

# Devon County Council

CP1329-16

OJEU REF – 2017/S 042-076945

## Needs Assessment

CP1329–16 Supporting Independence.

(Appendix B)

This document is for information only and must not be used for responding to this tender

## Supporting Independence Tender – Needs Assessment Executive Summary

February 2017

### 1 Introduction

1.1 The aim of this needs assessment is to offer sufficient information for Providers to submit bids in response to the Supporting Independence Tender. The information includes:

- A description of the Commissioner's Plan for Unregulated Support
- An explanation of the components making up the needs assessment, and the context in which they could contribute to an understanding of future demand.
- A summary of the expectations for future business, with explanations about the limitations to be applied to these expectations.

### 2 Description of the Commissioner's approach for Unregulated Support

2.1 Our strategic ambition is to transform support for vulnerable adults so that the care they access promotes their independence, utilises short term, community based interventions and is cost effective.

2.2 Through the recommissioning we want to ensure that services are better targeted at meeting eligible needs and on promoting their independence. It will enable us to ensure that support is more co-ordinated, of high quality and at a more consistent price.

2.3 The Commissioner has determined 3 distinct contractual vehicles for the future delivery of community based services. These are:

- Living Well at Home
- Supporting Independence
- Supported Living

2.4 The Supporting Independence contract is for Service Users where their Social Care assessment has determined the need for a care package that doesn't require any activities regulated by the Care Quality Commission (CQC). That means all care and support delivered to a Service User either on an individualised (one to one) basis, in their own home, in their local community or in a group based context, except in the following circumstance;

- Where part of the package of care includes CQC regulated activities. Packages including regulated support would fall within the scope of the Living Well at Home contract<sup>1</sup>. (The CQC publishes full guidance about the definition of activities that are subject to regulation on its website).
- Where the support forms part of the shared (core) support within Supported Living. (Service User review programmes are determining which buildings and Service Users are subject to Supported Living contracts for their shared support).

2.5 The support commissioned will:

<sup>1</sup> Reference Lot 1 and Lot 2 Specifications (13.3) for full descriptions for the provision of personal care within the Supporting Independence contract.

- Help people to live independently in their own homes and to enable them to connect with others in their community.
- Be delivered against assessed, eligible need, through personal budgets
- Be delivered either through Individualised or Group Based care and support.

## 2.6 The Tender and subsequent Supporting Independence contract will:

- Comprise two Lots –one for Group Based Care and Support (Lot 1) (or what we would have referred to as ‘Day Care’ and ‘Community Opportunities’) and one for individualised (or what we would have referred to as ‘121’) Care and Support (Lot 2)
- Be a mandatory arrangement for ‘new care plan’ business. Existing care packages will remain in place under old contracts until the Service User is reviewed – unless a transfer of pre-held business becomes agreed.
- Be generic – in that each Lot is for all care groups i.e. for people with mental health needs, learning disabilities, physical and sensory disabilities, and older people.

## 3 Components making up the Needs Assessment

### 3.1 The Supporting Independence needs assessment is made up of the following components, presented under three headings:

#### Section 1: Historic patterns of delivery

Title of needs assessment component	Description	Purpose
Group Based Care and Support current activity	Describes what Devon’s unregulated services have looked like up to the point of Tender.	Although analyses of past patterns of service delivery are unlikely to be fully representative of how future patterns will appear, they should assist Providers in developing some presumptions for future business planning.
Individualised Care and Support current activity		

#### Section 2: Factors likely to change future patterns of delivery

Title of needs assessment component	Description	Purpose
Strategic direction of Travel	Greater use of strength based approaches, and short term interventions. Market Position Statement (MPS)	To assist Providers refine their presumptions for future business planning.
Arrangements for transition of historic business to new contracts	The Commissioner’s plans for how existing business will be dealt with	
Other relevant factors that may affect future	Other practice and policy actions or decisions that	

Care and Support levels of provision (all care groups)	are known to be impacting on future delivery patterns	
Factors Affecting Demand	Summary table of factors affecting demand	
Population Projections	General population projections	

### Section 3: Summarisation of the expectations for future business

Title of needs assessment component	Description	Purpose
Possible new care plan business for Group Based Care and Support	Single figure of numbers of people likely to be assessed as in need of this type of support	To assist Providers in submitting bids
Possible new care plan business for Individualised Care and Support	Single figure of numbers of people likely to be assessed as in need of this type of support	
Attrition (the rate at which historic packages of care may end for various reasons)	An attrition rate, estimating the pace of historic business ending	To indicate how long existing business is likely to remain under historical contract arrangements, prior to Service Users being reviewed and any eligible Service User packages being put through either of the above Lots in the new contract

## 4 Conclusion

- 4.1** In developing a potential profile of future demand for the Supporting Independence contract, at section 1 of the needs assessment, the Commissioner has described the volumes of service as they might have appeared if the past patterns of purchasing were to continue.
- 4.2** At section 2 of the needs assessment, the Commissioner has set out a range of factors that are likely to act as variables upon the actual volumes and patterns of future need put to the contract.
- 4.3** The Commissioner is not attempting to describe future volumes of need down to the geographical zone level. Instead, these volumes are provided as figures for the County as a whole in the 'estimations of future need' table below (table 1). In developing their presumptions and business strategies around volumes of business within each zone, Providers will be able to reference the historical volumes and patterns of provision provided at section 1 of the needs assessment.

