Adults Market Position Statement

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Introduction

The Market Position Statement for Adults covers all adult social care, including bed-based care and community based support services, such as personal care which may be delivered in the home and other services delivered in the community.

It aims to describe demand and supply and outlines the models of care that Devon County Council wishes to encourage, with a view to supporting providers in business planning and development.

FOREWORD

Foreword

The Care Act 2014 sets out new duties for local authorities to support and ensure the sufficiency of supply in the social care market – not just for the people eligible for the financial support of the Council and NHS but for the whole population.

The Market Position Statement (MPS) is a statutory requirement Under the Care act 2014 and is a key tool through which the council and its NHS partners can build on the dialogue with providers towards the development of a thriving market place.

It provides a needs and demand assessment, both now and looking to the future and offers an assessment of the changes needed in the market to adapt to changing requirements. It helps providers and commissioners to work together to ensure that there are the right kind of services and other opportunities in place, in the right areas, and of good quality, to meet the current and predicted need for services.

Devon County Council issued its first Market Position Statement in 2011 and it is being developed incrementally as circumstances change. The latest iteration will continue to be updated and sections will be posted on the website as they become available and following road testing with providers. We are taking an action research approach, underpinned by the good practice model offered by the Institute of Public Care.

We look forward to working with providers to refine and develop this tool in the coming years and look forward to getting your feedback on the usefulness of the Market Position Statement and to receiving any suggestions for improvement.

Vision for care and support for vulnerable adults in Devon

Our vision for Adult Social Care in Devon is a shared vision. It's about Devon County Council, our partners across the county, and – most importantly – our citizens – working together to build supportive communities and independent individuals.

Primarily, we are working with the NHS to commission and deliver the best health and social care services, while also focusing on prevention and health and wellbeing.

Our vision takes into account changes in policy, changes in the demand for our services, and people's changing expectations about how they receive care and support. All of this is happening in challenging financial times.

Simply reducing our services would be neither practical nor financially sustainable. We are aiming to build a comprehensive social care service which allows each person to achieve their personal outcomes – in inclusive and imaginative ways, while ensuring that there is robust support when people are in crisis or at risk.

Please click on the link below to view the whole document

https://new.devon.gov.uk/adultsocialcareandhealth/files/2012/11/Vision-of-care-and-suppor--for-vulnerable-adults-in-Devon.pdf

Financial Context

The Government's Comprehensive Spending Review (CSR) in 2010 set in motion a programme of significant reductions in local government funding.

Over the period 2010/11 to 2014/15 the County Council's core funding from government reduced by £80m, which is 27% in cash terms and closer to 40% in real terms. Taking account of the added impact of inflation, demographic and demand pressures this translated into savings in Council services of £128m.

To deal with this level of savings the authority has:

- Saved £90 millions through a root and branch review of services;
- Undertaken vacancy management that froze external recruitment and reduced core staffing by 33% over the CSR period;
- Rationalised our estate, reduced capital spend and halted external borrowing so that capital financing costs are contained;
- Reduced management costs by 25% and introduced a leaner, flatter structure; and
- Worked in partnership with other organisations to provide services in a different way.

2015/16 Budget

To balance the 2015/16 budget, DCC has to find a further £46m of savings, £21m of which is within Adult Social Care. £10m of this is funded by contributions from the Better Care Fund (BCF) to protect social care.

The Adult Social Care budget includes a growth in resources to meet additional demands on service from changes to Devon's demography, as well as price inflation in provider markets and other changes in demand. For 2015/16, £14m of growth has been added.

Discounting the contribution from the BCF, the Adult Social Care net budget (the budget funded from core government grant and Council Tax only) grew slightly by approximately £3m to almost £200m. Adult Social Care now represents 42.9% of the Council's net budget, up from 42.0% in 2014/15.

The net commissioning budget, which pay for services supplied by providers independent of the Council, actually *increased* from £136m in 2014/15 to £152m in 2015/16 (including £10m BCF contribution). Over 75% of Adult Social Care net expenditure is now with the independent sector.

The *gross* expenditure on commissioned Adult Social Care, which is the full value of services purchased by DCC including where funded by NHS contributions and where contributed to by service clients, and therefore the best measure of DCC's spending in the marketplace, is budgeted at £201m for 2015/16.

Financial Outlook

Despite an absence of government funding indication for beyond 2015/16, the national fiscal position shows that the pressure on resources available to the local government sector is set to continue.

At the same time, demographic change will continue to bite in Devon. The population of over 75s is expected to grow by 14% by 2019. The Council will need to work hard with providers to find new solutions and to manage price pressure in the care provider markets.

The Council's best forecasting estimate is to plan for a reduction of approximately £136m or circa 30% of current service budgets. Further thinking us under way but the Council will not be able to deliver savings of this magnitude without considerable change.

Personalisation (Direct Payments, Personal Assistants and self-funders)

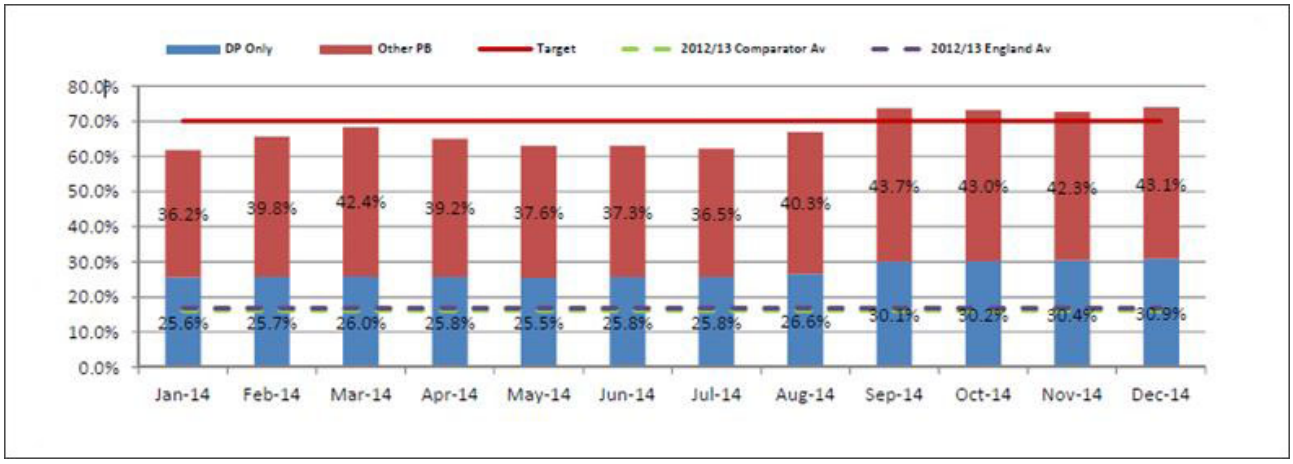
Overview

The personalisation of health and social care services is integral to all types of provision and the circumstances which lead people to self – fund or choose either a commissioned service or a direct payment are unique to the individual.

Devon County Council aims to achieve personalised solutions, with informed decisions based on an individual's needs, preferences and aspirations.

Increasingly, people have been choosing Direct Payments and we expect this to continue, underpinned by both the Care Act 2014 and by commissioning practice.

The proportion of eligible service users receiving direct payments increased by 11.4% between from July 2012 and December 2014, reaching 30.9% by the end of the year. The graph below illustrates the trend from January to December 2014.



At the end of December 2014 there were 2,327 people in receipt of a direct payment. Of these, 844 were older people, 550 with a physical disability, 618 were people with a learning disability and 156 people had a mental health condition. (159 were unclassified). In terms of categories based on the information in 'My plans' the breakdown is as follows:

Primary Client Group (PCG)	Total
Physical Disability	23.6%
Frailty and/or Temporary Illness	47.3%
Hearing Impairment	0.5%
Visual Impairment	2.0%
Dual sensory impairment	0.2%
Dementia	14.6%
Other Mental Health	0.7%
Learning Disabilities	7.2%
Other Vulnerable People	0.6%
PCG Not Known	3.3%

Experience demonstrates that the majority of people who select a Direct Payment sustain it successfully, with the availability of appropriate support as and when required. Improved public awareness and confidence is leading to an increase in the number of people who actively request a direct payment compared to previous years.

The Care Act is likely to further reinforce this trend, placing new requirements on Councils to enhance information and advice provision to promote informed decision making.

Commissioning intentions and procurement approaches now take account of the fact that service users may fall into one of three groups (or a combination of one or more):

- Self –funding their care
- Eligible for a personal budget, taken as a Direct Payment
- Eligible for a personal budget, commissioned by the Council

The introduction (though the Care Act) of the Care Account from April 2016 also needs to be borne in mind, as privately purchased care is likely to become more visible to the Council. This has the potential to change the dynamic between private customers, providers and commissioners.

When developing their business plans providers will need to be mindful of these different markets and of the changing customer base.

Providers' marketing strategies which are aimed at the individual consumer, either self-funding or with a direct payment, offering quality and value for money will appeal to a broad customer base, and continue to promote greater confidence in self-directed support.

Current position

The Council has simplified Direct Payments over the last year through the introduction of the Devon Card http://www.devon.gov.uk/devoncard.

This is part of the reason for the greater confidence in, and growth in uptake of, Direct Payments.

The Devon Card can be used for all types of service provision without the need for a card reader. It can used to buy goods and services over the web, telephone, or in person and critically, does not allow a person to spend more money than they have, reducing the risk of getting into financial difficulties. As a result, people feel more in control and less anxious about the administration of their finances.

To date 1,087 Devon Cards have been issued. This represents 46.6% of the total cohort of direct payment recipients.

We anticipate significant growth in use of the Card over the next few years. It supported the introduction of personal health budgets in April 2014 and possibilities for children, carers and direct payments funded by education are currently being considered.

Outcomes

Although national research evidences the value of Direct Payments in terms of increasing choice and control, new approaches are needed to assess impact on markets and on service models. In recognition of this the Government is promoting use of the national POET (personal outcomes evaluation tool) survey, which will help to understand the experience of Direct Payments from the perspective of individual purchasers, identify strengths and weaknesses in the 'local offer', inform strategic planning and introduce benchmarking. This will provide a rich picture of experience which will be beneficial for direct payment recipients, self-funders and service providers in the future.

Similarly, the Devon Card Management system will increasingly become an important tool for analytical data related to direct payments provision. This will be included in future market position statements to inform business plans targeted to meet the demands of personalisation for all customer types, including self-funders.

Commissioning Intentions

We need to keep on evolving the options for people to receive their personal budget and to this end we have introduced the concept of Individual Service Funds to the Provider Engagement Network, with a view of developing this into a tangible offer later in the year.

To briefly summarise, through an Individual Service Fund:

- Service Users choose their Provider and design their support plan directly with the Provider in terms of outcomes to be achieved.
- The Provider manages a person's direct payment and provides the direct support via a three way agreement with the funding body.
- The provider commits to spend the money only on the individual's service (not into a general pooled budget) as directed by the support plan.
- The provider can also contract other services on behalf of the individual if the funding body

agrees.

The provider is accountable to the service user and the funding body for ensuring the direct payment is used appropriately.

The ISF offers a new way in which people can secure the benefit of a Direct Payment, without taking full financial control themselves. This will be attractive for some people.

In a further development, the Council is considering ways in which enterprises might be established through the use of pooled budgets. This has proved to be successful for day opportunities provision in rural communities and with an established business model now in place these arrangements are likely to become more prevalent across Devon.

Quality Assurance

There are approximately 1500 people who use their Direct Payment to purchase Personal Assistant support in Devon. Achieving quality assurance in unregulated provision requires specific measures to create an appropriate standard for the benefit of both individual employers and Personal Assistants. These include incorporating a section for Personal Assistants within Devon's Community Directory and facilitating access to a comprehensive training programme for Personal Assistants, which follow the national framework agreed by Skills for Care as well as specific training for employers.

Devon County Council is committed to further developing the resources available to people who become employers or are employed through direct payments and these will apply equally to self-funders.

Equality Statement

Equality brings quality for everyone and the creation of a fairer society where everyone can participate and achieve their potential.

Equality is not about treating everyone the same; equality is about valuing a person ‘as an equal’ regardless of their characteristics and treating people according to their needs in order to achieve an equal or fair outcome. An equal society values human diversity, recognising that diversity brings a range of skills, knowledge, values, styles, perspectives and ideas that secure Devon’s future as a place where people want to live, work and prosper, and challenges the inequalities that destroy this diversity in our society and organisations.

Freedom from discrimination and equality of opportunity are basic rights. Devon County Council is committed to challenging inequality and celebrating diversity to achieve the following Vision:

- People achieve their own potential and a good quality of life
- Everyone can access our services, facilities or information
- There is public involvement and influence in decision-making, planning, policy and service delivery
- Devon is a strong, safe and inclusive community
- People have trust and confidence in us to report incidents of abuse or discrimination
- Our workforce, at all levels, is supported and broadly reflects the diversity of the community.

We have signed up to a Devon Joint Declaration for Equality and encourage other organisations to do so.

Under the Equality Act 2010, as a public authority we have legal duties to:

1) Eliminate discrimination, harassment, victimisation and any other prohibited conduct.

2) Advance equality of opportunity.

3) Foster good relations between people.

4) Publish objectives to demonstrate how we will meet the above legal duties and publish information on our performance and how people are affected by our policies and practices.

The duties apply to nine ‘protected characteristics’: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The County Council’s Vision for equality and our duties under the Equality Act are reflected in our approach to contracting and commissioning social care services. Our objectives are to ensure:

- all contracts are procured and delivered in a way that is non-discriminatory and promotes equality of opportunity for staff, the general public and the business community

- the goods, works and services provided by contractors and suppliers are non-discriminatory and cater equally for all users' needs
- the procurement process incorporates equality standards
- contracts and contractors are monitored to ensure compliance with equality standards
- appointed contractors share and help deliver our equal opportunities goals

Find further information about our commitment to equality and diversity is available at: www.devon.gov.uk/equality

Section 1 – Introduction & Strategic Context

Introduction & Strategic Context

1. Introduction

1.1 Background

Devon county Council (DCC) published its first adult social care Market Position Statement (MPS) in summer 2011 and a revised version in autumn 2012.

Since then, there have been significant policy developments. The 2015 Market Position Statement reviews these, setting out our commissioning intentions and the current and future opportunities for existing and potential providers. It will also be of value to those who are interested more generally in the future of local social care markets. The MPS is accompanied by a Demand Analysis which is updated as new data becomes available.
http://www.devon.gov.uk/providerengagementnetwork

It is refreshed at a time of unprecedented change. Reductions of 25% in the Council's resources, significant financial pressures on partner organisations, rapid demographic change, and increases in people with long-term conditions provide a complex backdrop. The heightened public awareness about safety and risk reinforces the importance of a robust approach to quality and improvement.

As a strategic commissioning organisation, Devon County Council's role, working with the NHS and other partners, in terms of the MPS is to:

- understand need (both now and in the future), based on evidence
- understand how people and communities want to live their lives – the whole population, not just those for whom it commissions services
- enable self- help and community resilience
- understand local markets and how they are adapting and determine when to act in relation to them
- present an assessment of those markets, including the role of the Council as a direct provider of services
- monitor safety and quality, alongside the Regulator
- decide when and how to commission services
- work effectively with providers, service users, carers and communities to make sure that the right services are available, in the right place, at the right time.

Where services are jointly commissioned with the NHS our approach is driven by joint health and social care commissioning strategies.

The MPS will be revised when major changes occur and at significant points in the commissioning and procurement timetable, with updates posted online through the Provider

Engagement Network web page (www.devon.gov.uk/providerengagement) and the Procurement Portal (www.supplyingthesouthwest.org.uk).

This is just such a time as we respond to new duties for social care markets set out in the Care Act 2014. http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted. The first of the Care Act provisions come into effect in April 2015 and the Act marks a significant change in the delivery of adult social care; with an increasing focus on prevention and delaying needs, promoting wellbeing, and promoting high quality, appropriate services.

Devon County Council's Better Together

- https://new.devon.gov.uk/bettertogether/

The County Council works with its partners to help people and communities control their own future and to promote independence and self-reliance.

Our goal is to ensure that the needs of vulnerable people are addressed in a way that promotes their safety, wellbeing and choice; to develop the conditions where children, young people, families and those with disabilities can achieve their full potential and maximise their opportunities.

We will enable people to lead healthy lives in Devon's outstanding environment, support people to live in their own home as part of a supportive community, and focus on reducing inequalities in health.

"Ultimately, we all have the responsibility to improve people's lives, protect the most vulnerable and ensure people are treated fairly and with dignity and respect."

We need to ensure we get the balance right between protection, developing services and providing early help and better outcomes. The changing public sector environment may be challenging but it's also a chance to do things differently, to think in new ways and to challenge ourselves. Society is changing and we need to ensure the system is sustainable in the long term.

1.2 The Care Act 2014

The Care Act includes a new and significant provision for 'market shaping' which means that local authorities are required to collaborate with relevant partners, including: providers, people with care and support needs and their carers and families to ensure "sufficient " care, support and related services. This includes:

- services arranged and paid for through DCC,
- services paid by direct payments
- services arranged and paid for by individuals from their own resources (sometimes called 'self-funders')
- and services paid for by a combination of these mechanisms

Market shaping activity aims to stimulate a diverse range of appropriate high quality services (in terms of the type, volume, range and quality of services and types of provider organisation) and ensure the market as a whole remains vibrant and sustainable.

The MPS is being developed to reflect the profile and extent of the Adult Social Care sector and its sub-sectors including:

- Accommodation Providers: e.g. Residential and Nursing Home Providers, Extra Care Housing, Sheltered Housing, Supported Living, Respite Care providers
- Regulated Personal Care & Support Services
- Unregulated Community Based Support Providers: e.g. 'day opportunity' providers, enabling and re-ablement services, Personal Assistants
- Prevention services

Market shaping involves engaging with stakeholders to develop understanding of supply and demand and convey likely trends reflecting the evolving needs and aspirations of Devon's citizens. In addition, the evidence base that supports the MPS will enable us to send a clear signal to the market outlining the types of services needed now and in the future to meet changing need.

