
Appendix B

CONSULTATION REPORT JULY 2021

COMMISSIONING PLAN FOR EXTRA CARE HOUSING: CARE AND SUPPORT CONTRACTS

July 2021

Bristol City Council

Authored by: Susy Cook

Contents

Executive Summary.....	4
1 Introduction	9
Context.....	9
Care and Support Contracts in Extra Care Housing.....	9
Consultation on the Commissioning Plan for ECH Care and Support Contracts.....	10
Consultation questions.....	10
Structure of the report	11
2 Methodology.....	12
Objectives and constraints	12
Objectives	12
Constraints.....	Error! Bookmark not defined.
Survey	12
Online survey	12
Paper surveys	13
Alternative formats	13
Workshops and meetings.....	13
Publicity and communication	13
Objective	14
Publicity materials	14
Bristol City Council channels.....	14
Bristol City Council Partners and other stakeholders	14
3 Consultation response rates and participant characteristics.....	16
Survey response rates	16
All responses.....	16
People living in Extra Care Housing.....	16
Demographics and equalities data	17
Other respondent characteristics.....	18
Workshop participants.....	18
Bristol and Avon Chinese Women’s Group	18
Bristol Older Peoples Forum	19
ECH Provider and Market Meeting.....	19
4 Survey results	20

Areas of focus for future service provision	20
Focus 1: Strengthen the support provided for people with dementia in ECH	21
Focus 2: Strengthen the support for people with mental health issues in ECH, such as depression and anxiety	21
Focus 3: Strengthen support for people with complex needs (multiple health conditions) in ECH, including substance and alcohol misuse	22
Focus 4: Increase the level of intergenerational activities and promote intergenerational living in ECH.....	23
Focus 5: Ensure ECH can better support people who have lower care and support needs	25
Focus 6: Support ECH care and support providers to use more technology and assisting independence equipment within ECH, such as mobility equipment, alarms, and sensors.	26
Focus 7: Strengthen links within the locality and community.....	28
Focus 8: Strengthen support to unpaid carers living in ECH	29
Focus 9: Strengthen support in ECH for people being discharged from hospital	31
Focus 10: Make sure ECH care and support provision is inclusive and representative of the community it serves.....	32
Other Comments.....	34
Main types of care and support provision in Extra Care Housing	34
Pricing options for funding care and support in Extra Care Housing	38
Purchasing options for future services: open tender vs open framework (DPS).....	39
Phone interviews with Chinese tenants	41
5 Workshops	42
Bristol and Avon Chinese Women’s Group – 9 attendees.....	42
Bristol Older People’s Forum Workshop	42
Provider Forum Meeting.....	42
6 How will this report be used?	44
Appendix A Detailed demographics and equalities data table	45

Executive Summary

Extra Care Housing in Bristol

Extra Care Housing (ECH) schemes provide people aged of 55, with their own self-contained homes, as part of a larger complex, with an onsite care and support service. ECH offers tenants a good quality of life, assisted through opportunities to interact with neighbours, communal facilities, leisure opportunities and meaningful activities, which help reduce isolation and loneliness.

Bristol City Council currently spends approximately £4.8m per annum on care and support in 13 ECH schemes across the City. The council is reviewing the onsite care and support services delivered in ECH that are funded by its Adult Social Care budget, looking at what services are delivered and how to commission these in future. The council is also keen to explore the benefits of intergenerational living opportunities and activities.

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

Care and Support Contracts in Extra Care Housing

The current ECH care and support contracts end in April 2022 and the council needs to find providers for the next contract period (except for the care and support delivered at Stoke Gifford Retirement Village, which is a new contract, and not in scope for recommissioning).

The council has written a draft commissioning plan for the new onsite care and support contracts, which sets out what ECH services would be provided and how the council proposes to purchase those services from other organisations.

Consultation on the Commissioning Plan for ECH Care and Support Contracts

A 6-week public consultation on the draft commissioning plan for ECH Care and Support Contracts took place between 7th June 2021 and 18th July 2021.

The consultation sought feedback from people with an interest in how care and support services are provided in ECH, including people living in extra care housing, unpaid carers, family, and friends of people living in ECH, providers of care and support in ECH, and other stakeholders and organisations.

The consultation used an online survey (both a full and Easy Read version), with paper copies of both versions available to print from the consultation hub website. Other accessible

formats including language translations were available on request. ECH schemes were sent full and Easy Read paper copies, with free return post envelopes, to encourage tenants' participation.

Consultation questions addressed the 4 main sections of the draft commissioning plan, asking for views on:

- **10 areas of focus for future service provision** People were asked if they 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' or 'strongly disagree' with each area of focus.
- **The types of care and support services to be commissioned** People were asked if they 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' or 'strongly disagree' with eight types of care and support service.
- **Pricing options** People were asked to choose their preferred 'funding package' out of three possible options.
- **Purchasing options** People were asked their preferred 'purchasing option', either: open tender for individual contracts, or open framework for care and support.

To obtain qualitative insights into peoples' views on the consultation questions, workshops were held with Bristol and Avon Chinese Women's Group and the Bristol Older People's Forum. A provider meeting with current and potential ECH providers was also held.

The consultation was publicised via social media and communications with the public, partner organisations and other stakeholders.

Scope and use of this report

This consultation report describes the consultation methodology and the feedback received, including quantitative data and analysis of free text comments from the consultation survey responses. The report also summarises the points raised at the three workshops held. This consultation report does not contain the council's recommendations for the preferred pricing and purchasing options for care and support in ECH. The final proposals for the preferred options will have considered the feedback and responses from the consultation and will be included in a separate recommendations report which, together with this consultation report, will be considered by Cabinet before they decide on the preferred pricing and purchasing options for care and support services in ECH.

Cabinet decisions will be published through normal procedures for Full Council and Cabinet decisions at democracy.bristol.gov.uk

Consultation Key findings

177 people responded to the Public Consultation on the recommissioning of care and support services in Extra Care Housing. 88 people completed the online survey and 89 completed a paper version, including Easy Read versions. Paper copies were returned to Bristol City Council and inputted by Bristol City Council staff. 76% of paper surveys were completed by people living in ECH.

Demographics and equalities

A summary of respondent demographics is as follows:

- 54.24% said they were female
- 5.65% considered themselves disabled
- 67.8% said they were White British, 4.0% Asian / Asian British, 2.3% Black /African / Caribbean / Black British
- 68.93% were Heterosexual / Straight, 2.82% were bisexual, 0.56% Gay Man and 0.56% pansexual.
- 46.35% were aged 65 and over
- Many respondents did not provide demographic or equalities information

The demographics and equalities information given by respondents living in ECH was somewhat different from those not living in ECH, most notably, they were more likely to consider themselves disabled (59.42%) and most were aged 75 and over (66.67%)

Non-reporting of demographics / equalities information was far higher among respondents not living in ECH. This is likely because people living in ECH were, in many cases, supported to complete a survey questionnaire, and prompted to answer equalities questions.

10 areas of focus for future service provision

There was a high level of agreement with all the Key Areas of Focus for the Commissioning Plan, with 'strong agreement' the most frequent response.

The areas of focus with more disagreement than others were Focus 3: Strengthen support for people with complex needs (multiple health conditions) in ECH, including substance and alcohol misuse, and Focus 4: Increasing the level of intergenerational activities and promote intergenerational living in ECH (15.25% and 15% respectively, disagreeing or strongly disagreeing). Respondents' comments suggest concerns relate to intergenerational living (rather than intergenerational activities), due to previous experience of antisocial behaviour from younger adults or perceived conflicting needs of younger and older people, particularly older people with dementia.

Comments also suggest there is concern that ECH schemes and staff will struggle to provide all the additional services and support proposed within the commissioning plan, in particular

the increased support for people with mental health issues, dementia, and complex needs (including alcohol and substance misuse). Some comments questioned whether the specialist care needed for people with more complex needs, including dementia, can be provided in ECH. Staff training to improve and broaden their skills was considered important.

The types of care and support services to be commissioned

The majority strongly agreed with all support types, except 'support for service users to find employment, education or training, and support for taking part in meaningful activities', where less than half (44.63%) strongly agreed, 29.94% agreed, 15.25% neither agreed nor disagreed and 2.82% disagreed.

Survey comments gave no insights into why this type of support was the least popular but showed support for the provision of meaningful activities that are both stimulating and reduce social isolation.

Preferred pricing options

The preferred pricing option was funding package one: block contract to pay for planned and unplanned care and support, based on a banding system, chosen by 27.68% respondents. However, this was closely followed by funding package two (spot purchasing of planned care and support, and a block contract for unplanned care and support during the night), preferred by 24.86%. Funding package three (a block contract for planned care and support combined with a block for unplanned care and support at night) was preferred by 22.6%. Almost a quarter of respondents did not answer this question.

There were 25 comments in total. No strong themes emerged overall or from any cohorts. Comments included the need to ensure that any block payment adequately covered providers requirements, and the required levels of care. Comments suggested both a banding system and block payments require review mechanisms, to ensure funding is adjusted to reflect changes in demand on the care and support providers.

Preferred purchasing options

Purchasing Option 2: Open Framework (DPS) for care and support was the preferred option (51.41%). 21.47% of respondents gave no response. 21 comments were made, seven by ECH tenants, five by those who work/ have worked in ECH, and the rest by a mix of all other respondents. Tenants were concerned that providers are thoroughly reviewed and monitored, and however they are selected, Bristol City Council should keep checks on the quality of the care provision. There was also feedback that chosen providers should offer staff good terms and conditions and training, and that selection should be based on quality standards rather than competitive costs (associated with underpaid, under supported staff).

Workshops

Workshops were held with the Bristol and Avon Chinese Women's Group, Bristol Older People's Forum and with current and potential future providers of ECH care and support

services. The purpose of the workshops was to discuss in more detail issues relating to the four sections of the draft commission plan. Each workshop included a presentation of the four areas and participants were asked for their views, with opportunities for discussion.

1 Introduction

Context

Bristol City Council is reviewing the onsite care and support services delivered in Extra Care Housing (ECH) that are funded by the council's Adult Social Care budget. The council is looking at what services are delivered and how the council will commission these services in future.

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

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

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

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

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

Care and Support Contracts in Extra Care Housing

The current ECH care and support contracts end in April 2022 and the council needs to find providers for the next contract period.

Current contracts:

- ABC Centre ECH Care and Support
- Ash Lea Court ECH Care and Support
- Blaise Weston ECH Care and Support

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

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

The council has written a draft commissioning plan for the new care and support contracts, which sets out what ECH services would be provided and how the council proposes to buy in those services from other organisations. There are other care and support services being delivered in ECH that are contracted to other providers. These services are not part of this consultation or recommissioning.

Consultation on the Commissioning Plan for ECH Care and Support Contracts

A 6-week public consultation on the draft commissioning plan for ECH Care and Support Contracts took place between 7th June 2021 and 18th July 2021. The consultation sought feedback from people with an interest in how care and support services are provided in ECH, including:

- people living in extra care housing
- people who care for people living in extra care housing
- the families or friends of people living in extra care housing
- the providers of care and support services in extra care housing
- other stakeholder and organisations who work with extra care housing

The consultation asked people and organisations what they think is important about ECH care and support services, what services are provided and how they are provided.

The results of the consultation will inform the final version of the commissioning plan and the agreements and service specification between the council and the organisations commissioned to provide care and support in ECH in future.

Consultation questions

The consultation questions addressed the 4 main sections of the draft commissioning plan:

-
1. **10 areas of focus for future service provision** (based on the analysis of current and future needs of older people in Bristol). The areas of focus will inform agreements and service specification between the council and the organisations commissioned to provide care and support in ECH in future
 2. **The types of care and support services to be commissioned** – the main care and support activities to be delivered by the onsite care and support provider to people living in ECH, whose care and support is funded by the council
 3. **Pricing options** - what the council will pay for planned and unplanned future care and support services. The consultation asked people their preferred ‘funding package’ out of three possible options.
 4. **Purchasing options** for future services - the way the council buys care and support services from ECH providers. The consultation asked people their preferred ‘purchasing option’, either: open tender for individual contracts, or open framework for care and support.

Structure of the report

- Chapter 2 of this report describes the consultation methodology
- Chapter 3 presents the consultation response rates and respondent characteristics
- Chapter 4 presents the survey findings
- Chapter 5 describes feedback focus groups with two key stakeholder organisations and feedback from an ECH provider and market meeting
- Chapter 6 describes how this report will be used

2 Methodology

Objectives and constraints

Objectives

The consultation methodology was shaped by the following objectives:

- Gather ECH stakeholders' opinions on the 4 main sections of the commissioning plan
- Obtain valid, reliable results that can be generalised to the wider target population (ECH stakeholders)
- Understand the reasons for stakeholder opinions
- Include the views of people who are typically under-represented in public consultations
- Include the views of people living in Extra Care Housing

To meet these objectives, combined quantitative and qualitative consultation methods were used.

Quantitative: To tell us how many people agreed or disagreed with different aspects of the commissioning plan, and to what extent, a survey asking mostly closed questions was designed. The closed questions generated fixed responses (e.g., yes, no, agree, disagree) that could be counted and analysed to identify trends and patterns in stakeholder opinions. A survey approach also enabled larger numbers of people to be included in the consultation, providing findings that can be generalised with more certainty.

