

REGULATED PERSONAL CARE

1. Brief Description

80% of the regulated personal care market is commissioned through the "Living Well At Home" contract. The contract incorporates elements of unregulated support, where the service user also needs the regulated provision of 'personal care' to meet their outcomes.

2. What do we want from this area in the future?

The Living Well at Home contract promotes improved health outcomes, greater independence and opportunity for inclusion through regulated personal care and support services which enable vulnerable adults to achieve as full and independent a life as possible at home and within their community.

It offers personalised, high quality care and support, delivered when and where people need it, in a way that works for them. Care packages should be designed with the individual, be outcome-focused and foster independence.

Devon County Council and its NHS Partners aim to achieve a sustainable market, characterised by reliability, quality and accountability.

The increasing integration of health and social care requires new approaches to care delivery and we are committed to supporting provision that meets the challenges of the wider health and social care system, reducing impact on Primary Care, avoiding unnecessary hospital admissions or residential placements and ensuring effective and timely discharge from hospital.

The aims and intended benefits of the Living Well at Home Contract are:

- **Individual Benefits**

- Independence is restored or maintained, working with an individual's natural support system to support them to be safe and well at home
- People shape their own care experience with the provider
- Timely and reliable domiciliary care provision
- High quality, safe care and support

- **Provider Benefits**

- A stable business model that supports sustainability
- A clear strategic direction with opportunity for innovation, growth and service development.

- Improved ability to employ and retain a skilled workforce to provide a high-quality service to the people they support
- Opportunities for joint working with the community and voluntary sector
- Support around business development, including recruitment and retention (including Proud to Care) from the Prime Provider Partners and Commissioners

- **Commissioners Benefits**

- Opportunity to innovate and improve capacity in the market
- Robust partnership and governance arrangements which focus on improved quality of care
- Proactive relationships with the market, co-ordinated by the Council and Prime Providers that address capacity and sustainability challenges
- Market oversight and management of suppliers with support to appropriately grow existing provision whilst promoting quality and diversity in the market
- Achieving value for money through efficiencies within wider system design that enables reinvestment to safeguard future supply

3. What is the assessment of need?

DCC and the Devon CCG project an indicative future 'public' commissioning volume of personal care as follows (NB 17/18 and 18/19 are actuals:

	2017/18	2018/19	2019/20	2020/21	2021/22
Total Hrs/WK	48,721	45,007	38,000	40,000	40,000
No. Individuals supported per year	6294	5790	5800	6000	60000

We are currently reviewing future volumes in the context of changing models of care and the anticipated bulge in demand working through as a result of the spike in population of the "baby boomer" generation. Whilst the full effect of this increase is beyond the 2021/22 timeframe we need to be preparing now for growing demand levels and, in particular, the impacts of ageing in relation to COPD and dementia. This will require careful thinking about workforce requirements

There is evidence that the nature of the work is already beginning to change, with more intensive and complex care packages becoming common, including the delivery of health care tasks delegated to care workers by an NHS registered nurse. We are considering whether there needs to be a different approach to End of Life care as supply is not meeting need but recognise the importance of supporting providers to ensure continuity for existing long - term service users at the end of their life.

In the meantime, volumes are expected to remain fairly stable in the short to medium term as we balance demographic demand with strengths-based

working that maximises independence and contains that growth and improved efficiency within the care market.

We also need to think further with providers about the nature and scale of the private market so that we can fulfil the Care Act duty to ensure a sufficient supply of care for all Devon's residents.

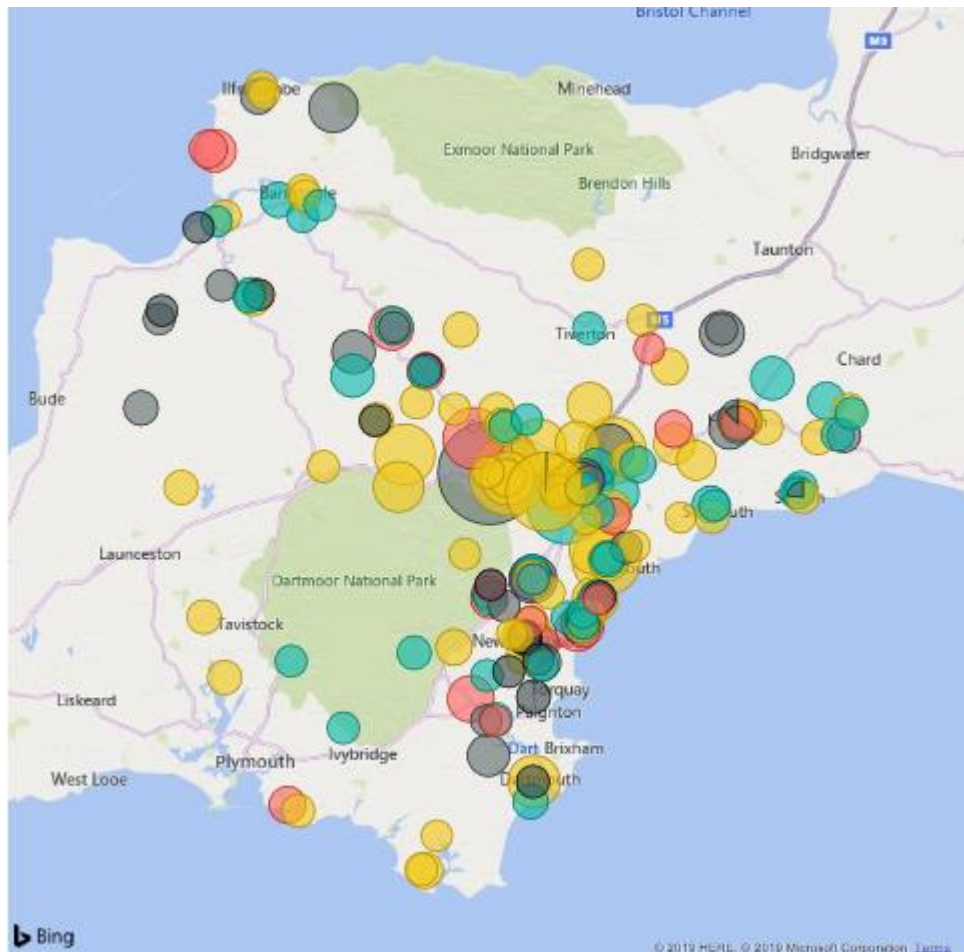
4. What is the assessment of supply?

