

COMMISSIONING OPTIONS TABLE

STEP 1: MARKET ANALYSIS & MAKE OR BUY ANALYSIS

Market Analysis

Learning Disability Community Support (LDCS) offers flexible, strengths-based and person-centred support for people with learning disabilities in one-to-one and group settings. The key objective is supporting people to live independently in their own home and to prevent people needing accommodation-based support such as supported living or residential care, to develop practical living skills, take part in their local community, and access to education and employment.

The service was designed to help the Council meet its Care Act responsibilities for people with learning disabilities. It supports people with a range of needs, from mild to severe learning disabilities and a range of co-occurring other conditions, such as mental health, autism, behaviour that challenges and social isolation.

The model takes a strengths-based approach which is in line with the commitments in the “Supporting People, Connecting Communities” strategy and “We Make Camden”. The Way We Work is the Council’s response to We Make Camden. The service contributes to the commitments and ambitions in the way the Council works to support its citizens by promoting the inclusion and independence of people with learning disabilities in Camden and prevent, reduce and delay the demand for long term social care services.

The service was formerly known as LD Floating and Community Support and the initial contract term was 1st July 2019 - 30th June 2024, which this included 2, 1 year extension options. It was originally delivered as a locality model with two providers: Centre 404 leading in North Camden and The Camden Society (London) (TCS(L)) leading in South Camden. However, in September 2023, TCS(L) formally notified officers they would cease trading, due the wider financial position of the organisation across London. To minimise disruptions to residents in the South locality, the Executive Director, Adults and Health, approved a variation to Centre 404’s contract to allow them to deliver floating support for the whole borough from 1st February 2024 until 1st July 2024. For service continuity officers sought approval from internal Governance to award C404 a 9- month contract following a robust negotiation process. The contract commenced on 1st July 2024 and is due to expire 31st March 2025. As there are no available extension options, officers are seeking a 6-month extension to their contract, until 30th September 2024. This is to secure additional lead-in time to recommission and embed a new model, via a phased approach, starting on 1st October 2025.

The service supports 115 people with Learning Disabilities to live in the community and maximise their independence by providing approximately 1,505 hours of support per week. Each care package is agreed independently with the provider. Benchmarking of other North Central London (NCL)/ non-NCL boroughs show that there are a range of insourced and outsourced floating support models in operation for different groups.

A service review was conducted during 2022/24, whereby a broad range of key stakeholders were engaged including Camden Learning Disabilities Service (CLDS), Children's and Young People Disability Service (CYPDS), family members/carers, adults with LD, Camden commissioned/ non- commissioned providers and council officers. The methods included face-to-face meetings/ online engagement events and online surveys, around 80-100 people were engaged. This showed that providers were generally performing well against agreed outcomes and performance indicators. Although the main and recurring performance issues were around workforce performance e.g., poor timekeeping, delays in the allocation of referrals and missed appointments. Since the pandemic, the recruitment and retention of staff has become more challenging. Additionally, there were disparities between the providers' performance, causing some residents to experience variability in the quality of the service.

As part of this process seven key coproduced priority areas were identified, which are:

- Structured support that promotes independence, choice and control
- Culturally competent and persons centred support
- Reducing social isolation and support to make friends through employment and shared activities
- Improving health outcomes through the uptake of AHCs and cancer screening, and addressing obesity
- Support to improve outcomes for young people transitioning from children to adult services
- Support that can flex and respond to the diverse needs of the people eligible for service
- The support to be delivered by consistent and regular staff

These were re-presented at Planning Together in October 2024 for reassurance that they remain a priority for residents, family carers and other key stakeholders. The consensus was that these areas should remain a priority and advice was given on how some areas could be best delivered on.

In April- May 2023, officers published a market testing questionnaire on contracts finder to ascertain if there was interest in bidding for the contract should it be retendered and to gain views on whether and how to recommission the service. Only 4 responses were received, with only the incumbent providers stating that their interest in bidding for the contact was high (although one of which has since left the market) whilst the remaining providers said their interest was either low or medium. In May- June 2024, officers actively re-engaged the market, but only 3 responses were received. Two of which described their level of interest in bidding for the contract as 'high', with the 3rd provider's level of interest being 'medium'. As part of the contract review/ market testing stakeholders were asked which of the options listed below (see options 1/ 2) would work best for the new service. As only around 22 responses were received the data presented in 'Step 2' should be taken as a snapshot of views only.