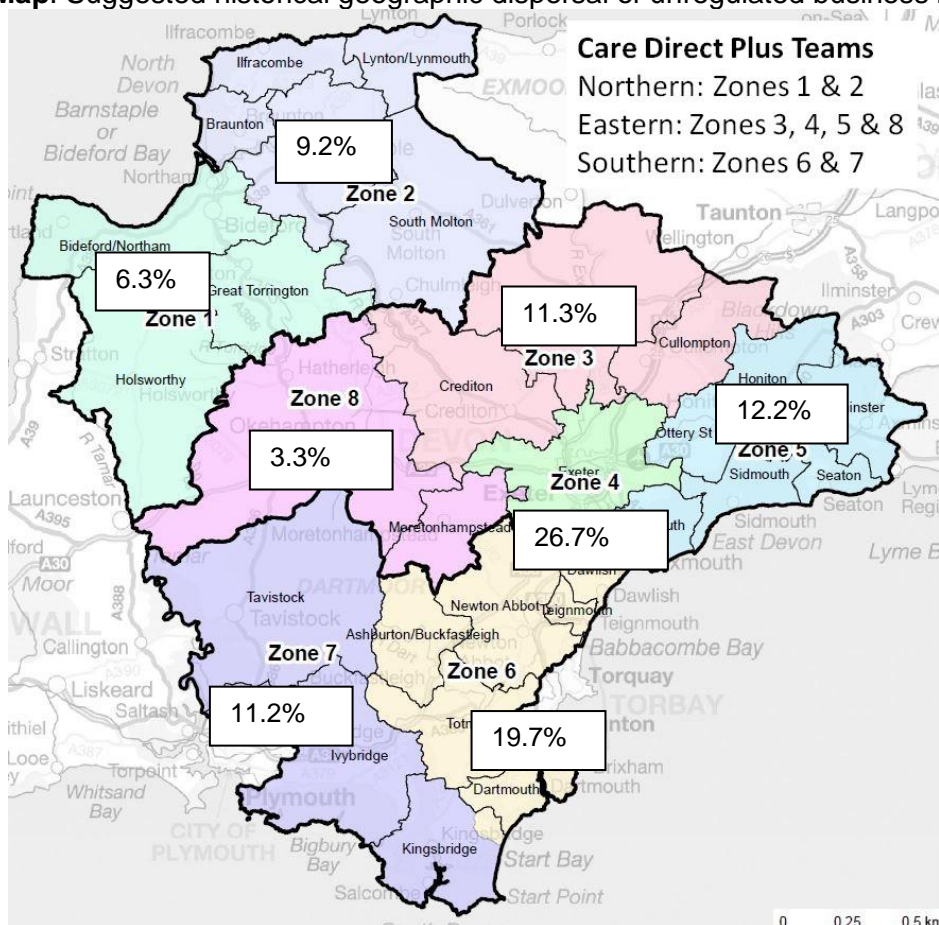
**Table 1 - Estimations of future need**

Type of unregulated business	Numbers of New Service Users in need per year
Possible new care plan business for Group Based Care and	442

Support	
Possible new care plan business for Individualised Care and Support	354

**4.4** To assist further, the Commissioner has also provided a 'Zone Map' (below) with typified percentage splits of how unregulated care business has tended to appear across Devon's 8 geographical zones.

**Zone Map:** Suggested historical geographic dispersal of unregulated business by zone



This document is

## Supporting Independence Tender – Needs Assessment

### Section 1: Historic patterns of delivery

Unregulated support is currently commissioned in a number of separate arrangements by Devon County Council (DCC) and Devon Partnership NHS Trust (DPT). We plan to bring all these commissioning arrangements under one contract instead of separate contracts for different Service User groups.

Current Delivery:

- Community based support (non CQC regulated) - Framework Agreement type 1
- Buildings - Based, Day Opportunities
- Mental Health Community Opportunities
- Spot contracts for unregulated support

#### 1. Current Provision of Group Based Care and Support

##### 1.1 Mental Health Community Opportunities

Currently Community Opportunities provision for adults of working age with mental health difficulties is commissioned by Devon Partnership Trust, on behalf of Devon County Council. This provision is delivered by three Providers across Devon via block contract arrangements: Table 1

	Service Users	Type of Service	Area
Provider 1	115	Community Opportunities	East
			South West
			Mid
Provider 2	60	Community Opportunities	South Devon
Provider 3	222	Community Opportunities	County Wide

Source Devon Partnership Trust MH Block contracts Snapshot Transition Plan September 2016

Many of the snapshot 397 Mental Health Community Opportunities Service Users are eligible for a social care commissioned services as access to the current arrangements is not via a social care assessment. However DPT has suggested that approximately 140 Service Users' may be eligible.

As the block contracts are available for people without a social care assessment they are currently 'open access' meaning that the numbers attending can vary depending on their presenting level of need at that time.

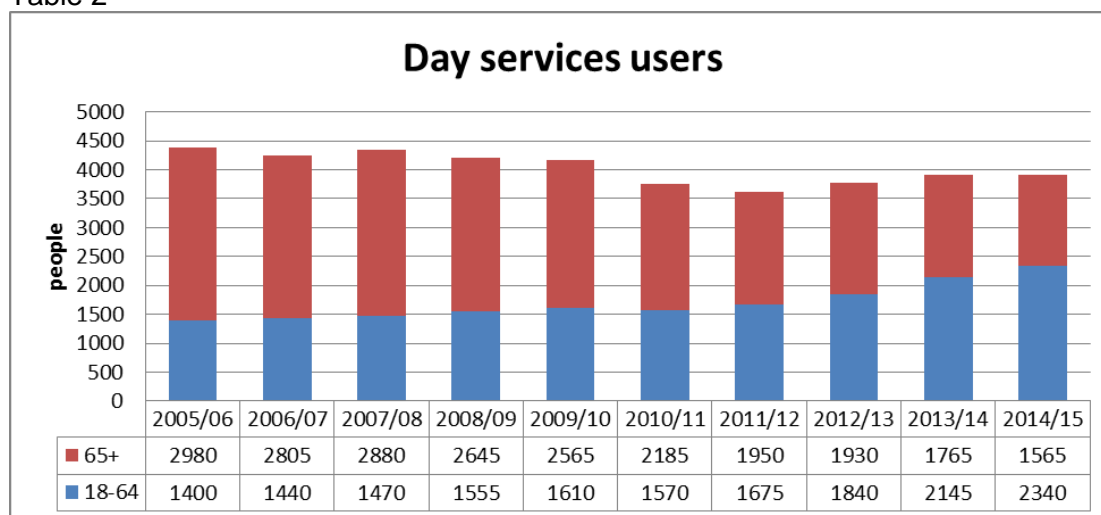
##### 1.2 Buildings Based Select Suppliers List (SSL)

