

## Decision Report / Scrutiny Report

Committee: Executive

Meeting or Proposed Decision Date –  
02/12/2024

Key Decision – Yes



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### Report Title: Award of Contracts for Extra Care Housing care and Support Services

Chair of Committee: Cllr Bill Revans

Executive Member(s): Cllr Sarah Wakefield, Executive Lead Member, Adult Services & Housing

Local Member(s) and Division(s) affected: All

Executive Director: Mel Lock, Executive Director Adult Services & Housing, Lead Commissioner Adults & Health

#### Executive Summary

Extra Care Housing is an Adult Social Care commissioned service where housing and care and support are provided together in an arrangement between the Council, contracted providers of care and support and a Social Landlord in purpose-built schemes in local communities. It is targeted mainly at older people, but is also able to meet the needs of some younger adults with physical disabilities, learning disabilities or mental ill-health. There are currently 14 schemes with a total of 504 tenancies between them in Somerset.

ECH is made up of two components, the housing, which is provided by 7 different social landlords, and the care and support which is currently provided under contracts that will end on 31/03/2025 and cannot be extended.

As a result of the contracts ending a recommissioning exercise has been in progress since March 2024. This has included a review of how the ECH model operates in Somerset, service specifications, referral and allocation processes, how housing related support is provided, charges, and how the relationship between the landlord, care provider and council functions on a day-to-day basis. This includes changing the way in which housing related support is delivered, replacing the two existing models in operation with a single model from April 2025.

A procurement exercise was initiated in August 2024 to recommission the care and support across all ECH schemes in Somerset, split into three lots, which concluded in October 2024.

Detailed financial information from the procurement exercise is contained in Appendix B (confidential appendix). In summary, the hourly rates under the new arrangements from 01/04/2025 will be less for all lots than under the current contracts during 2024/25.

One of the features of the new model has been the introduction of an ability to “step up” and “step down” (if no longer required) the type of night time support available at each ECH scheme in order for people to remain living in ECH for longer if their needs

increase, and to also allow ECH to be an alternative for those people who have nighttime support needs that might otherwise require a placement in a residential care home to be considered. It is therefore expected that, over the lifetime of the contracts, most ECH schemes will move from having staff asleep on site and available to respond to emergencies, to having staff awake and providing care to those who have been assessed as requiring it throughout the night. This is expected to result in the overall spend on ECH increasing over the lifetime of the contracts, but also have the effect of reducing the number of residential care placements that are required while enabling people to live as independently as possible within their communities.

It is important to note that the proposed decisions only relate to the care and support provided within ECH schemes, not the schemes themselves. Tenants will not experience a disruption in the service they receive due to the staff providing it transferring under Transfer of Undertakings (Protection of Employment) regulations (TUPE) should their current employer have chosen to not tender for the service or have been unsuccessful. While it is acknowledged that some of the buildings in which ECH is provided are likely to need modernisation, refurbishment, redevelopment or replacement over the next ten years, these will need to be considered on an individual basis, with tenants consulted, before any proposals are brought forward for consideration. **At this stage there are no proposals being developed for any of the 14 existing schemes and the tenancies held by residents are unaffected by this decision.**

## Recommendations

1. To award the following contracts for care and support commencing on 01/04/2025 for a period of 5 years, with options to extend for up to a further 2 years:

- Lot 1 (East & South)
- Lot 2 (West)
- Lot 3 (North)

2. To equalise the charge for the core support in all schemes at a rate of £29.27 from 01/04/2025, removing the rate of £59.04 that is currently being paid by residents of those schemes where housing related support is currently commissioned from care providers, but will be directly provided by social landlords under the new model.

3. To initiate a consultation with ECH residents on a proposal to review the charges paid by the residents of ECH schemes annually as part of the annual Adult Social Care fees and charges process.

Should the Committee wish to consider the information contained in appendices A and B in relation to recommendation 1 then it is required that the Committee treat the information in Appendix B as exempt (IN CONFIDENCE – NOT FOR PUBLICATION - as set out in the Local Government Act 1972, Schedule 12A) and resolves to exclude the press and public for the duration of that discussion. Appendix B contains commercially sensitive information, and the case for the public interest in maintaining the exemption outweighs the public interest in disclosing that information.

### **Reasons for Proposals**

Appendix B should be treated as exempt as it contains commercially sensitive information related to the tenders received for each of the lots.

Somerset Council has a statutory duty to provide care and support to those that are eligible under the Care Act. The Council commissions both care and support services to clients living with ECH. These services will enable ECH tenants to maintain and often improve their independence, preventing admission into more acute social care and health services. The current care and support contracts for ECH Services for are due to come to an end on 31st March 2025.

The current model contained two different operating models, and this recommission has provided an opportunity to review all aspects of delivery, including the models operated elsewhere in the South West, and more widely. Both operating models have been reviewed as part this process to ensure that, where appropriate, a consistent model of ECH is used across Somerset.

The charges for ECH have remained unchanged since the care and support contracts were last recommissioned due to no provision being made for them to increase, and it is therefore proposed that a consultation is undertaken on the proposal to review these charges annually using the same process as those for all other Adult Social Care services.

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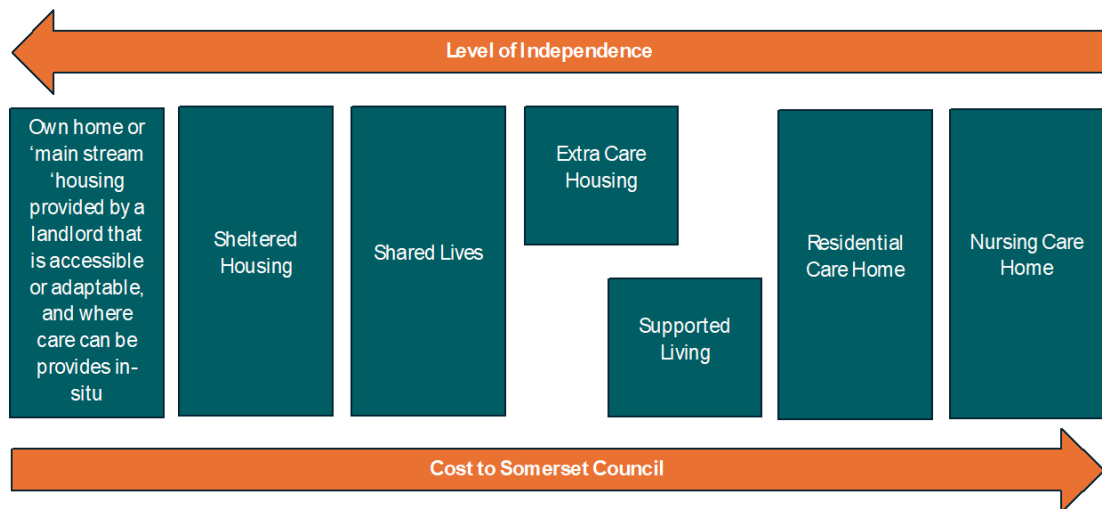
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### Background and purpose of report

1. Extra Care Housing (ECH) is a type of service where housing and care and support are provided together in an arrangement between the Council, contracted providers of care and support and a Social Landlord in purpose-built schemes in local communities. It is targeted mainly at older people, but is also able to meet the needs of some younger adults with physical disabilities, learning disabilities or mental ill-health. There are currently 14 schemes with a total of 504 tenancies between them in Somerset.
  
2. The 14 schemes are:
  - Bowhayes Lodge (Crewkerne)
  - Elizabeth Court (Burnham-on-Sea)
  - Elizabeth House (Taunton)
  - Gibb House (Bridgwater)
  - Hilda Coles (Bridgwater)
  - Keyford Heights (Frome)
  - Kilkenny Court (Taunton)
  - Lodge Close (Wellington)
  - Malmesbury Court (Yeovil)
  - Muchelney House (Ilminster)
  - Pearson House (Yeovil)
  - Silvermead (Minehead)
  - St Gildas (Chard)
  - Tennyson Court (Taunton)
  
3. In the ECH model:
  - The housing is provided by a social landlord, with whom Somerset Council has a nomination agreement. The Council does not incur void charges for vacancies.
  - Tenants pay rent to the Social Landlord and are responsible for all their other bills.
  - Landlords are also able to charge for other things such as the provision of hot meals and housing related support, and are required to make these clear to people before they make a decision to move to an ECH scheme.
  - Where eligible to do so, tenants are able to claim Housing Benefit for their rent and eligible service charges.
  - All tenancies are agreed through a process that involves the care and support provider, social landlord and the Council. This is to ensure that those people offered ECH require this type of service.
  - There is a core team of staff that are on-site continuously to provide shared and incidental care to everyone living in the scheme, for example in the

event of an emergency, and then those who have had a need identified under Care Act (2014) will have any care and support that they have been assessed as require over and above this delivered on an individual basis.

