

## ADULT SOCIAL CARE MARKET SUFFICIENCY STATEMENT 2020

### Report of the Associate Director of Commissioning (Care and Health)

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

1. That the impacts on the adult social care market of Covid-19, together with associated financial risks, are taken into account as part of budget preparation (section 3 and 5)
2. That the Cabinet endorses the actions being taken to address sufficiency and to remodel key sectors of the market (section 3 and Appendix 1).
3. That the Cabinet agrees that detailed proposals are prepared supported by the Cabinet Member for Adult Care and Health, to lead a high profile campaign locally and nationally to secure a social care workforce that delivers the high quality care and support to which we aspire, through improved terms and conditions and other measures (see section 4).

#### 1. Background/Introduction

- 1.1 At its meeting on 15 January 2020, Cabinet required (minute 448) that a Market Sufficiency report be presented each September.
- 1.2 This report details the initial impacts of COVID19 on adult social care markets and sets out actions to respond to them.
- 1.3 The January 2020 Market Position Statement (MPS) is available at <https://www.devon.gov.uk/providerengagementnetwork/statements/> and will be updated in the coming months where change is indicated.

#### 2. Strategic Context

- 2.1 The pandemic has reinforced the importance of the adult social care sector to the safety and well-being of the people of Devon and demonstrated the strong partnership between the Council, the NHS and our independent sector provider partners.
- 2.2 Our health and care system has performed very well throughout the pandemic. The rapid and sustained action taken to support providers has

been fundamental to that success and has built a strong platform to address future challenges.

- 2.3 Nevertheless, the impact on the adult social care market has been significant and, in preparing for Winter, we need to address new challenges and assess future risks, especially in relation to service models, provider infrastructure, pricing and workforce.
- 2.4 Those markets identified in January as presenting the greatest risks to sufficiency (care homes and domiciliary care) remain high priority but increased focus is now also needed in relation to:
  - buildings-based day services, many of which cannot safely continue with historic models of service delivery
  - the Supported Living market, due to the increased risk of Covid-19 in shared accommodation
  - replacement care, due to increased pressures on unpaid carers.
- 2.5 A strong care workforce is key. The pandemic has presented major difficulties for providers, but the care sector now has a much more positive profile and, coupled with rising unemployment, the potential to attract and retain staff. This is illustrated by our successful Proud to Care campaign which resulted in approx.150 new recruits.
- 2.6 The Council's increased investment into the pay of domiciliary care workers and commitment to review pay and conditions in care homes as part of the 2021/22 fee review, has been widely welcomed.
- 2.7 Our sufficiency plans will balance strategic market assessments with place-based commissioning so that we reflect local conditions.

### 3. Market Sufficiency Assessment

- 3.1 This section sets out 5 priorities
- 3.2 Running through them is the need to address the needs of a relatively small number of people who have the most profound needs, especially those with physical and learning disabilities, enduring mental health needs and autism. The solutions for this group are often highly bespoke and represent the highest individual cost of provision, potentially over a long period of time.
- 3.3 Care Homes
  - 3.3.1 The Care Homes market has been heavily impacted by the pandemic but has responded well and has had fewer deaths than national experience would have indicated. This is recognised nationally.
  - 3.3.2 In February 2020 the average vacancy rate of CQC registered beds was approx. 4%. In August 2020 vacancies have risen to 8%. The southern

locality currently has the highest number of vacancies of both residential and nursing beds at 10%. However, homes which provide a service to support complex dementia have a much lower vacancy rate at approximately 3%.