The current Select Suppliers List (SSL) includes buildings based day services for older people, younger adults with a physical or sensory disability or learning disability; currently it does not include day services for adults of a working age with mental health difficulties (provision for this group is described above 1.1).

The SSL commenced in November 2014 and was extended for 12 months in September 2016.

Overall the number of people DCC directly commission's day services for in each year (external & DCC) has remained fairly constant. However there has been a significant decline in the numbers of over 65's (-47%) directly commissioned for and a significant increase (+67%) in the under 65's<sup>2</sup>.

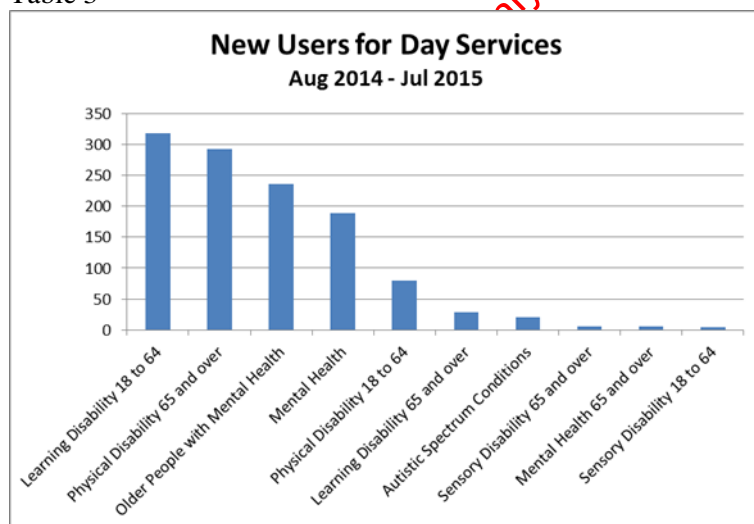
Table 2



Source: Day Services – Review of the Select Suppliers List Report April 2016

There were a total of 1,180 new users of day services between August 2014 and July 2015 (average 98 new users per month) –

Table 3



Source: Day Services – Review of the Select Suppliers List Report April 2016

<sup>2</sup> Source: 2005/06-2013/14 - NASCIS P2F. 2014/15 - CORE DATA\_2015\_03 RAP Services P2F



Table 4 gives a breakdown of the number of current Day Care 'sessions' in Zones as of July 2016. This data is produced with the advisory that sessions are a generic term used for commissioning care and support for a day, part of a day or an hourly duration.

Table 4:

	<b>Group Sessions (Lot 1)</b>	<b>Sessions</b>	
		per week	per annum
Zone 1	Bideford, Northam, Gt. Torrington and Holsworthy	243	12,636
Zone 2	Ilfracombe, Lynton, Barnstaple, South Molton	154	8,008
Zone 3	Tiverton, Crediton, Cullompton	179	9,307
Zone 4	Exeter	463	24,076
Zone 5	Honiton, Sidmouth, Exmouth, Seaton	297	15,444
Zone 6	Newton Abbot, Totnes, Dartmouth	893	46,416
Zone 7	Tavistock, Ivybridge	439	22,832
Zone 8	Okehampton, Moretonhampstead	119	6,188
		<b>2,787</b>	<b>144,901</b>

Source: (The DCC Social Care records system (Care First 6) Data Group Based Day services for all Adult Service User groups (Physical, Sensory, Learning disabilities, Mental Health and Older People) July 2016)

As of July 2016 there were 46 providers on the Select Suppliers list providing 88 day services in 38 towns throughout Devon; the coverage of the SSL is weak in areas such as Bideford/Northam, Dawlish and Tavistock. Further feedback from operational staff confirms this (and also identifies Lynton/Lynmouth and Kingsbridge areas). See Appendix A & B for maps of coverage as of February 2016.

A snapshot of data in January 2016 shows a total of 838 people were using day services in Devon with 740 people using external services, most of which (525) using services commissioned from the PSL Table 5:

Type	Users	%
External day care – SSL Provider	525	62.5
External day care – non SSL Provider	220	26.5
In-House day care	93	11
Total	838	100.00

Source: Day Services – Review of the Select Supplier List Report April 2016

The 46 providers on the current SSL List (Jul 2016) provide services to the following Service User groups in 38 towns throughout Devon.

Table 6

Service User Group	% of Service Users
Older People	22
Older People/Mental Health	22
Learning Disability	19
Physical Disability	21
Other (Dementia/ABI ect)	16
<b>Total</b>	<b>100</b>

Although the SSL was set up as a building based list of day service provision it now offers service users a growing number of alternative options to the traditional day services model.



### 1.3 Devon County Council In House Provision

There has been a significant transfer of activity from DCC In-House services to external providers. In early 2014, DCC directly provided a total of 35 Day Centres. 17 services for older people, 17 for adults with a learning disability and 1 day centre for adults with a physical disability for 756 service users<sup>3</sup>. In December 2015, there were 93 service users using 12 in-house day services (9 being for LD services) – a reduction of 87% in-house places.