Qualitative: To understand stakeholder opinions, the survey also prompted them to give the reasons for their views. More detailed qualitative data was gathered at workshops with the Bristol Older People's Forum, the Bristol and Avon Chinese Women's Group and an ECH Provider and Market meeting. Qualitative, thematic analysis was applied to both the survey and workshop comments, organising them into common themes.

Survey

Online survey

The consultation survey on the commissioning plan for ECH care and support contracts was available on the council's Consultation & Engagement Hub (bristol.gov.uk/consultationhub) between 7th June 2021 and 18th July 2021. Downloadable print and Easy Read formats were also available on the Consultation Hub.

The survey contained an introduction as context for the survey questions, including an explanation of Extra Care Housing and the need for new ECH care and support contracts in Bristol, and an ECH commissioning plan. The draft commissioning plan was made available on the consultation hub for the duration of the consultation and paper copies were available by post.

Survey questions addressed the 4 main sections of the draft commissioning plan, asking for views on:

- **10 areas of focus for future service provision** People were asked if they 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' or 'strongly disagree' with each area of focus.
- **The types of care and support services to be commissioned** People were asked if they 'strongly agree', 'agree', 'neither agree nor disagree', 'disagree' or 'strongly disagree' with type of care and support service.
- **Pricing options** People were asked preferred 'funding package' out of three possible options.
- **Purchasing options** People were asked their preferred 'purchasing option', either: open tender for individual contracts, or open framework for care and support.

Paper surveys

Paper copies of the survey (both full and Easy Read versions) with Freepost return envelopes were sent to all ECH schemes (including Stoke Gifford, although not in scope for the recommissioning of care and support services). They were also available on request by email and telephone. Twenty paper copies of the Easy Read survey were requested by and sent to a stakeholder organisation representing disabled people.

Alternative formats

The consultation was available in Easy Read format on the Consultation Hub. Easy Read and other alternative formats (braille, large print, audio, British Sign Language (BSL) and translation to other languages) were available on request.

Workshops and meetings

- Workshops were held with Bristol and Avon Chinese Women's Group (9 attendees) and Bristol Older People's Forum (18 attendees) in July 2021.
- A provider and market meeting with current and potential future providers of care and support in ECH was held in July 2021

Publicity and communication

Objective

The following programme of activity was undertaken to publicise and explain the consultation on the commissioning plan for ECH care and support contracts. The primary objective was to ensure that information was shared across a wide range of channels, reaching as broad a range of audiences as possible, to maximise response rates, including feedback by groups that are often under-represented in surveys

Publicity materials

A Communications Toolkit was prepared for distribution to over 250 partner organisations and stakeholders to help them publicise the consultation. The toolkit included:

- a description of Extra Care Housing and explanation of the need to recommission ECH care and support contracts
- details of how to respond to the consultation survey and alternative ways to participate (one-to-one phone / Zoom calls or group meetings)
- downloadable posters
- suggested copy for newsletters and websites
- posters were sent to ECH schemes for display in public/ shared areas.
- later in the consultation, when low response rate from ECH tenants was evident, a memo was written and sent to ECH schemes for distribution to tenants.

Bristol City Council channels

Copy and electronic materials were shared via the following council channels and networks:

- All Members / Councillors
- Emails to the council's staff-led groups
- Health and social care teams (including care management, care brokerage, independent living service, day services)
- Health and housing teams

Bristol City Council Partners and other stakeholders

The communications toolkit was shared with more than 250 partner organisations and other stakeholders with a request to complete the online survey and publicise the consultation via their networks. The distribution list included:

- NHS providers and commissioners
- Sirona
- Faith groups

-
- Equalities groups
 - Local community associations
 - Voluntary and community sector organisations
 - Extra Care Housing providers

Key stakeholder organisations were identified and invited to meet with their members/ service users and Bristol City Council to discuss the consultation questions. Two organisations took up this offer.

3 Consultation response rates and participant characteristics

Survey response rates

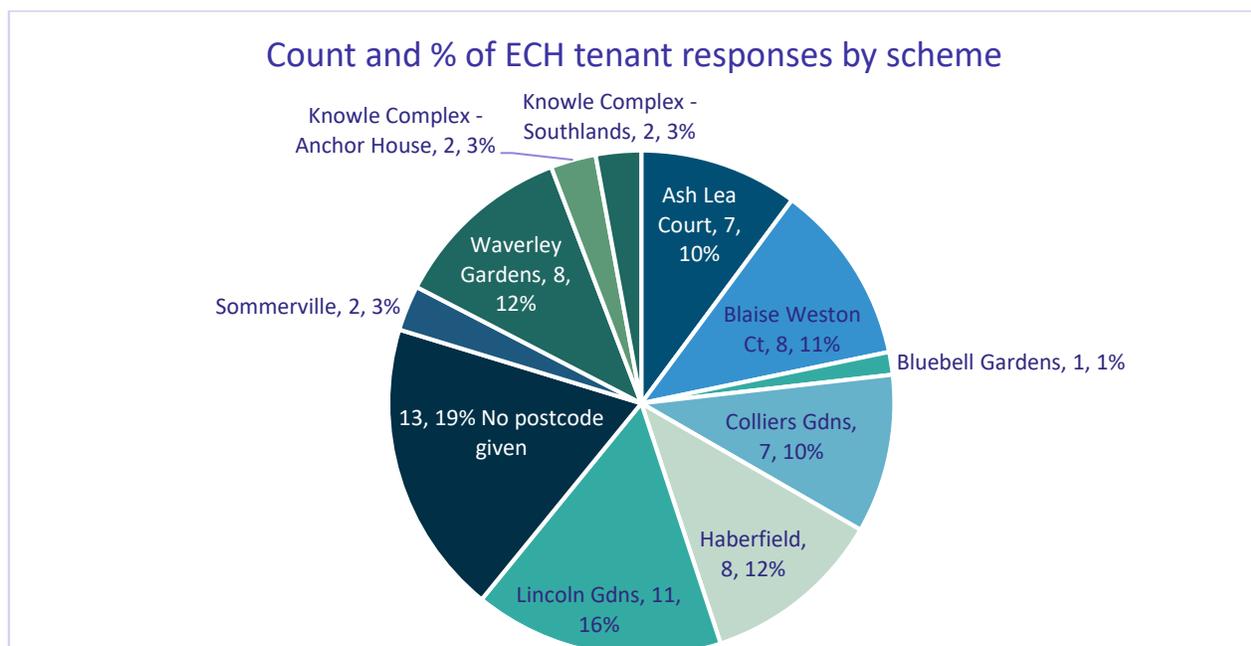
All responses

177 people responded to the Public Consultation on the recommissioning of care and support services in Extra Care Housing (ECH), between 7 June and 18 July 2021. 88 people completed the online survey and 89 completed a paper version, including Easy Read versions. Paper copies were returned to Bristol City Council and inputted by Bristol City Council staff. 76% of paper surveys were completed by people living in ECH. The table below shows this distribution of survey responses:

	Online survey		Paper surveys		All surveys	
	Count	%	Count	%	Count	%
Lives in ECH	1	1.14%	68	76.40%	69	38.98%
Not in ECH	87	98.86%	21	23.60%	108	61.02%
All responses	88	100%	89	100%	177	100%

People living in Extra Care Housing

69 of 177 responses (39%) were from ECH tenants. The chart below illustrates the number of ECH tenant responses by scheme.



Demographics and equalities data

A summary of respondent demographics is as follows:

- 54.24% said they were female
- 5.65% considered themselves disabled
- 67.8% said they were White British, 4.0% Asian / Asian British, 2.3% Black /African / Caribbean / Black British
- 68.93% were Heterosexual / Straight, 2.82% were bisexual, 0.56% Gay Man and 0.56% pansexual.
- 46.35% were aged 65 and over
- Many respondents did not provide demographic or equalities information

The demographics and equalities information given by respondents living in ECH was somewhat different from those not living in ECH. Key differences were:

Age - Most ECH tenants were aged over 75 (37.68% aged 75-84, and 28.99% aged 85+). The majority of non-ECH respondents were aged between 45 and 75, most of these aged 55-64 (23.15%).

Ethnicity - ECH tenants were more likely to describe themselves White British (76.8%) compared with those not living in ECH (62%). The most recorded ethnicity after White British among ECH tenants was Black /African / Caribbean / Black British (4.3%) and Asian/ Asian British (2.95%).

Disability 59.42% of people living in ECH said they consider themselves disabled, compared to 17.59% of all other respondents.

Sexual orientation - 82% of ECH tenants said they were heterosexual/ straight, compared with 60.19% of all other respondents.

Religion - the most reported religion among ECH tenants is Christianity or a Christian denomination - 62.32% compared with just 26.85% of people not living in ECH. Other religions recorded by ECH tenants were Buddhism (2.9%) and Muslim (1.45%). No-religion was reported far more among non-ECH tenants – 39.81%, compared to 23.19% among ECH tenants.

Non-reporting of demographics/ equalities information

Non-reporting of demographics / equalities information was far higher among respondents not living in ECH. This is likely because people living in ECH were, in many cases, supported to complete a survey questionnaire, and prompted to answer equalities questions.

Sexual orientation was the most under reported characteristic, for both ECH tenants and people not living in ECH (23.15% and 7.25% respectively).

Non-reporting limits the validity of our demographics/ equalities data. For example, there may be more gay men, or people who have undergone gender reassignment among our survey population than our data suggests. It is also possible the differences seen between those living in ECH and those not living in ECH are greater or smaller than our analysis suggests.

Any conclusions drawn about demographics and protected characteristics of survey respondents must take non-reporting into account.

Detailed demographics and equalities data showing the most noteworthy differences between ECH and non-ECH tenants are found in Appendix A.

Other respondent characteristics

56.3% were residents of Bristol, 39% lived in Extra Care Housing, 6.3% cared for someone living in ECH, 8% were a friend of someone living in ECH, 18.4% were a professional who works or has worked in ECH and 15.25% selected 'other'. Those who selected 'other' included:

- 2 x occupational therapists
- 2 x Councillors (1 identified as Bristol)
- 4 x older people thinking about their future care and support needs
- 9 x professionals from related services (including a mental health charity, a housing support service, 2 charities supporting BAME people, and a home care provider)
- 4 x Bristol City Council staff (including 2 x social workers and 1 x social care practitioner)

Workshop participants

Bristol and Avon Chinese Women's Group

An online workshop was held with staff and service users of the Bristol and Avon Chinese Women's Group (BACWG), as follows:

- 2 x BACWG staff
- 9 x BACWG service users

Participants were asked to complete an evaluation form which included equalities questions. 7 participants completed the form, their responses summarised here:

- Age: 42.9% age 50-64, 28.6% aged 60-74, 14.3% aged 75 or over and 14.3% aged 25-49
- Gender: All Female

-
- Transgender: 83% no, 17.7% prefer not to say
 - Ethnicity: 100% Chinese
 - Disability: 0% considered themselves disabled
 - Sexual orientation: 83.35% heterosexual/ straight, 16.7% prefer not to say
 - Religion: 42.9 None, 28.6% Christian, 14.3% Buddhist, 14.3% not sure
 - Marital status: 71.4% married/ civil partnership, 14.3% divorced, 14.3% other
 - Pregnancy: 14.3% pregnant or has been in the last 12 months

Bristol Older Peoples Forum

An online workshop was held with Bristol Older People's Forum (BOPF). It was attended by 19 BOPF members, all aged 55 and above, a mix of BOPF general members, trustees and members of their Housing Action group. Participants were a mix of male and female.

ECH Provider and Market Meeting

A number of providers attended a consultation event to feedback on the consultation on the 12 July 2021.

4 Survey results

Survey results for all respondents are shown, with individual analysis of the two largest study cohorts: people living in ECH, and professionals working or who have worked in ECH. Due to the size of these cohorts, it is possible to draw some more reliable conclusions about their views.

The results showed the people working in ECH more often 'strongly agreed' with areas of focus and types of care and support provision, compared with people living in ECH and with the overall survey responses. In some cases, there were obvious differences between their views and ECH tenants', most obvious in the preferred funding package. ECH tenants were more often undecided, being the most likely to select 'neither agree nor disagree' with the key areas of focus and main types of care and support provision described in the commissioning plan.

Areas of focus for future service provision

There was agreement overall with the Key Areas of Focus for the Commissioning Plan, with 'Strong agreement' the most favoured option in all cases.

Areas of focus most often strongly agreed with were:

- Focus 9, strengthening support for people in ECH who have been discharged from hospital, 64.41%.
- Focus 6: Support ECH care and support providers to use more technology and assisting independence equipment within ECH, such as mobility equipment, alarms, and sensors, 58.19%

Areas of focus with most disagreement:

- Focus 3: Strengthen support for people with complex needs (multiple health conditions) in ECH, including substance and alcohol misuse, with 15.25% disagreeing or strongly disagreeing
- Focus 4: Increasing the level of intergenerational activities and promote intergenerational living in ECH, with 15% disagreeing or strongly disagreeing, however the majority still agreed.