- As with any other type of care and support, tenants are financially assessed to determine if they need to pay for all or some of their care and support.
4. ECH sits within a spectrum of the types of care and support, as illustrated in the diagram below. In very broad terms, those services to the left of the spectrum support those with the greatest independence and at lower costs to the Council. Those services to the right support people with higher levels of need, usually at a higher cost to the Council.



5. The current arrangements for ECH date back many years, and while the contracts for care and support were last let in 2017 many of the other arrangements varied between predecessor councils with responsibility for housing, and this recommissioning has provided an opportunity to put in place consistent arrangements based on what has worked best in Somerset as well as regionally and nationally.
6. The current contracts for the care and support provider in ECH schemes are due to come to an end on 31st March 2025. The Council has contracts with five organisations that provide either shared care and support or housing related support to 14 ECH schemes, encompassing 504 tenancies.
7. Three of these contracts relate to housing related support. Negotiations have taken place with landlords, with agreement reached to not renew them, and for all landlords to provide this from within the service charges paid by residents going forwards.
8. As a result of the contracts ending a recommissioning exercise has been in progress since March 2024. This has included a review of how the ECH model operates in Somerset, service specifications, referral and allocation processes, how housing related support should be provided, charges, and how the

relationship between the landlord, care provider and council should function going forwards.

9. ECH schemes in Somerset currently operate under two different models. The first is an integrated model where both care and support and housing related support are provided by the same organisation. This model is in place at seven schemes, with residents paying a higher charge at these schemes. The second is a non-integrated model where the care and support and housing related support are provided by two separate organisations – the care provider and the Landlord. This model is also in place at seven schemes.
10. Following a review of the current arrangements, and consultations with Landlords to ensure that they were in agreement with the proposals, the non-integrated model has been identified as the most effective model going forwards due to it enabling the care provider to focus on the delivery of care while the social landlord uses its expertise to provide housing related support. As a result, it is proposed that all schemes move to this model and that charges are equalised at the non-integrated rate of £29.27 per week to reflect that the council will no longer be incurring these costs as the landlord will be providing this support directly.
11. Negotiations have taken place with landlords with agreement reached to not renew three existing contracts with landlords to provide housing related support, and for all landlords to provide this from within the service charges paid by residents going forwards.
12. The charges for ECH have remained unchanged since the care and support contracts were last recommissioned due to no provision being made for them to increase. The costs of providing care and support have increased substantially during this period and it is therefore proposed that a consultation is undertaken with a view to putting a mechanism in place to review charges annually using the same process as those for all other Adult Social Care services.
13. As part of the work to recommission these services a range of different agreements between landlords, care providers and the council that govern the relationship between them will be replaced by a single, consistent agreement. The final text of this agreement will need to be finalised with the successful care provider and landlord(s) for each lot, however they were provided with a draft as part of the tender process. The agreement will cover:
  - The referral and allocation processes
  - The roles and responsibilities of each partner
  - Commissioning Requirements
  - Management of vacancies
  - How the arrangements will be reviewed

14. In common with the direction of travel being taken by most Councils, the new arrangements have been designed to ensure that the level of need that can be supported within schemes is increased through this recommissioning. The reason for doing so is to, over time, allow people who would otherwise need a placement in residential care home to have that admission delayed or avoided. It is expected that the level of support being provided to change gradually, with existing tenants with care and support needs being accommodated for longer and new tenants to be likely to have a higher level of need. However, a balance will need to be maintained within every scheme, for example it would not be practical for a scheme to only support those people with a higher or lower level of need, and this balance may vary between individual schemes depending on the built environment.
15. This recommissioning will not affect the buildings used to provide ECH schemes, or any individual's tenancy with their landlord, and commissioning staff have been at pains to emphasise this to tenants. While it should be noted that some of the existing ECH Schemes are likely to require modernisation, refurbishment, redevelopment or replacement over the next ten years to ensure they remain fit for purpose, this will need to be done on a scheme-by-scheme basis and sits outside of this recommissioning which is for the care and support. In terms of those sites that are likely to require replacement in this timeframe, we propose to encourage housing developers who are seeking to allocate land for care home development in areas where there is sufficient capacity to consider allocating it for ECH instead.
16. At this stage there are no proposals being developed for any of the 14 existing schemes and the tenancies held by residents are unaffected.

### **Links to Council Plan and Medium-Term Financial Plan**

17. Links to the Council Plan:
- A Healthy and Caring Somerset
  - A Flourishing and Resilient Somerset.
18. The care and support services are provided to assist people to maintain or develop their independence whilst living in ECH, thus preventing loss of their tenancy and the use of more acute health and social care services. The service also helps clients maintain links with the wider community and improves their health and wellbeing through prevention and enablement.

### **Other options considered**

19. No other options have been considered as all contracts expire on 31/03/2025, and the only other options would be to:
- Decommission all ECH schemes. This would have a detrimental impact on individuals who have an assessed eligible need for care and support under the Care Act (2014) and the Council.

- Extend the existing contracts. This would be a breach of the Council's Standing Orders and potentially leave the Council open to challenge.

## **Key considerations for the Council**

### **Scrutiny comments / recommendations:**

20. A presentation was made to the Scrutiny Committee – Adults & Health of the proposed arrangements for Extra Care Housing on 11/07/2024, prior to the procurement process commencing.
21. The feedback from the Committee was that it was supportive of the proposals, but that it would like a further update prior to the Executive considering the outcome of the tender.
22. A further update was provided to the Scrutiny Committee – Adults & Health on 21/11/2024, where the Committee was invited to comment on the proposed recommendations to the Executive.
23. The feedback from the Committee was that it was supportive of the recommendations.

### **Consultation and feedback**

24. During April 2024 Adult Social Care commissioning staff met with all landlords to consult with them on whether they wished to continue to provide sites for ECH and the proposed direction of travel, and further meetings took place prior to the procurement phase commencing. Landlords remain a key partner as the provider of the accommodation element of ECH, and were generally supportive of the direction of travel, supported the proposal to put a consistent 3-way agreement in place and most were positive about the proposals for housing related support.
25. During May 2024 Adult Social Care Commissioning staff visited every Extra Care Housing scheme to meet with residents and seek their views on what was and wasn't working for them. This included meeting with residents individually or in groups in communal areas, and in their homes, as they preferred. While some of the feedback received did not relate to the recommission, for example feedback was often received for things that were a landlord responsibility (for example grounds maintenance) this was passed to the relevant organisation. All relevant feedback has been collated and a summary of the themes that were identified is shown below:
  - Knowing that help is readily available all the time is very important for people, their relatives and unpaid carers.
  - The ECH schemes provide supportive communities to people who live in them that help to combat social isolation and provide a sense of wellbeing and security.
  - Overall, there were generally positive comments about care staff.



- The difference between 'support' and 'care' services in ECH is not easily understood and can cause confusion for people who use services in terms of who does what.
- People wanted to have regular access to a range of activities to reduce social isolation, support given to tenants to set up activities.
- For staff to be available to help residents attend social events within the scheme, then supporting them back to their properties once finished.
- Having the correct staff ratio for the needs within a scheme.
- Shared care staff to be available 24/7 without the current break between 2-4pm (when activities often take place that they organise and provide support during), and also having a consistent staff presence over the weekend across every scheme.
- Care staff not always wearing name badges so they can be clearly identified.
- Improved communication between care staff and the landlord.
- Consistency of care staff where possible, with an acknowledgment that staff turnover is to be expected.
- To feel safe within the schemes (this particularly related to two schemes where there had been recent incidents, one involving anti-social behaviour by individuals who were not residents that was still being addressed by the landlord at the time of the visit).
- A suggestion of floating support on schemes to respond to changes in need, and in general terms, more rapid responses to changes in a person's need.
- There were some comments made about staffing during periods of staff sickness.
- Some people highlighted language barriers with overseas workers.
- To feel that their feedback has been listened to.