DCC Services Table 7:

1	Kingsbridge Day Services	OP MH
2	Kingsbridge Day Services	LD
3	Lyric House	LD
4	Molly Owen	LD
5	Newholme	LD
6	Nichols Centre	LD
7	Passmore Edwards Centre	LD
8	Rosalind House	LD
9	Rosebank	OP MH
10	Rushbrook	LD
11	Silver Hill Lodge	LD
12	Woodland Vale	OP MH

In the review of the SSL it was recommended that the demand/supply for services in these in-house services is reviewed to ensure they are still relevant in their area and supplying a demand which cannot be met from the SSL.

## 2. Current Provision of Individualised Care and Support

### 2.1 Framework Agreement for Community Based Support

The current Framework Agreement for Community Based Support commenced in April 2012. The Framework includes Community based support services for older people, younger adults with a physical or sensory disability or learning disability and adults of a working age with mental health needs.

Table 1 below shows the profile of commissioning of this type of unregulated (non CQC regulated) support, across all Service User groups.

Table 1: Adult Framework Agreement for Community based Support – Individualised Support (known as Type 1 activity (unregulated))

Summary of activity	
Number of Service Agreements (Packages of Care and Support)	1042
Number of Unique Service Users	743

Service Type: Adult – Framework Agreement Type 1 - Unregulated Community Based Support Packages of care open between 01/08/15 and 31/07/16. Source: DCC Management Information team.

<sup>3</sup> Final Recommendation report - The role of Devon County Council as a provider of Day Care services

This table suggests that some Service Users have had a package of care with more than one type of service (service agreement) in place for their support or have had a review of change to their package of care. These different services (service agreements) may or may not be with the same Provider.

Table 2: Adult Framework Agreement for Community based Support -- Summary of Support Package size - planned hours per week

Number of Service Agreements					
Service Element	0-5 hours p.w.	>5 to <14 hours p.w.	14 to <28 hours p.w.	28+ hours per week	Total
Enabling	606 (63%)	242 (25%)	92 (10%)	25 (3%)	965 (100%)
S117 <sup>4</sup> Enabling services	38 (49%)	30 (39%)	9 (12%)	0 (0%)	77 (100%)
Total	644 (62%)	272 (26%)	101 (10%)	25 (2%)	1042 (100%)

Service Type: Adult – Framework Agreement Type 1 - Unregulated Community Based Support Agreements open between 01/08/15 and 31/07/16. Source: DCC Management Information team.

Table 2 shows that commissioned, unregulated support is concentrated at the lower end of need, as indicated by the profile of commissioned hours per week.

Table 3: Framework Agreement – Community based Support -Type 1 activity by Primary Support Reason

Primary Support Reason	Individual Support (generic)	Individual Support (Mental Health)	Total No. Agreements	No. Unique Service Users
Learning Disability Support	316	-	316	167
Mental Health Support	246	61	307	234
Physical Support / Access & Mobility	85	3	88	73
Physical Support / Personal care support	106	2	108	93
Sensory Support / Support for dual impairment	2	-	2	2
Sensory Support / Support for hearing impairment	2	-	2	1
Sensory Support / Support for visual impairment	10	-	10	8
Social Support / Social Isolation Support / Other	69	-	69	53
Social Support / Substance misuse support	4	-	4	2
Social Support / Support to carer	31	-	31	26
Support with Memory and Cognition	39	-	39	34

<sup>4</sup> S117 is Section 117 funding which is "mental health aftercare" that is provided after hospital treatment for someone who has been compulsorily detained for treatment.

Not known	55	11	66	50
Total	965	77	1042	743

Service Type: Adult – Framework Agreement Type 1 - Unregulated Community Based Support Agreements open between 01/08/15 and 31/07/16. Source: DCC Management Information team.

The table above demonstrates that the majority of unregulated, Individualised Support is commissioned for Service Users with a Mental Health need, followed by Service Users with a Learning Disability.

Table 4: Profile of Support by Primary Support Reason

Primary Support Reason	Number of Agreements				Total
	0-5 hours	>5 to <14 hours	14 to <28 hours	28+ hours	
Learning Disability Support	39%	33%	20%	8%	316
Mental Health Support	71%	24%	5%	-	307
Physical Support / Access & Mobility	76%	17%	6%	1%	88
Physical Support /Personal care support	72%	23%	5%	-	108
Sensory Support / Support for dual impairment	50%	-	50%	-	2
Sensory Support / Support for hearing impairment	-	-	100%	-	2
Sensory Support / Support for visual impairment	90%	10%	-	-	10
Social Support / Social Isolation Support / Other	77%	20%	3%	-	69
Social Support / Substance misuse support	-	25%	75%	-	4
Social Support / Support to carer	65%	35%	-	-	31
Support with Memory and Cognition	64%	36%	-	-	39
Not known	77%	17%	6%	-	66
Total	62%	26%	10%	2%	1042

Service Type: Adult – Framework Contract Type 1 - Unregulated Community Based Support Agreements open between 01/08/15 and 31/07/16. Source: DCC Management Information team.

Table 4 above shows that support for Service Users with a Mental Health need follows the pattern identified previously, in that the majority is concentrated at the lower end, in terms of hours per week, with 71% falling into the 0-5 hours a week bracket. This suggests that unregulated Providers are supporting people with lower levels of need, and, arguably, relatively less complexity in terms of their support package.