- 3.3.3 Whilst the number of placements made by the Council and NHS has been consistent, or even higher than usual, the number of self-funders taking up care home placements appears to have fallen. This may be masked by NHS funded placements as part of the COVID-19 hospital discharge guidance. This has meant that all individuals have had state funded care placements throughout the current escalation period.
- 3.3.4 It remains difficult to place people with complex needs and behaviours that challenge services.
- 3.3.5 Ensuring sufficient staffing to deliver enhanced levels of care to support the self-isolation of people newly admitted to care homes (in line with infection control guidance) is difficult for some homes.
- 3.3.6 The average cost per bed has increased in both residential and nursing care, creating a budget pressure. This is common across the region.
- 3.3.7 Continued risks and issues in this sector include:
- varying levels of vacancies but up to 30% in some homes, made more acute where there has been an outbreak, bringing associated financial pressures and increased risk of provider failure
  - high running costs linked to PPE and higher staff levels
  - the impact of any second wave and the ongoing costs of infection control and testing
  - potential for more nursing homes to de-register nursing beds as they struggle to recruit and retain nursing staff.
  - insufficient capacity if the market shrinks rapidly but demand returns to pre- covid19 levels
  - seasonal pressures may be more intense, especially this winter, due to the combination of Covid and the usual flu season.
  - care Homes have largely stopped delivering day care and respite care, further impacting on income streams (although continued financial support has been offered in relation to day services)
  - a skills shortfall in those working with people with complex needs and nursing
  - increased costs to address pay and conditions in the 21/22 fee review
- 3.3.8 Our priority actions in this sector are:
- Maintaining flow through the hospital system

- Supporting on-going infection control measures
- Reassessment of demand profiles
- Preparation of a Market Development Plan to address winter pressures and longer-term rebalancing of the market
- Increasing capacity for people over 65 with complex mental health needs
- Reviewing capacity for people under 65 with complex needs, physical disabilities and behaviour which challenge services
- Facilitating the Nursing Associate Apprenticeship Scheme, alongside other workforce initiatives in partnership with the NHS.

### 3.4 Regulated (domiciliary) Personal Care

3.4.1 In February 2020 there was a shortfall of 3,000 hours per week (6% of total commissioned hours) affecting 300 people, 50% of which was in Exeter and South Devon.

3.4.2 Demand reduced from April-June but has climbed steadily during July and August. The current shortfall is 2,365 hours per week, affecting 190 people (5% of total commissioned hours). The highest areas of unmet need are Mid Devon, East Devon and South Devon.

3.4.3 The additional permanent investment in the pay of domiciliary care workers should have a positive impact on retention and recruitment and improve sufficiency during the Autumn.

3.4.4 This action, together with further measures that will be needed, is crucial as the capacity tracker developed by CQC highlights that Devon stands out regionally and nationally as an area where providers are reporting major difficulties in securing sufficient staffing.

3.4.5 The key issues and risks affecting this sector include:

- Insufficient availability of care (and other) staff
- A changing pattern of demand, as we try to meet the needs of more people in their own home, often with more complexity and frailty
- Maintaining hospital flow requires new approaches to supporting admissions and discharges.
- The need for a faster response, often with bigger packages of care
- Uncertainty of demand patterns during the winter
- Reliance on costly agency staffing in Exeter, Mid and South Devon. Failure to reduce or replace will increase costs over winter.
- Managing complex and challenging behaviours requires new skills
- Challenges in offering double-handed and end of life care and in reaching some rural areas
- Increased demand for replacement care (day and night sitting) arising from reduced availability in care homes and day centres

- Changing patterns of support by unpaid carers and increased pressure on supply as those who have cared for relatives whilst furloughed return to employment
- The 5 year Living Well at Home contract ends in July 2021

#### 3.4.6 Our priority actions in this sector are:

- Increasing workforce capacity
- Continuing action to reduce the numbers of people waiting for care
- Reassessing demand profiles and preparing for winter
- Building on our investment in the care workforce to strengthen its skill base, improve retention and boost recruitment
- Phasing out agency staffing, potentially through new block contracts
- Planning for future arrangements for the Living Well At Home contract after July 2021, including potential for efficiencies in the delivery model

### 3.5 Replacement Care

3.5.1 The reduced access to replacement care during the pandemic has had a significant and continuing impact on the wellbeing of unpaid carers.

3.5.2 Whilst demand is increasing, traditional forms of replacement care have reduced (already insufficient before the pandemic) in care homes and day centres.