Therefore, the commissioning options listed below are being considered with the aim of maximising the benefits of the current provision, addressing the issues impacting service delivery, and responding to the 7 priority areas. To meet the diverse needs of this cohort, officers are proposing a phased approach to implementing the new Community Support service, including:

1. Commissioning two specialist learning disability providers to deliver a locality model (North and South), to commence 1 October 2025.
2. Implementation of a more bespoke 14-25 offer which can support young people prior to their transition to Camden Learning Disability Service (CLDS), with a planned implementation of April 2026.

There are approximately 130 residents in scope for this provision with around 1,825 associated weekly hours, likely rising to 151 and 2,036 respectively on 1 April 2026 when the next phase commences. This includes a combination of people drawing on the existing service and people supported by a range of other providers delivering on a 'spot purchased' basis, especially for those with complex needs and younger people wanting to keep their existing arrangements as they transition to adult services. Officers have also identified a further 8 young people likely to be eligible for the offer over the next two years of the contract.

Supporting adults in this way contributes to the meeting of the Council's statutory duties under the Care Act and s117 of the Mental Health Act. Extending support to individuals aged 14-17 will support the 'Closer to Camden' Commissioning Strategy for Children with Complex Needs, which cites the potential of an early intervention approach in reducing the need for residential placements and improving transition outcomes for young people

Make or Buy Analysis

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| 1(a) Is Camden permitted by legislation to deliver the service in-house? | Yes |
| 1(b) Does Camden currently have the systems/structures, skills, experience and plant/equipment to deliver the service in-house? | Yes, although the scale of the service provision currently outsourced would make a long lead-in time and additional investment in infrastructure essential. |
| 1(c) Is it feasible that Camden can recruit, upskill, purchase the necessary plant/equipment and create the systems/structures within the timeframe required? | Yes, this would be feasible as the new service is due to commence October 2025. The set-up would need significant back-office support to ensure it was ready in these timescales and may require investment in new systems. |
| 1(d) Is it possible to build up the workforce and purchase the plant/equipment in the future? | Yes, as TUPE would apply. However, would be a more expensive option than the current provision by the Third Sector and require significant investment in infrastructure. |

STEP 2: COMMISSIONING OPTIONS – OPTIONS ANALYSIS

Option 1: Outsourcing (Commission an external organisation to deliver the contract)

Commissioners currently outsource Learning Disabilities Community Support to deliver support to residents with eligible needs under the Care Act 2014, to meet statutory obligations. Community Support is recognised in the CQC guidance as providing, *‘an important and useful mechanism for assisting specific groups and vulnerable communities including people with Learning Disabilities’*. It specifies that, *‘the size, setting and design of the service needs to meet people’s expectations, align to current best practice and ensure people have access to the community’*. There is no best practice requirement for the service to be insourced, the current provision is outsourced and delivered by a well-regarded provider, which is working well overall.

Outsourcing was selected by 36% of stakeholders overall, the sub- options being considered are:

Option 1: Outsourcing (Commission an external provider to deliver the contract)

- A.** To outsource the community support provision Lots with two or more lead providers for a period of 7.5 years. **(recommended)**
- B.** To outsource the community support provision as a single Lot with one lead provider working across the localities (North/ South) for a period of 7.5 years **(current model)**.

Summary

Benchmarking

Option 1(a): Enfield Council procured their floating support offer under a Dynamic Purchasing System (DPS) for Care and Support Services for people with Learning Disabilities. DPS commissioned support at three levels, lots based on complexity of need (as opposed to geographical locations) each including an option with or without accommodation, e.g:

- 1. Moderate to severe learning disabilities
- 2. Profound and multiple learning disabilities and / or complex health needs
- 3. Learning disabilities and behaviour that challenges and / or mental health issues

The challenges experienced with this model is a low number of providers in Lot 1 and little interest in small care packages i.e., 1 or 2 hours a week, however the model has allowed for the control of numbers, value for money and improved choice and control for resident in selecting their support provider. The agreement was due to end October 2023, but this has been extended for a further 25 months starting from 09 October 2023 until 08 November 2025.