26. A survey has also been made available to all current staff in order to gain their feedback. All relevant feedback has been collated and a summary of the themes that were identified is shown below:

- Links with the local community
- Use of assistive technology
- Social activities for residents
- Staff training
- The time available to spend with individual tenants

27. Feedback was also sought from internal stakeholders in order to understand what did and did not work with the current model. A summary of the themes that were identified is shown below:

- For ECH schemes to be able to support people with a higher level on need, including those with learning disabilities and mental ill-health.
- For the arrangements for ECH to be more consistent
- For there to be clear expectations in relation to the organising and co-production of social activities

28. Meetings took place with other Council's in the region and nationally to understand and exchange learning regarding ECH, including Councils that are also in the process of recommissioning their services.

29. Tenant representatives were also involved in the procurement through a question that they wrote and evaluated, with support from Commercial & Procurement and Adult Social Care commissioning staff.
30. All relevant feedback has been considered as part of the recommissioning process. For example, staffing ratios have been reviewed, the Council's expectations in relation to social activities have been included in the specification, the ability to step up and step down waking nights has been introduced, and an agreement will be put in place to establish a consistent approach between the care provider, landlord and Council.

### **Financial and Risk Implications**

31. The overall spend on ECH during 2024/25 is expected to be up to £4.8m, depending on the volumes of care purchased during the financial year.
32. It should be noted that the total cost of providing care and support within ECH schemes will vary due to the volume of individual hours commissioned being based on assessed, eligible, care and support needs.
33. The financial assessment of this recommission has therefore been based on hourly rates for the different elements that make up the overall ECH offer.
34. Detailed information relating to the hourly rates for each Lot are included in Confidential Appendix B (IN CONFIDENCE – NOT FOR PUBLICATION). A comparison between the current rates being paid during 2024/25 and the tendered rates for 2025/26 has also been included within this appendix.
35. In summary, the hourly rates under the new arrangements for 2024/25 will be less across all Lots than under the current contracts during 2024/25.
36. It is proposed that the contract prices are reviewed annually, with the first review applying to the rates for 2026/27, as part of the Council's annual fees and charges process.
37. If the new arrangements are successful in preventing or delaying people from being admitted to a residential care home, we would expect the overall cost of ECH to rise to reflect the increased level of need being supported, however we would also expect that this would be more than offset by the costs of Residential Care that have been avoided or delayed.
38. This increase would be as a result of:
  - Higher volumes of assessed hours being commissioned
  - Schemes that currently have staff sleeping on site overnight moving to staff being awake and delivering care overnight, which is paid at a higher rate.
39. The proposals also include an equalisation of the charges paid by residents of integrated schemes. In combination with not renewing contracts with landlords

for housing related support this is will not result in an increased cost to the council.

40. The charges for ECH have remained unchanged since the care and support contacts were last recommissioned due to no provision being made for them to increase. The costs of providing care and support have increased substantially during this period and it is proposed that a consult on a proposal to put a mechanism in place to apply an annual inflationary increase in line with the average percentage increase applied by the Department for Work and Pensions to basic Income Support/Pension Credit rates. The proposed timeframe for implementation would be included in the consultation.
41. With any recommissioning process there are always inherent risks relating to a failure to award a contract, through to a legal challenge to the outcome of the process by those organisations that have been unsuccessful. Actions have been taken throughout the process to reduce the likelihood of these risks crystallising that include signalling to the market when an opportunity will arise, ensuring that the specification for the service is reasonable, deliverable and robust, and holding market engagement events.

Current Risk Score:

<b>Likelihood</b>	<b>2</b>	<b>Impact</b>	<b>5</b>	<b>Risk Score</b>	
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Projected risk score if recommended actions are agreed and delivered:

<b>Likelihood</b>	<b>1</b>	<b>Impact</b>	<b>5</b>	<b>Risk Score</b>	
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### **Legal and Procurement Implications**

42. In order to mitigate the risk of challenge it has been essential to be able to evidence that a fair, open and transparent procurement process has been undertaken that is compliment with both Public Procurement Regulations and best practice.
43. The procurement element of the process has been managed with support from the Commercial and Procurement Team, which has been actively involved throughout the recommissioning process.
44. Legal expertise has been engaged to develop contractual arrangements and support with any legal queries that arose during the recommissioning process.

### **HR / Workforce Implications**

45. There are no internal HR implications for these contracts. The staff who provide these services are not employed by Somerset Council and it was determined at the start of the process that TUPE would apply should their current employer have chosen to not tender for the service or have been unsuccessful.

46. Prospective bidders were informed that TUPE would apply during the initial market engagement event and in information provided as part of the tender process.
47. The existing care and support providers provided the information needed for the procurement process in a timely manner.
48. As this recommissioning could involve the transfer of a large number of staff a three-month implementation period has been allowed for from January to March 2025.

### **Equalities Implications**

49. An Equalities Impact Assessment was initiated at an early stage in the recommissioning process which has been reviewed and updated on an ongoing basis.
50. This has identified the following action is required: that require further monitoring and/or mitigation during the implementation period and beyond:

Monitoring arrangements to be put in place to ensure that the following:

- Information and support is provided in a range of formats to suit needs, irrelevant of age, ethnicity or race
  - All necessary information on the service will be available in different languages and will support people with learning disabilities or with speech, language, and other communication needs.
  - The provider does not discriminate against anyone and any minority group
- Are:
- Closely monitored through the implementation process, given that this will be a time of change.
  - Monitored on an ongoing basis through 'business as usual' contract and quality management processes.

### **Community Safety Implications**

51. There are no negative impacts on community safety. One of the key benefits of the ECH model is that it helps to reduce social isolation and includes initiatives that deliver health and wellbeing initiatives through working with the local community.

### **Climate Change and Sustainability Implications**

52. There are no negative impacts on climate change or sustainability. The service is based around ECH schemes which provide sustainable and appropriate housing for adults with care and support needs within local

communities. Under the new arrangements the care and support provided to tenants will continue to be delivered by a designated on-site team that removes the need for staff to travel between the individuals they are supporting.

53. While it is expected that greater levels of overnight care will be delivered in ECH schemes in the future, this care would need to be delivered wherever the individual is living and would therefore have no greater climate impact than if it were to be delivered in a different type of service.

54. Most people who are referred to ECH indicate a preference for schemes within, or close to, their existing communities, and where an appropriate vacancy exists, every effort is made to enable this to happen.

### **Health and Safety Implications**

55. There are no negative impacts on health and safety. Any care and support provider that is contracted will be subject to Health and Safety regulations and to have appropriate health and safety policies in place for their staff.

### **Health and Wellbeing Implications**

56. The proposed awarding of contracts and changes to the arrangements for ECH will have no negative impacts on health and wellbeing. The service is designed to promote and improve health and wellbeing through tailored care and support plans in a way that gives people choice and control of how their care and support is delivered. This includes supporting both physical and mental health, and supporting people with existing care and support needs to remain as healthy as possible, for as long as possible.

### **Social Value**

57. The Public Services (Social Value) Act 2012 requires that all contracts should deliver some further benefit back into the community above and beyond the goods or services being paid for under the contract. This has been made explicit to bidders throughout the procurement process and the evaluation included a specific social value element that formed 10% of the overall score.

58. Commissioned ECH care and support providers will be expected to commit through the contracts to work collaboratively with others in Somerset. This includes Somerset Council, local communities, and local partners such as the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) and micro-providers to ensure the fulfilment of the Public Services (Social Value) Act 2012 and the social value priority areas for Somerset are delivered. They will also be required to introduce innovative ideas to promote social value over the lifetime of the contract which may be based on social, environmental or economic sustainability.