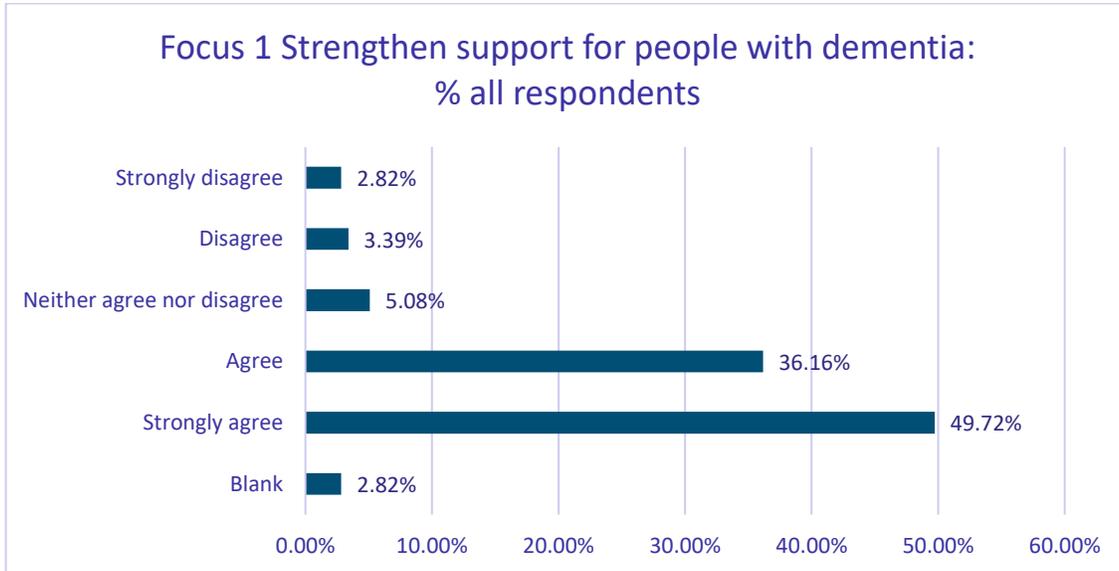
Area of focus generating most uncertainty:

- Focus 10: Make sure ECH care and support provision is inclusive and representative of the community it serves, received the most uncertain responses, 16.95% neither agreed nor disagreed.

[OB]

Focus 1: Strengthen the support provided for people with dementia in ECH

Respondents were most likely to strongly agree that support for people with dementia in ECH should be strengthened (49.72%)



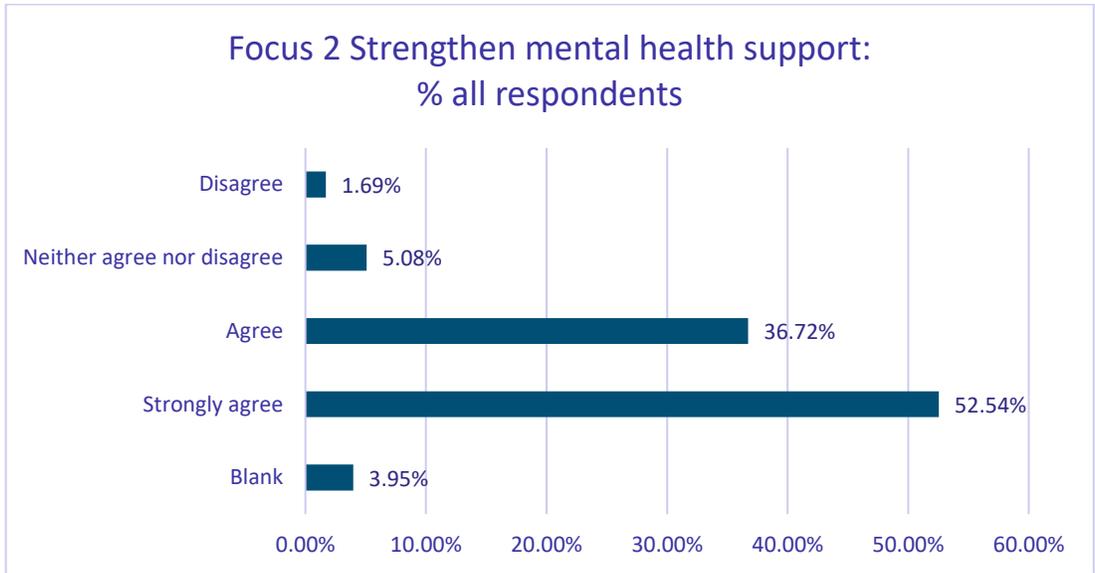
People living in ECH: Interestingly, people living in ECH were less likely to strongly agree (42.03%) with Focus 1 than those not living there (54.63%). However, an additional 40.58% of people living in ECH agreed with Focus 1 and 10.14% neither agreed nor disagreed. 7.25% of people living in ECH disagreed or strongly disagreed that the support for people with dementia in ECH should be strengthened.

Professionals working in or who have worked in ECH: of the respondents who work in or have worked in ECH, 59.38% strongly agreed with Focus 1, and 34.38% agreed. None disagreed but 3.13% strongly disagreed.

Comments

Five comments related specifically to this focus. 4 showed concern that it was not suitable for the person with dementia, and/ or the existing tenants and ECH staff to provide dementia care to people in advanced stages of the disease. 1 however, highlighted the benefit of ECH for people living alone with dementia and reducing their feeling of isolation.

Focus 2: Strengthen the support for people with mental health issues in ECH, such as depression and anxiety



The majority respondents strongly agreed there should be strengthened support for people with mental health issues in ECH (52.54%) and there was no strong disagreement.

People living in ECH: ECH tenants were somewhat less likely than those not living there to strongly agree with strengthening support for people with mental health issues (47.83% and 55.56% respectively). However, an additional 40.58% agreed with this focus and there was no disagreement or strong disagreement.

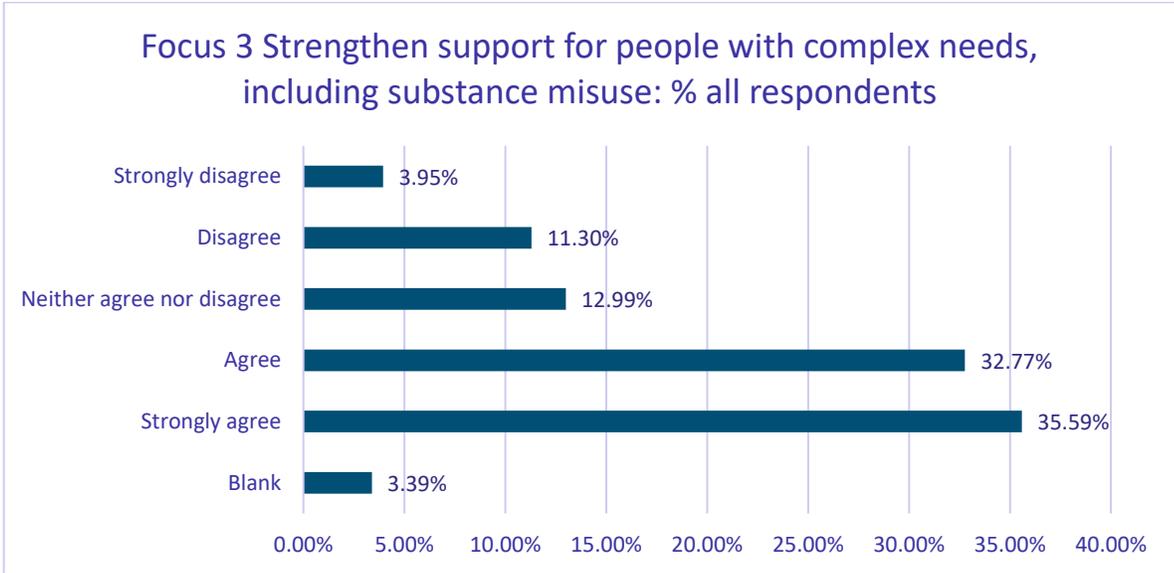
Professionals working in or who have worked in ECH: 59.38% of people who worked or have worked in ECH strongly agreed with Focus 2, and 37.5% agreed. There was no disagreement or strong disagreement.

Comments

Three comments from professionals working in ECH related to the limited capacity of staff to support people with mental health problems, particularly if schemes are having to meet the needs of people with dementia, and people with alcohol and substance misuse problems. It was suggested that schemes need to support to achieve this area of focus if they are to except more tenants with such needs.

Focus 3: Strengthen support for people with complex needs (multiple health conditions) in ECH, including substance and alcohol misuse

Respondents' views were mixed in relation to Focus 3, with more disagreement and uncertainty compared with Focus 1 and Focus 2. 3.90% strongly disagreed and 11.3% disagreed with strengthening support for people with more complex needs in ECH, including substance and alcohol misuse. 12.99% of all respondents neither agreed nor disagreed.



People living in ECH: 31.88% of ECH tenants strongly agreed and 28.99% agreed with Focus 3. A notable 20.29% neither agreed nor disagreed, 14.49% disagreed and 4.35% strongly disagreed.

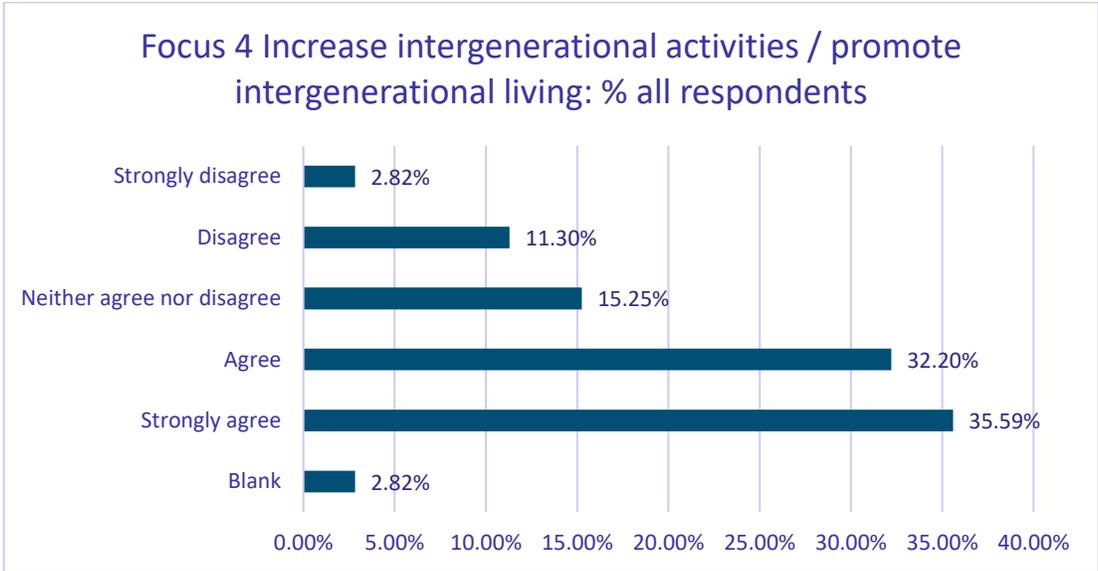
Professionals working in or who have worked in ECH: people who work or have worked in ECH were largely very positive about Focus 3, with 37.5% strongly agreeing and 40.63% agreeing, 9.38% neither agreed nor disagreed and there was no disagreement. However, 6.25% strongly disagreed.

Comments

The comments recognised the need for ECH to offer support for people with complex needs, such as those with Mental Health and Drug and Alcohol problems. There was feedback that it was important to ensure good levels of community cohesion and to ensure the whole community is well supported.