3.5.3 The key issues and risks in this sector are:

- Increased risk of carer breakdown and safeguarding concerns arising from the increased intensity of the caring role
- Greater impact on the mental health and well-being of carers, exacerbated by their increased isolation
- Potential increase in the number of carers in crisis and longer term unbudgeted spend
- More difficult environment to develop replacement care solutions
- Impact on employment if unpaid carers cut back their paid work hours or give up their jobs, together with associated hardship

3.5.4 Our priority actions in this sector are:

- Increasing supply through an invitation (August 2020) to providers to join a list of services offering replacement care
- Market Development arising from that offer
- A focus on innovation, informed by the experience of unpaid carers
- Consideration of the potential for family-based and live-in care

### 3.6 Day Opportunities

3.6.1 Unregulated care and support is largely delivered through a “Supporting Independence” contract, which is structured in 2 lots:

- Lot 1  
Day opportunities (group based) – including building-based day care.
- Lot 2  
Care through the front door or individualised support – this is support which is not regulated personal care.

3.6.2 105 providers offer day opportunities. As a result of COVID19, approximately 30% of these providers may withdraw their service due to issues of safety and sustainability. This reflects national trends and is likely to impact mostly on older person’s day opportunities.

3.6.3 Devon County Council respite centres closed during the COVID19 pandemic with staff reallocated into other activities such as enabling. Bed-based care in these centres re-opened from 17 July but day services remain under review, whilst we consider how we can provide services safely and in line with COVID19 guidance.

3.6.4 Financial support from the Council for day opportunities providers is available until the end of September, regardless of whether they are currently providing day care, to allow time to review their position.

3.6.5 For some time it has been a priority to improve support in the unregulated market for people with disabilities, mental health needs and autism. A further 20 providers entered our contract before the process was delayed because of Covid-19, and this remains a priority.

3.6.6 Key Risks and Issues facing this sector are:

- Likely closure of day centres, especially for older people
- Managing the transition from buildings-based day care to small-group or individualised solutions, which is likely to be at higher cost
- Loss of day care provision may have a significant impact on the wellbeing of unpaid carers

3.6.7 Our priority actions in this sector are:

- Opening the Supporting Independence framework (August 2020), with new providers operational under the contract from 1 April 2021
- Financial support to day opportunities providers until end September 2020 to either enable them to safely re-open or to adapt or close their services in a managed way
- Re-commissioning of the Supporting Independence (SI) framework, which ends on 30 September 2021.

- Consideration of the future of day service provision offered by the County Council.

### 3.7 Supported Living

3.7.1. Due to the extensive work undertaken during Covid19 to support this sector, our understanding of existing provision (comprising the care and support and the properties into which this is delivered) is much improved. However, more understanding is needed of future demand. This is a key action for our Housing with Support strategy.

3.7.2 As at 13 August there were 348 Supported Living properties with 1678 rooms in the County Council area. 67 providers deliver care and support to multiple service users living in these properties. 115 rooms are potentially available, depending on the match of the needs of new referrals and other tenants.

3.7.3 Whilst this market has been stable during Covid-19, it remains difficult to identify appropriate care and support solutions for people with mental health needs or with complex behavioural needs and for low-level, step-down transition support.

3.7.4 Key Risks and Issues facing this sector are:

- The serious risk of community transmission of Covid 19 in shared environments, mitigated by the Council's allocation of £1.6m from the Infection Prevention and Control Fund to the sector
- The need for more specialist capability, particularly for people with mental health needs and behaviours that challenge services
- The need for a wider range of appropriate accommodation solutions
- Financial sustainability, given the structure of this market where the tenancy and landlord function is separate to the care and support function, and with an increase in large national property investment organisations entering the market.
- Financial sustainability arising from future housing benefit decisions, including enhanced housing benefit that currently supports many people living in this marketplace.
- Staff shortages and skill gaps required to support the breadth of needs and complexity of service delivery.

3.7.5 Our priority actions in this sector are:

- Ensuring appropriate staffing levels, especially when staff work across various properties, to reduce risk of Covid transmission between settings

- Enhancing training, technology and other support to mitigate infection control risks
- Developing specialist capability with providers to match crisis support needs, complex behaviour needs and transition support.
- Work with providers to:
  - prevent hospital re-admissions and support discharge
  - reduce the number of out of county placements
  - increase the number of providers taking new placements out of office hours
  - increase resilience and develop strong business continuity plans
  - enhancing skills to meet specialist needs including mental health, autism and complex needs
- Work with District Councils and landlords to improve the supply of appropriate accommodation options.