59. Examples of how Social Value will be delivered include:

- Developing employment, skills and training opportunities for existing staff as well as new.
- Reducing social isolation and improving the health and wellbeing of local residents through providing activities on the scheme where local communities are invited to participate alongside the residents, this includes exercise classes, bingo nights, fish and chip nights etc.
- Helping to build community capacity by playing an active role in the local community to develop initiatives and activities that can be delivered within the schemes. This is often done in consultation with local residents as well as tenants to have a clear understanding of what the local community wants and needs.
- Allowing local community groups to use premises / facilities on the schemes to deliver health and wellbeing activities.
- Creating volunteer opportunities for individuals not in employment to help develop and deliver community activities.
- Creating opportunities for micro-Service Providers / small and medium enterprises to be part of care and support delivery.

### **Background Papers**

60. Presentation provided Scrutiny Committee – Adults and Health on 11/07/2024

61. Presentation provided Scrutiny Committee – Adults and Health on 21/11/2024

### **Appendices**




- Appendix A - Tender Evaluation Report
- Appendix B - Confidential Tender Evaluation Report

**Report assurance checklist ahead of report publication  
(for Audit, Executive, Full Council and Scrutiny Committees)**

	Officer Name	Date Completed
Legal & Governance Implications	David Clark	30/10/2024
Finance & Procurement	Maria Christofi / Nicola Hix	11/11/2024
Workforce (*)	Dawn Bettridge	Not applicable
Asset Management (*)	Simon Lewis	Not applicable
Executive Director	Mel Lock	07/11/2024
Executive Lead Member	Cllr Wakefield	08/11/2024
<b>Consulted:</b>	Councillor Name	
Local Division Members	List local members	Not applicable
Opposition Spokesperson(s)	Cllr Osborne	07/11/2004
Relevant Scrutiny Chair(s)	Cllr Sully	21/11/2024

## Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or [www.somerset.gov.uk/impactassessment](http://www.somerset.gov.uk/impactassessment)

<b>Organisation prepared for (mark as appropriate)</b>	 <p><b>Somerset</b> Council</p>		 <p><b>NHS</b> <b>Somerset</b></p>		 <p><b>NHS</b> <b>Somerset</b> NHS Foundation Trust</p>	
<b>Version</b>	1.3		<b>Date Completed</b>	25/10/2024		
<b>Description of what is being impact assessed</b>						
<p>The decision to aware new contracts for the care and support provided to tenants of Extra Care Housing (ECH) schemes in Somerset and associated amendments to the charges paid by tenants towards the 24/7/365 element of the service commissioned (referred to in the tender as “Living Well Service”).</p> <p>ECH is specialist housing for adults with health and social care needs. The service requires a designated on-site team to deliver care and support services to all tenants living in ECH. The new service will include assisting tenants to develop or maintain their independence within the community, thus preventing loss of their home or tenancy, and/or the otherwise unnecessary use of more acute health and social care services. A crisis and urgent responsive service will be available 24/7, 365/366 days per year. The care provider will also respond to the needs of an individual in an emergency within 30 minutes. Where a lunch time service is available in a dining area on a scheme tenants will be assisted to and from the dining room if needed. Packages of personal care and support will also be delivered for tenants who meet the eligibility criteria for Somerset Council funded support.</p> <p>It is targeted mainly at older people but is also used to meet the needs of younger adults with physical disabilities, learning disabilities or mental health ill-health. There are currently 14 ECH schemes in Somerset, with Somerset Council commissioning care and support to 504 mostly single person households within them. The Council does not commission the housing element of ECH; that is the responsibility of each housing provider and is funded via rent and other service charges from tenants.</p>						



The current contracts for (ECH) Services for adults in Somerset are due to come to an end on 31<sup>st</sup> March 2025. The Council has contracts with five organisations that provide either shared care and support or housing related support to 14 ECH schemes, encompassing 504 tenancies.

Commissioners have undertaken a review of the current service as part of designing a new care and support service to be commissioned from 1<sup>st</sup> April 2025. As part of this review Commissioners reviewed whether or not the provision of Housing related Support should be incorporated into service charges made by the landlord, as this is a function provided by the landlord. This will result in some tenants paying a reduced charge to the Council and a higher service charge to the landlord. The charging policy for ECH has also been reviewed to bring it up to date, and for charges to be increased annually in line with the average percentage increase applied by the Department for Work and Pensions to basic Income Support/Pension Credit rates.

A competitive procurement exercise has been undertaken. This has presented an opportunity to put in place a more outcomes focussed service with flexible arrangements to give more choice and control to the residents of Extra Care Housing.

Somerset Council has a statutory duty to provide care and support to those that are eligible under the Care Act. The Council commissions both care and support services to clients living with ECH. These services will enable those clients to maintain and often improve their independence, preventing admission into more acute social care and health services.

## Evidence

**What data/information have you used to assess how this policy/service might impact on protected groups?** Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#), should be detailed here

Somerset Intelligence Partnership; Office of National Statistics; Census 2021; Somerset's Joint Strategic Needs Analysis; Current Extra Care Housing Provider Performance Reports.

Scheme profiles have been created using data provided by the Housing and Care and Support Providers. This includes the following:

- Self-funded clients and those that contribute towards the service
- Care Hours
- Numbers accessing assist to dine
- Voids
- Current tenant feedback

These profiles will be further refined through the duration of the new contract and will include information that includes:

- Age range
- Gender
- Ethnicity

**Who have you consulted with to assess possible impact on protected groups and what have they told you?** If you have not consulted other people, please explain why?

As part of the review process, we are engaging with professionals, the service provider and other stakeholders to assess the current performance of the service in terms of meeting the needs of Somerset's communities.

Commissioners have visited all 14 schemes to consult with the ECH tenants, a summary of the findings from the consultation area as follows:

- Knowing that help is readily available all the time is very important for people, their relatives and unpaid carers.
- The ECH schemes provide supportive communities to people who live in them that help to combat social isolation and provide a sense of wellbeing and security.
- Overall, there were generally positive comments about care staff.
- The difference between 'support' and 'care' services in ECH is not easily understood and can cause confusion for people who use services in terms of who does what.
- People wanted to have regular access to a range of activities to reduce social isolation, support given to tenants to set up activities.
- For staff to be available to help residents attend social events within the scheme, then supporting them back to their properties once finished.
- Having the correct staff ratio for the needs within a scheme.
- Shared care staff to be available 24/7 without the current break between 2-4pm (when activities often take place that they organise and provide support during), and also having a consistent staff presence over the weekend across every scheme.
- Care staff not always wearing name badges so they can be clearly identified.
- Improved communication between care staff and the landlord.
- Consistency of care staff where possible, with an acknowledgment that staff turnover is to be expected.
- To feel safe within the schemes (this particularly related to two schemes where there had been recent incidents, one involving anti-social behaviour by individuals who were not residents that is being addressed by the landlord).
- A suggestion of floating support on schemes to respond to changes in need, and in general terms, more rapid responses to changes in a person's need.
- There were some comments made about staffing during periods of staff sickness.
- Some people highlighted language barriers with overseas workers.

- To feel that their feedback has been listened to

Commissioners have also engaged with Professionals through a survey, 37 of people responded to the survey and a summary of the findings are below:

Good things about the current provision:

- Peace of mind through the 24/7 on-site team
- Ability to offer communal lunches and social activities
- Maintaining independence through offering your own front door

Recommendations for the future provision:

- More provision required in the East (the former Mendip District Council area) \*.
- Have clearer guidance regarding the provision and allocation process.
- Would like a workforce development/training programme for staff.
- Have clearer public facing information about the service.
- Improved training for on-site staff to meet the needs of those more complex cases.
- Increase the social opportunities on the scheme to reduce loneliness and isolation.
- Remove the age restriction of over 55 only that exists in some schemes (often due to covenants applied when the scheme was built) \*.
- Conduct a review of the current housing stock to ensure fit for the future\*.
- Increase the option for waking night support.