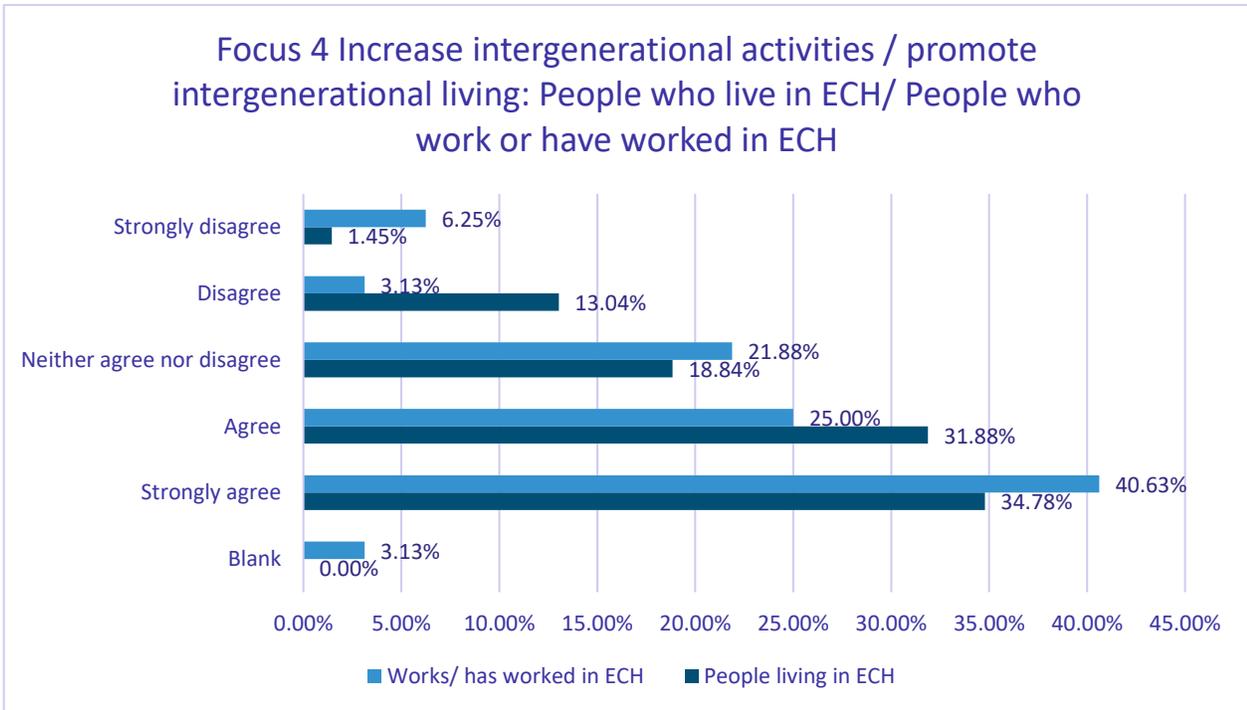
Focus 4: Increase the level of intergenerational activities and promote intergenerational living in ECH

While there was strong support for this Area of Focus (35.59 strongly agreed and 32.2% agreed), there was also some uncertainty, evident in the 15.25% who neither agreed or disagreed, 11.30% who disagreed, and 2.82% in strong disagreement. The uncertainty, and some concern, is expressed in the additional comments made (below).



People living in ECH: responses to this area of focus were very similar to those given overall. 34.78% strongly agreed and 31.885 agreed. They showed a little more uncertainty compared to all respondents, with 18.84% neither agreeing nor disagreeing with Area of Focus 4.

Professionals working in or who have worked in ECH: people who work or have worked in ECH were more likely than tenants to neither agree nor disagree with Focus 4 (21.88%). However, strong agreement (40.63%) was higher than for ECH tenants and for respondents overall.



Comments

Comments were focused on intergenerational living, rather than intergenerational activities.

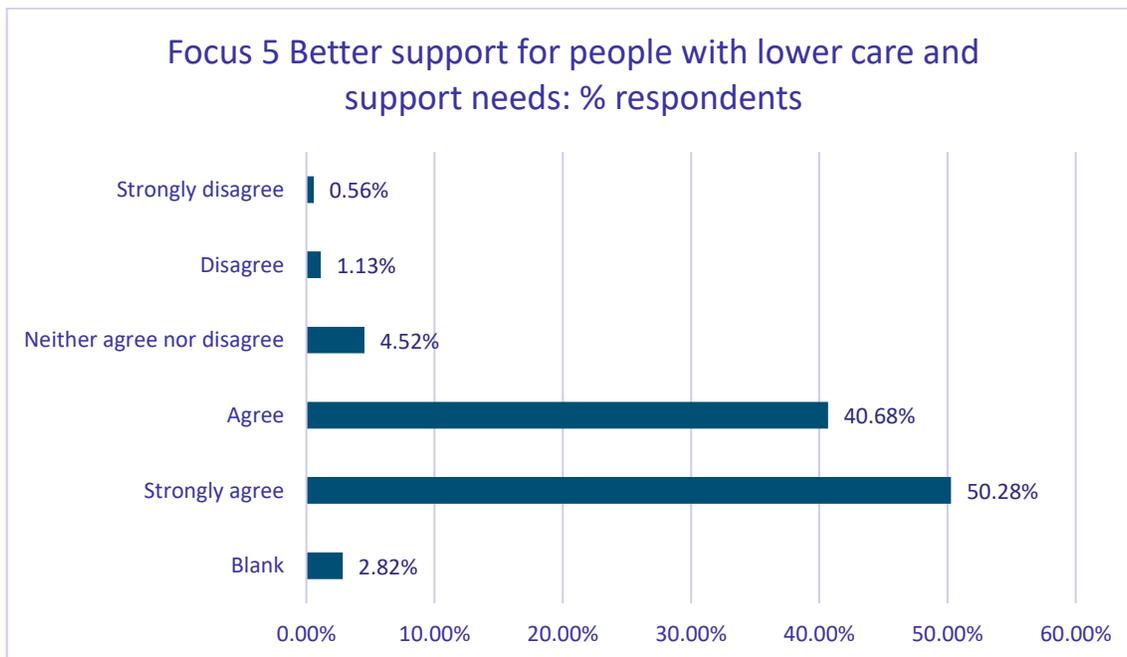
Three comments described risks of mixing younger and older adults with support needs within the same ECH scheme. A service provider described some negative experiences of mixing age groups, including anti-social behaviour from younger adults, dominating shared facilities and being abusive to older residents.

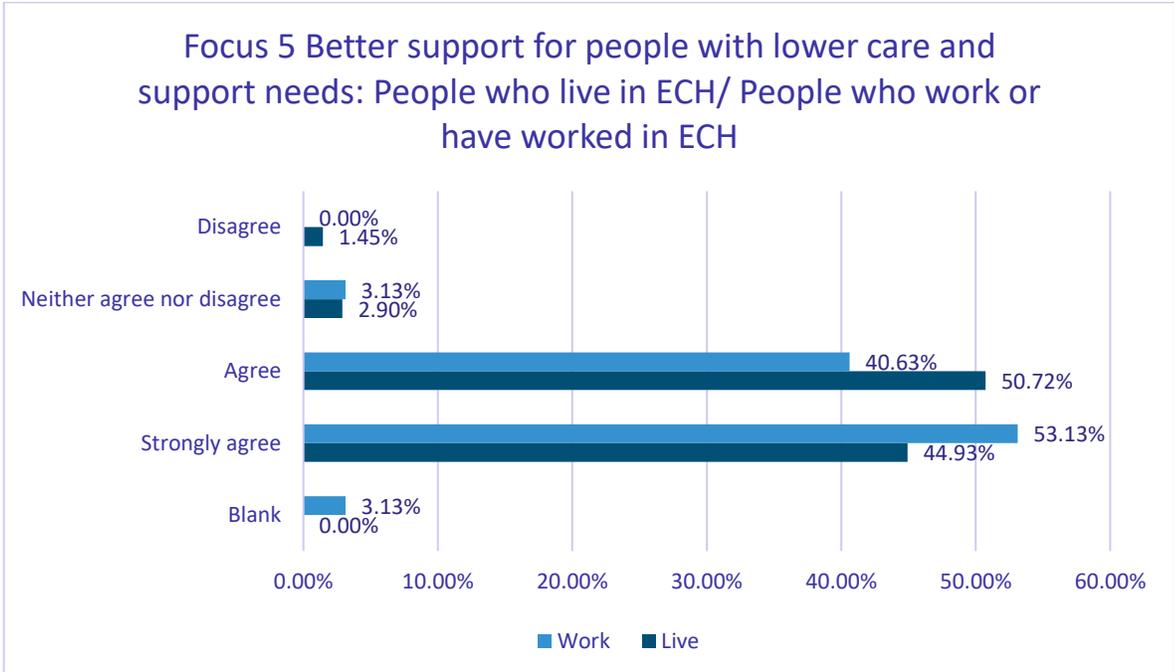
There was concern about mixing younger adults who have mental health support needs with older people more often needing dementia care and support. It was questioned whether this would benefit tenants and that it could lead to dilution of staff expertise.

Several more positive comments saw benefits of carefully mixed intergenerational living e.g., young adult care leavers, students and care workers living in ECH. Shared learning and mutual support between/across generations were considered positives of intergenerational living.

Focus 5: Ensure ECH can better support people who have lower care and support needs

Just over half of all respondents (50.28%) strongly agreed with this Area of Focus. Another 40.68% agreed. Only 4.52% neither agreed nor disagreed. There was minimal disagreement (1.13%) and strong disagreement (0.56%).





People living in ECH: People living in ECH showed similar combined strong agreement (44.93%) and agreement (50.72%) to the overall response. 2.9% neither agreed not disagreed, 1.45% disagreed and there was no strong disagreement.

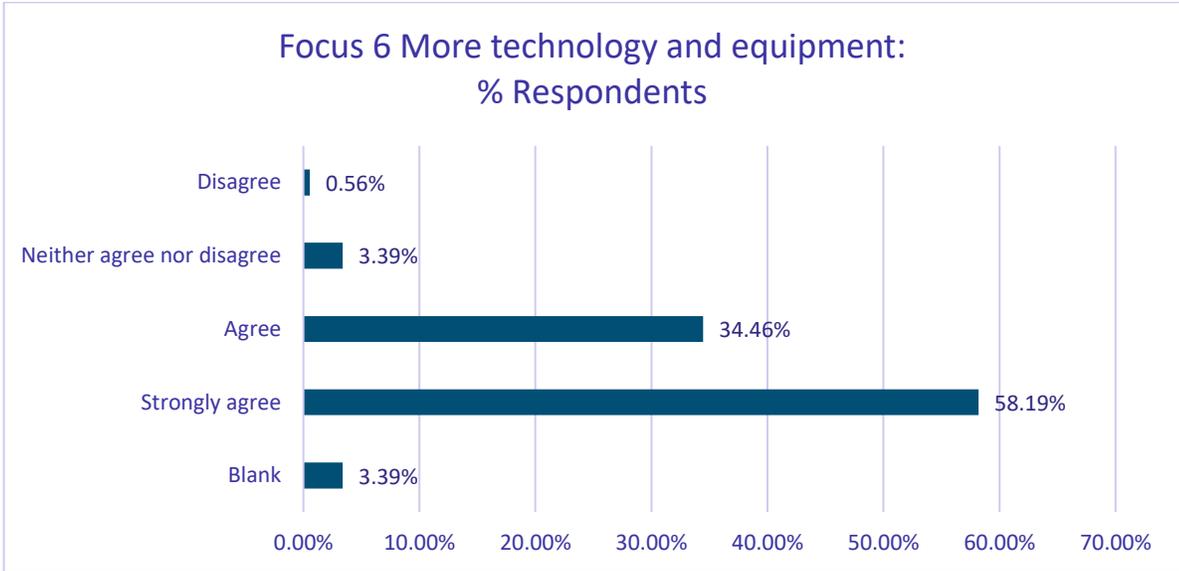
Professionals working in or who have worked in ECH: People who work/ have worked in ECH were more likely than ECH tenants to strongly agreement with Focus 5 (53.13%), and slightly less likely than tenants to agree (40.63%). Their combined levels of strong agreement and agreement were similar to tenants and the overall response (93.76%). People who work/ have worked in ECH showed no disagreement or strong disagreement with this area of focus.

Comments

Comments included the need to recognise that individuals moving into ECH may have low, or no, care needs, therefore services need to be responsive and flexible to adapt to changing needs while individuals are living there. There was agreement that ECH should be preventative in anticipation of future need, and that ECH was a good setting for this. There was recognition that more needed to be done to promote ECH.

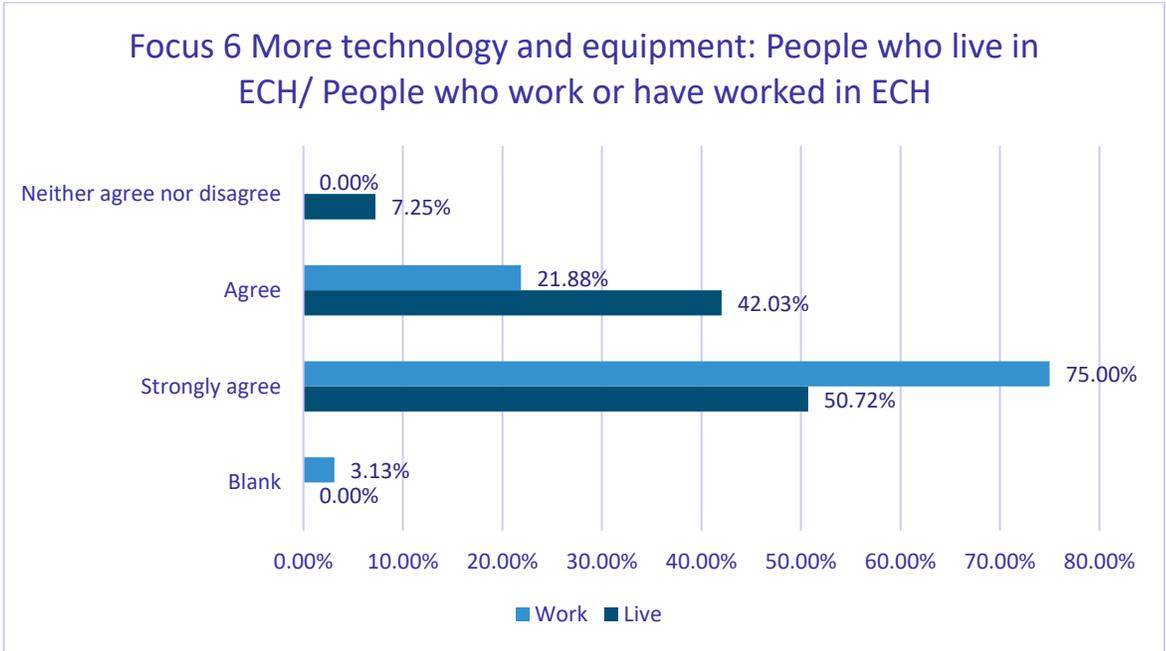
Focus 6: Support ECH care and support providers to use more technology and assisting independence equipment within ECH, such as mobility equipment, alarms, and sensors.