Option 1(b): In 2019, Hackney Council commissioned Riverside to deliver Engage Hackney, a floating and housing support service. The contract length is 5 +1+1 years, with a total contract value of £7,965,499. It is a generic service for adults from specific groups, including mental health and people with LD who do not meet the Care Act criteria and require additional housing related support to live more independently. Their Community Navigators and Assistants work with a minimum of 550 people at any one time. They offer short- long term support packages of individualised support ranging from; 1:1 support in person, by phone, by Skype, drop-in support and advice sessions and community

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| | | <p>surgeries. The support includes crisis intervention, pre- tenancy and tenancy sustainment, support to engage effectively in education, employment, training activities, support with benefits, building confidence and self-esteem. Whilst the contract is working well overall, providers have found it challenging to embed the long-term support model often closing referrals earlier than expected.</p> | |
| Assessment | Social Value | How well does the Option deliver Social Value? (Give an assessment – Poor, Sound, Strong) | <i>Strong</i> |
| | | Outline the specific Social Value deliverables | <p>The social values deliverables for the contract are:</p> <p>Strong Growth and Access to Jobs:</p> <ul style="list-style-type: none"> - Working alongside Good Work Camden to offer bespoke work experience opportunities and/or placements for 3 Camden residents (people with Learning Disabilities) to support them on their journey to becoming job ready, with a view to future paid and sustainable employment. - Centre 404 recruitment team to engage in job fairs / recruitment events within the borough of Camden to maximise local job creation. <p>Healthy, Independent Lives:</p> <ul style="list-style-type: none"> - Offering one quarterly community-based event (3 events) jointly with another VCS organisation e.g. LDN, Creative Support and Certitude as a ‘mixer’ to promote mutual understanding and friendships with diverse groups who might not otherwise have the chance to meet. - In addition to engagement with health services which is already part of the contract, the provider will maintain relationships with ongoing and new borough-based health initiatives and support resident participation. This includes (but is not limited to) the new programme focused on obesity. - In 2023/4, providers supported of residents on GP registers to have a LD Annual Health check, which contributed to NHS Long Term Plan target of 75% being exceeded. |

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| | | | <ul style="list-style-type: none"> - Centre 404 will offer at least three sessions on Mental Health and Wellbeing for Camden residents (including Healthfest annual LD health and wellbeing event run by CLDS) <p>Clean, Vibrant & Sustainable Places</p> <ul style="list-style-type: none"> - To maximise the climate change initiatives the contract is already delivering on. - Sign up with Camden Climate Alliance <p>Safe, Strong & Open Communities:</p> <ul style="list-style-type: none"> - Centre 404 to offer at least 2 sessions on Mate Crime and avoiding exploitation for vulnerable Camden Residents. - C404 have signed up to Memorandum of Understanding (Zero tolerance of racism) for Camden and have incorporated the Black Lives Action Plan in their service delivery and staffing. |
| | <p>Other Pros & Cons of the Option not identified above</p> | <p>1(a): To outsource the community support provision Lots with two or more lead providers for a period of 5 years. (recommended)</p> | <p>Pros</p> <ul style="list-style-type: none"> • This is the previous model, and as such would not be challenging to re- implement. • Breaking down the services into two or more separate areas allows for better coordination of support offered by providers. • The Council would continue to have access to the resources of VCS organisations that have committed themselves to best practices and innovations in the support people with LD. • This would allow the implementation of the revised specification (to be co-designed with people with learning disabilities) and thus the service could improve on the delivery of outcomes related to Camden 2025, and Camden’s priorities as set out in the refreshed 2020 Supporting People, Connecting Communities Strategy without delay. • The Council would continue to have access to more than one specialist provider offering additional expertise and insight, as well as contingency and capacity in the event of disruption to provision or provider fail. • This would allow for staff to continue to work flexibly and extra hours to cover sickness absences or annual leave, to ensure service delivery. |