The Prime Providers and Devon County Council (from November in zones 4,5,6 and 7) have managed a subcontracted provider market in 8 zones. From 11 November, four of these will be co-ordinated by Devon County Council and the NHS, with DCC taking the lead:

Geographic Zone	Description	Prime
1	Bideford/Northam, Great Torrington and Holsworthy	Devon Cares
2	Ilfracombe, Lynton/Lynmouth, Barnstaple, South Molton	Devon Cares
3	Tiverton, Crediton, Cullompton	Devon Cares
4	Exeter	DCC
5	Honiton, Sidmouth, Exmouth, Seaton	DCC
6	Newton Abbot, Totnes, Dartmouth	DCC
7	Tavistock, Ivybridge	DCC
8	Okehampton, Moretonhampstead	MiHomecare

Whilst the level of hours that we want to buy is remaining broadly stable, unmet need has grown and, at mid October, stands at about 2000 hours per week. This represents about 5% of all demand.

The map below shows this graphically, with each circle representing a person. It is important to stress that each of these people either has care in place (but not solely from the LWAH contract) or is safe and well whilst waiting.



At a zone as at Mid October the unmet need is:

Zone	Number of hours	Number of People
1	86	12
2	139	14
3	228	21
4	361	43
5	426	34
6	558	63
7	142	10
8	60	8

The shortfall of care workers to meet this demand is assessed at around 100 and a major challenge for the whole system is to recruit and retain the care workforce. This will need some fresh thinking, including the way in which this workforce is developed alongside the wider health and social care workforce.

5. What changes are we looking for from this service in the future, including any market opportunities, and how can commissioners help to move towards these changes ?

Challenges for this market relate primarily to

- Workforce availability and the consequential impact on sufficiency and quality of provision. We recognise that this is a complex issue that relates to the status of care workers, career paths, support and making the work as rewarding as possible
- What appears to be a reducing market of care provision for commissioned care, driven by the scarcity of workforce and, in some parts of Devon a growing private market
- Largely full employment, reduced availability of a workforce from overseas and a seasonal nature to workforce availability.
- Ensuring timely and effective transfer of people between hospital and home as soon as individuals are medically fit to leave hospital with rehabilitation - focused care and support in place to support people to be safe and well during a period of convalescence
- Delivering timely End of Life care.

Addressing these issues requires a number of approaches:

- *Reducing or managing demand* by ensuring that everyone is given intensive support to recover their independence to reduce or prevent the need for long-term care and support
- *Improving efficiency* across the system to help providers to manage work as effectively as possible, together with risk-sharing with providers by giving greater certainty of the volumes of work

- Continuing to develop a Guaranteed Hours programme (which began in October 2018) through which commissioners commit to a defined volume of hours from the market, with enhanced flexibility
- An offer to the workforce of guaranteed hours/shift working to improve their terms and conditions of employment, coupled with improved training that upskills and provide career development opportunity
- Allocating reviewing officers to work with providers to make adjustments to care packages quickly to release capacity and consider how technology might make a contribution to better meeting need
- A commercial review of the Living Well at Home contract and the price paid for care
- Continued development of our Proud to Care campaign which celebrates care and encourages people to join this workforce

Market Opportunities



Market Opportunities

- Community action to find local solutions to meeting need and enriching the lives of vulnerable people
- Learning from our Individual Service Fund pilot (see section on individual purchasing)
- Building our approach to Outcomes Focused Commissioning
- Use of technology and other aids to give people maximum opportunity to be independent

We will take an organisational development approach to addressing current demand and planning for the future, driven by shared values and an action - learning approach to finding solutions that help providers, care managers and NHS staff to use available staffing effectively and in a rewarding way.

We will co-design design and develop these actions with the involvement of all parts of the system, but especially listening to care workers and providers about their ideas for what will work best.



Market Opportunity

In addition, we point providers to the Creative Innovation and Growth Fund (<https://www.devon.gov.uk/economy/business-support/creative-innovation-and-growth-programme-ciag/>), where both revenue and capital are available to social care businesses who have ideas for innovation or change that will address the sufficiency issues set out in this statement.