## 2.2 Mental Health Individualised (commissioned and non-commissioned) support

In terms of Mental Health Individualised (commissioned and non-commissioned) support, the current profile of investment is outlined in the tables below:

Table 5: Individualised Care and Support for People with a Mental Health need – snapshot cost per week

Service Type	2016	2015	2014	Notes
Individualised Care and Support	£58,951	£67,228	£63,518	
Individualised Care and Support - AUTISTIC SPECTRUM	£3,036	£3,408	£8,862	
Day Care	£1,824	£1,273	£541	Spot contract Community Opportunities
Totals	£63,811	£71,909	£72,921	

Based on a snapshot of activity on 1/09/2016 – Source: DCC Finance

Table 6: Mental Health Individualised Care and Support – snapshot hours per week

Service Element	2016	2015	2014	Notes
Individualised Care and Support	3746	4267	4042	
Individualised Care and Support - AUTISTIC SPECTRUM	189	213	536	
Day Care	57	44	27	Spot contract Community Opportunities
Totals	3992	4524	4605	

Based on a snapshot of activity on 1/09/2016 – Source: DCC Finance

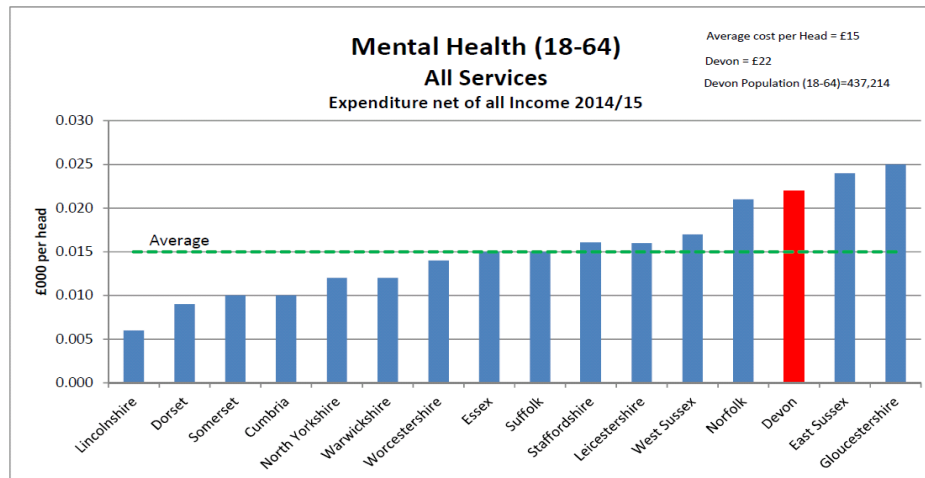
Table 5 and 6 are based on a snapshot of historic activity; under the Supporting Independence contract this activity may fall into Individualised or Group Based Care and Support or Direct Payments.

Overall, during the last 3 years, the both the amount of hours, and, as a consequence, the investment in relation to Individualised support has declined. This appears to be the case for both commissioned, Individualised support, and also for support of this type purchased via Direct Payments.

## 2.3 Benchmarking of Mental Health spend

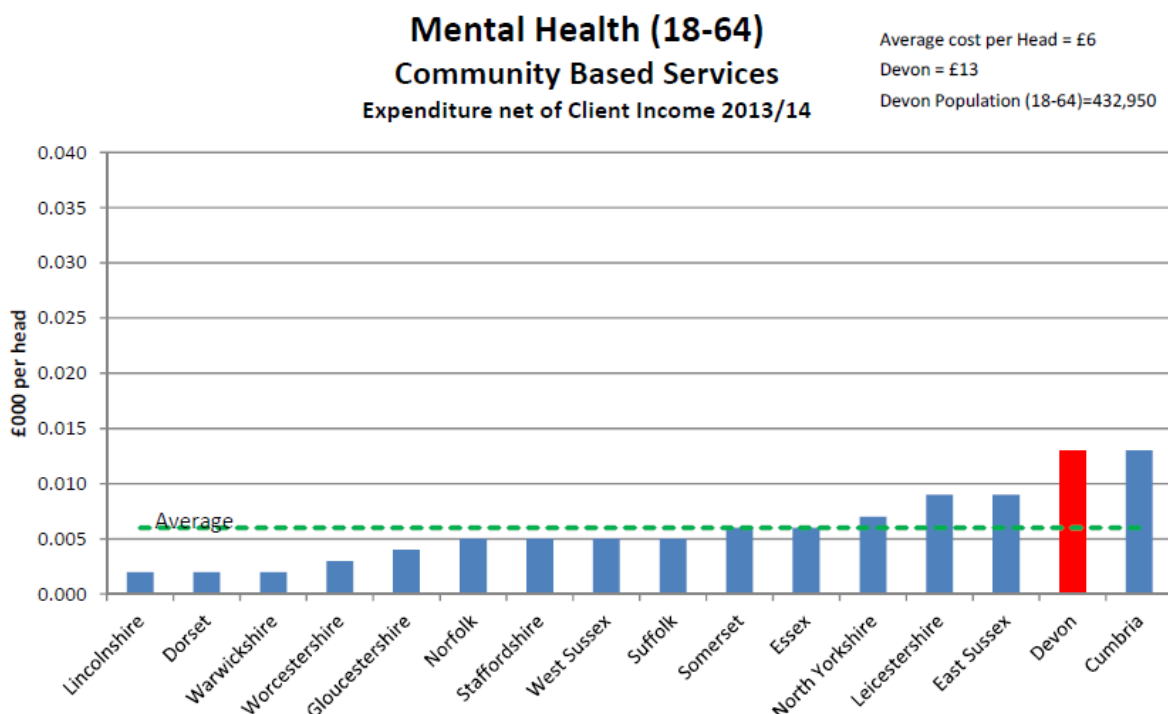
CIPFA (Chartered Institute of Public Finance and Accountancy); Comparator Authority benchmarking suggests that Devon is spending more on supporting people with Mental Health needs than similar areas.