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| | | | <ul style="list-style-type: none"> • The locality model supports the building of collaborative partnerships between the providers, GPs, social workers, community nursing, therapists, home care providers and the voluntary and community sector. <p>Cons</p> <ul style="list-style-type: none"> • This model may not address the variance in quality issue where previously residents in the one locality, at times, received a better service than those in the other locality. This was due to poor provider performance and staffing issues, thus exacerbating the lived experience of this marginalised group. • The previous locality model was not entirely effective in reducing travel time or issues regarding the flexibility and reliability of service delivery. |
| | | <p>1(b): To outsource the community support provision as a single Lot with one lead provider working across both localities (North/ South) for a period of 5 years</p> | <p>Pros</p> <ul style="list-style-type: none"> • This could yield economies of scale. • This is the current model, and as such would not be challenging to re - implement • This would build capacity to deliver the service. • This option would be cheaper compared to having 2 separate providers charging two different rates. • There would be consistency in term of the delivery of the contract. • It could make the contract easier to manage for the contracts manager. • This would give the Council the opportunity to apply the lessons learnt highlighted from the service review. • With increasing need to create efficiencies, having one provider across Camden will give best chance of creating a more cost-effective model for shared hours and demand reduction. • This would reduce the bureaucracy of having two or more providers. • Communication and general oversight would be easier with one provider. • TUPE would apply to build workforce capacity. <p>Cons</p> <ul style="list-style-type: none"> • Risk of provider failure with only one provider delivering the service • Could increase staff travel time if having to travel across borough. |

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| | | | <ul style="list-style-type: none"> Staff may not want to TUPE which could cause a delay in the service starting. |
| Financial Assessment | FA1. The amount needed for capital investment in assets (fixed and movable) – plant, equipment, buildings, vehicles, systems, technology and ongoing financial ramifications of those things (if applicable) | | There are no capital investments or funding for assets associated with this option, as they are included as overheads in service costs and organisations provide services from their premises. In those cases where organisations do not have a physical presence in Camden, they make their own arrangements regarding locations in Camden. |
| | FA2. The amount needed for staffing, TUPE, Pension costs etc (if applicable) | | Not applicable |
| | FA3. Total cost of the option over the life of the commissioning | | Contract term of 4.5+3 years with an estimated aggregate value of £20,120,872 |
| | Outline any renewal/depreciation considerations | | Not applicable |
| Recommendation | <p>23% of respondents selected option 1(a), whilst 13% of respondents selected option 1b. Of these options the former is recommended as it will maximise the benefits of the current offer, building on outcome targets and improving the residents' overall experience. Additionally having two or more Lots/ Providers will mitigate the impact of provider fail should this recur and ensure service continuity as demonstrated with the previous model.</p> <p>To address the issues impacting service quality and delivery, the contract reviews highlighted e.g. variance in quality between providers, all relevant lessons learnt from the recommissioning exercise will be applied. This includes carrying out quality and other relevant checks to ensure financial sustainability and provide assurance that Providers will deliver the contract as per the service specification.</p> | | |
| Option 2: Insourcing (a council contract) | | | |
| Summary | <p>The Institute for Government proposes that there are four conditions where insourcing is likely to be the best option:</p> <ol style="list-style-type: none"> Where the market from which the government is buying a service is unhealthy or not competitive. Where the government needs flexibility in managing the service to be able to make any necessary changes due to policy and budget priorities. Where the government lacks commercial skills to procure or manage a contract successfully. Where a service could be improved, or savings made for government, by integrating it with another service. | | |

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| | <p>In light of conditions 2/4 officers could consider insourcing the LD Community Support Service to deliver support to residents with eligible needs under the Care Act. This option would involve bringing the service in-house and transferring the workforce from VCS contracts onto Council contracts through the TUPE system, for those applicable.</p> <p>Insourcing was selected by 64% of stakeholders overall, the sub-options being considered within option 2 are:</p> <p>2(a). To insource the whole community support provision.</p> <p>2(b). To hybrid source the community support provision (part insource/ part outsource). As an equity approach, the insourced element would prioritise people with LD with higher risk stratification scores to yield greater efficiencies in healthcare access, experience and outcomes. The outsourced element would be delivered as usual across the remaining LD population.</p> | | |
| | <p>Benchmarking</p> | <p>Option 2(a) Camden’s Floating Support Service (FSS) for Adult Singles & Families is an in-house service that has been delivering support since 2019. It is a housing related floating support service designed mainly to prevent homelessness amongst vulnerable households living in private rented, owner occupied or housing association accommodation in Camden and to support vulnerable people and families to move to and sustain independent accommodation from the Adult, Mental Health and Young Peoples Pathways and Temporary Accommodation. The value is around £1.066 million per annum, with MH contributing £160K and Homeless Commission around £906k. The team comprises of 1 head of service, 2 team managers and 16 FTE support workers, whose caseloads range from 25-30 per worker. They provide support for up to 12 months, with office hours taking place Mon-Fri and some flexibility to work unsocial hours to meet client need. There is also a duty desk for residents requiring additional support or after the 12-month allocation period. Whilst there is clear difference between LD floating support and this offer, there are some similarities in terms of their aims and objectives around early intervention and prevention, strengths-based practice, health promotion and support to obtain independent living skills.</p> <p>In 2011 Coventry Council moved from outsourcing their floating support provision to bringing it in-house. They deliver support to around 150 residents who needs range from LD (with eligible care act needs/ those on the cusp), acquired brain injury and physical health issues. The staff team comprises 1 manager, 1.6 FTE team leaders and 7 Support workers. They offer a range of short-term long-term support to people who live fairly independently, and activities include housing related support tasks, tenancy support, support with reading letters, support to attend health appointments, budgeting, appropriate adult, safeguarding and managing risks and offer an on call system.</p> | |
| <p>Asse ssm</p> | <p>Social Value</p> | <p>How well does the Option deliver Social Value? (Give an</p> | <p><i>Strong</i></p> |