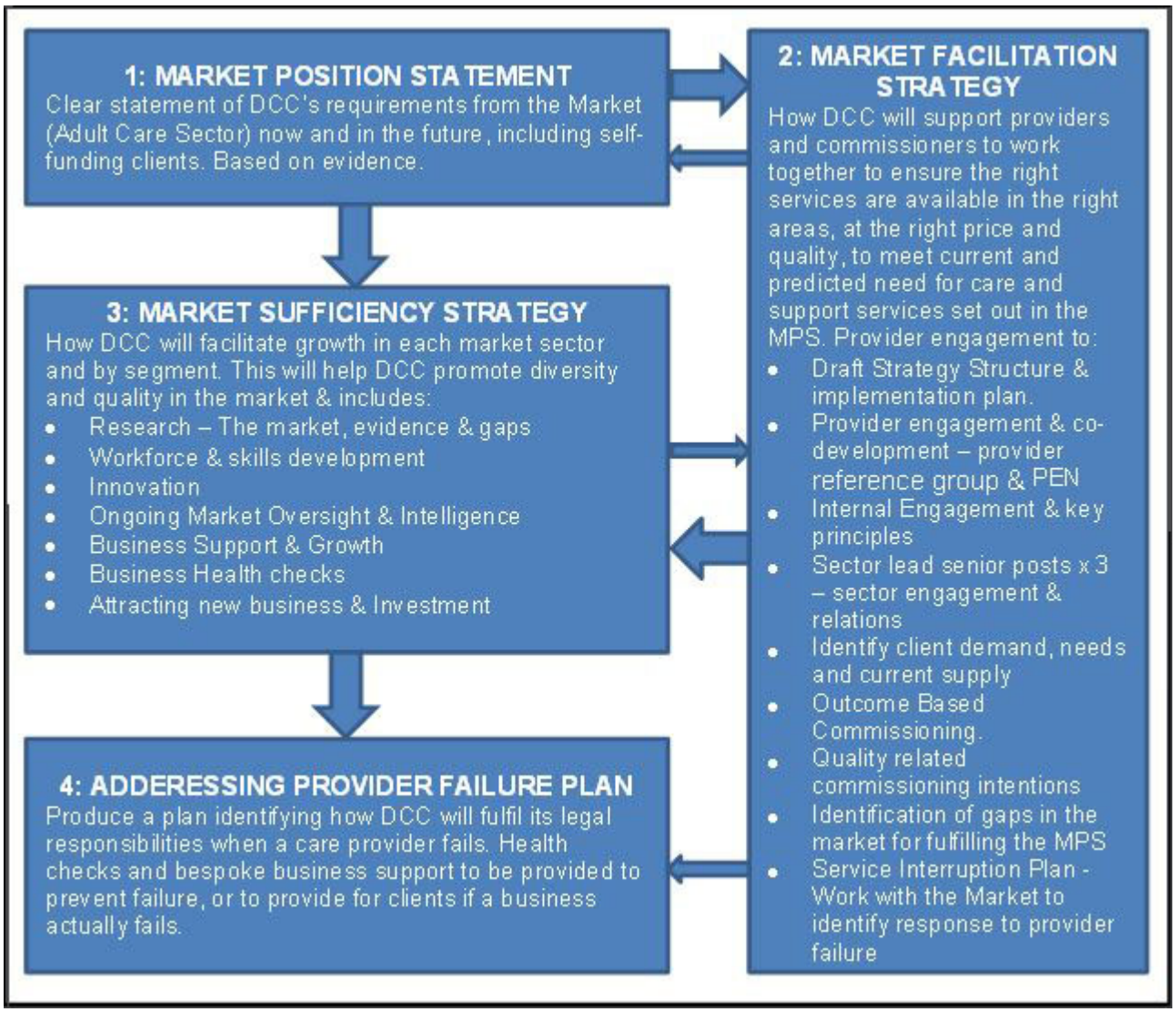
Our ambition is to influence and drive the pace of change for our whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice and delivering better, innovative and cost effective outcomes that promote the wellbeing of people who need it.

Specifically we wish to continue to improve our understanding of and response to-

- the structure and scale of the Adult Social Care Sector, including the nature of self-funding arrangements
- the commercial context for providers, including the factors that guide their business and investment decisions and the interventions that we can make that help the sector to grow (or disinvest) and flourish
- the development of the workforce – across health and social care
- recognising excellence and building upon it
- risk – both in service delivery and in terms of potential provider failure

The MPS is part of a suite of documents which combine to support the adult social care market across Devon, and the inter-relationships between them are illustrated in the diagram below:

We will also be responsible for planning to ensure that the needs of individuals are met when care providers can no longer provide a service. 'Business Failure' is defined in The Care and Support (Business Failure) Regulations 2014. CQC (http://www.cqc.org.uk/) is responsible for ensuring that we know about providers which are at risk of failure but we will also build a risk profile through use of intelligence and close working with providers.



1.3 Sector Leadership

A new role of "Sector Leader" is being established within Social Care Commissioning as a result of new duties arising from the Care Act to lead for the Council in our work with the following market sectors:

- Accommodation Services
- Regulated Personal Care and Support
- Unregulated care and support

Each Sector Leader will take strategic leadership responsibility for shaping, developing and ensuring sufficiency of the market(s) in their portfolio through a detailed understanding of the business requirements of providers, the commissioning requirements of the Council (and, where appropriate its partners) and the needs and aspirations of the population of Devon.

In so doing, the Sector Leader will focus on effective communication and the co-development of market – based solutions that will support good quality, affordable and sustainable social care

services in the county and, potentially, across the region.

1.4 Quality

The Council, working with the NHS, is strengthening its approach to Quality Assurance and Improvement to both become more proactive in assuring quality and to further strengthen its response to identified concerns. The core elements of its approach will include:

- Identifying and spreading best practice and supporting sector-based improvement
- Improving use of intelligence and risk profiling to identify issues earlier
- More systematic triage and action planning, where risk is identified:
- Strengthened support to local managers to address concerns in their area
- Strengthened response to quality concerns which present a greater risk i.e. of failure across a wider geographic area or of a strategically significant provider
- Increased attention to placements outside of the DCC area

There is an important role for the Care Quality Collaborative to;

- Build the vision for quality with partners (inc providers) through sector based improvement
- Help to define what good looks like
- Measure success
- Engage meaningfully with people who live, work and visit care homes and, in time, in other service areas
- Develop a robust quality assurance and improvement framework
- Strengthen strategic leadership

Dialogue between the Council and providers of care and support services will be vital to as strengthen our approach.

1.5 Structure of the MPS

The MPS is constructed around three themes:

- Accommodation based services
- Community based services
- Early help and prevention

Accommodation based services will be published initially in two phases, alongside the development of our Accommodation Strategy and a detailed commissioning plan for Care Homes Phase one outlines commissioning plans for care home, extra care housing and sheltered housing. Phase two outlines commissioning plans for supported living, host family care and homelessness prevention.

Timescales for completion:

Section 1 – March 2015

- Introduction & Strategic Context
- Accommodation Based Services (Care Homes for older people, Extra Care and Sheltered Housing

Section 2 – March 2015

- Accommodation Based Services (Supported living, host family care and homelessness.

Section 3 – March 2015

- Community Life Choices
- Assistive Technology
- Personal Care & Support (includes re-ablement)_
- Respite
- Supported employment

Section 4 – May 2015

- Prevention (this section will be influenced by the Services for Communities workstream under the Care Act)
  - Social Care Core Officer (services we will purchase)
  - Navigational Services (to support individuals in accessing their own support services)

2. Strategic Context

2.1 Population of Devon

Devon's population is currently just over 758,000. The age profile shows that Devon has more people aged over 50 than the national average, combined with a proportionately lower than average number of adults between 20 and 39 years and children under 10.

Structure of the mid-year 2012 population in Devon compared with the England average

Source: 2012 Mid-Year Population Estimates, ONS, Crown Copyright Reserved 2012

Over the decade from 2011 – 2021, the Office of National Statistics (ONS) predicts that the population of Devon will grow by 7% from 747,700 (in 2011) to 800,400 (in 2021), an increase of 52,700 people. The greatest increase is expected in those aged 70 years plus, with an anticipated increase of 34%. Devon, as a whole, has a percentage of older people well above the national average and this is particularly pronounced in Sidmouth, Seaton, Budleigh Salterton, Dartmouth, Westward Ho! and many rural parts of East and South Devon.

The Government Indices of deprivation 2010 (Health Deprivation & Disability domain) provide a good indication of general health across England. In Devon, those areas which feature among the most deprived 25% in England were in parts of Exeter, Barnstaple, Bideford, Dawlish, Dartmouth and Ilfracombe; with very significant issues in Ilfracombe, Barnstaple and the most

deprived localities in Exeter.

There are also several localities with a considerable percentage and number of young children including Barnstaple, Bideford, Tiverton, Okehampton, Exmouth and Heanton Punchardon near Braunton. Exeter also has a high number of children.

For greater detail on demographic trends and commissioning activity in Devon please refer to the Demand and Supply Analysis which supports the Market Position Statement. This provides an overview of the current and future demand and supply of social care support in Devon.

2.2 Market Context

Changing pattern of payment for care provision

As at July 2014, 63% of people receiving community- based services had a Personal Budget (which equates to 17,117 people): 7,090 of these (25.8%) were taking this as a Direct Payment (NB had risen to over 30% by end of December 2014).

The numbers of people receiving Direct Payments continues to increase, a significant factor in that growth being the introduction, from July 2013, of the Devon Card. This provides the user with an individual account, operated with a Visa debit card. Benefits include:

- The service user doesn't have to open a separate bank account.
- Improvements to our response and our support to people receiving direct payments as we can see the activity immediately online.
- The service user's administration responsibilities have been reduced.
- Reduced administrative tasks associated with the monitoring of direct payments.

The Devon Card provides more transparency about the types of services purchased with direct payments. Of the cards issued to date, approximately 65% of these are used to purchase support from individual personal assistants and 35% are used for care and support agencies.

Innovation

Innovation is strengthened where we and providers are clear about Strategy, Business Processes, Organisation, Linkages and Learning.

The Council is keen to develop a support package, working with key employers to develop innovation action plans for businesses using a simple self-assessment tool designed by University of Exeter business school. Support to develop their action plan could be made available for example:-

- **Strategy** – business plan for current markets, access new markets through diversification, develop new technology or innovative practice to become more efficient.
- **Business Processes** – provide business advice on a one to one basis for key employers who would benefit from an audit and review of their business processes to develop efficiencies.
- **Organisation** – support for developing new structures, leadership style, implement new

technologies or systems to increase efficiency, morale, operating effectiveness etc.
- **Linkages & Learning** – network and peer support – developing the Provider Reference Group and Provider Engagement Network to consider how the sector can come together to learn from and share best practice.

Changing Social care markets

Markets are changing in response to a number of factors and these will be investigated further through consultation with service users and carers, providers and other stakeholders through the Market Facilitation Strategy. Some issues affecting changing markets include:

- patterns of demand and demography
- the effect of personalisation
- technological change
- the financial and commercial environment
- changing regulatory requirements
- changing legislation, most notably the Care Act 2014
- closer integration of health and social care
- workforce and employment practice and conditions
- the changing role of the Council.

2.3 Equality and diversity

We are committed to fostering inclusive communities where everyone can participate and fulfil their potential. Freedom from discrimination and equality of opportunity are fundamental rights, and we will challenge inequality, value diversity and promote equality.

When contracting and commissioning services we will ensure that:

- contracts are non-discriminatory, and promote equality of opportunity for staff, the public and the business community
- the goods, works and services provided by contractors and suppliers are non-discriminatory and promote our equality goals
- the service user is satisfied with performance and quality
- the procurement process incorporates equality standards at all stages.
- Contracts and contractors are monitored to ensure compliance with equality standards.

Please click on link to see more information about our commitment to equality and diversity, including our Equality in Procurement guidance.

2.4 Social value

Social value has been defined as ‘“‘the additional benefit to the community from a commissioning/procurement process over and above the direct purchasing of goods, services and outcomes’”.

- Social Value Guide

In recent years, there has been a shift in understanding of how value for money should be calculated, and growing support for the idea that it should include social benefit in addition to economic benefit. This is reflected in a series of recent policy developments, including the Department for Communities and Local Government's revised Best Value Guidance.

The Public Services (Social Value) Act embeds social value in procurement and requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental well-being of the area.

Social value seeks to create maximum benefit for the community and can encourage community organisations to enter the market. Our approach to social value will, wherever possible, identify where in the procurement and commissioning environment there are opportunities to achieve social value.

2.5 Monitoring of customer experience

Together with our NHS partners we contract with a range of organisations representing people who receive health and social care support. This is co-ordinated by Healthwatch Devon, and includes:

- **Living Options Devon** -physical and sensory disability
- **Be Involved Devon –** mental health
- **Devon Carers Voice** – carers
- **Devon People First and Devon Link Up** – learning disability
- **Devon Senior Voice** – older people

We have worked with Healthwatch Devon to incorporate case studies and other comments into the MPS. This reinforced the importance of basing services on individual choice and the value of user involvement:

Section 2 – Accommodation based support

Extra Care Housing

Extra Care Housing (ECH) provides self-contained; studio, one or two bedroomed, mixed-tenure independent living units for older people. Twenty-four hour care and support will be available on-site, alongside a range of communal facilities available to support residents and the wider community.

ECH schemes offer a range of on-site and outreach services, and all schemes provide assistive technology infrastructure and equipment which is flexible to meet the needs of each resident.

ECH is but one of the range of options available to people to support their independence.

We have developed service outcomes which are key business drivers for the ECH programme:

- Offer an alternative to residential care and sheltered housing.
- Reduce admissions to residential care homes.
- Reduce admissions to hospital.
- Provide opportunities for early discharge from hospital and rehabilitation in a domestic environment.
- Create a resource for the wider community.
- Provide flexible on-site discrete care and support.
- Provide an affordable solution so that ECH can be a home for life.
- Provide high-quality, fit-for-purpose dwellings with low-running costs in local communities.
- Give older people greater choice and control over their housing and care options.
- Enable people to maintain their independence in their own self-contained accommodation.
- Promote wellbeing and social inclusion.
- Develop greater availability of suitable housing for respite use.

To meet these outcomes all ECH schemes developed to meet our commissioning priorities must be capable of accommodating people with complex care needs, including dementia, at their initial point of occupation, and support people with those conditions as they develop.

Each ECH scheme is likely to have approximately 60 or more units of accommodation to achieve maximum economies of scale. This means that ECH should significantly contribute to supporting people to live in their own home in an environment of supported independence. ECH should provide a direct alternative for an estimated 30% of people who otherwise may enter a care home without nursing.

Current position

At the end of June 2014, we were providing financial support to around 68 people in 105 ECH flats currently available in Devon, at a predicted annual cost of £483,905. The number of people financially supported in ECH, and the total costs are constantly fluctuating as individual needs

change.

Intended benefits for individuals

- Greater choice, independence and control over how their health and social care needs will be met
- Improved quality of life in terms of financial wellbeing, reduced social isolation, continuation of community life, and potential for continued role for carers and families.
- Better health and wellbeing outcomes as a result of packages of housing, care and support being tailored to the needs of the individual. For example, more opportunities to re-able or rehabilitate people after a hospital stay to return home and live independently.

Demand

Demand for extra care housing comes from:

- Devon County Council commissioned activity – with upward of 30% of this as a direct alternative to care homes without nursing
- Local housing authorities
- NHS
- Self-funders.

ECH is a relatively new housing with care option in Devon, so it is difficult to accurately state how many of the available units we would directly commission over time. However, based on our intended actions, it would be reasonable to assume that we would seek to secure the right to refer older people we support and have funding responsibility for, into approximately 75–80% of the total supply of Extra Care Housing in Devon as it is developed.

A detailed needs analysis in 2009 using a nationally recognised methodology developed by the then Office of the Deputy Prime Minister identified the population **at risk**; which is the population of older people most likely to need ECH. Not all those in the population at risk will need ECH so the model identifies the population **in need**, which is an estimate of the demand for ECH.

The population identified as **at risk** are people aged over 75, living alone with a limiting long-term illness.

- A Framework for an Oxfordshire Extra Care Housing Strategy

The population **in need** was calculated on the basis of the number of older people who could potentially be diverted from moving into residential care and those who have intensive home care which could be provided more efficiently in an extra care setting. We also recognised that there is likely to be a need for ECH from other older people who may be receiving home care services, or who are at risk in their current housing situation.

The needs analysis showed an ECH needs ratio of 65 in every 1,000 people aged 75 or over

living alone with a limiting long-term illness.

Supply

In operation		
Okehampton	Castle Ham Lodge	50 units social rented
Ivybridge	Douro Court	32 units social rented
Newton Ferrers	Bishops Court	13 units social rented 12 units shared ownership or leasehold sale
Under development		
Newton Abbot (opening in May 2015)	Hayden Court	36 units affordable rented 8 units shared equity 6 units leasehold sale
Bideford (opening in January 2015)	Moreton Court	41 units affordable rented 18 units shared equity
Advanced planning		
Totnes (Due to open in February 2017)	Riverside	60 units - at least 50% affordable rented
Exeter (Due to open in January 2017)	St Loyes	50 affordable units
Tiverton (Due to start on site in 2015)	Alexandra Lodge	45 affordable units

Net demand for ECH, taking into account the current or planned supply

Localities	Total Extra Care units	Evaluated need for affordable rented ECH units
Exeter	310	100
Exmouth	170	100
Newton Abbot / Kingsteignton	170	50
Barnstaple	120	50
Teignmouth	110	50
Sherford	100	100
Dawlish	100	50
Kingsbridge	100	50
Seaton	100	50
Sidmouth	100	50
Tavistock	100	50
Crediton	58	25
Axminster	52	22
Cranbrook	50	50
Cullompton	50	50
Ilfracombe / Braunton / Lynton / Lynmouth	50	50
Dartmouth	43	18
South Molton	40	17
Honiton	37	25
Ashburton/Buckfastleigh	30	13
Great Torrington	26	11
Moretonhampstead	17	7
Holsworthy	13	11
Total Devon	**2,056**	**1,049**

Commissioning for quality

We want to commission good-quality care and support within robust quality assurance systems. This should fit around people's individual needs and circumstances, and support family carers. In recognition of cost implications, a core wellbeing service providing a crisis response service, along with nutrition, activity and general health and wellbeing services will be offered to all residents on a standard chargeable basis.

The wellbeing service, and the personal care packages to individuals, will be regulated by the Care Quality Commission, and operate to national standards.

Market development opportunities and commissioning intentions

We want to work with providers who directly have the ability to:

- Facilitate the design and construction of Extra Care Housing
- Secure a significant proportion of the funding to finance the construction and operation of Extra Care Housing – including the servicing of any debt
- Operate Extra Care Housing and provide or arrange facilities management services
- Provide or arrange core care services
- Provide or arrange personal care and support services
- Engage with communities and partner with other services.

To encourage market development, we have identified £10m of capital funding to invest in the design and build phase of schemes within the programme. In addition, the Homes and Communities Agency (HCA) are also aware of our commissioning intentions regarding our ECH programme and have indicated their support. We have also identified a number of DCC owned sites which will support the first phase of the ECH programme.

We will provide revenue funding to ECH schemes to meet the personal care and support needs of any residents who meet Fair Access to Care eligibility criteria. Personal care services are delivered on a domiciliary care basis and are regulated by the Care Quality Commission. ECH residents are living in their own home so are eligible to receive welfare benefits and any personal income or pensions they are entitled to; meaning they pay directly for their own accommodation and living costs.

Market Stability & Sufficiency

Operators of extra care housing are usually Registered Providers (RP's); regulated by the Homes and Communities Agency. A number of RP's develop and operate extra care housing schemes. However, given the risks involved in the setting of target rents and service charges, the provision of extra care housing is becoming an increasingly specialist area of the housing market. As a consequence, RP's increasingly wish to develop larger scale developments in more urban areas, making schemes in smaller market towns increasingly difficult to deliver.

The domiciliary care provision within extra care housing relies upon effective and sufficient personal care provision, our approach to which is described elsewhere in this Market Position Statement.

Innovation

The increasing difficulties in developing a financially viable extra care housing models means that we are always seeking to work with the market to consider new and innovative approaches to achieve affordable extra care schemes.

Care Homes

Introduction

Care homes make a positive contribution to a broad range of accommodation based support services for older people. We are committed to ensuring a sufficient market of care home providers which deliver good-quality, personalised care.

However, we also know that most people want to live in their own home and so we intend to develop alternative and cost-effective ways of meeting the increased demand for care home services for older people and older people with dementia.

Care homes also contribute significantly to supporting people to live in their own homes; by providing respite and day services and outreach support in the community. These areas are covered in separate strategies.

This section of the Market Position Statement (MPS) deals with care homes for older people. We will be issuing further sections to address the needs of working age people with a learning disability or mental health condition.

Current position

In 2014 Devon County Council was funding the placements of 2,290 (39 % of market capacity) older people in care homes which provide services specifically for older people, including people with dementia. There were a total of 5,818 older people in those homes.