\* This feedback relates to work that is outside of the scope of this Decision, which related the recommissioning of the care and support, and will need to be addressed as part of a long-term plan to further develop the ECH offer in Somerset

## Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

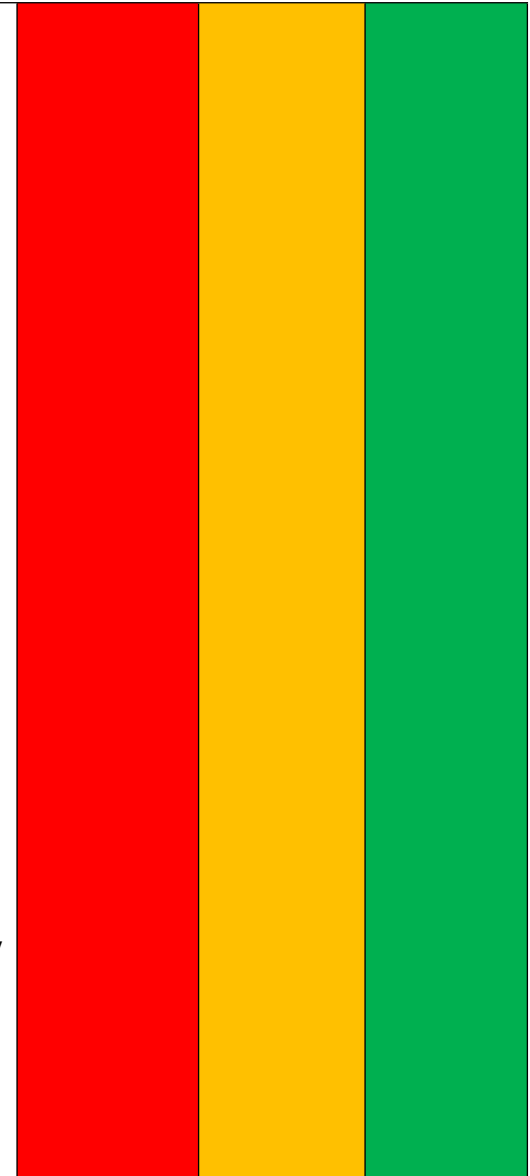
Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> <li>The Census of 2021 places the population of Somerset at 571,600, an increase of around 41,600 people since 2011. This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years since 1981. The population pyramid shows that for both male and female sexes the largest age groups are among the older age bands. The age bands with the highest population are 50-54 and 55-59. There were 84,700 people in their 50s accounting for nearly 15% of the total population. We traditionally see a thinning of the 'pyramid' in the late teens/early 20s due to people either leaving the county to attend University or to work. We then tend to see a rise in the population aged 40+ however in this census the rebound appears to be faster with the number of people in the 25-29 and 30-34 age bands rising and more similar to those in the 40s.</li> <li>Performance reports and records show that under the current service specification that the provider is successful in supporting both young and older adults.</li> <li>The Census of 2021 places the population of Somerset at 571,600, an increase of around 41,600 people since 2011. This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years since 1981. The population pyramid shows that for both male and female sexes the largest age groups are among the older age bands. The age bands with the highest population are 50-54 and 55-59. There were 84,700 people in their 50s</li> </ul>	□	□	☒

accounting for nearly 15% of the total population. We traditionally see a thinning of the 'pyramid' in the late teens/early 20s due to people either leaving the county to attend University or to work. We then tend to see a rise in the population aged 40+ however in this census the rebound appears to be faster with the number of people in the 25-29 and 30-34 age bands rising and more similar to those in the 40s.

- Performance reports and records show that under the current service specification that the provider is successful in supporting both young and older adults.
- Currently the age profiles show us the following:

Age Band	Female	Male	Total
18-64	49	49	98
65-74	31	46	77
75-84	73	61	134
85+	105	37	142
<b>Total</b>	<b>258</b>	<b>193</b>	<b>451</b>

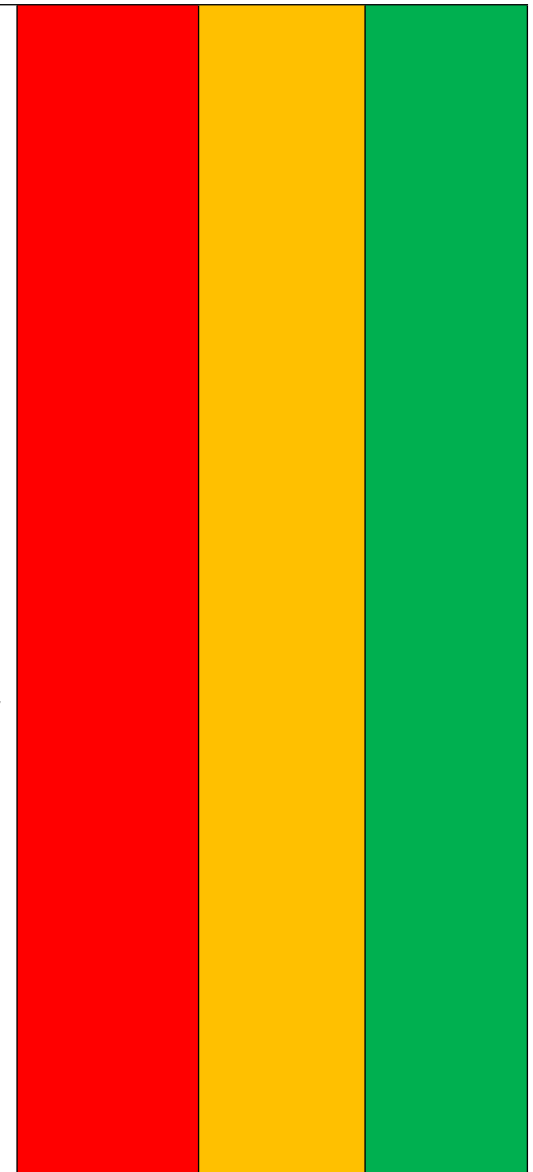
- Current figures in the table above will not reflect the true picture of demographics on schemes as Somerset Council do not record information relating to those who self-fund their care within ECH. Also, there will be a number of voids within ECH that change over time and will also impact on the overall total number of occupants.
- There are higher numbers of people accessing ECH services over the age of 64. Some of the schemes in Somerset do have an age restriction of 55 due to covenants that were applied when the scheme was originally built which will limit those under this age being able to access this provision.
- It is the intention that with any new build schemes that age restrictions will not apply to make ECH more accessible to younger adults that meet the criteria.



	<ul style="list-style-type: none"> <li>• Extra Care Housing is a specialist housing option, primarily for older people. Older people that live in Extra Care benefit from receiving tailored support and have access to social networks. The review of the service and new service specification will ensure that all age groups are heard.</li> <li>• The new service specification continues to request for provision of ECH for both older and younger adults that meet the criteria.</li> </ul>			
<p><b>Disability</b></p>	<ul style="list-style-type: none"> <li>• More than 100,000 Somerset residents have their day-to-day activities limited to some extent due to disability or a long-term health condition. This represents 18.7% of Somerset residents, or nearly one in five. These individuals meet the definition of being disabled under the Equality Act.</li> <li>• A further 45,000 Somerset residents (7.9% of all residents) have a long-term health condition which does not limit their day-to-day activities. the number of Somerset residents with a disability in 2021 is 6.8% higher than in 2011, although as a proportion of the total Somerset population is broadly unchanged.</li> <li>• When expressed as an age-standardised rate to enable comparison between areas of different population structures, Somerset has a rate of disability slightly below the national figure for England (17.4%, compared to 17.7% nationally).</li> <li>• The specification reflects and responds the full range of needs of people with disabilities. Extra Care Housing is a specialist housing options for adults with disabilities. Adults with disabilities that live in Extra Care benefit from receiving tailored support and have adaptations to their accommodation to enable them to live independently. The review of the service and recommissioning plan will consider any barriers to overcome, to ensure that adults with disabilities will <b>be</b> able to contribute towards ECH services</li> <li>• Currently the data shows the following (PSR = Primary Support Reason):</li> </ul>	<p style="text-align: center;">□</p>	<p style="text-align: center;">□</p>	<p style="text-align: center;">☒</p>

PSR	Clients
Learning Disability Support	25
Mental Health Support	23
Physical Support	347
Sensory Support	3
Social Support	21
Support with Memory and Cognition	17
Unknown	15
<b>Total</b>	<b>451</b>

- Current figures in the table above will not reflect the true picture of demographics on schemes as Somerset Council do not record information relating to those who self-fund their care within ECH. Also, there will be a number of voids within ECH that change over time and will also impact on the overall total number of occupants.
- There are high numbers of people living in ECH that have a physical disability with smaller cohorts of people that either have a learning disability, require support in relation to mental ill-health or have a sensory loss.
- There are also a number of people requiring social support within the schemes as well as help with memory and cognition. The ECH Care and Support Providers should be sufficiently trained to support people with these disabilities.
- The ECH Care and Support providers will be expected to make information accessible to all and easy to read formats including access to British Sign language interpreters.
- The care and support provider will ensure that events and venues for engagement are accessible and that the physical environment support and maximise disabled people participation.