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| | assessment – Poor, Sound, Strong) | |
| | Outline the specific Social Value deliverables | <p>Strong Growth and Access to Jobs:</p> <ul style="list-style-type: none"> • This would mean that all staff would be paid well above the London Living Wage • This would result in staff having improved employment benefits including, pension, sick pay and annual leave, for those applicable <p>Additionally, this would offer scope for staff to build on the deliverables highlighted in Option 1</p> |
| Other Pros & Cons of the Option not identified above | 2(a): To insource the whole community support provision. | <p>Pros</p> <ul style="list-style-type: none"> • Ensures services share Camden’s vision and take a strengths-based approach to transform outcomes. • Enables full utilisation of Camden’s local knowledge and relationships to improve outcomes for residents. • Council controls service strategy and retains flexibility to change it. • Council retains full control to drive economies of scale. • Current staff eligible for TUPE, where applicable • If eligible workers accepted TUPE, this would offer continuity of support along with a wealth VCS experience and community connections. • The Council would benefit from the innovation or additional social value a market of largely voluntary and community sector (VCS) providers can offer or benefit from providers’ relationships in the community to improve inclusion for residents and develop properties, undermining the voluntary sector. • The integration could help overcome services barriers to early intervention and prevention. • Would aid better collaboration with council stakeholders. • This would allow the implementation of the revised specification (to be co-designed with service users) and thus the service to improve on the delivery of outcomes related to Camden 2025, and Camden’s priorities as set out in the refreshed 2020 Supporting People, Connecting Communities Strategy without delay. • It is less messy, confusing and complicated dealing with only one provider as less people would be involved. • In June 2022, the Equality and Human Rights Commission (EHRC) produced a report titled: Experiences from health and social care: the treatment of lower- paid ethnic minority workers. This found that commissioning and outsourcing led to poor pay and insecure work. |

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| | | | <p>Therefore, insourcing the service could address this issue, for applicable TUPE staff, as staff pay, and contracts would be better compared to VCS organisations.</p> <ul style="list-style-type: none"> • Could address staff recruitment and retention issues and Council pay and conditions. • More successful results can be achieved and there is greater flexibility to deal with the service. • Council policies and relationships under one umbrella • May create efficiencies and demand reduction. • This could be a test and learn model with a shorter contract length, that would allow officers to trial this approach and apply any learning where necessary. <p>Cons:</p> <ul style="list-style-type: none"> • Set up costs for ICT, management structures etc. • Significantly higher staff costs, impacting on value for money. • May not offer the flexibility for staff to work outside their working hours. • Having one provider could increase travel time from one locality to another • Staff may not want to TUPE, which could cause a delay in the new contract starting and have an impact on the continuity of support and wealth of VCS experience and community connections, that would be of huge benefit to the provision. • Shifting investment and activity away from VCS organisations would have a destabilising effect, on an already fragile market, and in some cases make them financially unviable. • There is likely to be challenges embedding a VCS organisation into the Council due to the different organisational cultures. • Lack of independence or neutrality/ could create a conflict of interest |
| | | <p>2(b). To hybrid source the community support provision (part insource/ part outsource). As an equity approach, the insourced element would prioritise people with LD with higher risk stratification scores to yield</p> | <p>Pros</p> <ul style="list-style-type: none"> • This hybrid sourcing model would combine all the benefits from outsourcing and insourcing, where applicable. • This option could enable an equity model to tackle health inequalities for those facing multiple disadvantages e.g., the insourced offer for those with complex needs/ outsourced offer for those with low to medium needs. • This could be a test and learn model with a shorter contract length would allow officers to trial this approach and apply any learning where necessary. <p>Cons</p> <ul style="list-style-type: none"> • In addition to the cons listed in sub- option 1b, the current contract requires partnership working between providers and council stakeholders, this outsourced provider may find this more challenging than the insourced part of the service. |