Graph 1: Spend on all services for People with a Mental Health Need



Devon is average in terms of the numbers of people in receipt of community based Mental Health services. However, Devon's spend per head of relevant population, and average unit cost per Service User, are both well above average, although the incidence of Service User's is average.

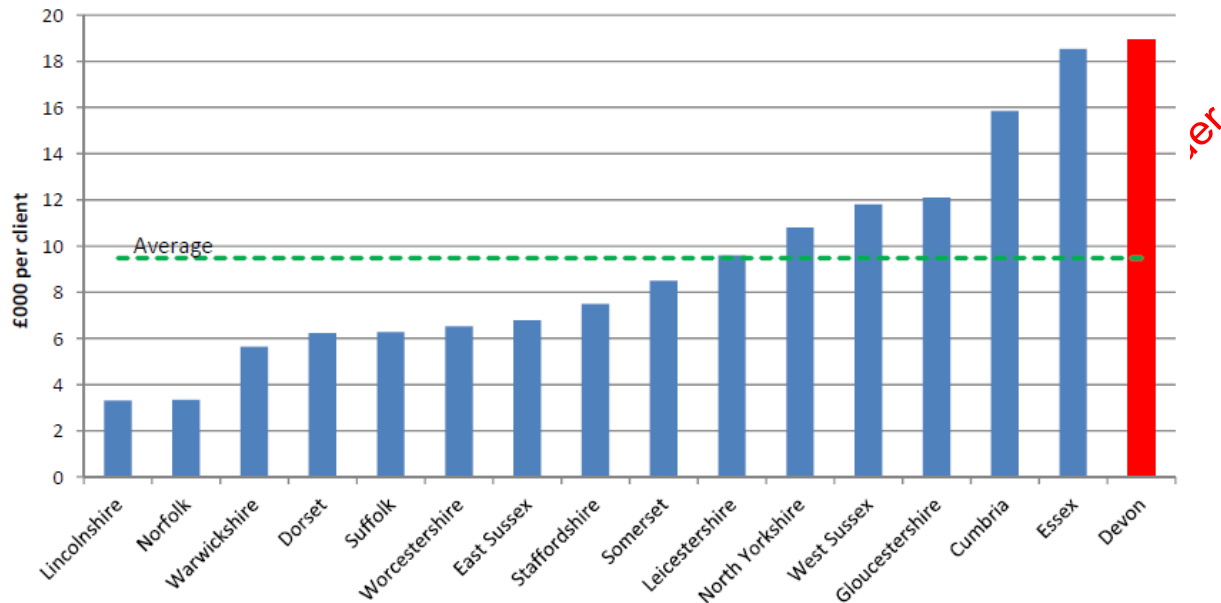
Graph 2: Spend per head of relevant population



Graph 3: Cost per Service User (unit cost)

### Mental Health (18-64) Community Based Services Net Total Expenditure 2013/14

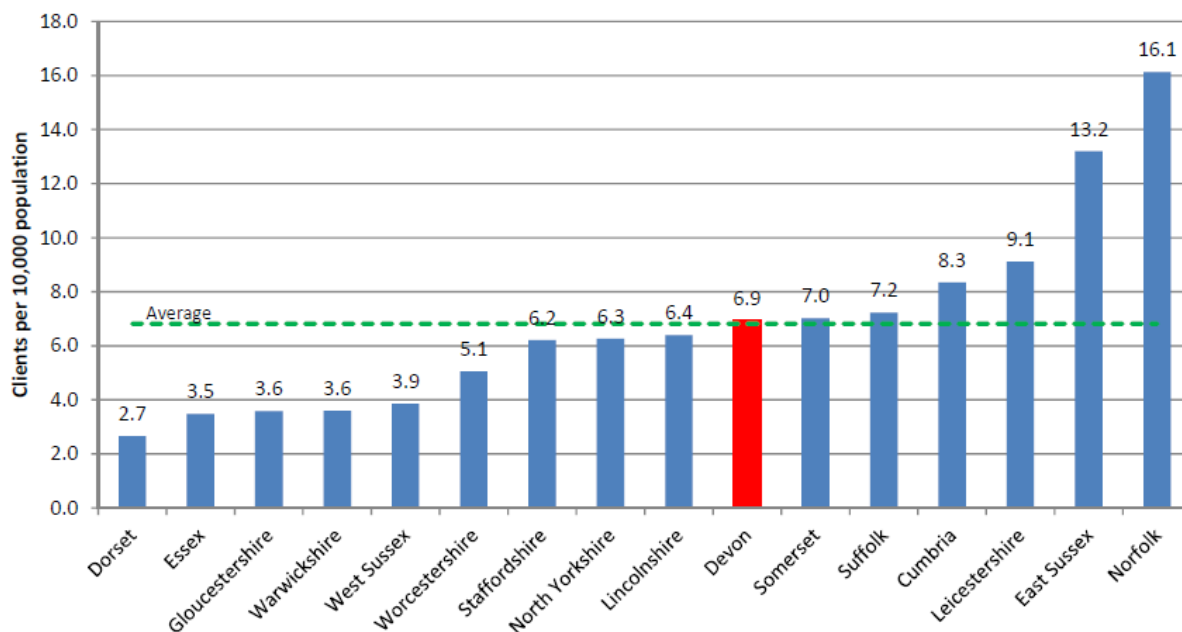
Average cost per client = £9,480  
Devon= £18,923  
Devon clients = 300



Graph 4: Incidence: Service User's per 10,000 of relevant population

### Mental Health (18-64) Community Based Services - Incidence

Average incidence per 10,000 = 6.8  
Devon = 6.9



Data Source: Service User numbers are snapshot at 31/3/14. Community Based Service Users have been consistently taken as the sum of Home Care, Direct Payments, and Day Care (includes Enabling).