We funded 43% (1600 older people) of the placements in care homes without nursing, and 33% (690 older people) in care homes with nursing.

Whilst the above figures are a snapshot of supply and demand across the whole of Devon as at July 2014, the analysis remains broadly accurate at the point of publication of this MPS. The Council continues to monitor local variations in supply and will act accordingly to ensure appropriate supply is maintained.

The expenditure on older peoples care home placements for 2014/15 was £55.082m in residential care and £14.068m in nursing care. A further £5.76m was spent on people over 65 years with a physical or learning disability or mental ill health.

We anticipate that, by 2019/20, our spending would increase by approximately £8.5m if we do nothing to manage demand.

Intended benefits for individuals

Most people want to remain at home for as long as it is safe to do so. For those who can’t, we want to ensure that:

- there are a range of alternatives that offer older people a real choice about where they live, what type of support they receive and who they live with
- people experience considerate support, delivered by competent care staff
- people have good quality services where they feel safe, which are capable of managing their social care and health needs and where they are supported to live the life they want and to manage risks
- social care and health care is co-ordinated, co-operative and works well together, and people know who to contact to get things changed.

Demand

Our demand profile is based on the number of people resident in care homes at 31 July 2014. This includes care homes which offer services to older people and people with dementia. It doesn't include care homes primarily for people with a learning disability. Care homes which are registered as both care homes with and without nursing are included as care homes with nursing.

Demand for care home placements comes from:

- DCC commissioned activity (43% of placements with care homes without nursing and 33% of placements in care homes with nursing)
- NHS continuing health care activity (The NHS funds 3% of placements in care homes without nursing & 26% of placements in care homes with nursing.)
- Private payers. (54% in care homes without nursing & 41% in care homes with nursing)

An analysis of DCC and NHS commissioned combined activity (see figs 4 below) since 2008 further illustrates the changing nature of demand.

- A 10% reduction in numbers of physically frail elderly in care homes without nursing and 25 % reduction in physically frail elderly in care homes with nursing.
- A 19% increase in the number of older people with mental health needs in care homes without nursing and 30% increase in older people with mental health needs in care homes with nursing
- Consequently there has been a significant increase in the proportion of older people with mental health difficulties funded by either DCC or the NHS. The proportion of placements in care homes without nursing has risen from 28% to 34% and for care homes with nursing from 32% to 45%.
- A 24% increase in NHS-funded placements (since 2008) in care homes with nursing.

Furthermore there has been a reduction in residential and nursing placements supported by the Council for all older people of approximately 6% between July 2014 and February 2015 reflecting the continuing reducing trend of care home placements supported by the Council.

These trends are expected to continue and reflect the desire and ability of physically frail older people to remain independent at home for longer (and a consequential shift in our commissioning approach to develop new ways of responding to that change), acknowledging the growth in the number of older people with dementia.

However it is difficult to be clear on the pattern of demand relating to privately paying individuals. In the last year our data suggests that whilst the number of people funded by the Devon County Council continues to fall the numbers of privately paying residents in care homes has increased by 6%.

We have calculated potential future demand based on a composite of a number of population-level indicators, including growth in the population aged 75 and over, prevalence of older people with life-limiting illnesses and prevalence rates related to dementia.

Based on demographic factors, Devon could experience a 12% increase in demand for care home provision between 2014 and 2019. However, this demand will be mitigated by the commissioning approaches outlined in this MPS.

An ageing profile of older people will mean increased prevalence of dementia and other long-term conditions; with individuals often having multiple long-term conditions. It is difficult, however, to assess the demand associated with dementia. At 31 July 2014 there were 2544 people in Devon registered with a GP with a diagnosis of dementia living in a care home primarily for older people or people with dementia (42% of people in care homes without nursing and 48 % of people in care homes with nursing). However it is widely believed that there is under-diagnosis of dementia in care home residents.

Care home supply

Care home supply is based on Care Quality Commission data as of 1st August 2014, but we monitor changes continually and take particular note where there is any change in the localised pattern of supply.

Changes in supply over time

There has been a 21% decrease in the number of registered care homes since 2003 (a net reduction of 150 care homes) but only a 6% decrease in the numbers of registered beds.

Fig 1. Trend in number of all registered care homes

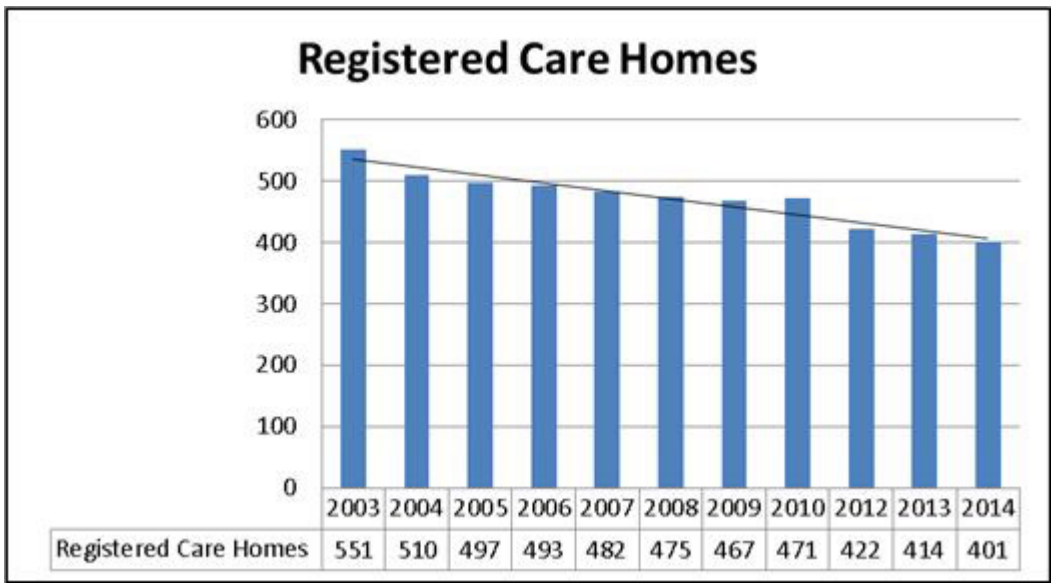
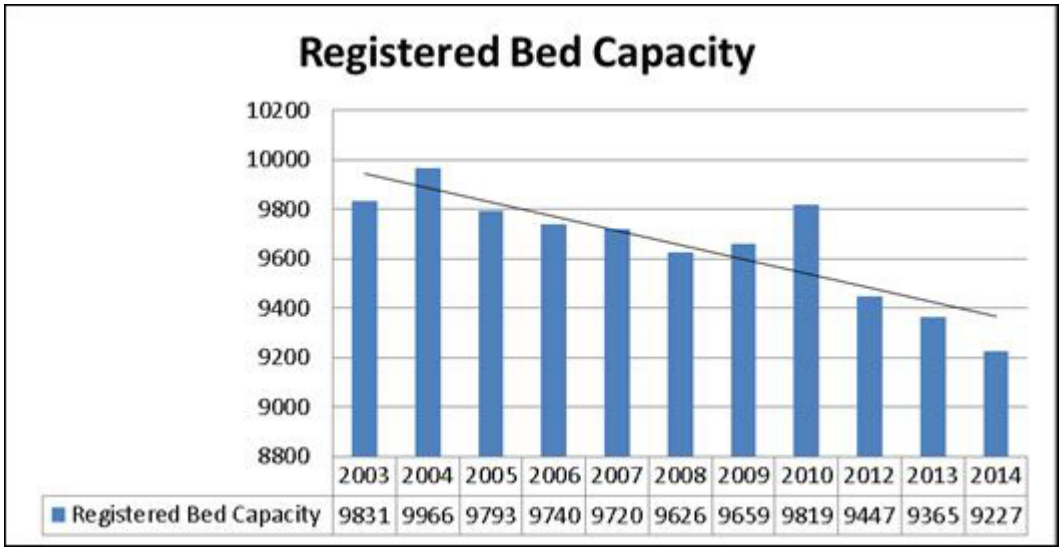


Fig 2. Trend in number of beds in all registered care homes



While 86% of care homes without nursing have 30 beds or fewer, 43% of care homes with nursing have 40 or more beds. This suggests there has been a consolidation of the market over time, with larger care homes emerging, particularly in the care home with nursing sector.

Through work with care home providers we have established that 5% of registered capacity is unavailable at any point in time for a variety of reasons.

Looking solely at care homes for older people and/or people with dementia then between August 2013 and August 2014 the vacancies within care homes generally fell 13%, which reflects improved performance in terms of occupancy as the numbers of care homes in the market reduce.

The overall change in supply (relative to demand) as the market re-balances will continue to be carefully monitored.

Care homes without nursing

The number of registered care homes without nursing which offer services to older people (plus dementia) and their capacity is shown in table 1 below. This includes capacity in DCC care homes.

Table 1. Care Homes without nursing – capacity & activity

	Care homes	**Actual capacity** 95% of registered capacity	**Vacancies** estimated vacancies as a proportion of available capacity	**Total resident 31/7/2014**
Care homes without nursing (older people) including DCC	192	4497	784 (17%)	3713

The evidence suggests sufficient capacity to meet the current level of activity at a county level, but with variations at district council level and this is shown in table 2 below.

Table 2 Demand for care homes without nursing against current supply and taking account of the changed contribution of DCC provision

District	Total activity 2014	Supply 2014 (incl. DCC provision)	Forecast Demand to 2019 **without** alternatives	Forecast Demand to 2019 **with** alternatives
North Devon	360	298	402	344
Torridge	255	289	285	231
Mid Devon	266	248	297	235
East Devon	843	987	941	869
Exeter	407	431	454	369
Teignbridge	918	922	1024	860
South Hams	369	400	412	328
West Devon	295	292	329	268
Total	3713	3867	4144	3503
supply based on 95% of registered capacity				

Whilst most people prefer to move into a care home close to their place of origin, a significant number of people are prepared to travel outside of their place of origin to choose an appropriate

care home place and move to market towns in neighbouring districts or even further afield for example to be nearer to family**.** This was most certainly the cases for people residing in DCC care homes where 16% moved out of county and, of the remainder, half moved to a care home in a different market town as their first preference.

Furthermore the activity and supply figures show a snap shot position as at August 2014. In reality there is significant turnover during the course of a year since the average length of stay in a care home is around 2 years, consequently new vacancies become available on a regular basis throughout the year.

Consequently a direct correlation between demand and supply at market town and district level cannot be wholly relied upon. We are looking at ways to refine our modelling to address this in future iterations of the MPS, including the potential to supply data at a more local level of geography than that of Districts.

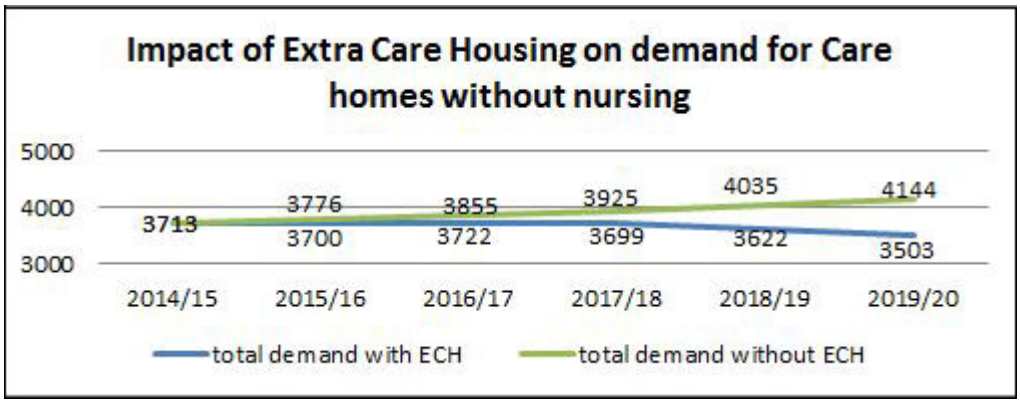
Our assessment is that there is sufficient capacity overall within the market to meet the forecast demand up to 2019 and beyond (and to ensure that supply is sufficient) in the context of our investment in a number of initiatives, which we will target to areas where the pressure on available capacity could be greatest. These include;

- Extra Care Housing (ECH),
- Telecare
- Support for carers.
- Joint health and social care services such as hospital at home, intermediate care and rapid response.

In relation to Extra Care Housing our best evidence suggests that, at any one time, 30% of ECH residents would be supported at a level of need that might otherwise have been supported in a care home without nursing.

The potential effect on demand for placements in care homes without nursing is shown in Fig 3 below.

Fig 3. The impact of proposals related to Extra Care Housing Developments



The impact of Extra Care Housing by 2019 will be a 4.5% reduction in the demand for care home

placements from people with less complex or intensive care needs, particularly those needing state funding. This is compared to an 11.6% rise if no action is taken.

In future, the pattern of demand for care homes without nursing will reflect the needs of people with more intensive and complex needs, and care home provision needs to adapt to this changing resident profile.

Care homes with nursing

The number of registered care homes with nursing which offer services to older people (plus dementia) and available capacity is shown in table 3.

Table 3 Care Homes with nursing – capacity & demand

	Care homes	**Actual capacity** 95% of registered capacity	**Vacancies** estimated vacancies as a proportion of available capacity	**Total resident 31/7/2014**
Care homes without nursing (older people) including DCC	192	4497	784 (17%)	3713

(nb. Thirty-seven per cent of DCC commissioned activity in care homes with nursing is for residential placements)

This suggests that there is sufficient care home with nursing capacity overall, and table 4 below suggests there is sufficient capacity for the anticipated demand up to 2018 although supply may be under pressure in some areas and this will need to be carefully monitored.

Table 4. Demand and Supply at District Council level for care homes with nursing.

District	Total activity 2014	Supply	Estimated total demand 2018
North Devon	299	363	334
Torridge	203	252	227
Mid Devon	115	168	128
East Devon	498	597	556
Exeter	361	418	403
Teignbridge	221	294	247
South Hams	217	319	242
West Devon	191	250	213
Total	**2105**	**2660**	**2349**
supply based on 95% of registered capacity			

Dementia care homes

The greatest focus needs to be on ensuring a sufficient supply of care home provision suitable for people with dementia.

Demand and supply for dementia care in care homes without nursing shown in table 5 below.

Table 5 Activity and supply in care homes without nursing with a specialism or offering services to people with dementia (supply in DCC care homes earmarked for closure has not been included)

District	total activity 2014 (patients with diagnosis of dementia)	Supply in Care homes (only specialism is dementia)	Total supply in Care homes which include a specialism of dementia
North Devon	147	166	299
Torridge	117	96	280
Mid Devon	96	54	74
East Devon	366	258	499
Exeter	165	46	296
Teignbridge	402	286	678
South Hams	129	0	331
West Devon	110	65	153
Total	**1532**	**971**	**2610**
supply based on 95% of registered capacity			

Demand and supply for dementia care in care homes with nursing is shown in table 6 below.

Table 6. Activity and supply in care homes with nursing with a specialism or offering services to people with dementia

District	total activity 2014 (patients with diagnosis of dementia)	Supply in Care homes (only specialism is dementia)	Total supply in Care homes which include a specialism of dementia
North Devon	169	64	219
Torridge	89	0	138
Mid Devon	39	35	90
East Devon	239	109	309
Exeter	186	70	349
Teignbridge	98	0	256
South Hams	120	0	287
West Devon	72	0	113
Total	**1012**	**278**	**1759**
supply based on 95% of registered capacity			

If dementia demand is based on actual diagnosis (43% of people in care homes with dementia) then there is more than sufficient supply. However we can be confident that there is under diagnosis. [Link to Care Home Residents in Devon, Plymouth and Torbay – A Health Needs assessment April 2014 DCC website Health and Wellbeing pages]

A recent Alzheimer's Society study [Link to Low Expectations – Attitudes on choice and community for people with dementia in care homes' Alzheimer's Society 2013] suggested that the actual figure might be closer to 80% of people living in care homes with dementia. If this were the case, this would present significant challenges.

In the last year we have seen an increase of 36 beds in care homes without nursing which offer services to people with dementia. In care homes with nursing there has been a reduction of 182 beds.

The evidence to support the development of specialist care homes with dementia is inconclusive but does suggest that people with dementia do not necessarily get better outcomes from dementia specialist care homes, rather that the standard of care and leadership offered in any type of home is more important.

- Ageing and Society

Care home providers may, nevertheless, choose to deliver specialist dementia care for a number of business reasons. We are keen to work with providers to adapt the existing available supply by encouraging a greater proportion of beds to be remodelled to support the needs of older people with dementia if this is their business strategy.

Commissioning for quality

We are committed to developing a joint approach with Clinical Commissioning Groups, local NHS commissioned services and care home providers to ensure that safety and quality standards are maintained and improved in residential and nursing care homes.

The Council and the NHS has a very clear policy to immediately suspend placements in any care home which is rated as Inadequate by CQC. However, the Council's Quality Assurance and Improvement Team works hard with providers to gain assurance that any quality issues have been resolved so that placements may be resumed as soon as it is safe to do so. Where a provider is rated as "Requiring Improvement" the Council looks very carefully at the findings of CQC and makes a case by case assessment of any action that needs to be taken to assure itself of the quality and safety of that provision.

Our overall approach is to:

- Encourage sector-led improvement that builds on best practice and to work proactively with providers to address quality and workforce development issues
- Work in partnership with providers to improve and demonstrate quality services through the Care Quality Collaborative, Devon Care Training, Provider Engagement Networks and the Dementia Care and Support Partnership.
- Develop our risk assessment approach to better identify providers struggling with performance and quality and provide pro-active support to assure quality of provision. This may prevent escalation into a safeguarding process or CQC non compliance
- Not place people in care homes rated as inadequate by CQC.
- Suspend placements in care homes rated as "inadequate" by CQC or where safeguarding issues are a concern, pending delivery of required action plans.
- Ultimately remove residents from care homes which consistently or persistently fail to meet the required standards

Market development opportunities and commissioning intentions

We are committed to developing a joint DCC and NHS strategic approach for care homes which includes an integrated approach to quality standards and assurance, and shared specifications. Working alongside NHS commissioners and providers we will manage the increased demand for care homes by further developing integrated health and social care services; including complex care teams, community-based intermediate care and hospital at home services.

The changing profile of DCC's commissioning activity over the next five years, is shown in tables

7 and 8.

Table 7. Projected DCC commissioned activity in care homes without nursing (includes the potential impact on activity of closure of planned ECH developments)

District	14/15	15/16	16/17	17/18	18/19	19/20
North Devon	186	192	196	182	168	159
Torridge	114	101	99	92	86	81
Mid Devon	128	132	122	119	102	91
East Devon	309	320	328	333	345	290
Exeter	218	225	231	205	187	173
Teignbridge	403	395	395	392	357	327
South Hams	126	126	110	103	96	69
West Devon	116	114	110	106	87	78
Total	**1600**	**1604**	**1590**	**1532**	**1428**	**1268**

Table 8 projected DCC commissioned activity in care homes with nursing

District	14/15	15/16	16/17	17/18	18/19	19/20
North Devon	102	104	106	108	111	114
Torridge	72	73	75	76	78	80
Mid Devon	52	53	54	55	57	58
East Devon	143	145	148	151	155	160
Exeter	122	124	127	129	133	136
Teignbridge	65	66	67	69	71	73
South Hams	52	53	54	55	57	58
West Devon	82	83	85	87	89	92
Total	**690**	**702**	**716**	**729**	**750**	**770**

A sufficient care home market is able to respond to the changing needs of the population; in particular the increasing age of people living in those homes, the greater complexity of their needs and the increasing prevalence of dementia.