Responses were positive for Focus 6, with 92.66% agreeing or strongly agreeing that ECH should be supported to use more technology and assisting independent equipment. There was 0.56% disagreement among all responses and just 3.39% neither agreeing nor disagreeing.



People living in ECH: There were high levels of agreement (42.03%) and strong agreement (50.72%) with this Area of Focus among ECH tenants. 7.25% neither agreed nor disagreed and there was no disagreement or strong disagreement.

Professionals working in or who have worked in ECH: strong agreement was the dominant response (75%) to this Area of Focus among people who work/ have worked in ECH.



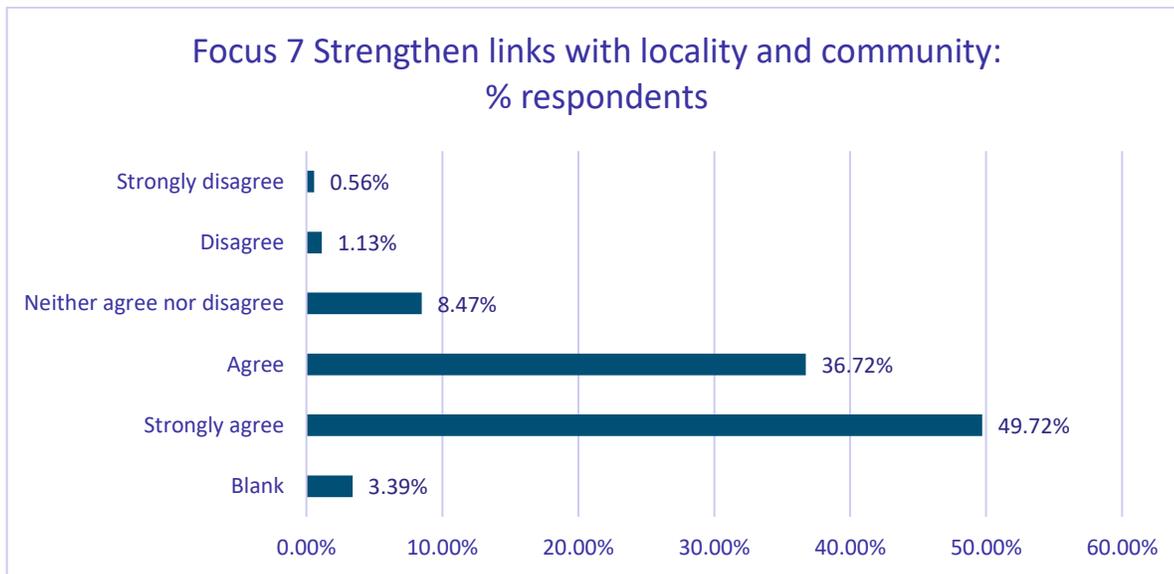
Comments

Comments given were that service users may not be ‘tech savvy’ and that assistive technology can be problematic for people they dementia if they do not understand its purpose. There

was a view that technology can be particularly useful for care providers, although specific reasons for this were not provided.

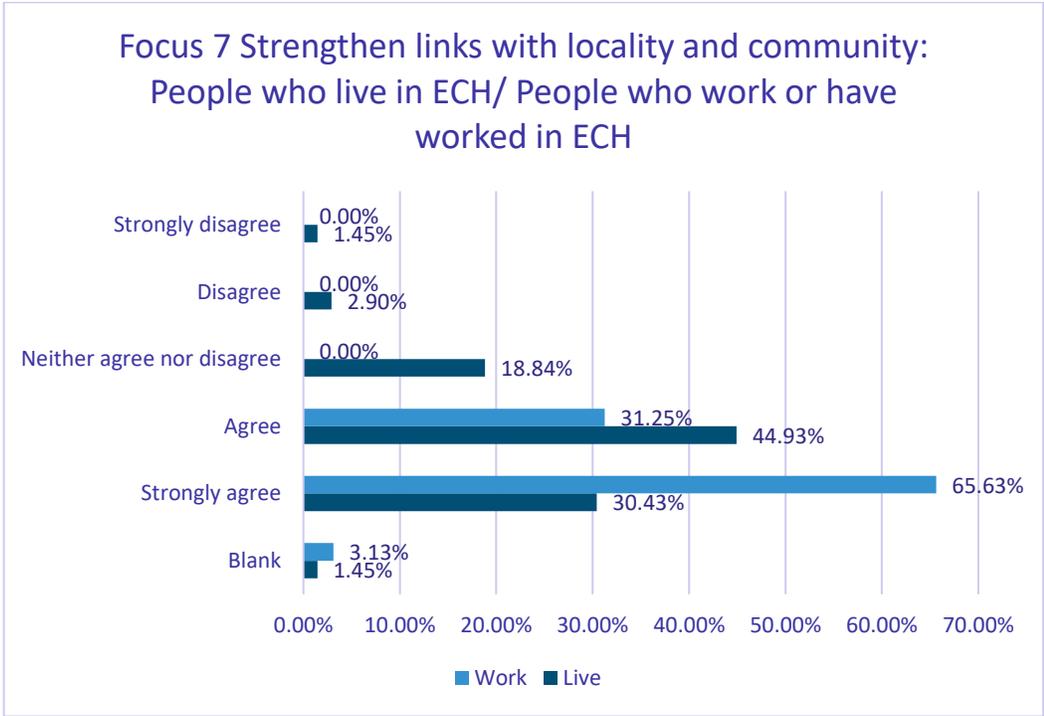
Focus 7: Strengthen links within the locality and community

Responses were positive for Focus 7, with 86.44% agreeing or strongly agreeing that links within the locality and community should be strengthened. There was 1.13% disagreement and just 0.56% strong disagreement among all responses.



People living in ECH: People living in ECH showed far less strong agreement that links with the local community should be strengthened (30.43%) compared to all responses (49.72%). There was marginally more disagreement (2.9%) and strong agreement (1.45%) compared with responses overall, but noticeably more indecision compared with responses overall, with 18.84% neither agreeing nor disagreeing.

Professionals working in or who have worked in ECH: People who work/ have worked in ECH were over twice as likely than ECH tenants to strongly agree with focus 7 (65.63%) compared with tenants. 31.25% agreed with this area of focus. There was no uncertainty, disagreement, or strong disagreement among this cohort.

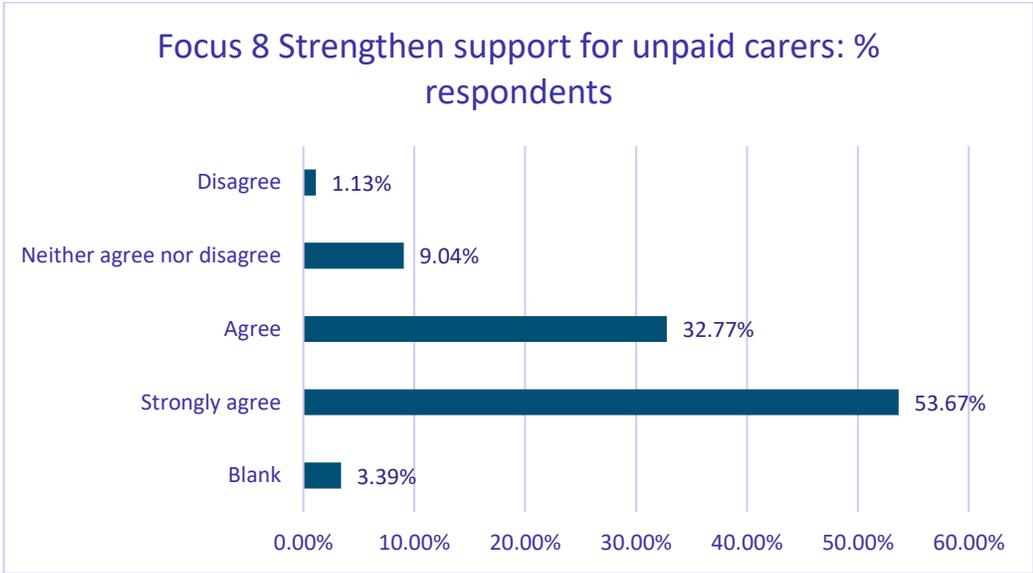


Comments

Comments were largely positive and identified the importance of strengthening links with the local community for improved social cohesion and integration between older people and the wider community, so that older, disabled people are not isolated, and social isolation is reduced. There was a view that ECH should reflect the local community.

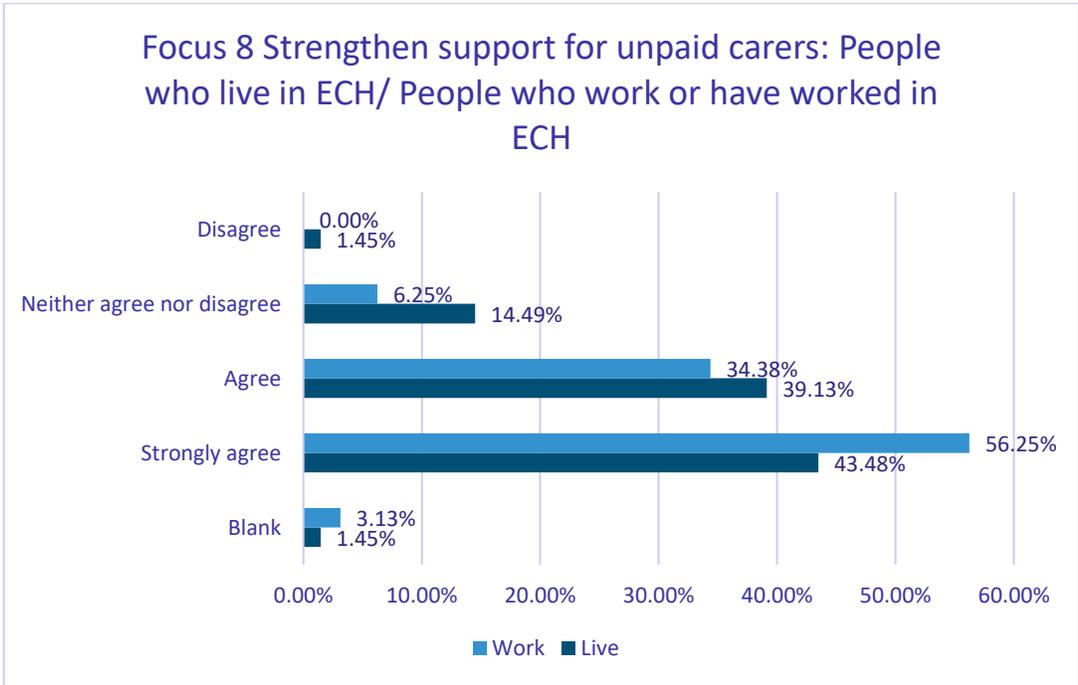
Focus 8: Strengthen support to unpaid carers living in ECH

This area of focus relates to unpaid carers living in ECH, for example tenants providing care and support to their partner. Responses showed a high level of agreement with this area of focus (53.67 strongly agreeing, 32.77 agreeing). Very few disagreed, but more were undecided (9.04% neither agreed nor disagreed) compared with many other areas of focus.



People living in ECH: while there was strong support from people living in ECH for this area of focus, there was more uncertainty (14.49% neither agree nor disagree) compared with those who work or have worked in ECH and compared to all responses.

