Contracting Committee, with members from NEL Council, NEL Health and Care, GPs and portfolio holders for Children's Services and for Adult Social Care. The recommendation from this group was to support the proposal and final decision to be taken by Cabinet on the extension of the contract during the transitional period of the ICS.

## **13. FINANCIAL IMPLICATIONS**

The cost of the current contract is already built into the existing Adult Services budget envelope on a re-current basis. Consequently, the recommendation for a 1 year extension should not result in any additional budget issue. Should there be any increase costs then these would need to be met within the existing adults budget envelope.

## **14. LEGAL IMPLICATIONS**

- 14.1. The Council is acting in concert with the North East Lincolnshire Health and Care Contracting Committee which has already supported the principle of extension.
- 14.2. The case for an extension is made out above in terms of enabling a root and branch review of the provision which is being driven by appropriate engagement with key stakeholders.
- 14.3. This is consistent with the statutory obligation on the Council to "best value", essentially, to be able to demonstrate that the Council is making arrangements that are economic, efficient, and effective, and that it has regard to the need to secure continuous improvement in how it carries out its work.
- 14.4. Further, a short-term extension of this nature is permitted by the Public Contract Regulations 2015 where circumstances are justified. It is suggested that this test is met.
- 14.5. Assurances are available by virtue of the framework approach which has the benefits of approved suppliers already meeting certain benchmarks and flagging agreement in advance to appropriate terms and conditions. There are further advantages of assurance in that any such framework by necessity must be compliant with Public Contracts Regulations 2015. A framework approach is considered good practice and comes with its own efficiencies.

## **15. HUMAN RESOURCES IMPLICATIONS**

There are no direct HR implications

## **16. WARD IMPLICATIONS**

All Wards may be affected.

## **17. BACKGROUND PAPERS**

N/A



**18. CONTACT OFFICER(S)**

Nick Fripp Interim Assistant Director Adult Services [nick.fripp@nelincs.gov.uk](mailto:nick.fripp@nelincs.gov.uk)

Amy Fraser, Care & Independence Programme Manager – NEL Health and Care – [amy.fraser6@nhs.net](mailto:amy.fraser6@nhs.net) 07738898913

**Cllr Stan Shreeve**

**Portfolio holder for Health, Wellbeing and Adult Social Care**