## 2.4 Geography

Appendix C shows the geographical spread of packages of care and support (service agreements), Service Users and number of support hours across the 28 market towns of Devon (plus their rural hinterlands), and Exeter city.

Packages of care and support are clustered in greater density around Devon's larger, urban centres (Exeter, Barnstaple, Newton Abbot, Bideford, Tiverton and Exmouth), which is congruent with the general population profile.

## 2.5 Supply

Table 8 shows which primary Service User groups Devon's unregulated Providers are currently supporting, by locality. It is acknowledged that these tables present an oversimplified picture, and some Providers do offer support to more than one primary Service User group. However, currently, very few are truly generic in that they offer services across all primary Service User groups.

Table 8: Provision of services by Primary Service User Group – Community Based Support Type 1 (Enabling), Spot enabling and Adult Day Care

### Primary Service User Group – Support Packages by %

Locality	No. Providers	Learning Disability	Mental Health	Older People LD/MH	Physical/Sensory Disability	Generic
Eastern	186	41%	6%	30%	20%	3%
Northern	65	49%	8%	23%	15%	5%
Southern	95	34%	2%	43%	17%	4%

Data source: DCC Management Information team - Snapshot of Service Agreement activity - 6<sup>th</sup> October 2015

This information is also presented in pie chart form in Appendix D.

Appendix D shows the geographical distribution of Community Based Support Type 1 (Enabling), Spot enabling and Adult Day Care services across Devon.

## Section 2: Factors likely to change future patterns of delivery

### 2.1 Strategic Direction of Travel

Our strategic ambition is to transform support for vulnerable adults so that the care they access promotes their independence, utilises short term, community based interventions and is cost effective.

Through the recommissioning we want to ensure that services are better targeted at meeting eligible needs and on promoting their independence. It will enable us to ensure that support is more co-ordinated, of high quality and at a more consistent price.

### **2.1.1 Promoting independence through using strength based approaches**

Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and those being supported, as well as the elements that the person seeking support brings to the process. Working in a collaborative way promotes the opportunity for Service Users to be co-producers of services and support rather than solely consumers of those services

The phrases 'strengths-based approach' and 'asset-based approach' are often used interchangeably. The term 'strength' refers to different elements that help or enable the Service User to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include:

- Their personal resources, abilities, skills, knowledge, potential, etc.
- Their social network and its resources, abilities, skills, etc.
- Community resources, also known as 'social capital' and/or 'universal resources'.

Going forward, more of the care and support packages arranged by Adult Commissioning and Health will reflect this strength based approach.

### **2.1.2 Greater use of short term interventions**

Greater use of strength based approaches will result in the Supporting Independence contract being used to deliver more short-term, recovery focussed/ enablement offers. This is likely to impact upon the volumes of people requiring ongoing support in the longer term.

A number of Councils have found that through commissioning and/or providing short-term re-ablement or enablement offers, up to two-thirds of people who receive the service, no longer require commissioned support after the 12 week period.

The diagram entitled 'promoting independence in Devon' illustrates the Council's expectation for how greater use of a strength based approach is anticipated to reduce the number of long term care and support packages that are needed.

### Promoting Independence in Devon

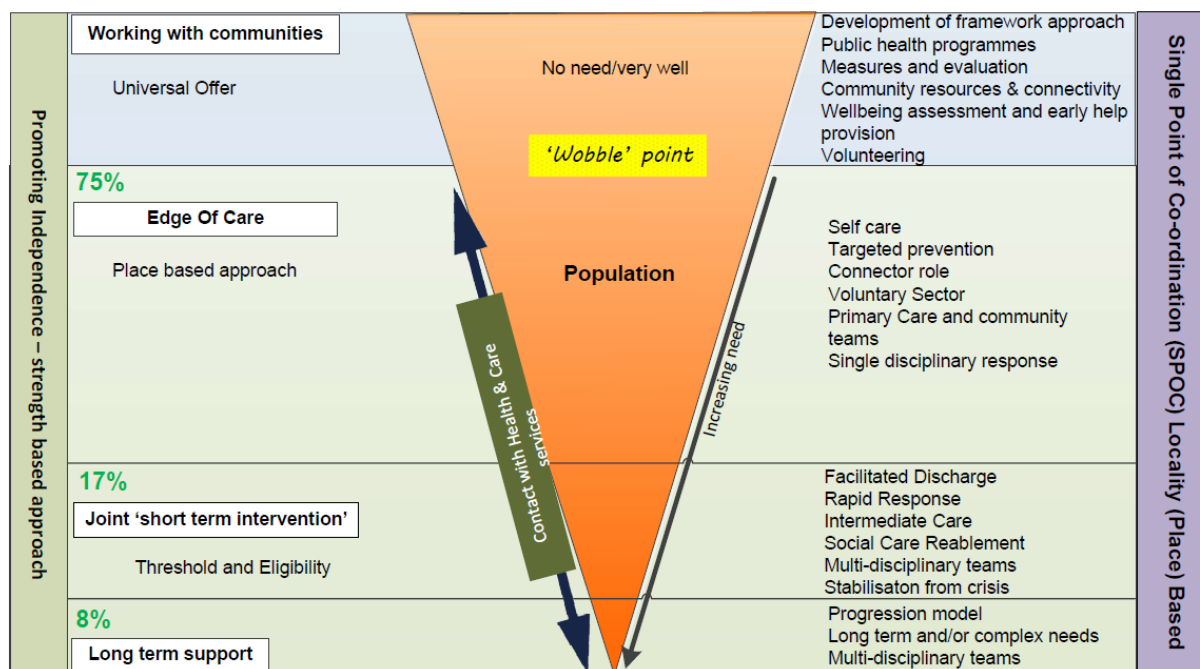


Diagram: Promoting Independence in Devon

### 2.1.3 Greater use of the 'progression' model in Practice

'Progression' is a practice approach that seeks to help the Service User achieve their aspirations for living life as independently as possible. It is a positive risk taking, outcome based approach that focuses upon trying to resolve the specific developments required for a person's daily living. Greater use of this approach will result in the Supporting Independence contract being used to develop alternatives to long term packages of care and support for some Service Users.

