

Market Position Statement and Primary Care Networks Update

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

Recommendations:

That the Committee shares the learning from the most recent Standing Overview Group meeting on the Market Position Statement and Primary Care Networks to inform its future work programme.

Background

The Standing Overview Group of the Health and Adult Scrutiny Committee meets bi-monthly as an information sharing and member development session where issues are presented to members to raise awareness and increase knowledge. Any action points arising from the sessions are reported back to the formal Committee meeting. On 17 July 2019 the Standing Overview Group received presentations on the Market Position Statement and Primary Care Networks.

Members in Attendance

- Cllr Randall Johnson (Chair)
- Cllr Ackland
- Cllr Berry
- Cllr Russell
- Cllr Saywell
- Cllr Trail
- Cllr Twiss

Market Position Statement

- Ian Hobbs Senior Manager (Social Care Commissioning), Devon County Council

Context

- In April 2019 the Clinical Commissioning Group took over the commissioning responsibility for Primary Care delivery with the aim to strengthen Primary Care Networks across Devon, GP services, social care and the voluntary sector.
- The Market Position Statement (MPS) is a sufficiency assessment of markets now and into the future. It helps to fulfil our duties under the Care Act 2014.
- It is aimed at Independent Sector providers and is jointly prepared by DCC and the CCG. The MPS informs providers about profiles of need now and into the future for both existing business and new business development. It also informs and supports delivery of priorities/investment decisions for DCC & NHS.
- Due to the ageing demographics of the UK and Devon particularly, a surge in demand over the next three decades is expected. Those pressures are already evident in increasing demands for both health and social care and will grow in the next 10 years.
- Workforce issues, especially lack of care workers, are a major factor in securing sufficient and high quality services (though quality of regulated care in DCC is better than the SW and comparator Local Authorities
- The expectation is of supporting people primarily in their own homes and this will require service development across health and social care to meet need profiles.
- A key theme will be for a different mix of “accommodation with care options” (for all age groups) i.e. Care Homes, Supported Living, Extra Care Housing and Carer Households (host families).
- Sufficiency is particularly challenged currently in delivery of regulated personal care and in care home availability in some locations and in meeting particularly complex needs. Replacement (respite) care to support carers is also a key area of need.
- The MPS aims to engage with providers to promote Technology Enabled Care Services to promote independence and support provider efficiency/profitability.

Milestones

- New Devon Care Homes framework by July 2020, with a revised needs profile and care homes estate conditions survey under way.
- Regional care home framework for LD clients with complex and intensive needs by July 2020.
- Establish personalised care home fee model from July 2020 for clients with learning disabilities/mental health condition.
- Carers contract runs to April 23 plus two possible one-year extensions
- Living Well @ Home contract runs to July 2021 with possible two further years extension, but it has been agreed with Mears that their contract will end in November this year.
- Accredited list of replacement care providers by Autumn 2019/Winter 2020
- Determine future approach to Supporting Independence Framework which runs until 30 Sept 2021, with a needs assessment already under way.
- Supported Living framework by Autumn 2020.

- Starting tender process for First Responder Service for TECS alerts tender from September 2019.

Future actions

- Annual Review of MPS going forwards.
- Modular and online approach allows easy updating.
- The ongoing integration of the MPS is a Key part of the Commissioning Cycle.
- Link to existing contracts and performance management arrangements, which will be further strengthened.
- Potential for aligned or combined MPS across STP footprint.
- Ensure we have regularly updated need and supply data across each area at a more granular level.

Primary Care

- Mark Procter Director of Primary Care, Devon Clinical Commissioning Group

Context

- High quality general practice provides a holistic approach to our care, from preventing illness and diagnosing problems, to treating diseases and managing long term conditions. GPs do not just provide care themselves, they also help their patients to navigate the system and access the care they need in other settings. GPs represent a single coordinator of care for people from birth through to the end of their life.
- The new Primary Care model is based on improving the pathway before and when a person visits their GP.
- The anticipated benefits for people are: More coordinated services, access to a wider range of services and professionals, access to appointments that work around their life, more influence and access to personalised care.
- The anticipated benefits for general practice and other providers of care are: greater resilience across primary care, better work/ life balance, more satisfying work, improved care and treatment for people and greater influence on the wider health system.
- The anticipated benefits for the broader health and care system are: More coordinated care, wider range of services in a community setting, a more population-focused approach and greater resilience.

Future actions

- The continued sharing of information regarding the Primary Care Network with members.

Issues Identified by Members

The following issues were identified by members during their discussion with providers:

- Use of Technology – The importance of continued work to use technology in the field of Health and Adult Care.
- Carers Respite – The need for carers to be given adequate respite provision.
- Recruitment and Retention– The difficulties of recruitment and retention in Adult Social Care.
- PCN mapping – The need for PCN areas to reflect communities' needs.

Conclusion

The Committee thanked the presenters and recognised the work they are undertaking to develop and sustain a culture of continuous improvement to the quality of health and adult care services in the County.

**Councillor Sara Randall Johnson, Chair
Health & Adult Care Scrutiny Committee**

Electoral Divisions: All

Local Government Act 1972

List of Background Papers

Contact for Enquiries: Dan Looker / Tel No: (01392) 382232

<u>Background Paper</u>	<u>Date</u>	<u>File Ref</u>
--------------------------------	--------------------	------------------------

Nil

There are no equality issues associated with this report