The changing profile of demand over the next five years will mean that:

1. DCC will commission fewer care home places for people with low to moderate needs as a consequence of investing in Extra Care Housing and other initiatives. Where DCC does commission placements, the care required will reflect the more intensive and complex needs of individuals being placed.
2. DCC will, in response to increased demand from people with dementia and other complex conditions, expect to see an increasing proportion of its care home placements for people with dementia, including people with challenging behaviours associated with dementia.

3. Consequently DCC will retain 2 care homes sites as dementia care homes
4. DCC will, with its partners, continue to support the development of the effectiveness of care home management and workforce through its approach to commissioning for quality.

Despite reductions in the last year in the number of vacant beds in the market there remains an oversupplied market in most parts of Devon with vacancies in care homes currently running at 17% in care homes without nursing and 21% in care homes with nursing overall. Partially in response, the number of care homes specifically for older people and those with dementia continues to fall. Between August 2013 and August 2014, 6 care homes without nursing have deregistered.

However there are areas of Devon where the contraction in the market means that available supply is becoming more restricted. Bearing in mind its duty to ensure sufficiency in the market, the Council will consider what action is necessary to stimulate or rebalance supply over time in certain localities or for certain types of care.

The Council, together with the NHS, will also continue to pay an enhanced fee for those care homes which care for individuals with complex and intensive needs connected with mood, behaviour, memory; and physical care associated with complex moving and handling requirements and can continue to pay a market premium to secure a placement that meets a person's needs if the council is unable to secure a placement at the price it would normally expect to pay.

Other actions that might be taken could include;

- Working with the planning authorities to encourage development in poor supply areas.
- Consideration of different approaches to procurement which gurantree supply eg. through block contracting or nomination rights.
- Targeted use of Council capital to stimulate investment and increased capacity

It will be a challenge to maintain market stability and sufficiency in times of financial austerity and excess capacity in the market. Currently DCC procures care home services for older people through an open framework of providers, which enables new providers who meet the required quality standard and other qualifying conditions to join that framework at any point. Required placements will be called off against the standard contract and specification.

However, in order to secure sufficient and diverse supply in a contracting market and to retain value for money our approach to procurement will be kept under review.

Finally we recognise that care homes offer a variety of services over and above long term care home provision for example, day services, respite and other outreach services. We wish to encourage care homes who can offer a more diverse range of services (subject of separate sections in the market position statement), in particular carers support and respite, day services and non regulated support.

The Care Act

We are assessing the potential impact of the Care Act and will continue to do so as detailed guidance continues to be published during 2015. The changes to national eligibility criteria, to financial thresholds, to the right for self-funders to ask local authorities to arrange their care for them and the introduction of the ‘care cap’ will all need to be understood.

The ‘care cap’, taken together with the right of self-funders to ask the local authority to arrange and contract for their care, will lead to greater transparency around fees charged to self-funders and how they compare to the usual cost of care paid by DCC. Self-funding individuals will have the right to ask DCC to contract on their behalf, inviting DCC to become directly involved in circumstances where previously we would not have been. Commissioners and providers will need to work closely together to understand and respond to the impact of these changes. We will continue to involve providers in our detailed preparations for the introduction of the Care Act.

Supported Living Arrangements

Devon County Council is not a Housing Authority or landlord with responsibilities for providing accommodation. However, in making social care offers to people who are eligible to receive them, the Council recognises that some vulnerable people may need us to have varying degrees of involvement in relation to their accommodation – in order to ensure the care package we are offering can be safely and effectively delivered.

The diagram below (*see Appendix 1 – Introduction to Devon County Council's Accommodation Strategy*) illustrates the different degrees that this involvement can take across a continuum of Social Care offers. At one end of the scale, Residential Care requires full involvement by the Council whilst, at the other end of this scale, community based care packages are based around a person's own home and neither Devon County Council (nor CQC) need to have any involvement in commissioning a customer's accommodation.

Over recent years greater choice, personalisation, and a wider range of support has meant that more and more people are choosing to live independently.

However, for some people – such as those who are at the first stages of no longer needing a residential care setting, or for people becoming too vulnerable to live on their own – options that are somewhere between these two ends of the scale can be required.

The Council's vision for 'Supported Living' is one of the responses needed to fill a gap in this continuum. We are defining Supported Living as a service for people that are able to live safely as independent tenants in the community, but where at least some elements of their care package is required to deliver a 'core service' provided to everybody in the building. This is different to a situation where personal budgets are used solely to fund individualised care packages that people could potentially opt to receive wherever they chose to live – or if received as a Direct Payment, use as they determine.

Current position

Devon County Council has published a proposed definition for Supported Living and has presented a summary description of these proposals at a Provider Engagement Event of 17th March 2015. Providers and stakeholders are invited to continue submitting comments or questions to socialcarebusinessrelations-mailbox@devon.gov.uk to help shape our thinking.

The Council is also currently developing options for whether – and if so how – a 'Housing Brokerage' model could make it easier to identify individuals that specifically need a Supported Living model, before then helping them to access the most appropriate available provision. As work progresses, a draft explanation of the model will be published, and comments invited.

Our commissioning intentions

Although all new individualised care packages which include any element of regulated care will be commissioned through the new personal care contract (see Section 3 – Community Based

Services – Personal Care Position Statement) – including for people living in Supported Living – the 'core offers' in Supported Living buildings will not be. For new business, these will be commissioned for April 2016, following an assessment of the volumes and locations which require a supported living 'core offer'.

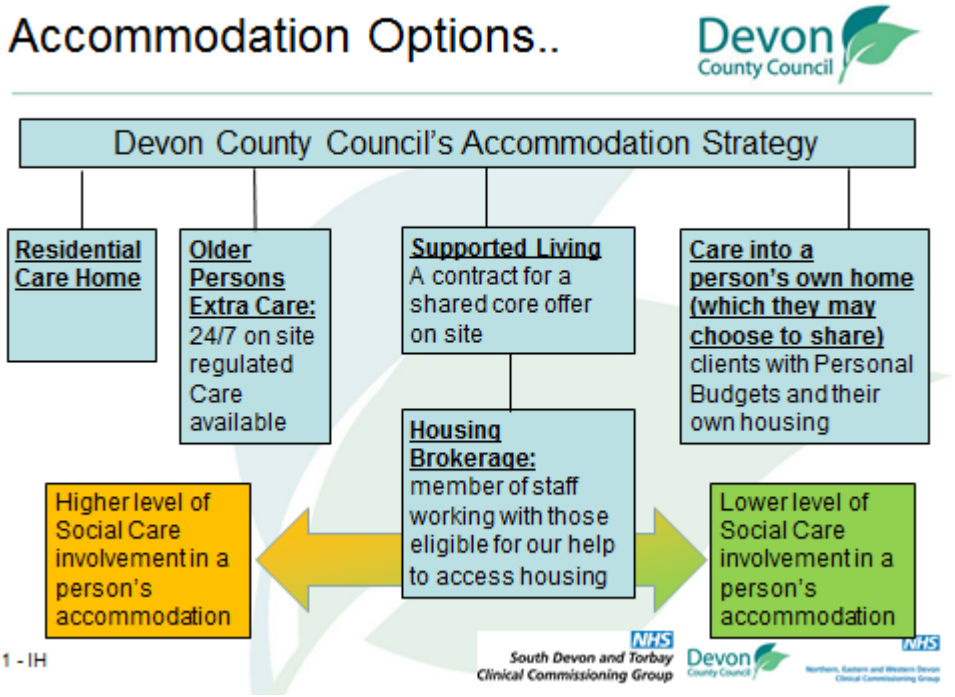
This "needs assessment" is currently in progress, and is being carried out in collaboration with landlords and the community based support and personal care market. If you have not already been part of this assessment and think your business has elements to it that fit our definition of Supported Living 'core offer' that you would not expect to be part of the new personal care contract, you should contact max.sillars@devon.gov.uk and request an assessment form.

For all Supported Living business that had already commenced prior to any new 'core offer' contracts being awarded from April 2016, the Council's first aim will be to avoid disrupting care packages to what at that point would become a closed list of legacy cases. Where the service represents an acceptable level of quality and value to the commissioner, and where people are happy with the arrangements for their support, the provider will be offered an agreement to continue delivering the service to the named people on this closed list.

As stakeholder engagement continues throughout 2015, further decisions about how arrangements for Supported Living legacy cases and for new 'core offer' Supported Living contracts will operate, will be published. This will be prior to the 'Type 1' services provided under the current Framework which ends on 31st March 2016.

In the meantime please feel free to continue submitting questions about Devon County Council's commissioning intentions for Supported Living to:
socialcarebusinessrelations-mailbox@devon.gov.uk

Appendix 1 – Introduction to Devon County Council's Accommodation Strategy


Accommodation Options..
Devon County Council
Devon County Council's Accommodation Strategy
Residential Care Home
Older Persons Extra Care: 24/7 on site regulated Care available
Supported Living A contract for a shared core offer on site
Care into a person's own home (which they may choose to share) clients with Personal Budgets and their own housing
Housing Brokerage: member of staff working with those eligible for our help to access housing
Higher level of Social Care involvement in a person's accommodation
Lower level of Social Care involvement in a person's accommodation
1 - IH
NHS South Devon and Torbay Clinical Commissioning Group
Devon County Council
NHS

Sheltered Housing

Over the last three years we have been working with providers of sheltered housing on a programme of change. In early 2014 the Council advised those providers that it was not our intention to renew contracts with them for housing – related support from April 2015. Instead, the Council confirmed that it would review the individual needs of any tenant so that we could focus our resources on those with eligible social care needs.

Throughout the last year, we have worked closely with providers, whilst they have been in consultation with their tenants about the housing-related support service that they would offer from April 2015.

As part of that close working relationship we have ensured that any tenant who may have an eligible need has had the opportunity to have a social care assessment. All those assessments have now been completed and care and support packages arranged for anyone with eligible needs.

We recognise that sheltered housing provides an option for people when considering their housing requirements and are committed to ensuring that anyone in such accommodation who is eligible for social care has that need met both now and in the future.

For the purposes of this Market Position Statement the Council has no role in commissioning Sheltered Housing and our responsibility for meeting individual need is covered in other sections.

Homelessness

Introduction

In 2013 Devon County Council published a 5 year commissioning plan in relation to its contribution to homelessness prevention . The plan is an acknowledgement that resolving homelessness for the most vulnerable people in our communities is not just about providing a roof. In considering people that have a complex or chaotic history of life experiences, Health, Housing and Social Care have had to find ways to engage with people that often can't or won't use the mainstream pathways to help.

Devon's 5 year commissioning plan is therefore based upon a multi-agency collaboration, in which practitioners work together towards the same outcomes, but with different responsibilities for the different elements of provision that homeless people need.

Devon County Council is not a Housing Authority with responsibility for housing homeless people, but it is a Social Care and Public Health commissioner. The Council's homelessness prevention contracts therefore purchase professional helping relationships for homeless people in the greatest need. This support worker time helps to bring about positive, evidenced changes to the functionality of individuals, in areas of their life that are directly relevant to the prevention of and recovery from Homelessness. These contracts function in collaboration with Housing and Health, along with the huge added value that local charities and voluntary sector organisations bring in the form of skills, expertise – and in some cases – specialist buildings.

Current position

In June 2014, the Council completed a homelessness prevention tender exercise that it had carried out in two phases. The first phase awarded 9 contracts for people 18 and over, and the second phase awarded a further 5 contracts for 16/17 year olds.

Our commissioning intentions & market development opportunities

The contracts have duration of 2 years, with the option to extend by 2 x 1 year extensions (1+1). The earliest possible re-commissioning opportunity is therefore April 2016 if a decision were to be made not to proceed with any of the extensions. The latest that any future re-commissioning opportunity could be left until is April 2018. Whichever option is adopted, the Council will publish its' plans and work closely with providers well in advance of any re-commissioning date.

Up until the point that the above contractual period officially ends for all providers, if additional support hours became required these would be called off contracts as required.. . Should such circumstances occur, call off opportunities would be restricted to the organisations already holding relevant contracts.

During the contract period, commissioners and their multi-agency partners may undertake some time limited, one – off studies, consultations or development events as needed. Typically, these

might be aimed at improving the partnership's understanding of homelessness prevention, or developing needs assessments in response to changing patterns of demand. The council may therefore at times invite expressions of interest for specific pieces of work. In these circumstances, bidding opportunities would not normally be restricted to organisations already holding contracts.

The benefits to individuals

The council's two homelessness prevention specifications contain full details of the outcomes required for 18s and over, and for 16/17 year olds (see https://new.devon.gov.uk/providerengagementnetwork/provider-engagement-network/homelessness-prevention/).

For over 18s, the emphasis is upon applying the support worker's professional helping relationship to assist the person to engage with the relevant Health, Housing and Social Care practitioners to achieve a lasting recovery and independence. For 16/17s the same is true, but with (where safe to do so) a greater focus upon preventing the need for the young person to move out of the family home in the first place.

Demand

The needs assessment for Devon County Council's contribution into homelessness prevention (see link above) explains the distinction between homelessness that is driven by complex and chaotic life experiences and housing need that can affect anyone. The needs assessment explains how the scope of Devon County Council's contribution towards homelessness prevention has been limited to the care and support that a relatively few homeless people need to engage practitioners. This is referred to as 'personal need', as opposed to the much larger numbers of people unable to access suitable accommodation or employment as a result of the general economic climate (referred to as 'structural need').

Because of the multi-agency nature of homelessness, and the fact that 'personal' and 'structural' types of need often overlap and are difficult to quantify in isolation, monitoring of need can only realistically be achieved through joint working. In 2012 Devon established three 'community hub' areas to do this, led predominantly by 2 of Devon's 8 housing authorities – North Devon Council, and Exeter City Council.

The Council's recovery – orientated approach is felt to be a positive alternative to recourse to more or bigger homeless shelters, prisons, psychiatric hospitals and is focused on individual and family resilience. The benefit of supporting homeless people as individuals to become part of their local communities is that it leads to independence that can be sustained by their access – as and when needed – to the same network of practitioners and resources used by local communities.

Supply and commissioned activity

- DCC spends approximately £2.5 million each year in making a contribution to homelessness

prevention

- This money purchases over 3,300 hours of specialist support worker time per week, to help homeless people get off the streets, and get help with their mental health and substance problems.
- The contracts awarded to deliver these support hours, required providers to prove that they had (or had access to) suitable accommodation available to house the people that they are supporting – but Devon County Council does not commission or pay for this accommodation. This multi-agency approach has meant that DCC's 14 contracts can help around 450 people affected by homelessness at any one time.

Commissioning for quality

The 2013/14 homelessness prevention tender exercise applied different levels of quality to each of the two phases of commissioning. The first phase (for people 18 and over) evaluated method statement questions by written submission and interview. The second phase (for 16/17 year olds) used the same process, but also required providers to have met the Children's South West Peninsula Framework criteria as a pre-qualification condition.

Both groups of contracts are monitored through a comprehensive performance framework, full details of which can be found at:
https://new.devon.gov.uk/providerengagementnetwork/provider-engagemen--network/homelessness-prevention/

Section 3 – Community Based Services

Personal Care – Position Statement

Regulated Personal Care and Support

Over the last year, the Council and the two Clinical Commissioning Groups in Devon have extensively involved providers in the preparations for a new tender for regulated personal care and support. The position statement set out in this MPS explains the approach that the commissioners are taking. It has been further developed, following meetings with providers both 1:1 and in a range of engagement events. Full details of the information shared at those events (the last of which was held on 17th March 2015), together with a Q&A response can be found at and should be read alongside this position statement.

It is the commissioners intention to launch its procurement during May 2015.

Devon Community Based Support and Regulated Personal Care – (A Pre-Tender Position Statement) 26 Jan 2015

1. Introduction

Devon County Council, NEW Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group (the Commissioners) are in the final stages of planning for the re-commissioning of community based support and regulated personal care services for Adults ordinarily resident in Devon. This will be achieved through a competitive tender, open to all service providers wishing to deliver quality regulated personal care services in the County. A new service specification is being prepared that will offer service providers clear guidance on the expectations of the Commissioners, what providers can expect from the statutory services, and proposals for achieving outcome based commissioning during the lifetime of the new contracts.

In planning for change, particular attention has been paid to the feedback and innovative proposals received from service providers, comments and suggestions from user and carer groups engaged with quality standard development, statutory partners and other stakeholders interested in the development of this service. We have also considered the approaches in other Local Authority Areas with similar geography and rural challenges in formulating our proposals.

This paper provides a situation report on issues identified by providers during market engagement days, together with subsequent individual provider meetings, as crucial to their business planning, and as a result of partnership discussions. Whilst its' focus is on *commissioned* personal care, it necessarily discusses Direct Payments and privately purchased care as the changing profile of this customer base will directly impact on the new contracts.

Two meetings between commissioners and providers are being planned:

- The first will be an opportunity to discuss this Position Statement and to assist providers with making connections with one another
- The second will be the PQQ launch

We have worked with service users to develop our approach and they will be involved in our procurement process, in the on-going development of our relationship with providers and in long-term work on Quality Assurance and Improvement.

***It should be noted that the content of this paper does not form part of a formal procurement process. It is intended to provide information only prior to the commencement of the procurement phase. Some areas require further work and updates will be issued as that work progresses.**

2. Background

Devon's current supply of regulated personal care services typically helps some 4000 people every week to remain as independent as possible within their home. The majority of these services have been commissioned through a Framework Agreement contract with 11 lead providers. Although the current agreement has improved the commissioning of this type of care in a number of ways, there remain fundamental issues which need to be addressed to ensure that we consistently secure good outcomes for service users in a timely manner.

It is the Council's and the Clinical Commissioning Groups' intention that, for commissioned care, the new contractual arrangement, supported by a detailed service specification, will build upon the learning from the previous agreement, and address some of the newer developments and challenges, facing both the market and commissioners.

In determining our future approach, careful consideration has been given to the impact of the increasing number of people who are purchasing care with a Direct Payment and those who buy care privately (estimated at 30% of total market volume). The changes that accompany the Care Act 2014 will make that private market highly visible to the Council, both as a result of the entitlement of private purchasers to ask us to arrange their care for them from April 2015 and the introduction of "Care Accounts" from April 2016. We will closely monitor the impact on the market with providers of the continuing growth in Direct Payments (including personal health budgets) and the impact of the Care Act 2014.

The current Framework Agreement represents a significant investment; approximately £27 million annual spend by Devon County Council in terms of regulated personal care plus approximately £13 million annual investment from the CCG's. Commissioning for unregulated

care and support will be subject to a separate commissioning process. All new packages that include any element of regulated care will be commissioned as part of the new service contract for regulated care and support.

Nationally and locally, the domiciliary (care at home) market is under significant pressure and is struggling to recruit and retain an effective workforce and to sustain financial viability. The new arrangement will focus on addressing market sufficiency, within a very challenging financial climate and will require innovation and strong partnership working between commissioners, service users and carers, communities and the whole supply chain. The commissioners' commitment to this market is reflected in the increase in prices from April 2015, which is substantially above inflation at a time of severe financial restraint in the public sector.

The most important consideration for service users and carers is to have consistent carers, who treat them with kindness, dignity and respect, and who arrive when expected; that they are involved in deciding the nature of their care and support package, that they know who to talk to if something is going wrong and that any concerns are quickly addressed.

Commissioners have set these considerations out in a series of "I Statements" which will form the basis of our approach to quality assurance.