	<ul style="list-style-type: none"> <li>• As well as recognising the physical needs of disability, the care and support provider will also recognise the impact that disability can have on people 's ability to express themselves and recognise the need of family, carers and advocacy to reduce barriers to communication and again ensure participation.</li> <li>• Developing links with village agents and other community groups to improve access into each scheme will also be key to getting a good understanding of issues face by disabled people and best ways to raise their voices, and care and support providers will be required to facilitate this.</li> </ul>			
<p><b>Gender reassignment</b></p>	<ul style="list-style-type: none"> <li>• The Office for National Statistic tells us following the Census of 2021 that 0.5% of the population indicated that their gender identity was different from their sex at birth. It also identifies that the lowest percentage was the South- West with 0.42%.</li> <li>• More than 1,600 Somerset residents stated that their gender identity differs from their sex as registered at birth. This represents 0.35% of the Somerset population aged 16 and over. This is the first time that a question on gender identity has been included in the census, giving the first official data on the size of this population.</li> <li>• In this group we recognise, transman, trans woman, individuals that identify as non- binary Trans woman and trans man were the next most commonly identified gender identities, with over 300 Somerset residents identifying in each group. 5.7% of Somerset residents did not respond to the question on gender identity.</li> <li>• Gender reassignment is a personal process rather than a medical one. You don't have to undergo medical treatment or be under medical supervision to be protected under the Equality Act as a transgender person.</li> <li>• Individuals experience mean that they may not wish to draw attention to themselves for fear of judgment or discrimination.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

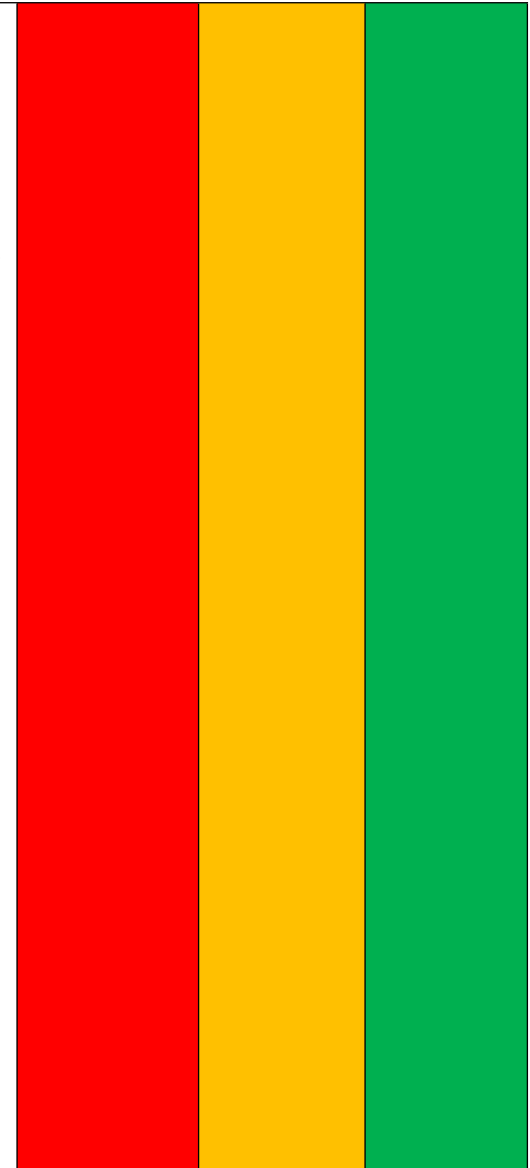


	<ul style="list-style-type: none"> <li>• The specification reflects and responds to the full range of needs of all people regardless of their gender. All people have equal opportunities to access Extra Care Housing.</li> <li>• In creating relevant links with community organisations or support groups, the ECH providers need to establish sound understanding of the group experience in Somerset and work to enhance the support that they provide.</li> <li>• There is currently no data available in terms of this protected characteristic in relation to ECH, however all people who meet the criteria have equal opportunities to access ECH</li> </ul>			
<p><b>Marriage and civil partnership</b></p>	<ul style="list-style-type: none"> <li>• Marriages and civil partnerships are legal relationships that come with almost identical rights and benefits for the two parties involved.</li> <li>• A civil partnership is a <b>legal relationship</b> which is registered between two people, as long as they're <b>not related</b> to each other. Civil partnerships were introduced with the <b>Civil Partnership Act of 2004</b>; in 2005, they became available to <b>same-sex couples</b> who were not yet allowed to marry, giving them similar rights and benefits as those enjoyed by married people.</li> <li>• For years, understanding of what is a civil partnership for UK residents meant understanding the legal union between a same-sex couple; this changed in <b>2019</b> when civil partnerships became available to <b>opposite-sex couples</b>, so now anyone can choose whether to enter a marriage or a civil partnership.</li> <li>• The proportion of adults in Somerset who have never married and never registered a civil partnership has increased since 2011. The 2021 census shows that this group accounts for 31% of adults in Somerset. The figure for 2011 was 27.8%. Conversely, the proportion of adults in Somerset who are married has decreased, although this remains the largest group, accounting for 48.6% of adults in Somerset.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<ul style="list-style-type: none"> <li>• There are now over 1,000 residents of Somerset who are in a registered civil partnership, an increase of nearly 50% from 2011.</li> <li>• The specification reflects and responds to the full range of needs of those who are in a civil partnership or in a marriage. All people have equal opportunities to access Extra Care Housing. It is considered there is no negative impact on this cohort in terms of their ability to access services under this contract.</li> <li>• There is currently no data available in terms of this protected characteristic in relation to ECH, however all people who meet the criteria have equal opportunities to access ECH.</li> </ul>			
<b>Pregnancy and maternity</b>	<ul style="list-style-type: none"> <li>• There is currently no data available in terms of this protected characteristic in relation to ECH, however all people who meet the criteria have equal opportunities to access ECH.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Race and ethnicity</b>	<ul style="list-style-type: none"> <li>• 94 percent of population is white British highly visible disparity.</li> <li>• 8.5% of Somerset residents on census day in 2021 were born outside of the UK. This is an increase on the 5.9% born outside the UK at the 2011 census. It should be noted that there have been some significant events in the interim period – notably the UK leaving the European Union, and the COVID-19 pandemic – and the census figures are not able to tell the story of any fluctuations in the years between censuses. The census 2021 does not reflect data regarding Ukrainian refugees that have come to Somerset since the start of the war.</li> <li>• European countries account for over half of all Somerset residents born outside the UK. Poland is the most common non-UK country of birth for Somerset residents, with 1.3% of Somerset residents having been born there. This is followed by Romania, which accounts for 0.75% of Somerset residents.</li> <li>• The biggest change over the 10 years since 2011 has been the number of Somerset residents who were born in Romania. There are nearly</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4,000 more Somerset residents in 2021 who were born in Romania; a large increase from the 377 recorded at the 2011 census. This increase reflects a national rise of over 500% since 2011 in the number of residents born in Romania. The increase in Somerset has been greater than the national average over this period, which may be in part linked to the increased workforce at Hinkley Point C.