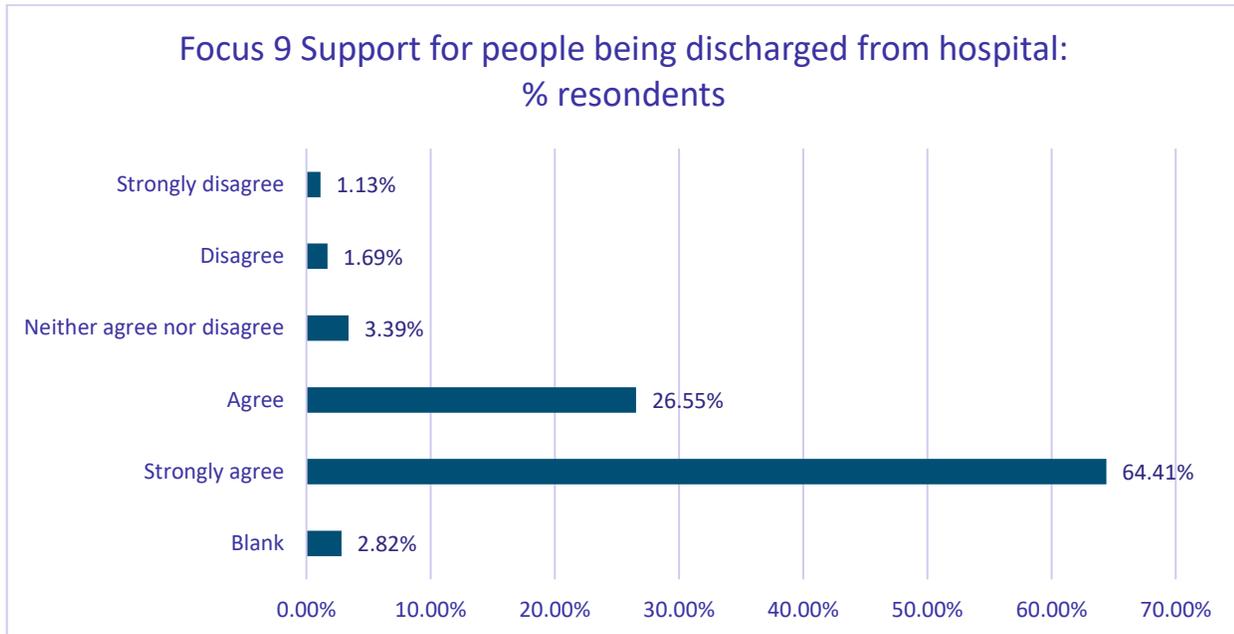
Professionals working in or who have worked in ECH: As with other areas of focus, people who work or have worked in ECH were more likely to show strong agreement, than agreement, with 56.25% strongly agreeing that support for carers should be strengthened, 34.38% agreeing.



Comments

There were no comments relating to support of unpaid carers.

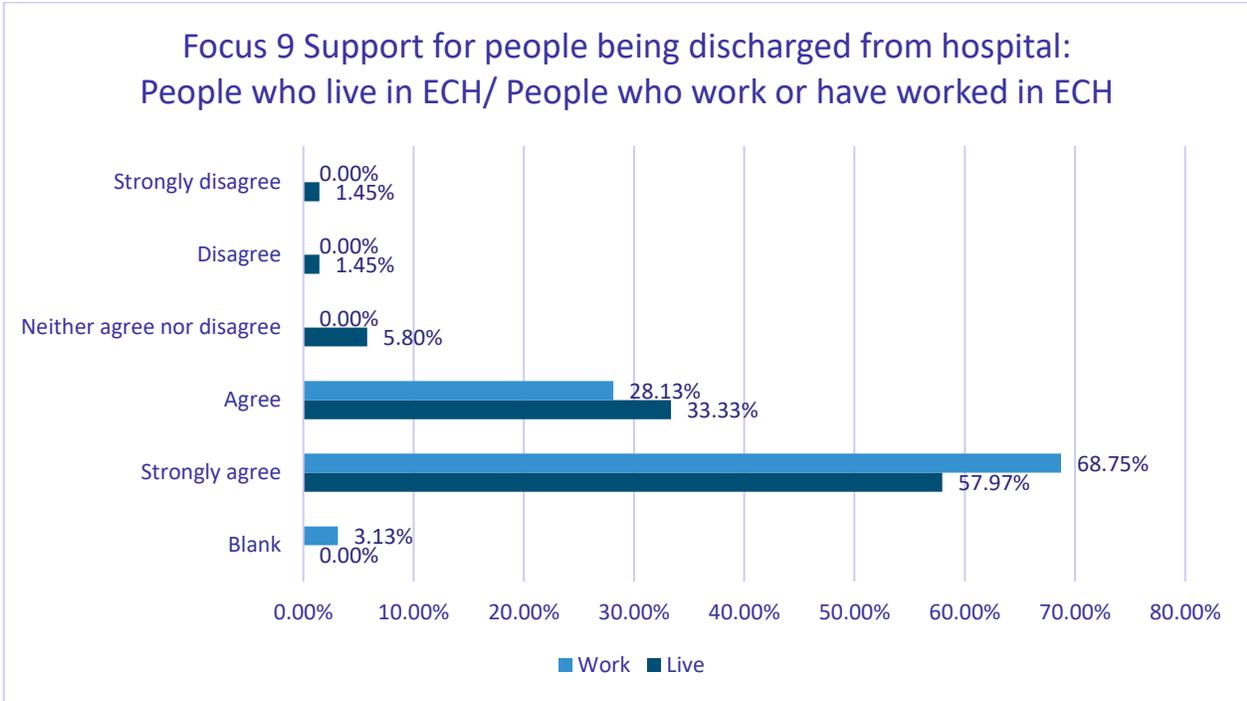
Focus 9: Strengthen support in ECH for people being discharged from hospital



There was a high level of strong agreement with this area of focus overall (64.41%), and additional agreement (26.55% agreed). There was just 2.82% combined disagreement and strong disagreement.

People living in ECH: 57.97% of respondent who lived in ECH strongly agreed with strengthened support for hospital discharge, 33.33% agreed, 5.8% neither agreed nor disagreed, 1.45% disagreed and 1.45% strongly disagreed.

Professionals working in or who have worked in ECH: All respondents who work/ have worked in ECH strongly agreed (68.75%) or agreed (28.13%) with this area of focus. 3.13% were blank and there was no disagreement or strong disagreement recorded.

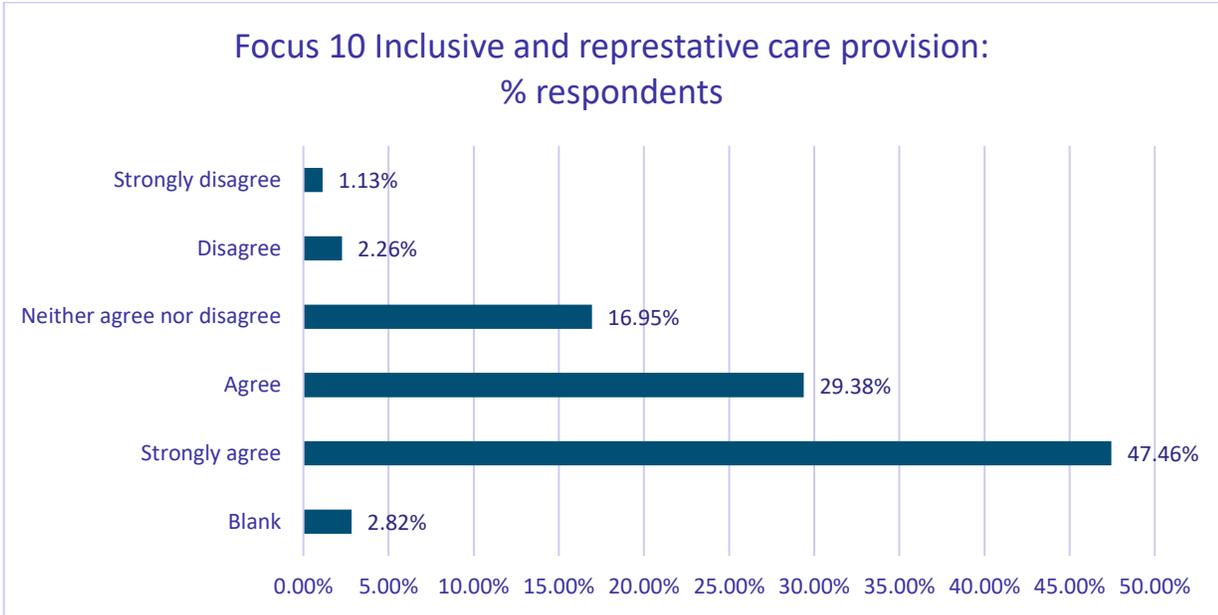


Comments

Comments mentioned that there were other services, such as reablement, that could also support service users with discharge support, as well as ECH care services.

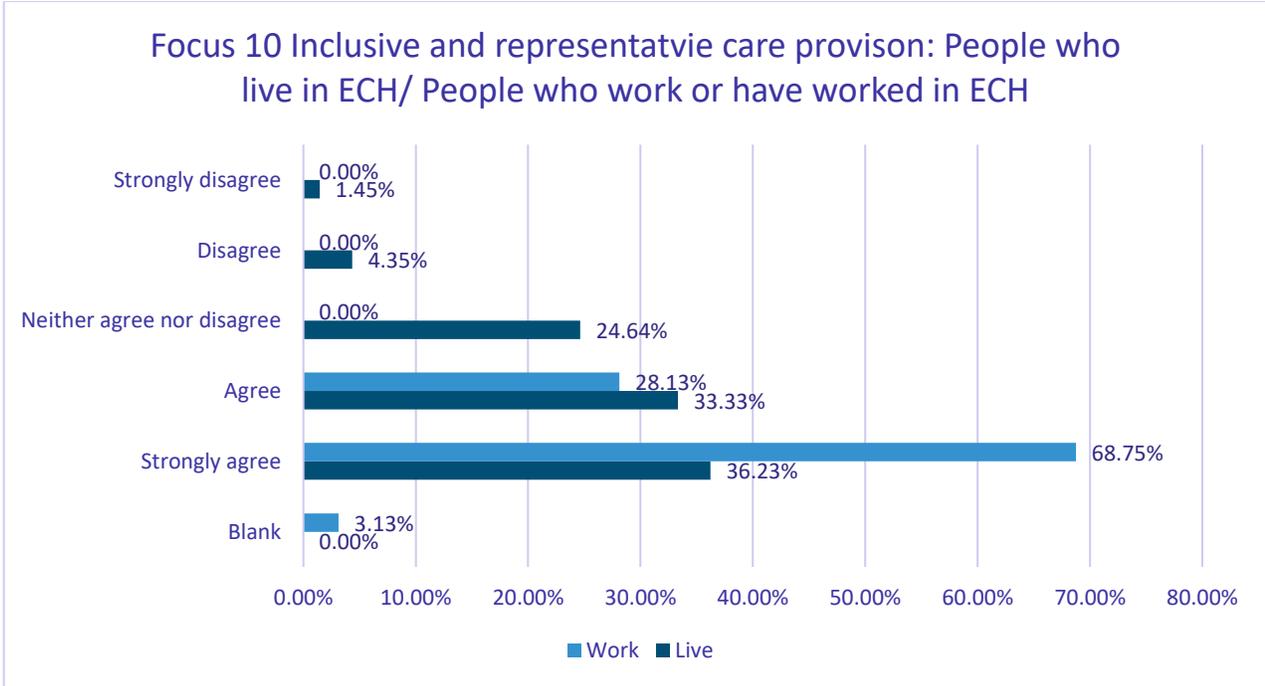
Focus 10: Make sure ECH care and support provision is inclusive and representative of the community it serves

Focus 10, to make sure ECH provision is inclusive and representative of the community it serves, although receiving strong support, also met some indecision, with 16.95% neither agreeing nor disagreeing. 47.46 strongly agreed, 29.38% agreed, 2.26% disagreed and 1.13% strongly disagreed.



People living in ECH: responses to this area of focus were less positive than those given overall and compared with professionals who work/ have worked in ECH. They also showed more uncertainty. 36.23% strongly agreed, 33.33% agreed, 24.46% neither agreed nor disagreed (the highest level of uncertainty shown toward any of the areas of focus), 4.43% disagreed and 1.45% strongly disagreed.

Professionals working in or who have worked in ECH: people who work or have worked in ECH were almost twice as likely to strongly agree (68.75%) with this area of focus than those living there. 28.13% agreed, and there was no uncertainty or disagreement.



Comments

There was a comment that there will be a growing need for an older person's housing offer that reflects the needs of different ethnic minorities. There was a view that ECH should reflect the local community. Three comments made assumptions that older BAME people might more often be supported by their family members rather than have a need for ECH or similar. However, the important point was made that some BAME people may not know about council services or have contact with council services.

Other Comments

- Three comments expressed the view that ECH could be suitable for adults with learning difficulties
- 5 comments were made in relation to the impact on staff/ schemes of implementing the areas of focus. Mostly these related to the added pressure and training needs associated with delivering Focus 1-3.