3. Direct Payments

Direct Payments offer a highly personalised way of meeting need and delivering choice. The success of the Devon Card in the last year gives us the confidence to use the Devon Card as an easy and accessible way for people to buy their own care when they choose to take a Direct Payment. This will be an important feature throughout the lifetime of the new contracts for commissioned care that will be the focus of this procurement.

When determining eligibility and care requirements, our default position is to offer service users and carers a Direct Payment and increasing numbers of people are choosing this option as the best way for them to source and arrange their care. Service users will receive an estimated budget, based on their level of need, with which to commission their care, regardless of whether it is via a Direct payment or is a commissioned service.

The number of Direct Payments for personal care grew by 12% in the 18 months to end November 2014, from 1203 people per week in receipt of a DP in April 2013 to 1344 in November 2014. The total value of care purchased per week in November through Direct Payments was £221,696 (£11.528m per annum).

We expect this growth to continue (although it is not possible to be clear about the rate of that growth) and to be a powerful means by which need can be met imaginatively, especially in hard to reach areas. We also expect Individual Service Funds to become a feature of our new arrangements.

Through an ISF:

- Service Users choose their Provider and design their support plan directly with the Provider in

terms of outcomes to be achieved.
- The Provider manages a person's direct payment and provides the direct support via a three way agreement with the funding body.
- The provider commits to spend the money only on the individual's service (not into a general pooled budget) as directed by the support plan.
- The provider can also contract other services on behalf of the individual if the funding body agrees.
- The provider is accountable to the service user and the funding body for ensuring the direct payment is used appropriately.

These developments provide an important business opportunity for all providers, whether they are part of the contractual arrangement for commissioned care or not. We will ensure that all providers are fully informed about Direct Payments and ISFs so that they are confident about offering care through this means. As a result, commissioners will want to maintain effective working relationships with all suppliers.

Nonetheless, a significant amount of regulated personal care activity will need to be commissioned directly by the council from the market for the foreseeable future. The rest of this position statement relates to that commissioned care.

4. Vision

The Commissioners aim to promote improved health, independence and inclusion through the provision of regulated personal care and support services which enable vulnerable adults to achieve as full and independent a life as possible within their chosen community.

We want to secure personalised, high quality care and support for citizens, carers, families and communities, delivered when and where they need it and in a way that works for them. Their care package should be designed with them and be outcome-focused, should enhance what they can do for themselves and should foster independence.

Devon County Council and its NHS Partners aim to achieve a sustainable market, characterised by reliability, quality and accountability. The Care Act 2014 requires the Council to consider the needs of *all* its' citizens so this applies irrespective of how that care is purchased.

We recognise the difference between care that needs to be supplied quickly, to prevent hospital admission or to facilitate discharge, and care that is supplied following a more measured assessment period, but quality assurance must underpin all provision. We understand that providing services in some hard to reach parts of Devon is challenging and we are focussed on ensuring that future arrangements address this issue.

Market conditions are such that, although healthy competition between providers is important, the fact that there is more business than they can manage leads us to conclude that a collaborative approach both between providers and between providers and commissioners is likely to help us to deliver most effective outcomes.

We are therefore committed to an arrangement that is built upon a much closer partnership

between the statutory services and *all* service providers, so that we can solve problems with a mutual sense of respect and accountability. We recognise that many of the current partnership arrangements have not reached their full potential, and we have been working hard to better understand under what circumstances providers would reap the most benefits from cooperation, whilst retaining their own identity. Effective partnership working can only be of benefit to those people who rely on care and support.

We want to facilitate workforce development by working in partnership with providers to improve terms and conditions of employment and to develop a career pathway for their staff that supports recruitment, retention, flexibility and quality. The tender will explicitly require that staff are paid for all hours that they work, including the payment of travel time. We want to see an end to the situation where staff have unpaid down time between visits and believe that creative providers will find ways to offer any such capacity to commissioners and to the public to meet a wide range of need in a way that makes this viable.

We want to publicly celebrate and support the important role of care staff. We will be looking for evidence in the Invitation to Tender (ITT) of the approach of providers to supporting staff in their roles, particularly bearing in mind the extent of lone-working (often at unsocial hours) and the potentially stressful nature of the task.

We will focus on quality, safety, accountability and market sufficiency and achieve a balance between price competition (that drives innovation and value for money) and securing a price/price range that aids market stability and development.

Our commitment remains to support people with varying levels of eligible needs to remain at home for as long as it is safe and appropriate to do so. We have developed a range of services that support people at home and that re-able or rehabilitate them, for example after a hospital stay, to return home and live independently. Whilst we expect providers to operate a re-ablement ethos in all care packages to maximise the independence of the people for whom they provide care and support, it is not our intention to tender for the Council's Social Care Reablement service. We do, however, see greater opportunities for collaboration between the Social Care Reablement service and providers secured through this tender.

We take the view that commissioners, as strategic partners, should facilitate and support solutions but we do not see ourselves as supply chain managers. Devon County Council is, however, investing in improved relationship management through our new Sector Leaders as it is important to us that providers throughout the supply chain (including those taking business through a Direct Payment) are confident in the conduct of business and in their relationship with us.

We understand that providers need reassurance that they will be fairly treated if they enter into a sub-contracting relationship with a primary contractor through this procurement and we will be addressing this in the requirements of the ITT.

Our approach will balance a close strategic relationship with primary contractors and effective working relationships with the wider market that gives us assurance about the diversity and sustainability of good quality providers throughout the supply chain. The ITT will require clarity

about the price for care that will be paid to sub-contractors (which we expect to be the same as for the primary contractor for the same care) as distinct from the costs associated from undertaking the primary contractor role.

Further, we intend to be very active partners, supporting providers to innovate and to develop their skills and businesses through access to the economic development resources and workforce development expertise of the Council.

This next phase in our work with the market will require us to develop new ways of working together, especially as we move towards outcomes-based working. We are currently exploring such an approach with providers in the Exeter/East area and will use that experience to inform developments in the future.

The increasing integration of health and social care also requires new approaches and we are committed to integrating providers, wherever possible, with other parts of the health and social care system. Providers secured through this tender will be expected to play a full part in ensuring resilience throughout the health and social care system.

We recognise that an outcome-based focus will also require our staff to adapt and develop new ways of working. To be successful we need to have an “end to end” approach to the care pathway that we evolve together and which we seek to continuously improve. The commissioners are committed to changing systems and practice where this is required to achieve our vision.

5. Service Model

This section describes the model we intend to adopt for those packages of care which we will commission through the new procurement process.

A Primary Contractor model will be used as the contractual relationship that ensures delivery of all commissioned services detailed in the service specification, i.e. those not purchased through a Direct Payment or with a person’s own financial resources. Spot purchases outside the contract will be made only in exceptional circumstances.

All referrals for commissioned care and support packages will be made by Brokerage Teams to the Primary Contractor only. It is the commissioner’s intention to provide facilities for the co-location of the Primary Contractor and Brokerage teams. This will facilitate joint working and enable closer system alignment over time. Further discussion will be needed with Primary Contractors about how to achieve this.

The county will be divided into 8 geographic zones. The Primary Contractor will be accountable to the Commissioners for the delivery of all commissioned care package referrals in their zone. The Primary Contractors may fulfil this responsibility by directly providing the service themselves, or by allocation to a “Link” provider who is sub – contracted by the Primary Contractors or is part of a consortium arrangement. The Commissioners’ contractual relationship will be directly with the Primary Contractor who will be accountable to the Commissioners for:

- the delivery of all commissioned care packages in their zone(s) as directed by individual support plans;
- ensuring the efficient and effective delivery of all commissioned care in the zone(s), underpinned by a high quality relationship between primary contractor and any link providers;
- invoicing;
- ensuring that all Link providers with whom they are working have in place quality and performance framework and standards that meet the specification;
- maintaining records of all referrals, including those sub-contracted to Link providers;
- maintaining accurate "visit records" that enable both providers and commissioners to ensure compliance with the terms of the contract, especially in relation to the quality, timeliness and consistency of care provided;
- developing effective relationships with the wider health and social care system and, where beneficial, the local community and voluntary sector and;
- Identifying and working with commissioners to resolve any areas of unmet need.

In essence, the Primary Contractor will provide a market management service, managing and maintaining adequate service provision across their zone(s) on behalf of the Commissioners.

The Commissioners can not legally define market shares between the Primary Contractor and Link providers but we will expect to see a clearly articulated agreement between them in any tender submission or in any business relationship that develops following award of contract. Equally, commissioners can not require a sub-contracting relationship in the tender. Tenders will therefore be invited from providers as Sole Contractor, in a Partnership Group or as a legally constituted Consortium.

The commissioners will not place a limit on the number of Link Providers and the Primary Contractor can develop new business relationships with them at any time, subject to agreement with the commissioners. This allows maximum flexibility for all providers to develop business relationships that are effective and take account of changing market conditions. We do not see this relationship as exclusive and Link providers will be free to enter into contractual arrangements with more than one Primary Contractor.

The Commissioners are committed to maintaining compliance with the requirements of The Care Act (2014) (Section 48) with regard to "Provider Failure". The tender documentation will set out expectations in the event of any such failure. Devon County Council considers this model as being a suitable arrangement to mitigate any such failure and ensure ongoing compliance.

Commissioning for outcomes

It is the intention of commissioners to make a decisive shift to an outcomes – based approach during the lifetime of this contract. We believe that there are areas of service delivery which lend themselves to an early agreement about working in an outcome-based way. End of Life care is one such example.

We recognise that a shift to outcomes-based working has significant implications for all parties, both in relation to the practice of our workforce as a whole and in the contractual vehicles that

we will need to use in support of it.

Nevertheless, there is valuable learning that we can draw on regionally and nationally (and from local prototyping) and we believe that an outcomes-based approach will:

- Lead to a more personalised approach
- Give providers greater flexibility in the way they work
- Create opportunities for innovation
- Enable commissioners and providers to determine “smarter” solutions and
- Enable us to deliver value for money solutions that meet expectations of a fair price with constraints on resources

The tender will not require primary contractors to price for an outcome – based approach as this will require further detailed consideration between the successful contractors and commissioners **but** we will expect tenders to demonstrate how contractors understand outcomes-based working and to identify potential for moving in that direction.

Specification

The specification will set out the minimum requirements for how the service provider shall deliver commissioned (regulated) personal care services to people ordinarily resident in Devon. Personal care services provide levels of care and support to individuals living in their own homes, and are independently regulated by The Care Quality Commission (CQC) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Care Quality Commission (Registration) Regulations 2009.

The CQC “Essential Standards of Quality and Safety” underpin the requirements and quality standards within the specification.

The Commissioner will require services to be provided over 365 days, evenings and nights as required, delivering a timely response that avoids unnecessary admissions to hospital and that facilitates discharge. Effective arrangements will need to be evidenced to ensure whole system flow during peak periods of demand.

The availability of effective and reliable urgent care (2-4 hours) is critically important. This is predominantly supplied by the NHS through the Rapid Response service. Commissioners intend that, following award of contract, discussions will take place between the Rapid Response service and Primary Contractors to explore the potential for innovative arrangements that might improve outcomes in terms of the provision of urgent care. We would wish Primary Contractors to be mindful of this in their considerations but do not expect it to impact on pricing at the point of tender.

We have considered the merits of differentiating between complex and standard care provision in our commissioning approach. Our judgement is that the care that we are commissioning is not so much differentiated by the requirement for a higher level of skill to manage more complex need, but rather by intensity i.e. some care packages require longer periods of time for care to be delivered or require more than one person. We do not intend, therefore, to

differentiate our specification (or the approach to pricing) in terms of complexity, although we expect some care packages to cost more because of the intensity of the care requirements.

We acknowledge the value of short (15 minute) visits where the purpose is one of ensuring medication has been taken or that a service user is safe and well but we expect these to be kept to a minimum. We anticipate that most visits will typically require 30 minutes or more to deliver an appropriate level of care but, as we move to an outcomes-based approach we will want to give providers flexibility to determine the level of care required with the service users and carers.

We will be very explicit about those aspects of care that will not be included in the specification, especially in relation to care which is highly specialised or more properly delivered by the NHS.

The specification will set out a requirement to know the “through the door price” agreed between the Primary Contractor and Link provider to assure ourselves (and the supply chain) that business arrangements are fair and sustainable.

6. Options Appraisal

As part of the tender planning process, a range of alternative procurement models have been considered.

Each option was evaluated against the following objectives agreed between DCC and NHS commissioners (DCC, NEW Devon and South Devon and Torbay CCG, Devon Partnership Trust, Complex Care Teams and Brokerage, Continuing Health Care and Joint Commissioning Managers).

- It should deliver a whole system, jointly health and social care solution.
- It should secure confidence in the quality of care being delivered.
- It should be capable of delivery at a fair cost for care within budgetary constraints.
- It should enable an actively managed market including deeper, closer working relationships with a fewer number of primary contractors based on mutual respect & responsibility.
- It should deliver a sufficient market for personal care with a high level of confidence that everybody who needs a service, gets a service.
- It should facilitate workforce development including sustainable improvements around recruitment, retention and training and staff pay and conditions.
- It should encourage a market that is responsive, proactive and problem solving.
- It should facilitate an outcome focussed approach to services.
- It should meet the needs of people whether they require Urgent care/complex care or standard personal regulated care.
- It should enable the co-design of sustainable solutions to the challenges faced by the market. Co-design including commissioners, providers, service users carers and other stakeholders.
- It should provide improved contract monitoring and opportunities for shared information systems that help commissioners and providers to better understand the needs of people receiving support in Devon.

The options considered were

1. Evolving the current Framework Agreement through the Primary Contractor model – Extending the existing framework but finding improvements and efficiencies with the range of existing lead providers and with multiple lead providers in each geographic zone.
2. Service Contract approach using a Primary Contractor model, – A single primary provider (or consortia) in each geographic zone with contract for a minimum volume of business in year 1.
3. An "Alliance" model to secure a provider in each of the coastal and market towns, plus Exeter, without a Primary Contractor – up to 28 providers acting as primary contractors in each market town zone/area but working together as an alliance of providers across a larger geographic area i.e. Northern, Eastern, Western and Southern – a provider may be the nominated lead for an area of service performance or development on behalf of the alliance.
4. To operate a full spot market – providers agree to a single specification and contract that commissioners 'call off' from any provider signed up to the agreement at the price agreed with that provider.
5. A number of block contracts – a number of block contracts that may specify geographic areas of delivery, volumes and price.

It was considered that **Option 2** was the 'best fit' with objectives listed above because;

- The option allows for a longer contract period (will be confirmed at PQQ Launch), giving the market as a whole, time to plan and develop
- It provides the best opportunity for health and social care commissioners and care providers to build closer strategic relationships and working arrangements and to co-design new solutions to existing and future challenges (i.e. sufficiency, outcomes based commissioning, urgent care responses, workforce development etc.)
- It provides the most realistic (considering DCC resources) opportunity for monitoring of performance and quality of providers
- It provides the greatest clarity in terms of accountability for service delivery in any geographical Zone.
- It provides the best opportunity for consistency of performance and quality across the whole of Devon
- It provides the best balance of cost effective delivery due to scale and choice within the market.

7. Current Demand

Commissioning principles, detailed needs and supply analysis and commissioning intentions will continue to be shared with providers in the run up to formal tender, described wherever possible by zone. Information on supply, quality and performance will continue to be shared with representative groups of service users and carers through the Joint Engagement Board.

In 2013/14 DCC and NHS Continuing Healthcare Commissioned approximately **2.1m hours** (approx. 41,000 hrs per week) of domiciliary care for approximately **4,000 service users per week** (circa 7000 over the course of the year)**.** We use a wide range of service providers from across the County, with business going to approximately **130** domiciliary care providers but with

71% of total volume being with 25 providers**.**

The following table provides a summary of new business commissioned by DCC in one year to 30th June 2014 and a "snapshot" ***of all people*** in receipt of a service on 1st September 2014. This is indicative and, whilst accurate, needs to be viewed with some caution as there are variations in a given week. It relates to the new zones shown in the map under section 9 of this document.

	DCC Commissioned Personal care - Numbers of new clients between 1st July 2013 and 30th June 2014				**Actual number of people and hours as at 1/9/2014**	
	Number of new clients[1]	Sum of planned hours in year	How many clients received night sit/sleep and live in care	Planned hours in year	Number of clients	Planned hours per week
Zone 1	214	33915	8	789	350	3443
Zone 2	347	55048	12	2664	496	4956

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[1] In this case a new client is defined as any client who had a personal care agreement set up for them in this period who had not previously received personal care in the past 28 days.

Zone 3	253	39002	12	6604	400	3754
Zone 4	408	52424	17	2232	650	6838
Zone 5	467	61553	16	9317	716	6799
Zone 6	657	82738	34	9428	972	9373
Zone 7	242	27608	7	794	392	4146
Zone 8	83	9129	4	627	142	1691
Total	**2670**	**361417**	**110**	**32455**	**4118**	**41000**

(NB There are some minor data errors that impact on totals, we continue to refine the data so treat as indicative)

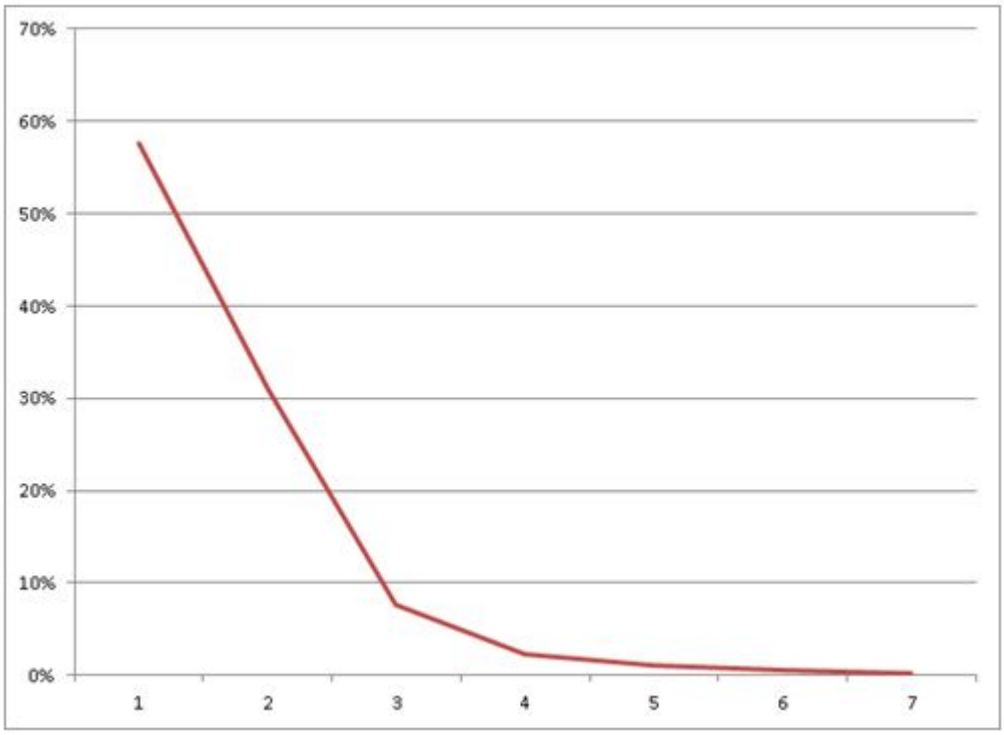
Over the last four years, the number of hours and the number of visits required to meet individual need has seen a steady increase, although the overall volume of commissioning arranged by the Council has remained relatively stable. This reflects the changing pattern towards greater intensity of need over shorter periods of time.