## 4 Transforming the Independent Sector Workforce

### 4.1 Context

- 4.1.1 The pandemic has brought the social care workforce into the heart of debates about public policy but, wider social and economic concerns may overwhelm that shift.
- 4.1.2 The action by the Council to increase pay for domiciliary care workers and to commit to reviewing pay for care home workers in 2021, has provided a potential springboard from which to build. There is a once in a generation opportunity to make a transformational change to the expectations, performance and rewards of this sector.

### 4.2 The Opportunity

- 4.2.1 Our population expects and deserves high quality services, driven by training and skills, stability and values-based practice and leadership.
- 4.2.2 Devon's performance during the pandemic has been recognised nationally. Our demographic profile, together with our scale and strong relationships with our provider partners in both the NHS and independent sector gives us a platform from which to build a radical new approach to our workforce and, through it, to transform outcomes for the people of Devon.
- 4.2.3 As the Council establishes its recovery plan to address the consequences of Covid we need to ensure that social care is a core element of that programme of change.

### 4.3 Why is change needed?

- Our workforce is not sufficient, resilient or ready for future challenges
- It does not feel respected or valued and providers struggle to grow



- The nature of provision is changing and, arguably, the pandemic will be a catalyst for a long - term structural change in our markets
- Need is changing, becoming more complex and intense
- The public has different and changing expectations
- Our services need more agility to respond to wider system performance and to demographic, social, cultural and scientific developments
- The impact of Brexit and specifically the reduction in workforce from overseas and the expectation of government that we develop our own solutions to ensuring a workforce that is skilled and sufficient for the future.

#### 4.4 What might a transformed social care workforce look like?

##### 4.4.1 It would be:

- A workplace of choice – attracting people, not just because they have the right values but because it offers sufficient financial rewards to make it a viable economic choice
- A career of choice – because entrants can see a range of pathways of opportunity
- Respected and valued – not just by those who work in it but by the public at large; seen as a vital and vibrant part of our local community
- Driven by research and development – looking optimistically to the future and built on ethical practice, evidence, training, science and technology AND
- It would lead nationally – recognised for its innovation and leadership. It would maximise assets in science and production and transform health and care as we move from care settings to places and communities.

#### 4.5 What prevents this happening now?

- Lack of commitment – the sector has not been high priority for a unified approach politically, economically or socially
- Lack of value – social care has not been seen as important and of value, certainly when compared to the NHS
- Lack of reward – investment in pay and conditions has lagged and does not reflect work that is valued
- Lack of economic impact – seen as a sector of high employment but low value and low economic return on investment.

#### 4.6 How could things be different?

##### 4.6.1 Devon County Council could seize the initiative and build a social care sector that is ready to address the challenges of the next 30 years. To do so the Council would need to assert its leadership and influence to:

- Engage a broad coalition of local, regional and national partners and
- Prepare a Prospectus for Change with a programme for the next 5 years which positions Devon as the vanguard of change

##### 4.6.2 The “Prospectus for change” would need

- Political commitment – in the Council, through its MPs and with central government, including APPG

- Policy commitment – through ADASS, LGA and CCN
- Professional commitment - supported by Professional and Trade Bodies and Trades Unions.
- System commitment – STP benefits from sufficient markets, built on shared purpose, collaboration and trust
- Economic commitment:
  - Locally - consolidate the Council and NHS action to improve pay and conditions in the domiciliary care sector and recognise the investment that would be needed following a review of care home pay and conditions. For providers, the workforce acts a foundation for business growth and development
  - Regionally – working with the LEP to achieve a sector of high added value, engaging advanced industries in robotics, AI, green energy and backed by significant investment
  - Nationally – taking the case to government for the necessary investment
- Environmental commitment – recognised as a major contributor to carbon reduction, through use of e.g. electric vehicles to reduce carbon-based fuel consumption. Link to the “Go Green” programme.
- Social commitment – by engaging and harnessing public opinion to value the sector
- Educational commitment – combining the energy of the further and higher education sector to build a Social Care Academy in the county, nationally unrivalled that would be seen as a centre of research and development and learning.