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| | | <p>greater efficiencies in healthcare access, experience and outcomes. The outsourced element would be delivered as usual across the remaining LD population.</p> | <ul style="list-style-type: none"> • This equity approach could cause staff burnout as they will solely be supporting people facing multiple disadvantage |
| Financial Assessment | FA1. The amount needed for capital investment in assets (fixed and movable) – plant, equipment, buildings, vehicles, systems, technology and ongoing financial ramifications of those things (if applicable) | | Based on the information on p.7, there would be no capital or investment required aside from internal BAU new starter arrangements. |
| | FA2. The amount needed for staffing, TUPE, Pension costs etc (if applicable) | | <p>Based on the information given, here below highlights the projection cost for 3 years from Oct25 to Sep28 for the 3 different options:</p> <ul style="list-style-type: none"> • In option 1a, it is to in-source the whole LD community Support Service, which the cost would be solely based on staffing. • In option 1b, it is to in-source 1/6 of the contract for approximately 17,500 hours, which the cost would be on staffing. The remaining hours would be delivered by out-source via C404 & other spot providers. • In option 1c, it assumes if there is no change to our existing outsourced method. <p>The demand of hours projections is based on the information provided by the commissioner and assumes the following:</p> <ol style="list-style-type: none"> 1. There will be a transfer of care packages from each of the areas below into LD Community Support from Oct25: |

- i. Learning Disability Care Purchasing, mainly from the homecare, for an estimated of 16,572 hours per annum
- ii. Transitions from CYPDs of estimated 1,984 hours, 3,127 hours, 4,010 hours and 2,691 hours each year in 2025/26 to 2028/29 respectively.

Staffing cost:

The table shows the cost for staffing for both option 1a & 1b. The staffing cost is based on the Camden's salary reckoner as at Oct24 and assumes each staff would start at the bottom of the grade with salaries expected to increase in-line with Camden's annual pay award going forward.

| Posts required | Option 1a (Insource whole model) | Option 1b (to in-source 17,500 hours and remaining hours from spot providers) |
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| Team Leader | Not required | Not required |
| Assistant Manager | Assistant manager (Level 4 Zone 1) x 2 £121,410 | Not required |
| Support Co-ordinators | Support Co-ordinators (Level 3 Zone 2) x 2 £110,756 | Not required |
| Senior support worker | Senior support workers (Level 3 Zone 1) x 6 £302,991 | Senior Support Co-ordinator (Level 3 Zone1) x 2 £100,997 |
| Support workers | Support workers (level 2 zone 1) x 75 £3,214,940 | Support Co-ordinator (Level 2 Zone 1) x 11.4 £488,671 |
| Unsociable hours payments | £629,828 | £134,307 |
| Total cost estimated | £4,379,925 | £723,975 |

Option 1a – Insource the whole community support:
 The staffing cost for in-source is estimated to cost £3,750,135 per annum at base, with a final estimate of £4,379,925 after accounting for unsociable hours payments arriving at a unit cost of £41.37 per hour. However, this does not account for future pay awards.

Option 1b - the partial in-source (17,500 hours p.a.) and partial outsource option. - this is expected to cost £723,975 per annum for the insourced portion and £2,337,782 for the outsourced portion for a total of £3,061,757.

Option 1c – continue with the existing outsource providers and with no change in transfer of care packages. This is expected to cost £2,644,824 per annum.

FA3. Total cost of the option over the life of the commissioning

- In summary,
- Option 1a (insourcing the whole community): £4,379,925 per annum.
 - Option 1b (insource 17,500 hours and the rest outsource): £3,061,757
 - Option 1c (do not change with the existing to outsource): £2,644,824

The cost of LD community Support activities are funded by LD Community Support budget and the LD Continuing Care Community Support budget. The budget for 25/26 is:

| LD Community Support budgets: | |
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| LD Care Purchasing | 1,649,169 |
| LD Continuing Care | 209,774 |
| Total budget available | 1,858,943 |

The current budget is not sufficient to fund the service and will lead to pressures.