The general trends in placements funded by DCC or the NHS are;

- Continuing Health Care and End of Life Care makes up a significant amount of the care commissioned – approximately 10.5%.
- Care packages are becoming increasingly intensive, with approximately 14.9 % of all care packages commissioned requiring double handed care and 14.2% requiring 4+ visits a day. The trend has been of steady growth in this kind of work.
- Regulated personal care makes up the large majority of agreements coming through the current framework for personal care.
- The projected annual spend on regulated personal care by DCC for 2014/15 is £27million. This includes **all** regulated personal care, including that which requires a specialised or intensive package arranged through personal brokerage.
- Projected annual spend in Devon by the NHS on regulated personal care for Continuing Health Care and End of Life care is circa £13m
- Care is often required at short notice to enable people to prevent hospital admission or to leave hospital.
- There are increasing numbers of placements with a rapid turnover and shorter spells of care, particularly in relation to End of Life.

The following graph shows the percentage of health and social care packages which remained with the same provider by the end of the number of years after the packages began. This data is for when packages ended during 2014.

The red line shows that overall, packages with the same provider reduce to circa 58% by the end of year 1; 30% by the end of year 2 and less than 10% by the end of year 3. Therefore, projecting forward on the same trend, by the end of year 1, 42% of packages will be with a new provider.



8. Future Demand

Demographic change alone would suggest that Devon would experience an increase in demand for personal care, together with increased prevalence of dementia and other long term conditions; often multiple long term conditions.

Without action to manage demand, demand for personal care services could increase by 12% by 2020. However, demand predicted solely upon demographic factors is unreliable due to the impact of a number of other factors:

Preventive factors including:

- Social Care Re-ablement Services (DCC)
- Community Enabling Service (DCC)
- Community Rehabilitation (NHS)
- Rapid Response Services (NHS)
- Assistive technology (joint)
- Carers Support.

Changing patterns of service options arising from:

- The development of Extra Care Housing
- Other housing with care options
- Changing models of health and social care provision, especially relating to the balance between community and accommodation-based options

- Changing health and other conditions including the balance of CHC and EOL work
- Deprivation and economic profiles
- The balance of self-funders, Direct Payments etc.

However, as an indication and based on the figures for current demand and a predicted population increase of 12.35% for Older People and Physical Disability clients[2] in Devon, the table below shows future demand for personal care services by 2020, based on demographic factors only.

	DCC Commissioned Personal care – Projected numbers of new clients in-year 2020		Projected number of people by 1/9/2020
	Projected number of new clients	Projected number of clients receiving night sit/sleep and live in care	Projected number of clients
Zone 1	240	9	393
Zone 2	390	13	557
Zone 3	284	13	449
Zone 4	459	19	730
Zone 5	524	18	804
Zone 6	739	38	1092
Zone 7	271	8	440
Zone 8	93	4	160
Total	**3000**	**124**	**4627**

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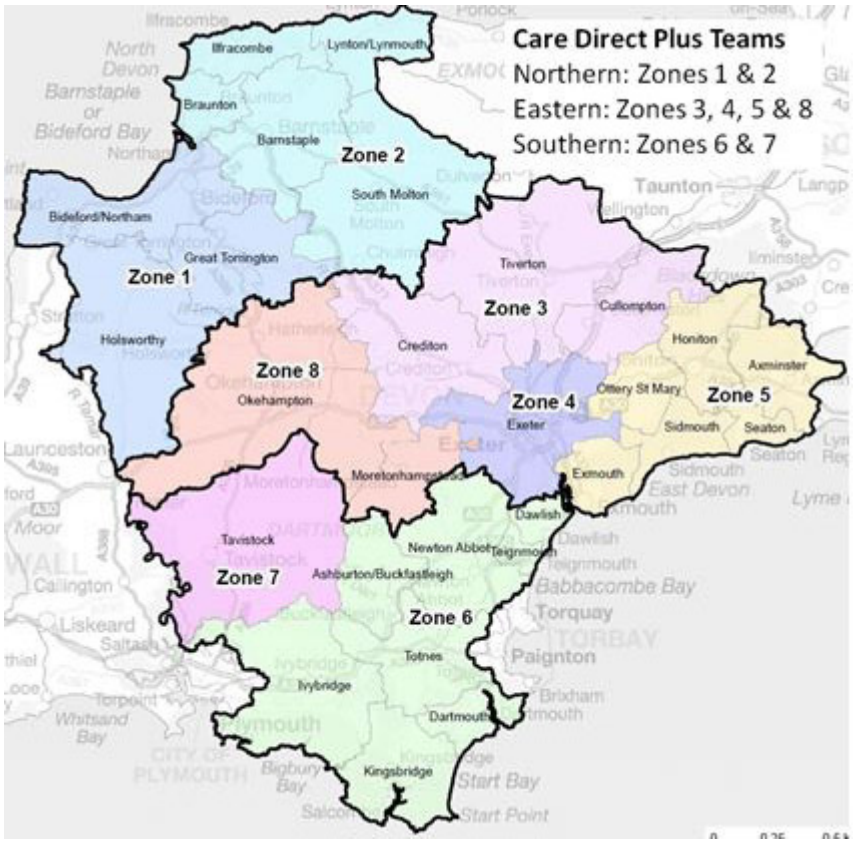
[2] Based on POPPI (Projecting Older People Population Information System) predictions for the population of people aged 65+ and unable to manage one or more self-care activities on their own and PANSI (Projecting Adult Needs and Service Information System) predictions for the population of people aged 18-64 with a serious physical disability.

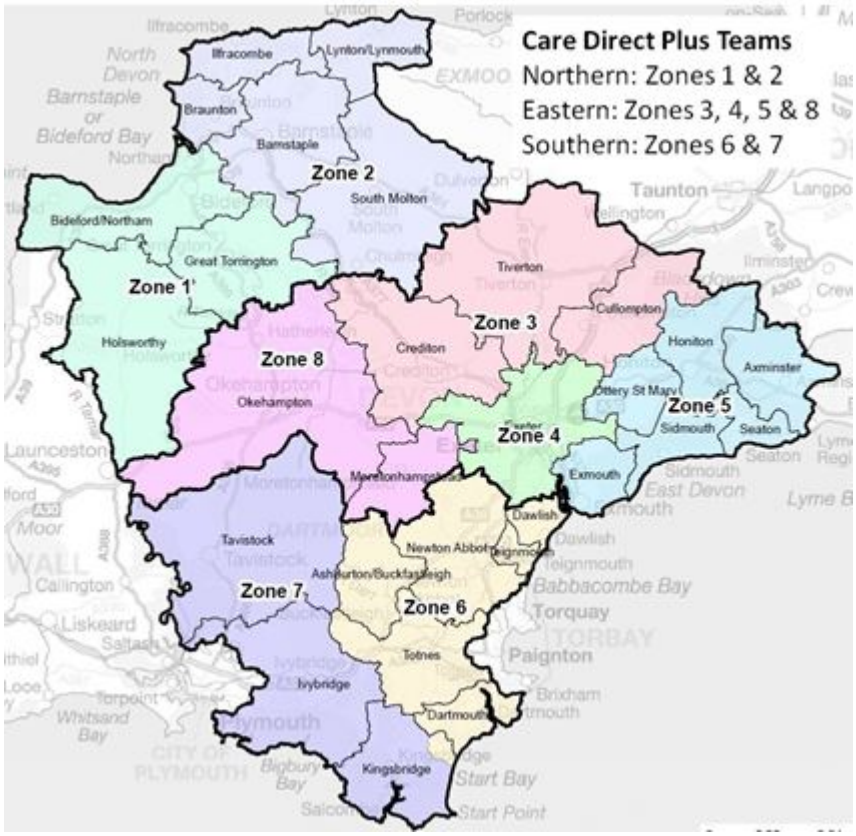
9. Zones

The zones reflect discussions with providers and with operational teams. They are designed to balance a geographic footprint that is viable for Primary Contractors, that relates to natural communities and that offer best “whole system fit”. Zones 6 and 7 are new; the others are as per the current Framework. They align with the Care Direct Plus teams, are the closest possible fit with Complex Care Team footprints and best align with the NEW Devon Transforming Community Services boundaries, to facilitate engagement through locality System Resilience Groups. (Subject to change at the margins).

Current zones



New zones



10. Pricing

The arrangements for the funding of Regulated Personal Care Services will be achieved as part of the tender process following submissions of individual organisation bids. It is not the intention of commissioners to prescribe a pricing structure or to set an upper or lower envelope within which bids will be evaluated.

At Pre-Qualification Questionnaire (PQQ) stage, more detailed information will be made available pertaining to arrangement for separating Primary Contractor administration costs from the "through the door" client contact costs. It will be our expectation that the arrangement between Primary Contractors and any sub-contractors will be transparent and demonstrate agreement between them and that the price paid to a sub-contractor for care would equate to the price charged by the Primary Contractor themselves for the same care.

11. Transitions

Although it is acknowledged that there may be exceptional circumstances, it is the intention of commissioners that all *new* commissioned packages of care will be secured through this contract. In the interests of consistency and quality of care, and in securing economies of scale and market efficiency, it may also be advantageous for *existing* work to also transfer to the new contractors.

Further work is under way to look at the "churn" so that providers are able to identify the period of time by which new business will reach an optimum level.

Commissioners do not wish to disrupt packages of care that are working well and that represent value for money. However, poorly provided services, or those that are inefficient, unreliable or costly, will be considered for early transition to the successful providers.

Following award of business, a transition plan will be developed for each zone, co-designed between the primary contractor, operational teams and commissioning & procurement.

Transitional arrangements would then be described with a clear timetable for change so that any change for a service user is sensitively handled and market stability is maintained.

Any existing business transferred to the new arrangement would be contractually held by the Primary Contractor. Whilst they may wish to negotiate specific business shares with their sub-contractors, we cannot legally require them to do so.

Where any change of service provider is proposed, this will follow a review and service user choice may result in the service user remaining with their existing provider, albeit via a Direct Payment.

The Council reserves the right, with due notice, to align prices between any business that remains outside the new contract and that paid through it.

12. Tender

Services included;

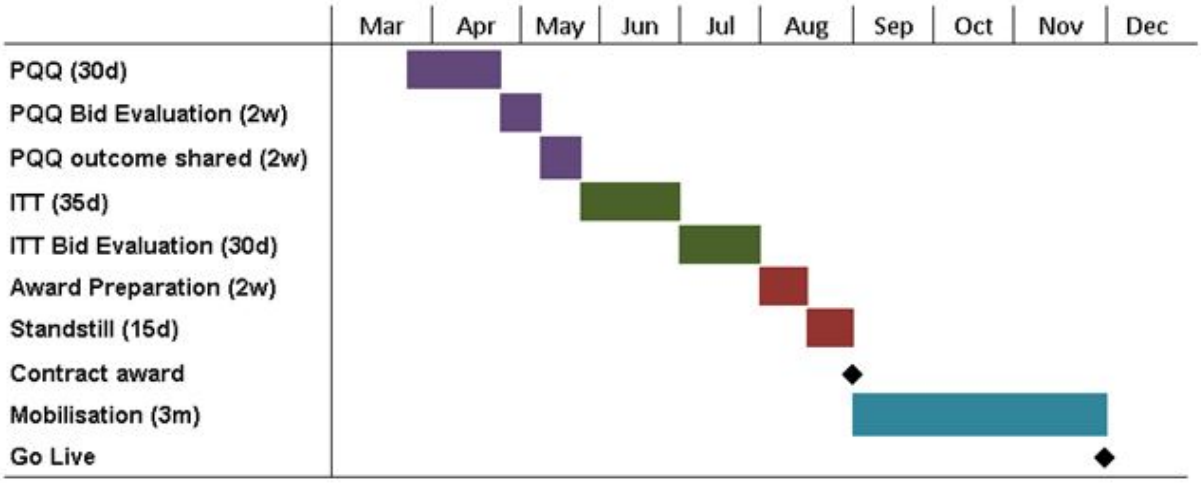
- End of Life Care
- Regulated personal care at home for adults including;
  - CHC (except where nursing oversight)
  - Support to individuals above the core offer in new Extra Care Housing schemes
  - Hospital at Home
  - Home based Intermediate Care
- Night sitting
- Live-in care

Services not included

- Enbaling
- Supported living
- Highly specialised care
- Buildings-based day opportunities

13. Timetable

It is our intention to launch the Pre Qualification Questionnaire during the second half of March 2015. Phasing of the procurement exercise is shown below for information.



14. Procurement

Devon County Council (and all other South West Councils) use a secure hosted electronic tendering system called Supplying the South West.

The Supplying the South West portal will enable providers to view all opportunities offered through the tender portal by South West Councils including the tender for Community Based Regulated Services.

The portal is free to join for businesses and offers the following advantages:

- During registration you will be given the opportunity to select categories which align with your business
- You will automatically receive notification of any opportunities published within the categories selected
- You can create accounts with multiple users to help you administer your tender interests and responses
- You are in control of your tender submission and not reliant on a third party courier or postal service
- Submissions can be completed electronically rather than hand written
- Submissions can be amended up until the closing date and time

To register on the system please follow the instructions below:

1. Open the internet and go to www.supplyingthesouthwest.org.uk
2. Click on the ‘Suppliers Area’ link at the top of the page
3. Click on the “Register for Free” button
4. This will open a new page and welcome you to the Registration Wizard
5. Now should click on “next” to access the registration from which comprises of 5 steps for you to complete.

You MUST complete all the mandatory fields that are indicated with a red *

Once this registration is complete, you will receive a confirmation e-mail and a further two e-mails informing you of your username and password.

If you require any assistance regarding the website then please contact Due North on swsupport@due-north.com or 0844 334 5204. Lines are open Monday – Friday 08:30 to 17:00 (excluding English bank holiday.

Community Enabling & Social Care Re-ablement

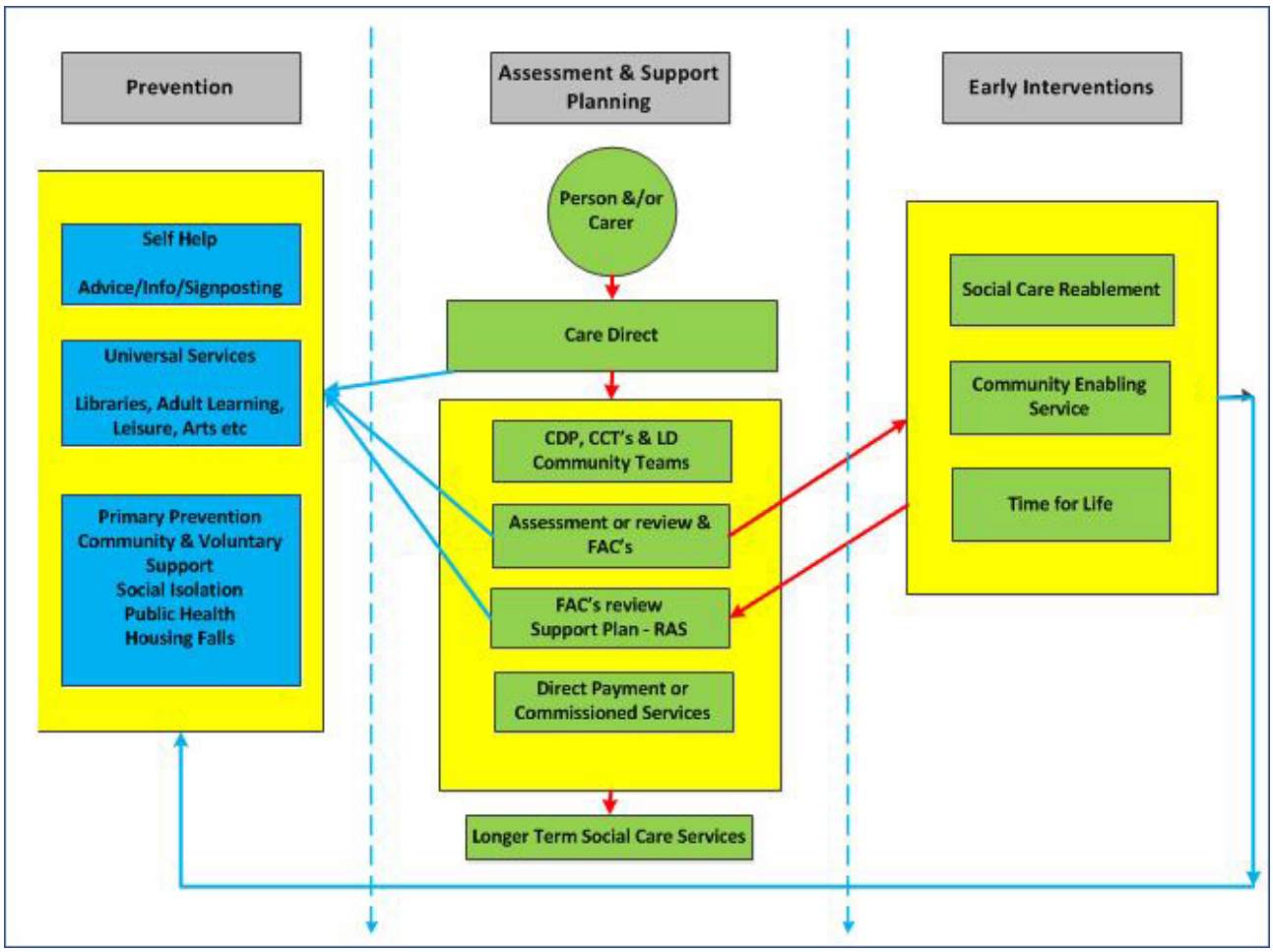
Introduction:

Social Care Reablement (SCR), Community Enabling (CE) and Time for Life (TfL) are Tertiary Preventative Services. Tertiary Preventative Services are aimed at supporting people to regain skills or learn new skills, manage or reduce need where possible and minimise the effect of disability or deterioration for people with ***established*** or complex health conditions. These services can also improve the lives of carers by supporting them to have a life of their own alongside caring for example by signposting carers towards sources of support for example the Devon Carers Centre.

All these services are available for all people over 18 years of age (and some people 16+ years transitioning to adult services). Services are differentiated on the basis of their functionality not entry criteria as described below.

Interventions	Key Functionalities based on adults at the edge of care services
Social Care Reablement	Personal care and/or activities of daily living / mobility linked to personal care
Community Enabling service	Independent living training/ support (employment, adult education, transport, accommodation, social and community engagement, self care)
Time for life	Social isolation / interaction

These services form the initial offer to people who present to DCC with eligible needs where they have not (or have not for a significant period) previously received social care services. The services are also offered on a targeted basis to people who may be currently receiving services but where there has been a significant change in eligible need. The 3 services are located in the 'care pathway' as shown below.



Social Care Reablement is directly delivered by the council and provides short term (up to 6 weeks) support for personal care and activities of daily living service, where the focus is on supporting individuals to retain or regain independence in their daily occupations.

This is achieved through the identification and provision of support to enable an individual to successfully achieve their personal goals/outcomes.

Community Enabling is directly delivered by the council and provides time limited support (up to 12 weeks) for individuals through independent living training and access to wider community activities such as employment, adult education, accessing transport, accommodation, social and community engagement and self-care.

Time for Life is delivered by a consortium of voluntary sector providers and provides up to 8 sessions of support for individuals to connect or reconnect them to social networks, services which are open to all (universal services) and support in the Community and Voluntary sectors. The service provides one-to-one mentoring type support and facilitates people coming together to participate in group activities.