4.7 This programme would need to be delivered through a high - profile national, regional and local campaign

## 5 Consultations/Representations/Technical Data

5.1 The provider representatives on our Provider Engagement Network Reference group have had an opportunity to comment on this report. Service Users, Carers and the general public are consulted separately where any significant changes to policy or service delivery are proposed or implemented.

## 6 Financial Considerations

- 6.1 There are significant risks of increased cost pressures to address the challenges set out in this report, the most significant of which are:
- The aspiration for greater investment in the workforce, especially but not exclusively as part of the care home fee consultation for 2021
  - The potential for rising unit prices, to address the specific and unavoidable costs still present from the pandemic, for example items such as PPE
  - Provider fee adjustments to reflect the changing context in which they operate and offset the number of voids they are carrying
  - Changing models of care leading to higher costs e.g. relatively inexpensive day care may have to be replaced by 1:1 or small group work

- Increased risk of business failure may lead to an increase in demand for supplier relief or alternative service provisions
  - The uncertainty of future government support to address the ongoing costs from the impact of the Covid 19 pandemic over the spring, and furthermore any further waves of Covid-19
  - Large numbers of service user reviews will need to be undertaken to address government requirements in relation to funding for hospital discharge and providers seeking price increases.
- 6.2 It is not yet possible to assess the level of cost implication in each priority area, these will be considered as part of the detailed work that results from the Sufficiency Assessment and for budget preparation.
- 7 Legal Considerations
- 7.1 This annual Sufficiency Statement has been prepared to update the MPS with the latest position. The MPS is prepared as part of the Council's duty of Market shaping under the Care Act 2014.
- 8 Environmental Impact Considerations (Including Climate Change)
- 8.1 The environment and environmental impact considerations will be considered as part of the detailed work that results from the Sufficiency Assessment.
9. Equality Considerations
- 9.1 An Impact Assessment was prepared for the MPS in January 2020 and this still stands.
- 10 Risk Management Considerations
- 10.1 This Sufficiency Assessment is key to our risk management of care markets. For example, it helps us understand where clients may have difficulty receiving services because of a lack of good quality providers. We can then take mitigating actions to ensure that we maintain a sufficient marketplace. This has been particular important during the COVID19 situation.
- 11 Public Health Impact
- 11.1 The Public Health considerations will be considered as part of the separate work on the future plans contained in the action plan.
- 12 Summary/Conclusions/Reasons for Recommendations
- 12.1 The Market Position Statement, along with this Sufficiency Statement, are key tools for analysis our marketplace and delivering our plans, both countywide and at a local level. Without a vibrant market we cannot fulfil our statutory obligations, nor meet the changing needs of the public. Our

providers are significant partners as well as contractors and we will continue to work with them to adapt the profile of supply and assist them with planning.

- 12.2 The impacts and uncertainties arising from Covid, added to the issues that were already present in our markets, will be a major challenge for some years to come.

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Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER                      DATE                      FILE REFERENCE

## Market Sufficiency Actions 2020/21

## Care Homes

Action	Activities	Impact	Timescale
Reassessment of demand profiles.	<p>Review placement activity and analyse trends over past 6-12 months to inform demand profiles at locality level and in preparation for winter pressures.</p> <p>Link with systemwide CCG demand and capacity work to establish shared view of capacity and future demand requirements.</p>	Demand understood resulting in an informed market development strategy and plan.	Middle of September 2020
Preparation of a Market Development Plan to address winter pressures and longer-term rebalancing of the market	<p>Care home stratification to understand business critical homes.</p> <p>Develop market sufficiency dashboard to include close monitoring of vacancies and gaps in provision.</p> <p>Identify and support homes declaring high numbers of vacancies to maintain or address business viability.</p> <p>Provider assessment and development plan drafted and implemented.</p>	Developed and supported market; any requirement for continued provider relief/support understood; capacity to support need maintained; barriers to admissions removed; provider failure averted.	<p>Stratification / sufficiency dashboard complete early/mid September 2020</p> <p>Market development plan – end of September 2020</p>
Maintaining flow	Continuing the discharge to assess (D2A) and trusted assessor model as per the	Responsive, timely and	In train.