Option 1c: which is making no changes to the current delivery model the LD Community Support will still have an overspend in 2025/26 due to the projected demographic growth and anticipated increase in hourly rates at recommissioning.

The cheapest/recommended based on financial considerations will be to continue with the current delivery model.

Risks:

- Despite the suggestion that we could fund the LD Community Support via the reduction in activities in LD homecare and taking into account a portion of spending Children’s

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| | | | <p>budgets are likely to remain accountable for - as a result of the transfer of care packages from these areas into LDCS. However, this would be considered as too risky for finance to quantify the saving commitments at this stage.</p> <ul style="list-style-type: none"> • No projections for increases in staff wages or demand growth have been included. • The staffing level required for option 1a would need to be reviewed. |
| | | Outline any renewal/depreciation considerations | N/A |
| Recommendation | <p>23% of respondents selected option 2a, whilst 40% of respondents selected option 2b. Of the options, 2b is the recommended as it is a cheaper alternative than fully insourcing the service and combines the benefits (listed) of both options. However, officers felt that a closer analysis of this group (including baseline data) over a period of time would be required first to determine if the proposed equity approach would yield the desired outcomes. Therefore, an alternative recommendation could be: To explore piloting an insourcing offer that can take an equity approach and focus on the most marginalised and at-risk residents, with a view of creating a hybrid approach within the contract period.</p> | | |
| Option 3: Do nothing and decommission the service on 31st March 2025 | | | |
| Summary | <p>As mentioned, Community Support provides an important service to people with learning disabilities. The council has a duty to provide support to those with Care Act eligibility and as such, if the contracts were decommissioned care packages would then have to be spot purchased. This would mean reverting to how floating support was delivered from 2016- 19, before the locality model was commissioned. The purpose of the remodelling in 2019, was to <i>‘improve the quality and consistency of services, whilst better aligning the contract with Camden’s strategic direction and offering a more community-focused, strengths based and flexible support for people with learning disabilities.’</i> Therefore, this option may be disruptive to residents, but also likely to be significantly more expensive with less quality assurance oversight.</p> | | |
| | Benchmarking | <p>Newham Council currently don’t have a specific floating support service but are looking to establish one in the future, showing need for an arrangement to be in place.</p> | |
| Assessment | Social Value | How well does the Option deliver Social Value? (Give an assessment – Poor, Sound, Strong) | Poor |
| | | Outline the specific Social Value deliverables | <ul style="list-style-type: none"> • Not applicable – the social value outcomes outlined above that Camden is currently benefitting from would be lost. |

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| | Other Pros & Cons of the Option not identified above | Pros | <ul style="list-style-type: none"> • The pool of providers this option may offer could reduce the delay in residents accessing support due to workforce issues. • This option could offer more diversity in terms of workforce and therefore better matching of skills/ experience to meet resident outcomes than either 1 or 2 providers |
| | | Cons/Risks | <p>Cons:</p> <ul style="list-style-type: none"> • This option would potentially result in job losses for providers as TUPE would not apply. • Decommissioning could lead to worse health outcomes for this cohort and increased dependence on statutory services. • This option would be unlikely to be supported by the public or Members. • The Council's aspirations as set out in the refreshed 2020 Supporting People, Connecting Communities and as set out in the Camden Plan objectives of developing safe, strong and open communities and supporting residents to live healthy, independent lives would not be met. • Poor quality assurance • Poor control over price |
| | Financial Assessment | FA1. The amount needed for capital investment in assets (fixed and movable) – plant, equipment, buildings, vehicles, systems, technology and ongoing financial ramifications of those things (if applicable) | Not applicable |
| | | FA2. The amount needed for staffing, TUPE, Pension costs etc (if applicable) | Not applicable |
| | | FA3. Total cost of the option over the life of the commissioning | Not applicable |
| | | Outline any renewal/depreciation considerations | Not applicable |
| Recommendation | | No | |

Commissioning Options Table LD Floating and Community Support

1. <https://equalityhumanrights.com/en/publication-download/experiences-health-and-social-care-treatment-lower-paid-ethnic-minority-workers>