Current Position:

These services are still developing with SCR having started 3.5 years ago and CE starting in June

2013. Time for life was previously the Community Mentoring Service.

The current access criteria for these services have developed over time and to some extent independently of one another. Access criteria are now being developed to ensure the services delivers the outcomes and objectives embedded within the Care Act 2015. This requires modifications to entry criteria, referral routes, and performance monitoring and workforce development.

Commissioning Intentions:

There are no current plans to out-source SCR or CE services. Commissioning specifications for each of the 3 services are currently being updated. It is anticipated that the Time for Life service will be offered for competitive tender in the next 12 months.

The requirements of the Care Act make it likely that the some or all of these 3 services will need to be expanded to respond to changed access criteria and increased demand. However the scale of any increase will not be fully understood until the summer of 2015.

Current Demand:

Social Care Reablement – There are approximately 200 individuals in receipt of the service at any one time, with approximately 170 new referrals each month

Community Enabling –Approximately 200 individuals are in receipt of the service at any one time, with approximately 53 new referrals each month.

Time for Life –works with between 400-450 people per year

Demand analysis work is currently being undertaken to inform planning for the services to meet anticipated demand following the widening of the access criteria in response to the Care Act requirements.

Quality Standards:

Quality standards are set out in the service specifications and monitored through the contract process. In addition Social Care Reablement is a regulated service that is subject to registration and compliance with the Care Quality Commission.

Carers Respite / Breaks

Introduction

Respite care can be defined as a service which provides a break for an informal carer by replacing for a time the care they usually provide to an adult with **needs for care and/or support living in the community.** The service is legally defined as a service provided to the person with care/and or support needs and therefore the respite service ensures that the needs for care and/or support are met. However, the main objective is to ensure that carers' health and wellbeing are protected and that they can achieve the outcomes defined in the Care Act 2014 (see below). Carers may be temporary or long term carers and provide a wide range and varying levels of care and/or support to the person they care for.

A respite service should be distinguished from a short break offered to an individual primarily to meet the ongoing assessed needs of that individual, where there is no unpaid carer involved in their care.

Important features of any respite service, as distinct from other types of short term care are:

- the degree of control the carer can exercise over the provision, particularly timing and the ability to book ahead and at short notice
- their satisfaction with the service as experienced by the person with care/support needs,
- the ease with which the person with care/support needs can make the transition between their usual support arrangements with the carer and the service and back to the carer
- the relationship with the carer that the provider builds and maintains.

Respite care is any sort of help and support that enables a person to take a break from the responsibility of caring for somebody else. There are a number of different types of service which can provide this – the list is not exclusive:

Residential respite care: the person being cared for lives elsewhere and is looked after by someone else for a while to allow the carer to have a substantial break or take a holiday

Home-based services: support is provided in the home to allow the carer to take time out: this may include personal care where this is necessary, but may not, and may include short trips out from the home with the person with person with care and/or support needs.

Day centre care: the person being cared for spends time at a centre to allow the carer to have a few hours of their own.

We recognise that home-based and day services are crucial in terms of providing a break for carers. The MPS for day services is shown under Section 3, Community Based Services – Day Services.

Respite care can be either:-

- planned ahead, for example for a holiday or to provide for regular activities such as training,

exercise, recreation or keeping up other family relationships or friendships,

or

- be needed at short notice or flexibly for example for unforeseen circumstances such as a family funeral or simply to keep up with routine appointments.

These two kinds of needs are distinct and meeting one kind of need does not replace the requirement to provide for the other – both may be required.

Other types of service required where there are carers:

- Emergency replacement care may also be necessary when carers cannot undertake their usual caring role due to illness, injury or hospital treatment. This is not, strictly speaking, respite care as the carer is unable to provide care. However it needs to be considered alongside respite care for practical reasons.
- Usual care for eligible needs of a person with care/support needs which the carer is unwilling, unavailable or unable to meet – most usually domiciliary (personal) care or day opportunities services.

The Care Act 2014

The Care Act 2014 represents a major change to the law in relation to carers. It means that we have to look very differently at how we can best support carers in Devon. In particular, the Act requires us to ensure that the assessed eligible needs of carers are met. In so doing we have to use available resources first and foremost to deliver the new legal duties. To do so, we will need to cease some current services and put in place a new 'carer offer'

We recently consulted carers on the way we intend to implement the Act; https://new.devon.gov.uk/careactdevon/for-carers.

For the first time, the Act places carers on the same legal footing as the people they care for and requires us to consider the impact of caring on their health and wellbeing, and in relation to their ability to achieve important outcomes in their own lives, which are:

(i) carrying out any caring responsibilities the carer has for a child;

(ii) providing care to other persons for whom the carer provides care;

(iii) maintaining a habitable home environment in the carer's home (whether or not this is also the home of the adult needing care);

(iv) managing and maintaining nutrition;

v) developing and maintaining family or other personal relationships;

(vi) engaging in work, training, education or volunteering;

(vii) making use of necessary facilities or services in the local community, including recreational facilities or services; and

(viii) engaging in recreational activities.

As a result of the Care Act we anticipate that more people with care needs and particularly more carers may present with eligible needs requiring a respite service, whether of a residential, day or home based nature.

Increasingly, carers will have Support Plans which relate to the impact of caring on their health and wellbeing and on their ability to achieve their outcomes. Where respite/replacement care of any type is concerned, the person with eligible care needs will have a personal budget usually in the form of a Direct Payment to buy the care they want.

Current position

Respite services are currently provided in a range of settings including care homes, in the individual's home, day centres and other day opportunities services and host family care. Services are offered by the third sector and independent sector and directly by the Council.

A Summary of Commissioning Intentions – Respite beds

DCC recognises the need to develop a range of respite services and to rebalance respite services in favour of respite delivered outside of care homes. However, there remains an important role for care home based respite.

A tender opportunity was launched at the end of 2014 to procure 30 beds distributed across the county, for the provision of respite stays for older people. This secured 21 beds. During January 2015 a further tender opportunity was launched to secure the remaining capacity required. Overall distribution is as follows:

District	Total Beds
East Devon	4
Exeter	3
Mid Devon	4
North Devon	8
South Hams	2
Teignbridge	4
Torridge	3
West Devon	2

In the first tender applicants had to guarantee availability of respite beds on a specific date and there were some concerns expressed by providers at the time that the requirement was too challenging and inflexible. We considered this and consequently amended the opportunity to allow providers to apply to make respite bed(s) available as and when a vacancy arises in the care home.

The intention of the second procurement exercise is to pre-qualify organisations to deliver Care

Home Respite services for older people as / when beds become available for use. Contract bed allocation will be made to successful Providers considering their bed availability date. These beds will be expected to be available from April 2015 or as soon as possible thereafter.

The majority of placements will be for older people with physical care needs including people with dementia.

However, there will be a small number of placements for people who have pervasive needs associated with a requirement for a more appropriate home setting which will not be part of the arrangements explained above.

Intended Benefits for Individuals (service users & carers)

Outcomes:

The outcomes delivered through this specification are linked to the Devon Strategic Plan Outcome -To increase **'Resilience'** where people can cope with change and challenge in their lives'.

Devon County Council routinely collects the following data relevant to the provision of care home respite.

Strategic Level Indicators:

- Improved carer reported quality of life
- Reductions in admissions to long term care
- Decrease in the proportion of service users who receive residential services (compared to community services)
- Increased overall satisfaction of people who use services
- Increase in the proportion of users who say services make them feel safe

Service User & Carer Outcomes:

- I am able to continue to live at home / in my community safely
- I can look after myself as well as I could when I was at home
- I can continue to take part in social and leisure activities
- I can continue to care for my cared for person
- As a carer, I feel less stressed as a result of the respite service

Achievement of personal outcomes will be measured in accordance with the performance framework.

Demand for Respite provision

Respite and Breaks Demand and Supply Analysis

The Devon Carers Health Needs Assessment states that as the population grows, especially the number of people over 65 and over 75, the number of carers and the demands on carers will increase. The policy to support people in the community at or closer to home will also impact on carers. Therefore, the need for respite and breaks services will increase in future years.

Based on 2008 baseline population data, it is predicted that over the period (2010 – 2030, Devon's population 65+ will increase by 57% (264,400). It is predicted that the most significant increases in population will be in the 80 – 84 and 85+ bands, with percentage increases of 83% and 104% respectively.

We are currently gathering more specific local data, to ensure we can determine the trends and variations in needs and service provision across the different service user groups.

Commissioned Activity & Development Opportunities

Carers frequently tell us that they are unable to book respite beds ahead so that they can take planned breaks/holidays. Carers tell us this is their highest priority.

During the financial year 2015/16, further discussions will take place to determine what other Respite services will be required and these will be published throughout the next financial year.

We have commissioned Devon Carers to identify and work with groups of carers and willing providers to seek solutions which address apparent "gaps" in particular areas. Providers who are interested in working with groups of carers in this way should contact Matthew Byrne at Devon Carers to register their interest. (M.Byrne@westbankfriends.org).

Many people now also use their own funds or Direct Payments to book respite beds.

We believe that it is likely that as carers become more accustomed to using Direct Payments we will see carers pooling their payments to secure the services they require; most likely for respite beds and day opportunities type services.

Commissioning for quality

We are committed to commissioning quality respite services and working in partnership with carers.

For the bed based older person's respite service, we did not accept onto the scheme any provider who, at the point of contract award determined by CQC to be inadequate (or under the previous arrangements; non-compliant with major or moderate impact). In the event that a provider on the scheme subsequently falls below this quality standard, new placements will be suspended pending quality improvements and/or a credible and agreed action plan to improve standards (if a provider persists in delivering an inadequate service DCC reserves the right to terminate the contract). This may also apply where a provider is subject of a whole service safeguarding process.

We did not accept onto this scheme any provider who is currently subject to suspension of

placements arising from QCQ or safeguarding concerns or from providers who have been in such suspension two or more times, or for 12 weeks during the 12 months prior to the award of contract.

The care home provider will be expected to evaluate the quality of services it delivers to older people / carers requiring the respite service. More details regarding this can be found within the contract management section of this specification.

Devon Carers will not work with care homes that DCC would not work with as described above.

A Summary of Respite Commissioning Intentions – Home –based Services

During 2015/6, following the Care Act consultation referenced above, we will be de-commissioning the Take a Break service, which currently uses both CQC Registered Providers and (unregistered) voluntary sector providers to provide breaks by means of “sitting” services.

Following assessment of the carer and the person with care needs, current Take a Break users will transfer to the usual arrangements for home based respite services. These will be commissioned through CQC registered agencies where personal care is required and from suitable non-registered agencies where it is not.

Intended Benefits for Individuals (service users & carers)

The intended outcomes are similar to those for residential respite care and are linked to Devon Strategic Plan Outcome – to increase ‘resilience’ where people can cope with change and challenge in their lives:

Outcomes:

The outcomes delivered through this specification are linked to Devon Strategic Plan Outcome - To increase **‘Resilience’** where people can cope with change and challenge in their lives’.

Please see previous paragraph Intended Benefits for Individuals (service users & carers)

Demand for Respite provision

Commissioned Activity & Development Opportunities

It is considered that the growth in home-based respite services will be characterised by a higher proportion of services purchased directly by individuals using Direct Payments or their own resources. Additionally, services that are individually purchased are likely to become more personalised and therefore varied than standard domiciliary care as carers and the people they care for seek to maximise the outcomes from their investments and the preventative effects.

Additionally, we have commissioned Devon Carers to explore with carers the achievement of

the intended outcomes of respite services by means of home-based respite services when the carer and the person for whom they care go together to stay away from home for a holiday – in tourist accommodation. The potential demand and location of this is not yet clear, but agencies interested in exploring this are invited to register their interest with Devon Carers (as before)

Day Opportunities

It is considered that the growth in respite by means of day opportunities will be characterised by a higher proportion of services purchased directly by individuals using Direct Payments or their own resources. These are likely to be more personalised and varied, and may involve carers of people with similar needs in particular geographic areas coming together to make common arrangements rather than as now formal commissioning of arrangements into which people are expected to fit themselves.

In addition, as enabling carers to remain in/take up work, education and training is a key feature of the Care Act, we may see a growth in carers seeking this type of respite in order to be able to cover working hours.

Supported Employment

In relation to employment for people who have a learning disability the Care Act identifies that Local Authorities must establish and maintain an information and advice service, but they are not required to provide all elements of this service. Rather, local authorities are expected to understand, co-ordinate and make effective use of other statutory, voluntary and/or private sector information and advice resources available to people within their areas.

Given the approach outlined in the Act Devon County Council is currently reviewing its position in relation to supported employment services for people who have a learning disability and will communicate further about this in the coming months.

Section 4 – Prevention & Early Intervention

Prevention & Early Intervention

Introduction

The Care Act 2014 places new duties upon the Council to provide or arrange for services, facilities or resources which it considers will contribute towards preventing, delaying or reducing an individual's needs for care and support. In addition, the guidance requires local authorities to develop a clear, local approach to prevention; setting out how they plan to fulfil this responsibility taking into account the different types and focus of preventative services.

The Care Act defines three general approaches to prevention: primary (prevent), secondary (delay) and tertiary (reduce) and these provide us with a framework within which to consider our commissioning priorities and local service availability.

Devon is fortunate to be rich in a range of voluntary and community organisations who want to take responsibility for supporting their neighbours and local communities without the need for Council support. We want to celebrate and encourage such organisations, whilst investing where our support is needed to meet the outcomes that we identify through our prevention strategy.

Current Position

The County Council is currently refreshing its local prevention approach, in accordance with the Care Act, by working in partnership with a range of agencies, including Clinical Commissioning Groups, Housing Authorities and the Voluntary and Community sectors to ensure that a broad range of evidence based support is available.

The Council, together with the NHS, already invests significantly in prevention activity so has much on which it can build. Some few examples of this would include:

1. Social Care Reablement and other rehabilitation services, including the provision of assistive technology and adaptations
2. A range of commissioned services provided by the third sector which may be fully funded or partially funded by the Council including support for CABx, and a range of grants and contracts for delivery of specific services
3. Supporting the voluntary sector through the Council for Voluntary Service (CVS) infrastructure and provision of seed funding.

Commissioning Intentions and Market Development Opportunities

Local Prevention Approach

The Council is designing a whole systems approach to prevention, through a range of commissioning and delivery partners. We want to embed prevention as something everybody sees as their business – including those who are contracted to deliver specific services – so that people can be connected to the widest possible range of support including. We want to commission intelligently by understanding predictive risk factors and targeting preventative interventions accordingly.

By identifying risks early, prevention services have a greater chance of supporting people without the need for them to access health and social care services. This will contribute to the M*aking Every Visit Count* framework which addresses the health and well-being needs of a local population and can prevent ill health problems escalating through lifestyle changes and early intervention.

DCC Adult Social Care (ASC) direct commissioning is likely to focus on:

- Helping people understand what prevention services are available and how to access them
- Enabling the individual to prevent needs arising and boost their personal resilience
- Providing or Commissioning priority secondary and tertiary approaches to prevention

ASC will work with the wider County Council and other partners to ensure that relevant advice and information is available to people in Devon and that primary prevention services can be accessed by everyone.

Prevention Outcomes

The key features of any prevention activity will be to support people's health and wellbeing and help them to stay independent for as long as possible. The focus will be on the following key areas where there are known indicators of future risks to health:

- Maintaining a healthy and active lifestyle
- Reducing housing related health issues
- Preventing social isolation and loneliness
- Reducing poverty and fuel poverty
- Support to access or return to employment, education and volunteering
- Support to recover from a health event or manage a long term condition
- Overcoming barriers to inclusion
- Preventing abuse, neglect or loss of dignity

Market Opportunities

The Council is developing the detail of its local prevention approach and will update this Market Position Statement over the coming months as specific market opportunities become more defined.

It is committed to working with local communities to encourage and support them to become

self supporting and resilient and to build the “social capital” which will be an inherent part of our approach to prevention.

The Council will also continue its’ work with voluntary and community sector partners to encourage the development and maintenance of local networks which promote co-operation and good practice between all sectors, including contracted providers of regulated and unregulated care and support. Local social and community based prevention services will form part of a whole system of integrated care which puts the individual at its heart and enables people, especially those not known to the statutory services, and perhaps reluctant to access support, to be connected to local services.

The Benefits to Individuals

The emphasis will be on supporting people to manage their own wellbeing by living healthily, but where risks to health are evident; they will be able to access appropriate advice and support which will help to maintain their independence and quality of life for longer.

The range of prevention activity will also seek to address the inequalities that people face and services will be tailored to the needs of different population groups.

People can expect to:

- be provided with relevant advice and information
- be connected to and engage with suitable services, facilities or resources
- understand what the outcome of the prevention service will be
- be able to plan for the future

Demand Analysis

As experience of the Care Act builds, our understanding will develop of demand and need, together with the types of support that may be required. In the meantime, we are using a range of other information to build the picture of what is required at an earlier stage to improve health and reduce future dependence, and to identify cohorts of individuals who could best benefit from proactive prevention services.

This includes:

- population health in localities
- known risk data e.g. smoking, obesity, actual falls
- predictive data e.g. house condition and vulnerability of the occupant

A model is being developed to understand community capacity and resilience to help to identify where additional investment and support may be required.

Future Supply and Sufficiency

As part of its development of a local prevention approach, the Council is currently undertaking a gap analysis against the intended prevention outcomes; and will review its current commissioning of prevention services activity against this and new data as it becomes available.

The challenge is developing sufficiency within the market, enabling a broad range of third sector partners to support the prevention agenda, build on the extensive networks available in Devon and bring innovative solutions into play.

DCC will be considering during 2015 how it will assist small organisations to engage with competitive tendering, secure grant funding and maximise micro commissioning opportunities and build on the attributes and value that the third sector can bring.

Commissioning for Quality

Given the new expectations on local communities to become self sustaining and resilient it is apparent that they will be providing more informal support to local people, in partnership with the voluntary sector. It will be vital that people are protected from harm and that where communities are supporting more vulnerable people that there is a review of processes currently in place, particularly if the activity falls outside of any formal commissioning agreement or regulation.

The aspiration is that there will be good practice standards which are utilised for person centred prevention activity across Devon which create public confidence and deliver trusted services. The Council will seek to engage with the voluntary and community sector market in particular to develop these during 2015.

Assistive technology

Introduction

Devon is transforming how equipment and support services are delivered in a way that places the interests of service users and carers at its heart. A new, integrated, assistive technology service will support the personalisation agenda for the whole population, by improving the way people can access a range of equipment and other practical products and services that help them continue to maximise their independence and safety, whilst having as much control as possible over their daily lives.

The service, to be called the Devon Independent Living Integrated Service (DILIS), will be available to people who fund their own care, as well as those who are patients of the NHS Clinical Commissioning Groups or customers of Devon County Council.

The new integrated assistive technology service will deliver:

a) Complex community equipment for adults.

b) Simple community equipment for adults and children, either delivered as part of a prescription based retail model that has been in operation in the County since 2010, or as part of a bundled package alongside other DILIS service elements.

c) Non Stock or Bespoke complex equipment for adults and children.

d) Minor adaptations up to a value of £1,000 for adults and children (excluding grab rails which are delivered under the retail model or as part of a Stock or Non Stock order).

e) Basic Speech and Language Communication Aids.

f) Technology and telecare equipment (which may expand to include telehealth equipment in the future).

Current position

The services to be integrated under DILIS are currently provided by 3 providers under five separate contracts; alongside 54 independent Accredited Retailers providing simple community equipment. This has led to an inefficient, bureaucratic and costly service provision. The service is currently only accessible to professionals; via paper based referral systems. There are separate processes used within Children's services, but it is intended these will be reviewed to align with adult services under the new service.