Action	Activities	Impact	Timescale
through the hospital system	<p>government's <a href="#">'Hospital Discharge Service: Policy and Operating Model, updated 21/08/20.</a></p> <p>Reviewing and where possible improving the Bed Bureau approach for hospital discharges.</p> <p>Maintaining and building market capacity to ensure sufficient supply on discharge.</p>	prioritised discharges; capacity within the entire market utilised.	September 2020 for the new D2A arrangements.
Supporting on -going infection control measures	<p>Action plan to support 'at risk' providers as identified via the DHSC infection control fund process.</p> <p>Continued Provider engagement and support via care home support meetings and webinars.</p> <p>Infection control support and training.</p> <p>Restore 2 training. C19 weekly huddle process to further identify and support at risk providers.</p>	A supported market more able and equipped to prevent and/or manage infections and to promptly recognise and respond to any deterioration to the condition of residents.	<p>On-going.</p> <p>The action plan to support providers is in train, to be completed ASAP.</p> <p>Infection control support and training – in train; planning for this to be an ongoing offer.</p> <p>Restore 2 training offer – October 2020</p> <p>Infection control and provider risk datasets will continue to be monitored and providers supported as required.</p>
Increasing capacity for people over 65 with complex mental health	Develop care pathway and local escalation plan for complex care placements.	Timely discharges from hospital for complex placements. Clear provider development	<p>Pathway - September 2020</p> <p>Market development –</p>

Action	Activities	Impact	Timescale
needs	Task and finish group to work with care homes wanting to expand their current offer and develop different delivery models to support people with more complex mental health needs.	plan to increase market capacity for people over 65 with complex mental health needs.	September 2020 to December 2020
Reviewing capacity for people under 65 with complex need, physical disabilities and behaviour which challenge services.	Care home stratification to understand capacity and business critical homes for people under 65 with complex needs.  Identify homes able to expand their current offer and support more complex people.	Understood market; clear fit for purpose development plan.	October / November 2020
Facilitating the Nursing Associate Apprenticeship Scheme, alongside other workforce initiatives in partnership with the NHS	Re-launch 2 <sup>nd</sup> nursing associate programme for additional 10-15 candidates.  Routine monitoring and responsiveness to the care home workforce data available on the Capacity Tracker.  A more targeted proud to care approach to areas of market sufficiency and high turnaround of staff.	Improved recruitment in the sector, resulting in increased capacity.	On-going

#### Regulated (domiciliary) Personal Care

Action	Activities	Impact	Timescale
Increasing workforce capacity	Embedding improved Terms and Conditions	Improved recruitment and retention. Target to reduce awaiting care numbers.	Immediate, with reduction in awaiting care numbers by end march 2021

<b>Action</b>	<b>Activities</b>	<b>Impact</b>	<b>Timescale</b>
Reassessing demand profiles and preparing for winter	Understand new flow patterns through hospital discharge; Prepare winter plans	Revise demand pattern and help providers to adapt; Improve connectivity with our short-term offer; Localised plans and market action	Updated demand assessment by mid September; Winter Plans by end August; Local market strategies by end September
Continuing action to reduce the numbers of people waiting for care	Efficiency measures; whole system action	Better manage flow, review waiting list and seek alternative solutions; target localised solutions	Actions are already being taken and will be on-going
Building on our investment in the care workforce	Embed and monitor action to improve pay and conditions through contract variations	Strengthen the skill base, improve retention and boost recruitment	Contract variations embedded by end October
Phasing out agency staffing, subject to market response and needs over Winter.	Replace agency contract with new local market solutions	Reduce cost and redirect current investment into more sustainable local market solutions.	Agency phased out by end November
Planning for future arrangements for the Living Well At Home contract after July 2021	Initiate discussions with partners in context of local place-based commissioning	New model of delivery with potential for efficiencies	Initiate Autumn 2020. Complete by July 2021