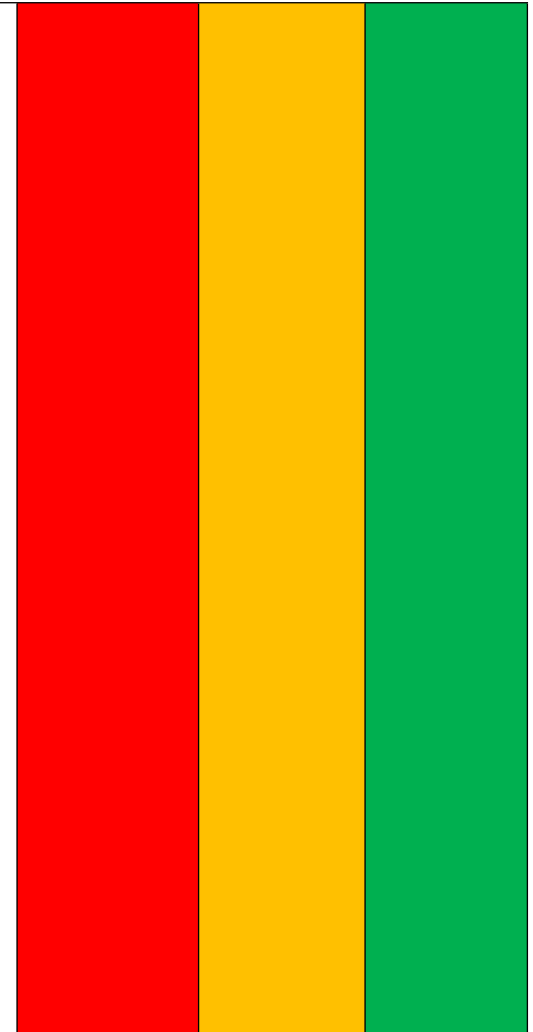
- 96% of Somerset residents speak English as their main language. This is a much higher proportion than the equivalent figure of 91% for England and Wales.
- Polish remains the second most common first language spoken by Somerset residents, with nearly 7,000 Polish speakers. This is also true nationally, with Romanian also being the second common both in Somerset and nationally. The most common non-European main languages for Somerset residents are Malayalam (733 residents) and Tagalog/Filipino (602 residents).
- Tagalog/Filipino is the only one of the top 10 non-English main languages to have seen a small decrease since 2011.
- The largest increase since 2011 has been amongst those who speak Romanian as their first language (increasing from 291 to 3,583); corresponding with a similar increase in numbers of Somerset residents born in Romania seen in the country of birth dataset.



- Currently the data shows the following:

Ethnicity	Clients
White - British	422
Not Known	19
Other white origin	4
White - Irish	2
Any other Black background	1
Any other mixed background	1
Chinese	1
Indian	1
<b>Total</b>	<b>451</b>

- Current figures in the table above will not reflect the true picture of demographics on schemes as Somerset Council do not record information relating to those who self-fund their care within ECH. Also, there will be a number of voids within ECH that change over time and will also impact on the overall total number of occupants.
- Based on this data, the current majority of people living in ECH are from a white British background, with a very small number that is unknown and of another ethnicity group.
- Within the service specification Care and Support Provider will be required to tailor services for communities for whom English is not their first language, and in doing so will also ensure that cultural backgrounds are understood to maximise effectiveness of the service. The specification reflects and responds to the full range of needs of people from different backgrounds, and all people who meet the criteria will have equal opportunities to access ECH.

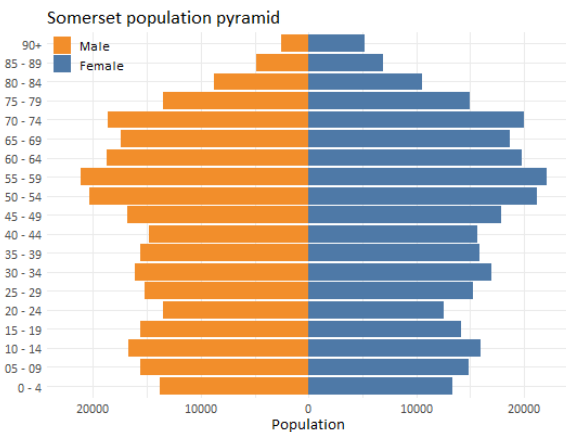


**Religion or belief**

- There has been a large increase since 2011 in the number of Somerset residents with no religion, and a corresponding decrease in the number of Christians. This reflects a similar national trend.
- Around half of the Somerset population now identify as Christian, with 4 in 10 not identifying with any religion. There have been increases in the number of Somerset residents identifying with other non-Christian major religions since 2011, although these groups remain a small proportion of the Somerset population.
- The Somerset population as a whole is less likely to identify with a religion than the population of England and Wales (52% in Somerset as no religion or not stated, vs 56.8% nationally).
- The new ECH Care and Support Provider will ensure that the service does not discriminate dependant on any individual's religion or belief.
- There is currently no data available in terms of this protected characteristic in relation to ECH, however all people who meet the criteria have equal opportunities to access ECH.



## Sex



Census 2021

- The population pyramid above shows that for both male and female sexes the largest age groups are among the older age bands.
- The specification reflects and responds to the full range of needs of people irrelevant of their sex.
- Currently the data shows us the following split in terms of gender:

Age Band	Female	Male	Total
18-64	49	49	98
65-74	31	46	77
75-84	73	61	134
85+	105	37	142
<b>Total</b>	<b>258</b>	<b>193</b>	<b>451</b>

- Current figures in the table above will not reflect the true picture of demographics on schemes as Somerset Council do not record information relating to those who self-fund their care within ECH. Also,



	<p>there will be a number of voids within ECH that change over time and will also impact on the overall total number of occupants.</p> <ul style="list-style-type: none"> <li>• There are more females accessing the service that males currently.</li> <li>• The ECH Care and Support Provider will be required to continue to ensure that its own organisation is balanced and both sexes are represented across the organisation, as well as ensuring that activities are reaching to both genders.</li> </ul>			
<p><b>Sexual orientation</b></p>	<ul style="list-style-type: none"> <li>• For the first time in a national census, individuals aged 16 and over were asked a question on their sexual orientation.</li> <li>• In Somerset, 90% of residents identified as being Straight or Heterosexual. The next largest groups were Gay or Lesbian (1.2%), Bisexual (1.1%), and Pansexual (0.2%). A total of nearly 12,000 Somerset residents selected a sexual orientation other than Straight or Heterosexual: representing 2.5% of the population aged 16 and over, or around 1 in 40 people. 7.5% of the Somerset population did not respond to this question.</li> <li>• Nationally, the proportion of people with a sexual orientation other than Straight or Heterosexual was slightly higher, at 3.2% - or around 1 in 31 people.</li> <li>• The ECH Care and Support Providers will continue to provider services that do not discriminate but deliver against the needs of the client and their desired outcomes.</li> <li>• There is currently no data available in terms of this protected characteristic in relation to ECH, however all people who meet the criteria have equal opportunities to access ECH.</li> </ul>	<p style="text-align: center;">□</p>	<p style="text-align: center;">□</p>	<p style="text-align: center;">☒</p>