Main types of care and support provision in Extra Care Housing

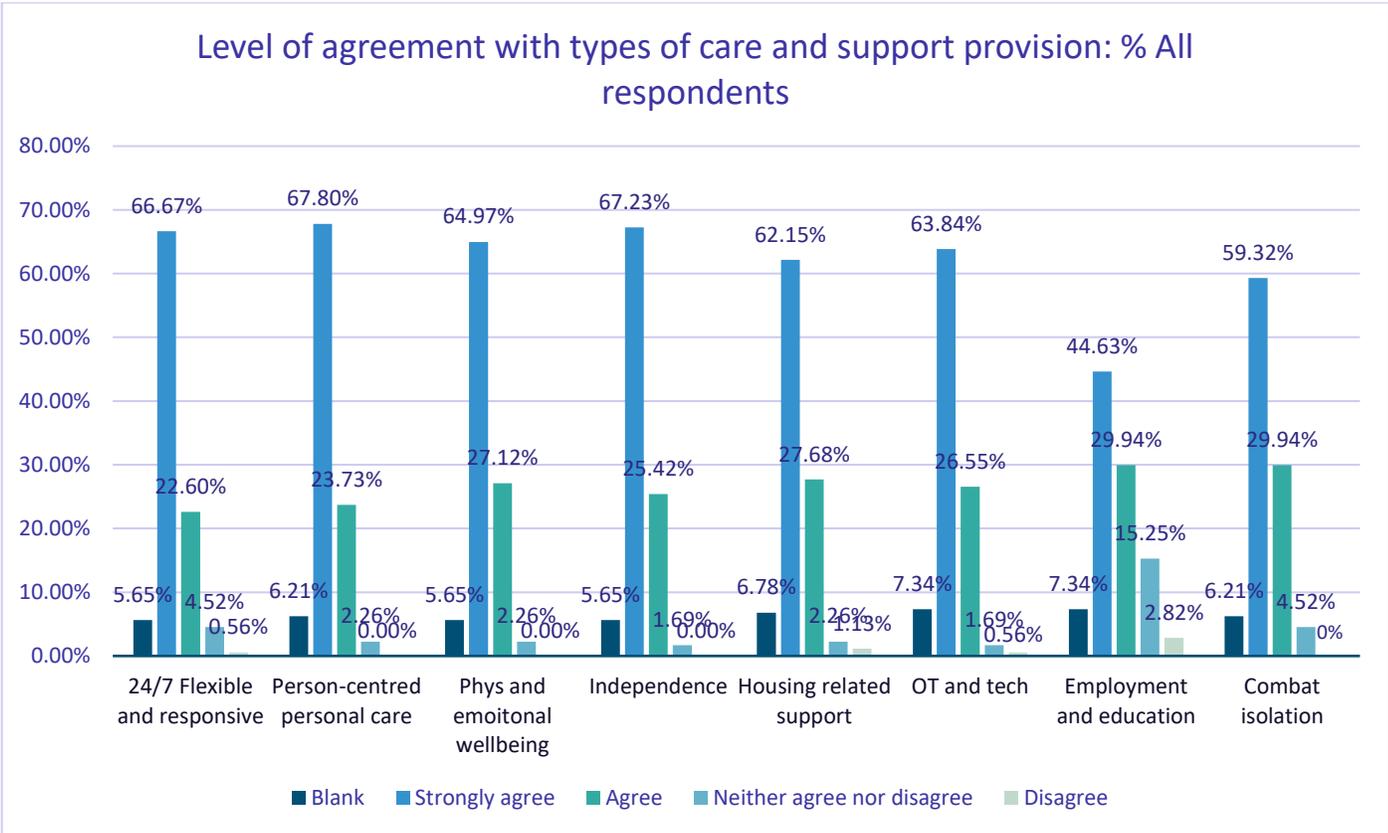
The survey asked to what extent respondents agreed or disagreed with eight main types of care and support provision to be commissioned in Extra Care Housing:

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

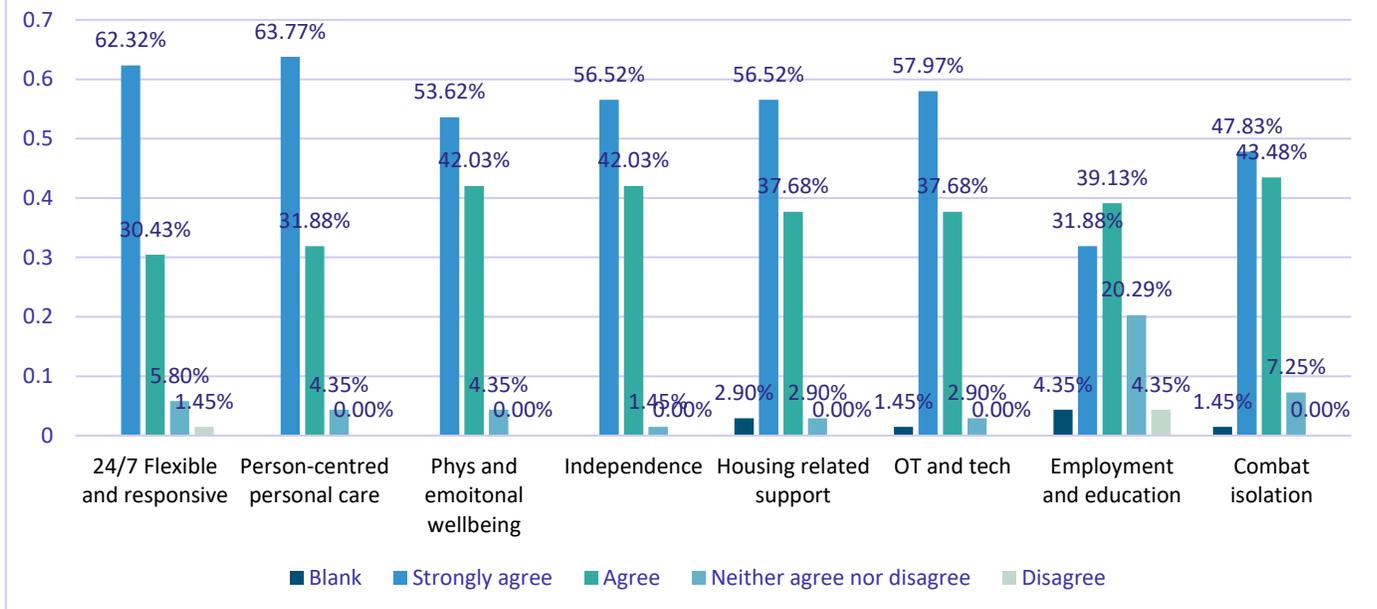
Respondents viewed all types of care and support very positively. The majority strongly agreed with all support types, except number 7 (support for service users to find employment, education or training, and support for taking part in meaningful activities), where less than

half (44.63%) strongly agreed, 29.94% agreed, 15.25% neither agreed nor disagreed and 2.82% disagreed. Survey comments gave no insights into why this type of support was least popular but showed support for the provision of meaningful activities that are both stimulating and reduce social isolation.

People living in Extra Care Housing were less likely to strongly agree with all the types of care and support, compared with all respondents and compared to professionals who work or have worked in ECH.

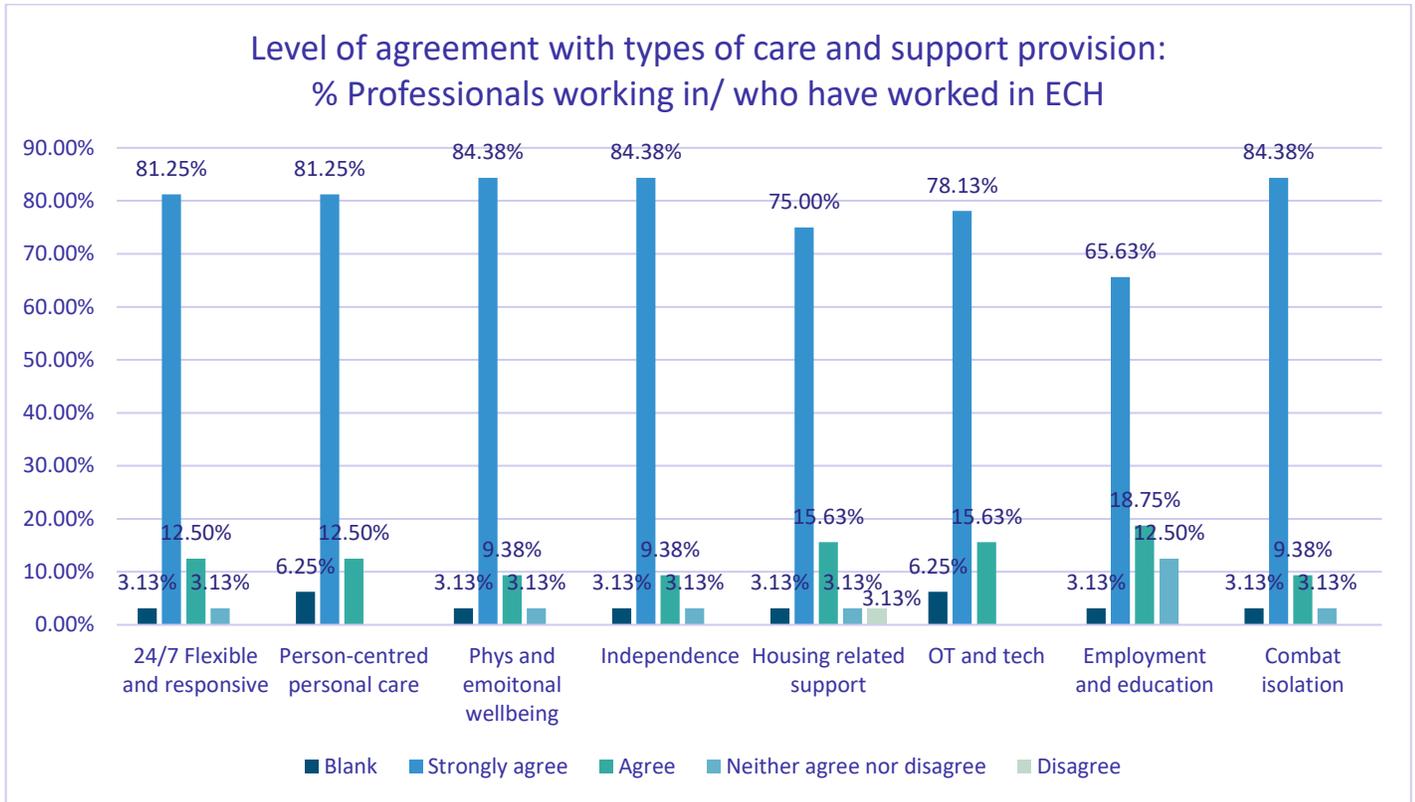


Level of agreement with types of care and support provision: % People living in ECH



As with all respondents, including those who work/ have worked in ECH, tenants showed lower levels of strong agreement (31.88%) and highest level of uncertainty (20.29% neither agreed nor disagreed) about provision of support for service users to find employment, education or training, and support for taking part in meaningful activities.

Professionals working in or who have worked in ECH were much more likely to show strong agreement with all the main types of care and support, including number 7, although they showed more uncertainty in relation to this (12.5% neither agreed nor disagreed), than the other types of care and support.



Comments

The survey asked respondents if they thought anything was missing from the main types of care and support to be commissioned. Responses were analysed for common themes. The most apparent were support for service users to engage/ be included in the running of ECH schemes and the provision of activities within or outside the scheme – this overlapped with comments about linking with the local community and supporting tenants to use services beyond the ECH schemes. The overarching theme was wellbeing, and comments highlighted the diversity of peoples’ needs and interests and how wellbeing can be achieved. Concerns were also expressed, relating to staff capacity and ability to provide the services described.

Activities and social contact: onsite, off-site and linking with the local community.

15 comments were about increasing activities and opportunities for tenants to reduce isolation, provide interest, social life and support wellbeing. Suggestions included armchair exercise, yoga, arts and craft, live music and films. Off-site activities were also suggested, including shopping trips and coach trips. Linking with the local community off-site was suggested, including religious groups and voluntary organisations for adult learning and exercise groups. Digital connectivity was also mentioned, with the suggestion that landlords ensure rent includes the cost of Wi-Fi and tenants are supported to use it.

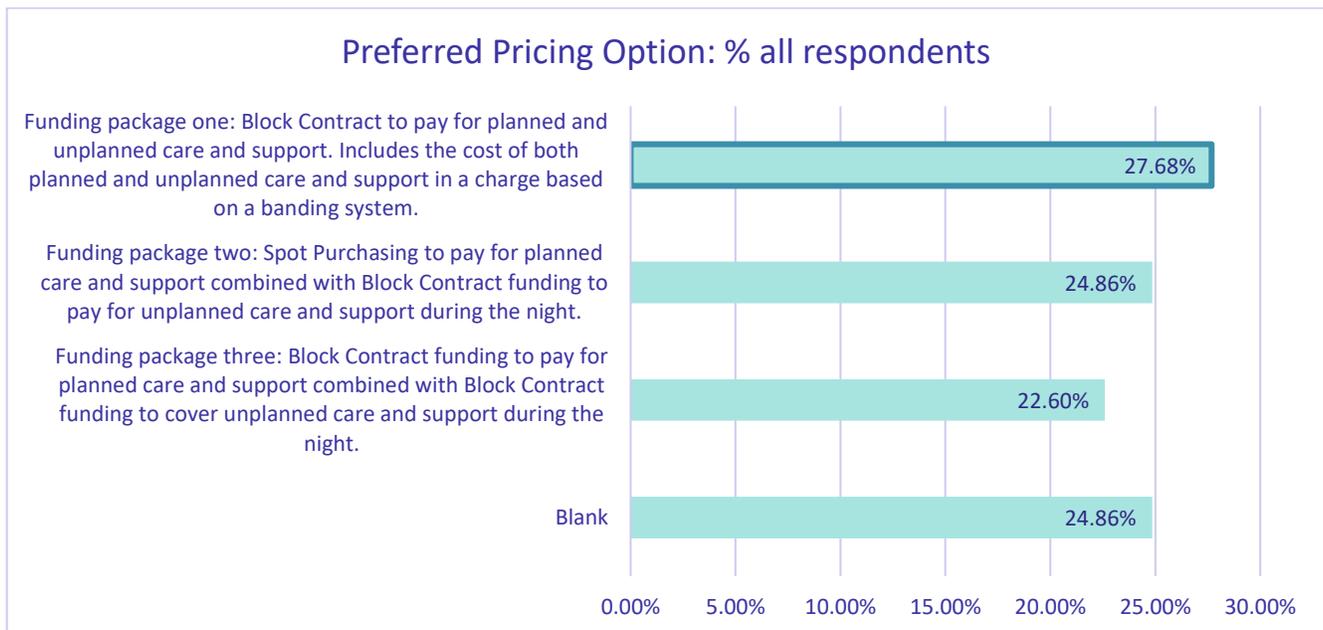
Support for service users to engage/ be included in the running of ECH schemes.