Replacement Care



Action	Activities	Impact	Timescale
Invitation to providers to join a list of services offering replacement care	Development of list Streamlining of process	First countywide list, optimising potential and a basis for market development	Offer by 31 August 2020, operational from 31 October 2020
Market Development Plan to build resilience across Devon	Market analysis, provider engagement, service design and redesign	Improved capacity and choice and control for carers and cared-for persons	31 March 2021 (initial) 31 March 2022 (complete)
A focus on innovation, informed by the ideas and needs of unpaid carers	Needs analysis, survey of OLAs, option appraisal and market development	Increase supply and remodel existing options	31 March 2021 (initial) 31 March 2022 (complete)
Consideration of the potential for host family and live-in care	Use needs and market-analysis to build options appraisal	Potential new model of support	31 March 2021

### Day Opportunities

Action	Activities	Impact	Timescale
Deliver financial and other support to day opportunities providers.	Risk assess all reopening plans, 1:1 with providers	Allows time for provider to safely re-open, adapt or close in a managed way	Through to 30th September 2020
Work with any providers under threat of closure	Open book exercise and support to rethink futures	Costed options allow lowest impact decisions to be understood and agreed	Resolve all provider plans by 30th September 2020
Pre-empt & identify emerging changes and challenges to the overall market at an early	Maintain fortnightly provider engagement discussion group	Quick responses to such issues as transport, PPE, restructures, & reduced capacity	Maintain until April 2021, then review.

Action	Activities	Impact	Timescale
enough stage to mitigate risks			
Work with Community Teams to address significant changes in client need and increased costs	Develop risk profiles for each team, and share/discuss with local managers	Plan operational team capacity to review service users and plan for local solutions	Maintain until April 2021, then review.
Opening the Supporting Independence framework (August 2020)	Invitation to new providers, and allow market price revision	Will allow existing market to reflect new post covid service costs and manage future sustainability	New prices take effect from 1 April 2021 until contract expiry at March 2022
Plan future commissioning arrangements from contract expiry at March 2022	Develop business cases and appraise options	Publish new commissioning intentions	Business case by October 2020

#### Supported living

Action	Activities	Impact	Timescale
Ensuring appropriate staffing levels, especially when staff work across various properties, to reduce risk of Covid transmission between settings	Implementation of the Infection Control grants enabling providers to manage staffing across their provision.  Working with Proud to Care ensuring providers access support as required	Fewer COVID cases and other infections as well as improved staff retention	On-going

<p>Enhancing training, technology and other support to mitigate infection control risks</p>	<p>Implementation of the Infection Control grants enabling providers to improve their IT capability.</p> <p>Implementation of our DCC TEC strategy</p> <p>New ways of working to make better use of technology and reduce the face to face meetings.</p>	<p>Improved mental health support, reducing hand-backs of clients with behaviours that challenge services and more effectively trained staff</p>	<p>Now and on-going</p>
<p>Developing specialist capability with providers to match crisis support needs, complex behaviour needs and transition support.</p>	<p>Housing with Support Development Project which includes the provision of support crisis in the housing pathway</p>	<p>Mitigates the risk of unplanned moves to different settings e.g. Care homes, Secure units and homelessness</p> <p>Provides therapeutic interventions to treat episodes of crisis and prevent increasing escalation</p>	<p>Now and on-going</p>

<p>Work with providers to:</p> <ul style="list-style-type: none"> <li>• prevent hospital re-admissions and support people leaving hospital</li> <li>• reduce the number of out of county placements</li> <li>• increase the number of providers taking new placements out of office hours</li> <li>• increase resilience and develop strong business continuity plans</li> <li>• to develop skills within their businesses to meet specialist needs including mental health, autism and complex needs</li> </ul>	<p>Implemented through a range of actions identified in the Housing with Support Development Project which align with Transforming Care objectives for system wide improvements</p>	<p>Reduction in in placement breakdowns, hospital admissions and out of county placements</p>	<p>Now and on-going</p>
<p>Work with District Councils and landlords to improve the supply of appropriate accommodation options.</p>	<p>Shared local intelligence to inform planning Define contractual (tenancy) arrangements Includes Extra Care Housing</p>	<p>Increased supply of housing matched to a range of needs Separates accommodation from care and support provision</p>	<p>On-going</p>