Current services are only available during weekdays, with an emergency out of hours service available over the weekends and evenings.

As at 28.2.15, around 71,000 people were receiving assistive technology services at an annual cost to the Council and the NHS Clinical Commissioning Groups of approximately £7 million.

Intended benefits for individuals

a) To allow people to maintain their independence and live their life by having access to appropriate and timely equipment and adaptation services to support them in meeting their personal goals; or by supporting their carers.

b) To provide a one-stop shop where 'assessment', provision and delivery of equipment and adaptations services can be provided where appropriate and necessary.

c) To provide services that are safe, sustainable, cost efficient and effective for the benefit of all customers whether they are receiving the service through the commissioning partners, or directly accessing the service themselves.

d) To help keep individuals out of hospital or Care Homes through provision of timely and safe equipment and adaptation services.

e) To support individuals to return home from hospital safely and in a timely manner.

f) To reduce the number of separate visits to individual customers' homes by offering a co-ordinated holistic service delivered by a multi-skilled workforce.

g) To support carers and prevent carer breakdown

h) To support end of life care, within the individuals chosen environment

Demand

Demand for integrated assistive technology comes from:

- DCC commissioned activity
- NHS Acute and Community commissioned activity
- NHS continuing health care activity
- Private payers

The rise in cost of the Community Equipment Service over the past years has not been primarily driven by an increase in the total number of activity requests, but is rather due to the rise in the number of complex and expensive pieces of equipment (particularly beds, hoists, pressure care mattresses etc.) to meet the needs of providing more complex care at home.

Usage and funding profile of the current Community Equipment Service

	No. of requests	Total funding
2009/10	48,271	£2,906,075
2010/11	47,215 (46,715 plus 500 prescriptions)	£3,5475,538
2011/12	47,097 (34,097 plus 13,000 prescriptions)	£3,974,534
2012/13	48,856 (33,856 plus 15,000 prescriptions)	£4,930,000
2013/14	50,471 (34,471 plus 16,000 scripts)	£5,343,861

As Government policy drivers within the health and social care sector continue to improve and widen services delivered to the public within the community, in a bid to manage the increasing demands placed upon the acute hospital services; this naturally places an additional demand burden upon assistive technology services to support the transformation change programme.

Supply

There is a broad market supply of physical equipment and technology suppliers within the market place to meet the likely needs of adults and children and basic and complex pieces of equipment.

Within the market, there are predominantly five organisations who are leading the delivery of integrated assistive technology services as commissioned by the Local Authority and NHS within the UK.

Commissioning for quality

We will commission a good-quality assistive technology service and support within robust quality assurance systems. Any quality assurance system will contain, as a minimum, systems/operational procedures on the following:

- Operating procedures for in-coming goods, items for disposal, deliveries to Service Users and collections
- Labelling and Identification of DILIS equipment in the store and community.
- Testing, maintenance and repair of DILIS equipment and adaptations to meet agreed quality standards
- Cleaning and decontamination.
- Waste disposal
- Medical devices
- Adverse Incident Reporting

Any commissioned integrated assistive technology service will be fully compliant with all current relevant health and safety legislation; with an annual audit undertaken against the MHRA Managing Medical Devices Standards and Guidance to prevent personal injury and/or damage to

property from occurring.

All Safeguarding Adults and Children legislation and local policy requirements will be met.

Market development opportunities and commissioning intentions

The commissioners want to work with providers who directly have the ability to transform the way equipment and support services are delivered in a way that places the interests of service users and carers at its heart.

The intention is to support the personalisation agenda for the whole population by improving the way people access a range of equipment and other practical products and services that help them continue to maximise their independence and safety, whilst having as much control as possible over their daily lives.

The Assistive Technology service will need to:

- Be available to people who fund their own care, as well as those who are patients of the NHS Clinical Commissioning Groups or customers of Devon County Council.
- Closely align with, and support the future development of, existing health and social care services.
- Support independent living in the community such as Social Care Reablement, Rapid Response, Hospital at Home, and Personal Care and Community Based Support.
- Support children with a range of additional needs within mainstream education.

In order to meet the commissioning requirements of an integrated assistive technology service, the County Council has engaged in a tender process which is pending.

Innovation

The new assistive technology service will include efficient and innovative processes for provision of this service, including online equipment ordering, online catalogue, barcode tracking and order traceability amongst some of the planned service innovations. Assistive technology equipment constantly changes and develops, and the new the provider will introduce market assistive technology innovations to be evaluated, trialled and adopted for use in Devon.

Section 5 – Commissioning & Procurement Timetable

Commissioning & Procurement Timetable

The following chart sets out the major procurement activities for the coming year. As each reaches the relevant stage we will publish further updates and build the quality of information included in this statement.

Please note timescales have not yet been defined but the procurement opportunities will be published from April onwards throughout to March next year. Providers should ensure that they are registered on the Procurement Portal www.supplyingthesouthwest.org.uk the purpose of this website is to support the procurement process by providing an e-tendering solution available for the Devon Procurement Partnership. This includes guides to supplying the authorities, advertising of tender opportunities and electronic tendering.

Procurement is fundamental to the delivery of the Council's statutory duty to achieve best value and to its social purpose of fulfilling the diverse needs of the Devon community.

Procurement also works closely with local business support organisations and public sector business support units to ensure improved access to business opportunities with the Council and assist Small to Medium Enterprises (SME's) and Voluntary & Community Sector (VCS) organisations to understand and engage with the tender process and produce quality responses to invitations to tender.

Social Care commissioners and the procurement team work closely to design procurements that are sensitive to local market conditions and that takes account of the views of providers.

Regulated Personal Care and Community Based Support for Adults – to secure providers for regulated personal care and other packages which may be unregulated but have a regulated component – provisional launch of procurement May 2015
Unregulated community based support – to procure an alternative to the current Type 1 work within the Framework Agreement, which ends on 31st March 2016. Provider engagement will begin during the Spring/Summer of 2015.
Supported Living – to develop the commissioning approach for Supported Living, securing providers for 2016 through a procurement process
Day Opportunities – Adults (Mental Health) To procure a variety of community based activities focused on a recovery approach to mental health problems. Provisional launch for this procurement will be summer 2015.
Building Based Day Services – Adults To secure providers onto a Preferred Suppler List (PSL), through a Quality Assurance Questionnaire. This opportunity has multiple 'entry points' up until 31st March 2016.
Dual Diagnosis – Adults (Mental Health) – To procure a supported living service in Exeter and Newton Abbott for people diagnosed with a drug /alcohol addiction and a mental health problem. Provisional launch date for this procurement will be April / May 2015.
Smoking Cessation and Lifestyle Hub (Public Health) – The smoking cessation element of this contract is varied Stop Smoking Services which are offered to people who want and are ready to stop smoking The Lifestyle Hub element of this contract is a central hub which will offer advice regarding reducing an individuals smoking, alcohol use or increasing an individuals exercise or healthy eating. The hub will aim to offer vary support such as web based, text, face to face, group, text etc.
Challenging Behaviour – Adults This is a procurement exercise aimed at increasing the local capacity to provide to adults with very complex needs. Individuals supported by the service will have "layered" issues in that they may have learning disability, have other significant needs such as autism, personality disorder, mental health needs, physical and sensory disabilities , and behaviours that are deemed to be challenging. A high number may have been involved in the criminal justice system in the past with sexual offending behaviour, assault and arson as common offences. Individuals are likely to be under a section 117 arrangement or a Community Treatment order. This is likely to be procured during Autumn 2015.

Procurement opportunities will be published from April onwards throughout to March next year.

Section 6 – Useful Links

Useful Links to other documents / information

Where to find business support:

- http://www.heartofswlep.co.uk/rural-growth – The Rural Growth Network runs across rural Devon and Somerset and aims to create a sustainable rural economy by developing a network or rural enterprise hubs. The RGN programme offers a business support package that can help with advice on marketing, finance and strategies for succession planning and growing your business.
- https://www.dct.org.uk/about-us/overview.ashx – Devon Care Training is a consortium of private, voluntary and independent sector social care and support providers with representatives from the Local Authority and other statutory bodies, representing all aspects of the social care market place.
- http://carefocussw.co.uk/learning-training/ – Care Focus South West (CiC) can offer advice on best practice, legislation, regulation, recruitment, workforce planning and development, facilitating learning opportunities, disseminating information and distributing funding for social care businesses across the South West.
- http://www.skillsforcare.org.uk/NMDS-SC-intelligence-research-and-innovation/NMDS-SC/NMDS-SC-and-workforce-intelligence.aspx – Skills for Care's National Minimum Data Set for Social Care (NMDC-SC) is an online data collection portal for the social care sector and is the recognised leading source of robust workforce intelligence for adult social care. Also have a workforce development fund – http://www.skillsforcare.org.uk/Funding/Workforce-Development-Fund-2014/Workforce-Development-Fund.aspx – which helps support care employers to cover the costs of some employee training and a similar fund for people who employ their own care & support staff – http://www.skillsforcare.org.uk/Funding/Individual-employer-funding/Individual-employer-funding.aspx.
- http://www.skillsforcare.org.uk/About-us/About-us.aspx – Skills for Care is the employer-led workforce development body for adult social care in England. We work with employers across England to make sure their people have the right skills and values to deliver high quality care. We offer workforce development support and practical resources from entry level right through to those in leadership and management roles.
- http://www.nationalcareassociation.org.uk/aboutus.asp – The National Care Association represents the interests of care providers who are members in lobbying government. Its support includes: a toolkit for assessing quality; publications for the workforce and on issues such as DBS and good practice; events to discuss key issues and a range of best practice films.

- http://www.ukhca.co.uk/index.aspx – The UK Home Care Association is the association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. It promotes standards of care and provides representation for providers. It offers a range of support services to members.
- http://www.newdevonccg.nhs.uk/information-for-patients/medicines-and-treatments/care-home-quality-collaborative/101456 – The Care Homes Quality Collaborative is a recent initiative from NEW Devon CCG who are aiming to improve the quality, safety and lives of people living in care homes in Devon. It is part of an overall quality assurance framework that is meant to allow NHS NEW Devon CCG to identify and respond to issues and themes that come up through safeguarding alerts, serious case reviews and/or complaints, or where community providers and staff working in care homes are saying they need additional training.

Section 7 – Impact Assessment

Impact Assessment

1. Background

1.1 **Description:**

The Market Position Statement (MPS) for Adult Social Care is published online to inform providers of adult social care services of the County Council's commissioning intentions, supply and demand and relevant demographic information.

1.2 **Service users:**

The audience for the MPS is providers of adult social care services, and commissioners within DCC and the two NHS Clinical Commissioning Groups. The types of provision covered by the MPS are:

Accommodation-based support, covering: Extra Care Housing, Care Homes, Supported Living, Sheltered Housing and Homelessness.

Community-based services covering Day Services, Personal Care and Community Based Support , Community Enabling & Social Care Reablement, Carers Respite/Breaks and Supported Employment, Prevention and Early Intervention including Assistive Technology.

1.3 **Describe any reasons for change and intended aims and benefits:**

The MPS was last published in Summer 2013 and it has now been reviewed and updated to take account of changes within the local authority, NHS and amongst the market of providers.

1.4 **Overlap with other policies, services etc:**

The Care Act 2014 places a new duty on local authorities with social care responsibilities to publish a Market Position statement, although DCC had already published statements from 2010 onwards.

The MPS itself contains links to relevant policies for each relevant market sector, such as residential care or personal care. Here is a link to the MPS:

https://new.devon.gov.uk/providerengagementnetwork/statements/

1.5 **The following stakeholders have been involved in this assessment:**

The MPS has been developed through DCC's ongoing engagement with providers of adult social care services via the Provider Engagement Network. Unlike in previous years when there were discrete MPS work groups, this time the engagement took the form of work on particular

strategies and service developments. These were:

Accommodation-based support – accommodation strategy, including in-house care homes review. Both the strategy and review were subject to service user consultation and Equality Reference Group briefing.

Community-based services – re-commissioning process for community-based and personal care services, and carers breaks review as part of planning for Care Act implementation. The re-commissioning of services has been subject to service user consultation and Equality Reference Group briefing. Carers breaks have been consulted on and the Equality Reference Group briefed as part of Care Act implementation.

Prevention and Early Intervention – development of Prevention Offer under Care Act implementation and re-commissioning of Assistive Technology provision, both the subject of service user consultation and Equality Reference Group briefing.

1.6 **The following research or guidance has been referred to, or advice sought, in order to inform the assessment:**

National Local Government Association guidance on production of MPSs.

Work with IPC (Oxford Brookes University) who had a national contract to advise local authorities on the production of their MPS.

2. Analysis

2.1 Social impacts

Giving Due Regard to Equality and Human Rights

The local authority must consider how people will be affected by the service, policy or practice. In so doing we must give due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity and
- Foster good relations.

We must take into account the protected characteristics of age, disability, gender, gender reassignment, pregnancy and maternity, marriage and civil partnership, sexual orientation, race, and religion and belief (where relevant).

This means considering how people with different needs get the different services they require and are not disadvantaged, and facilities are available to them on an equal basis in order to meet their needs; advancing equality of opportunity by recognising the disadvantages to which protected groups are subject and considering how they can be overcome.

We also need to ensure that human rights are protected. In particular, that people have:

- A reasonable level of choice in where and how they live their life and interact with others (this is an aspect of the human right to ‘private and family life’).
- An appropriate level of care which results in dignity and respect (the protection to a private and family life, protection from torture and the freedom of thought, belief and religion within the Human Rights Act and elimination of discrimination and the promotion of good relations under the Equality Act 2010).
- A right to life (ensuring that nothing we do results in unlawful or unnecessary/unavoidable death).

The Equality Act 2010 and other relevant legislation does not prevent the Council from taking difficult decisions which result in service reductions or closures for example, it does however require the Council to ensure that such decisions are:

- Informed and properly considered with a rigorous, conscious approach and open mind, taking due regard of the effects on the protected characteristics and the general duty to eliminate discrimination, advance equality and foster good relations.
- Proportionate (negative impacts are proportionate to the aims of the policy decision)
- Fair
- Necessary
- Reasonable, and
- Those affected have been adequately consulted.

	In what way is this characteristic relevant, or not relevant, to the service, policy or practice? Refer to the Social (Equality) Analysis guidance for further information.
Please Note:	**The Market Position Statement is a statement only, which describes the local authority's commissioning intentions. The commissioning activities themselves are what will really impact on the protected characteristics below.**
Age:	The MPS covers adult social care, so applies to people over 18 but takes account of transition planning for young people approaching adulthood.
Disability:	The MPS covers services provided to people with disabilities.
Gender/Sex (men and women):	The MPS covers services for both men and women, and our commissioning intentions do not discriminate on the grounds of gender but always take account of any particular sensitivities.
Marriage and civil partnership:	The MPS covers services regardless of marital state and our commissioning intentions are sensitive to civil partnered couples.
Pregnancy and maternity:	N/A – adult social care services are not altered if a recipient is pregnant, although any relevant reasonable adjustments would of course be made.
Race/ethnicity:	Our commissioning of adult social care must be carried out to ensure providers are sensitive to diverse needs arising from different racial and ethnic backgrounds, e.g. dietary requirements
Religion/belief:	Commissioned adult social care must ensure providers are sensitive to needs arising from diverse religions and beliefs
Sexual orientation:	The adult social care providers commissioned and engaged by DCC must not discriminate against service users on the basis of sexual orientation.
Trans-gender/gender identity:	Adult social care provision covered by the MPS is commissioned on the basis that providers will ensure they are sensitive to issue arising from trans-gender identity, which is particularly important when receiving intimate personal care.
Other (e.g. socio-economic, general health and wellbeing, geographic communities, human rights, safeguarding):	The assessment of markets and of commissioning intentions takes careful account of any such matters e.g. planning for delivery of care services in rural or more remote coastal settings.

2.1.1 **Positive impacts:**

The MPS is a means by which we can reinforce the duty of adult social care providers to take into account equality and diversity when supplying care and support services to vulnerable people.

2.1.2 **Negative impacts and mitigations or justification: N/a**

2.1.3 **Neutral impacts: N/a**

2.2 Economic impacts

	In what way is this factor relevant, or not relevant, to the service, policy or practice?
Impact on knowledge and skills:	The MPS will help social care providers to plan their future workforce development.
Impact on employment levels:	The MPS will support business planning to help create a sustainable social care market, which should have a positive impact on employment.
Impact on local business:	The MPS describes demand for social care to enable local businesses to meet needs.

2.2.1 **Positive impacts:**

The MPS is a key way of informing the market of adult social care providers of commissioning intentions and demographic trends to help them to plan their business development. It also builds on the understanding between commissioners and providers and provides a platform for the future.

2.2.2 **Negative impacts and mitigations or justification: N/a**

2.3 **Environmental impacts**

2.3.2 The policy or practice does not require the identification of environmental impacts using this Impact Assessment process because it is subject to (please select and proceed to Section 2.3, otherwise complete table below):

- Devon County Council's Environmental Review Process for permitted development highway schemes.
- Planning Permission under the Town and Country Planning Act (1990).
- Strategic Environmental Assessment under European Directive 2001/42/EC "on the assessment of the effects of certain plans and programmes on the environment".

	In what way is this factor relevant, or not relevant, to the service, policy or practice?
Reduce waste, and send less waste to landfill:	**N/A**
Conserve and enhance biodiversity (the variety of living species):	**N/A**
Safeguard the distinctive characteristics, features and special qualities of Devon's landscape:	**N/A**
Conserve and enhance the quality and character of our built environment and public spaces:	**N/A**
Conserve and enhance Devon's cultural and historic heritage:	**N/A**
Minimise greenhouse gas emissions:	**N/A**
Minimise pollution (including air, land, water, light and noise):	**N/A**
Contribute to reducing water consumption:	**N/A**
Ensure resilience to the future effects of climate change (warmer, wetter winters; drier, hotter summers; more intense storms; and rising sea level):	**N/A**
Other (please state below):	

2.3.3 **Positive impacts:**

No impact

2.3.4 **Negative impacts and mitigations or justification:**

No impact

2.4 **Combined Impacts**

2.4.1. **Linkages or conflicts between social, environmental and economic impacts:**

N/a

2.4.2 **'Social Value' of planned commissioned/procured services:**

The MPS's Introduction & Strategic Context contains a section on social value and the commissioning intentions described in the MPS are designed to enhance the social value of social care provision.

3. Actions and risk management

3.1 **Actions:**

How will you monitor the actual impacts of recommendations/decisions (consider what service user monitoring and consultation is necessary)?:

The MPS is published online in the public domain with an online feedback mechanism for all

readers. It is also subject to regular scrutiny from adult social care providers as part of the ongoing communication with them via the Provider Engagement Network. It will continue to updated and revised to ensure it meets the highest possible standards.

Section 8 – Review of the MPS

Review of the MPS

The latest iteration of the MPS will continue to be updated and sections will be posted on the website as they are reviewed and refreshed. We are taking an action research approach to continue to improve the MPS, underpinned by the good practice model offered by the Institute of Public Care.

- Developing a Market Position Statement

We look forward to working with providers to refine and develop this tool in the coming years.

Section 9 – This is how you can feed back

This is how you can feedback

We are taking an action research approach to continue to improve the MPS, and look forward to working with providers to refine and develop the Statements in the coming years. We welcome your feedback on the usefulness of the MPS and to receiving any suggestions for improvements.

Please send your comments to: socialcarebusinessrelations-mailbox@devon.gov.uk

Please Head the email: Market Position Statement – Feedback and Suggestions for Improvements