**Armed Forces  
(including serving  
personnel, families  
and veterans)**

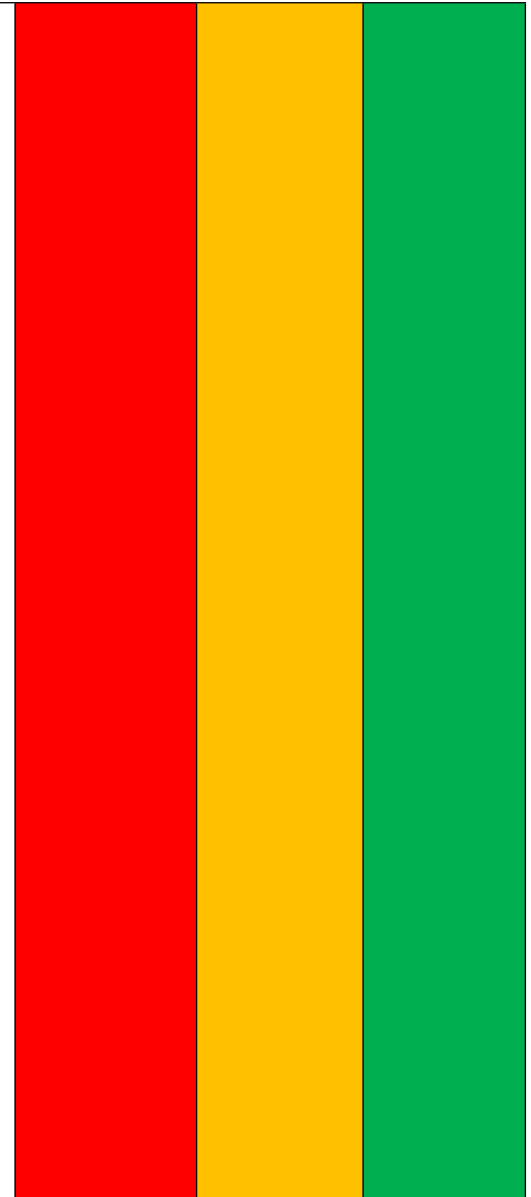
- Somerset has long-standing links with the armed forces; particularly the major units based here, such as RNAS Yeovilton and Norton Manor Camp (40 Commando). Local organisations, including councils, already have good relationships with these bases in September 2020 and the charities that support in-service and ex-service ('veterans') personnel, their families and dependants.
- The Somerset Armed Forces Covenant Partnership (SAFCP) brings together charities, local authorities, other public sector organisations, businesses, communities, individuals and the military in a pledge of support between local residents and the armed forces community in Somerset.
- The Somerset Covenant builds on existing relationships between these organisations and provides a more consistent and comprehensive approach to a range of priority areas including education, employment, health and welfare. It supports the key principle of ensuring members of this community experience no disadvantage in accessing timely, comprehensive and effective services.
- The 2021 Census reveals that there are 27,902 armed forces veterans living in Somerset. This is the first time that this information has been asked in the census.
- The highest number of veterans live in the South Somerset district area, with 9,854, followed by Somerset West and Taunton with 7,923.
- The ECH Care and Support Providers will be aware of the issues faced by serving personnel, veterans and their families such as:
  - Deployed coming back with PTSD -
  - Isolation heightened for families.
  - Impact of children having to regularly move home.
- There is currently no data available in terms of this protected characteristic in relation to ECH, however all people who meet the criteria have equal opportunities to access ECH.





<p><b>Other, e.g. carers, low income, rurality/isolation, etc.</b></p>	<ul style="list-style-type: none"> <li>• Somerset is one of the most rural counties in England. Its population density of 1.5 people per hectare is well below the England average of 4.1 per hectare. In particular, West Somerset's density of 0.5 per hectare is one of the five lowest of any local authority in England.</li> <li>• The JSNA 2015 acknowledged some good points about the rurality of Somerset and positive impact such as longer life expectancy, healthier life style, strength and friendliness of communities but also raise the challenges such social isolation, access to services, lack of appropriate housing, poor connection (mobile, broadband system) etc.</li> <li>• Nationally, those aged 65-79 have the highest levels of life satisfaction, happiness and sense that what one does in life is worthwhile. However, people aged 85 and over have the lowest sense of any age group that what one does in life is worthwhile (see <a href="#">Subjective Wellbeing</a>)</li> <li>• Social isolation and loneliness are key factors contributing to the health and wellbeing of older people in particular. <ul style="list-style-type: none"> <li>○ Around 1 in 10 people aged 65 or older are thought to experience chronic loneliness at any given time.</li> <li>○ With an ageing population, numbers affected are rising to an estimated 12,000 in Somerset</li> <li>○ 1 in 7 Somerset households contain someone aged 65 or older living alone</li> <li>○ Thousands of older people rely on public transport to get out and about, which can be problematic in rural areas</li> <li>○ About 1 in 6 social care users aged 75 or older in Somerset said they had insufficient social contact and/or felt socially isolated.</li> <li>○ Loneliness can affect both mental and physical health and wellbeing and increases the risk of disability, cognitive decline and the onset of dementia</li> </ul> </li> <li>• There are a range of opportunities in Somerset for older people who are most at risk, such as Somerset Active Living groups, various social and activity groups and volunteering services.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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- The Southwest has the highest rate of formal volunteering of any region in England. Many of these volunteers will be over retirement age and contribute substantially to communities and individual's wellbeing and we need to promote and nourish this.
- A recent publication from the Campaign to End Loneliness and Age UK, '[Promising Approaches](#)', is very helpful as a guide to solutions to reduce loneliness and social isolation. There were around 50,000 Somerset residents who were providing unpaid care to a friend or relative at the time of the 2021 census. Of those, 26,000 – or 30% - provide more than 50 hours of care each week.
- When expressed as an age-standardised rate to account for differences in population structure, the proportion of unpaid carers in Somerset is in-line with the national figure.
- Numbers of unpaid carers – both locally and nationally – have decreased since the 2011 census. Within Somerset, the number of residents providing unpaid care has decreased by over 13% in the 10-year period. This decrease has not been evenly distributed, with the number of residents providing care for fewer than 20 hours each week dropping by 34%, whilst numbers providing over 20 hours have increased by 25%
- The ECH Care and Support Provider will ensure that they have appropriately trained staff that provide equity of access across Somerset.
- ECH provides independent living accommodation with the opportunity to meet others in communal areas. The scheme enables the community to come together to reduce isolation. People moving into Extra Care Housing are entitled to a Finance and Benefits Assessment.
- As part of the recommissioning of this service it proposed to review the charges applied by Somerset Council for Extra Care Housing, and ask landlords to incorporate housing related support into these services. This could have a negative impact on those with low incomes, however:
  - In relation to the charges applied by Somerset Council, it is not proposed to increase the charges for existing tenants, other than to



	<p>apply an annual inflationary increase in line with the average percentage increase applied by the Department for Work and Pensions to basic Income Support/Pension Credit rates. It is proposed that this will be consulted on and will be subject to a separate decision and impact assessment once the results of this consultation are known.</p> <ul style="list-style-type: none"> <li>○ All new tenants would be eligible to financially assessed to determine their ability to pay using the same approach as for all other adult social care services.</li> <li>○ Where landlords increase their service charges mitigations are already in place in the form of this service charge being eligible to be funded through housing benefit by those on low incomes, and it is also proposed that the higher charge paid by tenants of integrated schemes is removed.</li> </ul>			
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**Negative outcomes action plan**  
Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

<b>Action taken/to be taken</b>	<b>Date</b>	<b>Person responsible</b>	<b>How will it be monitored?</b>	<b>Action complete</b>
Service Specification to ensure that information and support can be provided in a range of formats to suit needs, irrelevant of age, ethnicity or race	31/08/2024	Stephen Miles / Sally Pluck / Vicky Chipchase	Through the new contract	☒
Service Specification to ensure all necessary information on the service will be available in different languages and will support people with learning disabilities or with speech, language and other communication needs.	31/08/2024	Stephen Miles / Sally Pluck / Vicky Chipchase	Through the new contract	☒
The service specification and reporting requirements will include specific information to ensure that the provider does not discriminate against anyone and any minority groups.	31/08/2024	Stephen Miles / Sally Pluck / Vicky Chipchase	Through the new contract	☒

<p>Monitoring arrangements to be put in place to ensure that the following:</p> <ul style="list-style-type: none"> <li>• Information and support is provided in a range of formats to suit needs, irrelevant of age, ethnicity or race</li> <li>• All necessary information on the service will be available in different languages and will support people with learning disabilities or with speech, language, and other communication needs.</li> <li>• That the provider does not discriminate against anyone and any minority group</li> </ul> <p>Are:</p> <ul style="list-style-type: none"> <li>• Closely monitored through the implementation process, given that this will be a time of change.</li> <li>• Monitored on an ongoing basis through 'business as usual' contract and quality management processes.</li> </ul>	31/12/2024	Stephen Miles / Sally Pluck / Vicky Chipchase	Regular reporting and monitoring during the implementation Ongoing contract management arrangements from 01/04/2/2025	<input type="checkbox"/>
<b>If negative impacts remain, please provide an explanation below.</b>				
<b>Completed by:</b>	Vicky Chipchase, Stephen Miles and Sally Pluck			
<b>Date</b>	25/10/2024			
<b>Signed off by:</b>	Paul Coles			
<b>Date</b>	31/10/2024			
<b>Equality Lead sign off name:</b>	Tom Rutland			

<b>Equality Lead sign off date:</b>	31/10/2024
<b>To be reviewed by: (officer name)</b>	Stephen Miles
<b>Review date:</b>	28/03/2025