Five comments related to improving engagement and feedback mechanisms so tenants can be involved in service reviews and comment on the quality of the services. This included providing tenants with a way to complain if they feel they are not receiving adequate care, enabling tenants to join resident committees and have roles (paid or voluntary) in running aspects of the schemes, peer support to enable engagement and improving accessibility of resident surveys. Another suggestion was that residents be supported to set up religious meetings/ groups.

A number of other useful suggestions were made:

- Linking with health teams and helping tenants to access district nurses, CPNs when / if needed
- Ensure all schemes have moving and handling equipment for unplanned/ emergency use
- Providing specialist training for staff so they can confidently and competently support people with complex needs, including people with dementia – this could improve staff ability to support all tenants.
- Early intervention and support for people with mild/moderate mental health problems, to prevent progression and enable people to continue living independently
- Increase availability of night support and housing related support

Pricing options for funding care and support in Extra Care Housing



Respondents were asked to give their preferred option for funding care and support in Extra Care Housing.

Funding package one: a block contract to pay for planned and unplanned care and support, based on a banding system, was the preferred funding package. Just over a quarter

(27.68%) of all respondents selected this this option. However, it was the least popular option among respondents who work/ have worked in ECH, with just 6.25% choosing this funding package. 36.23% of people living in ECH chose funding package 1.

Funding package two: spot purchasing for planned care and support, with a block contract for unplanned night care, was the second most selected option overall, selected by just under a quarter (24.86%) of all respondents.

Funding package three: block contract funding to pay for planned care and support, combined with block contract to cover unplanned care and support at night, was the least favoured option overall, chosen by 22.60% of all respondents. However, it was the preferred option of people working or who have worked in ECH, chosen by 34.38%.

Blanks: Almost a quarter of all respondents did not give a preferred pricing option.

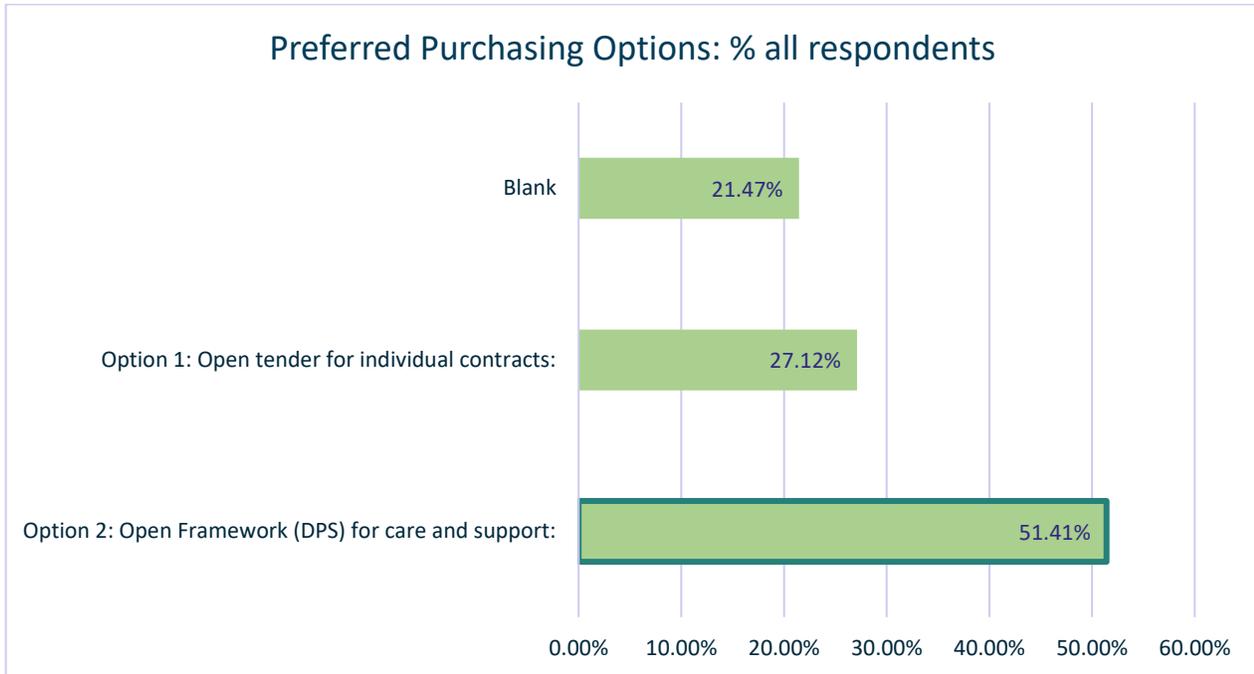
People living in ECH: funding package one was preferred by 36.23% of ECH tenants, with funding package two being almost as popular, preferred by 34.78% of tenants. Far fewer selected funding package three, chosen by just 13.04% of people living in ECH.

Professionals working in or who have worked in ECH: for people who work/ have worked in ECH, funding package three was the preferred option (34.38%), funding package two was the second most popular (31.25%) and funding package one was the least popular, selected by just 6.25%, a notable contrast to the overall response and the views of ECH tenants.

Comments

Respondents were asked to comment on the pricing options. There were 25 comments in total. No strong themes emerged overall or from any cohorts. Comments included the need to ensure that any block payment adequately covered providers requirements, and the required levels of care. Comments suggested both a banding system and block payments require review mechanisms, to ensure funding is adjusted to reflect changes in demand on the care and support providers.

Purchasing options for future services: open tender vs open framework (DPS)



Purchasing Option 1: Open tender for individual contracts. This option was favoured by 27.12% of respondents.

Purchasing Option 2: Open Framework (DPS) for care and support. This was the preferred choice overall (51.41%), for people living in ECH and for professionals working there or who have worked there.

Blanks: 21.47% gave no response.

People living in ECH: option two was preferred by 60.87% of ECH tenants, with option one chosen by just 23.19%. 15.94% left no response.

Professionals working in or who have worked in ECH: for people who work or have worked in ECH, purchasing option two was the preferred choice (46.88%).

Comments

21 comments were made, seven by ECH tenants, five by those who work/ have worked in ECH, and the rest by a mix of all other respondents.

Tenants were concerned that providers are thoroughly reviewed and monitored, and however they are selected, Bristol City Council should keep checks on the quality of the care provision. One tenant stated people living in ECH should be asked for their views on the providers bidding for care and support contracts. No specific theme emerged from comments made by those who work/ have worked in ECH.

There was feedback that providers must have a clear understanding of the diversity within the older people’s demographic – such as of age, ethnicity, and sexuality. There was feedback that chosen providers should offer staff good terms and conditions and training and that

selection should be based on quality standards rather than competitive costs (associated with underpaid, under supported staff). There was a concern that large organisations, with no health and social care grounding could bid for and win the ECH care and support contracts.

Phone interviews with Chinese tenants

Surveys were adapted and translated for phone interviews with Chinese ECH tenants. A worker from the Bristol and Avon Chinese Women's Group completed these surveys over the phone with six tenants.

Two tenants said they would like more on-site activities, two would like more use of technology, two felt there should be more support for carers, and one tenant felt there should be more Chinese people living in ECH. Respondents agreed that the services they currently receive should continue. Two tenants said they would like more care and support when they need it, and one tenant requested more culturally sensitive entertainment. All six respondents chose pricing option 3. Two chose purchasing option 1 (open tender), two chose option 2 (open framework), and two gave no answer. No reasons were given for choice of pricing or purchasing options.

5 Workshops

Bristol and Avon Chinese Women's Group – 9 attendees

The key issues highlighted by members of the BACWG were:

- Importance of community and social contact/ inclusion (majority of respondents)
- Lack of awareness among the general public of who ECH is for and how to access it (majority of respondents)
- A need for more culturally appropriate support in ECH – including activities, meals, staff with understanding of Chinese culture and able to communicate with Chinese tenants. Lack of this leads to social isolation (majority of respondents).
- Technology and equipment – useful for enabling tenants to stay in contact with family (a few respondents)

Bristol Older People's Forum Workshop

A meeting with Bristol Older People's Forum members was held on 15th July 2021. There were 18 attendees, who gave valuable feedback on the future of Extra Care Housing and Housing for Older People.

Key points raised were:

- There is a growing complexity of needs in ECH.
- It's clear that technology should have a role in helping people remain independent, but its important people have support to use this.
- The onsite provider cannot provide support for all the needs, so other specialist agencies, like the NHS, must be involved.
- Loneliness is a key support need. Access to communal facilities, 1-1 support, carers and family is important to combatting this.
- The availability of emergency support is important.
- Organisations who provide support must have good staff training and have good terms and conditions for staff.
- Retention of staff and continuity of staff is important for care.

Provider Forum Meeting

A meeting with current and potential future providers of Extra Care Housing care and support services was held on 12th July 2021. A summary of the draft ECH commissioning plan was presented. The areas of focus for the commissioning plan generated comments on:

-
- Equality diversity and inclusion in ECH and supporting more complex needs including dementia (1 comment)
 - Specialist staff training for staff to have skills to meet more diverse/ complex service user needs (1 comment)
 - Intergenerational living (1 comment)
 - People with learning disabilities being supported in ECH and the overlap with supported living.

6 How will this report be used?

This report describes the consultation methodology and the feedback received, which will inform the preferred pricing and purchasing options for the recommissioning of care and support contracts in Extra Care Housing, and the recommendations that will be taken to Cabinet. The report will also be considered by Cabinet in making its decisions about the pricing and purchasing options to be taken forward.

Consultation feedback will also shape the areas of focus, types of service provision and outcomes to be included in the new service specification for care and support in Extra Care Housing.

How can I keep track?

You can find the latest consultations online at www.bristol.gov.uk/consultationhub, where you can also sign up to receive automated email notifications about consultations.

Decisions related to the proposals in this consultation will be made publicly at the Cabinet meeting on DATE.

You can find forthcoming meetings and their agenda at democracy.bristol.gov.uk.

Decisions made by Full Council and Cabinet will also be shared at democracy.bristol.gov.uk.

Appendix A Detailed demographics and equalities data table

Characteristic	ECH tenants		Not ECH tenants		ALL	
	Count	%	Count	%	Count	%
Age						
Blank	2	2.90%	22	20.37%	24	13.56%
45-54	2	2.90%	16	14.81%	18	10.17%
55-64	5	7.25%	25	23.15%	30	16.95%
65-74	14	20.29%	14	12.96%	28	15.82%
75-84	26	37.68%	5	4.63%	31	17.51%
85 +	20	28.99%	3	2.78%	23	12.99%
Gender						
Blank	2	2.90%	25	23.15%	27	15.25%
Female	38	55.07%	58	53.70%	96	54.24%
Male	26	37.68%	23	21.30%	49	27.68%
Ethnicity						
Blank	4	5.8%	22	20.4%	26	14.7%
White British	53	76.8%	67	62.0%	120	67.8%
Black /African / Caribbean / Black British	3	4.3%	1	0.9%	4	2.3%
Asian / Asian British	2	2.9%	5	4.6%	7	4.0%
Do you consider yourself disabled?						
Blank	3	4.35%	24	22.22%	27	15.25%
No	19	27.54%	61	56.48%	80	45.20%
Yes	41	59.42%	19	17.59%	60	5.65%
Sexual orientation						
Blank	5	7.25%	25	23.15%	30	16.95%
Bisexual	1	1.45%	4	3.70%	5	2.82%
Gay Man			1	0.93%	1	0.56%
Heterosexual / Straight	57	82.61%	65	60.19%	122	68.93%
Pansexual			1	0.93%	1	0.56%
Religion						
Blank	5	7.25%	23	21.30%	28	15.82%
Buddhist	2	2.90%	2	1.85%	4	2.26%
Christian	38	55.07%	29	26.85%	67	37.85%
Church of England	4	5.80%			4	2.26%
Jewish			1	0.93%	1	0.56%
Methodist Church	1	1.45%			1	0.56%
Muslim	1	1.45%	1	0.93%	2	1.13%
No Religion	16	23.19%	43	39.81%	59	33.33%

Pagan			2	1.85%	2	1.13%
Spiritualist			1	0.93%	1	0.56%
Sikh			1	0.93%	1	0.56%
Have you gone through any part of a gender reassignment process or intend to?						
Blank	5	7.25%	23	21.3%	28	15.82%
No	62	89.86%	81	75%	143	80.79%
Yes	0	0%	0	0%	0	0%