### 2.2 Market Position Statement

The Market Position Statement (MPS) is a key tool with which to help build sufficiency in all sectors and gives a clear indication to Providers about where gaps in provision and development opportunities may lie, to help inform their business planning. Its purpose is to help 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, at the right prices and quality, to meet the current and predicted need for services.

The Adult MPS can be found at

[https://new.devon.gov.uk/providerengagementnetwork/files/pdf\\_cache/adults-market-position-statement.pdf](https://new.devon.gov.uk/providerengagementnetwork/files/pdf_cache/adults-market-position-statement.pdf)

There is not a separate strategy for unregulated care and support (Supporting Independence). Instead, the plan for this market draws upon the key themes contained in a number of existing strategies:

- Devon County Council's strategy - Better Together  
<https://new.devon.gov.uk/bettertogether/>

- Devon's Vision of care and support for vulnerable adults in Devon 2013  
[http://www.devon.gov.uk/vision\\_for\\_adults\\_presentation\\_p\\_collinge-2.pdf](http://www.devon.gov.uk/vision_for_adults_presentation_p_collinge-2.pdf)
- A Mental Health commissioning strategy for Devon, Plymouth and Torbay 2014-2016
- Living well with a Learning disability in Devon 2014-2017

The Devon Community Support (non CQC Regulated) Pre Tender Position Statement can be found at

<https://devoncc.sharepoint.com/sites/PublicDocs/AdultSocialCare/Engagement/Position%20Statement%20Unregulated%20Support%20January%202016v4.pdf>

The vision for the Supporting Independence Contract can be summarised as:

- Personalised support – moving away from block contracts.
- Meeting assessed, eligible needs via Personal Budgets.
- Enablement approach to reduce or delay need.
- Joined up approach across similar, unregulated services.
- Sustain choice and diversity within the market.
- Generic approach across all adult Service User groups.
- Ensure that resources are allocated fairly, delivered at a fair cost and within budgetary constraints.

The Commissioner has published, and will update, a set of FAQ to address Providers questions regarding the Supporting Independence tender:

<https://devoncc.sharepoint.com/sites/PublicDocs/AdultSocialCare/Engagement/Provider%20FAQ%20v4%20PENPal%202016%2009.pdf>

### **2.3 Arrangements for transition of historic business to new contracts**

Transition arrangements for historic business to the new Supporting Independence contract is described in the Specifications for both Lot 1 and Lot 2 at section 11.2 in Schedules 1 and 4 of the Invitation to Tender for CP1329-16 – Supporting Independence.

In summary the contract is for New Business, meaning that from the point of accepting a Provider onto Open Framework Agreement, any new Package of Care and Support will be purchased as detailed in the Call Off Schedules located in Schedule 2 and 5 of the Invitation to Tender for CP1329-16 Supporting Independence. The Commissioner is defining New Business as 'Anyone who has not had a Package of Care and Support commissioned on their behalf for the last 30 days at the time of referral will be classed as a new referral and their package as 'new business' even though they may have had other types of support commissioned. This includes people who have been in hospital for more than 30 days'.

The Commissioner will not routinely require or facilitate transfer of packages of care and support that were already in place prior to the commencement of the Supporting Independence contract, where those prior arrangements continue to meet the Commissioner and Service User requirements.

The Commissioner will normally only consider the case for any transfer of historical packages of care and support at the point of a Service User's care and support package being subject to a full social care review. The Commissioner may also consider the need to transfer historical

packages of care and support outside of Service User reviews; where there are reasonable grounds do so.

## **2.4 Other relevant factors that could affect future Supporting Independence Care and Support levels of provision (all care groups)**

### **2.4.1 The Care Act 2014 and self-funded individuals**

In determining the future approach, careful consideration has been given to the impact of those who buy care privately. The changes that accompany the Care Act 2014 will make that private market highly visible to the Commissioner, 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. The Commissioner will closely monitor the impact on the market of the Care Act 2014.

It is difficult to determine the demand for unregulated support from self-funded individuals. Estimates for the Care Act implementation are that there are approximately 6,300 self-funders in Devon for community based services (source LW@H needs assessment). This will include people self-funding for personal care as well as other enabling and day care services.

### **2.4.2 Individual Service Funds**

The Commissioner will keep on evolving the options for Service Users to receive their Personal Budget and to this end the Commissioner has introduced the concept of Individual Service Funds to the Provider Engagement Network, with a view to developing this into a tangible offer in the future.

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 personal budget is used appropriately. The ISF offers a new way in which Service Users can receive a personal budget, without taking full financial control themselves. This will be attractive for some Service Users.

### **2.4.3 Direct Payments**

The Direct Payments scheme is a model for outcome based commissioning and Devon has a higher volume of Direct Payments than its comparators in the South West peninsula. In terms of future growth a strategic priority for Direct Payments will be a focus on quality, defined by personalised outcomes which promote independence rather than quantity.

2400 people across all Service User groups take their Personal Budget allocation in the form of a Direct Payment.

#### **2.4.3.1 Direct Payments Group Based Care and Support**

Trends suggest that older people continue to access traditional forms of day centre provision with their direct payment and younger people use direct payments more creatively, often supported by a personal assistant.

#### **2.4.3.2 Direct Payments Individualised Care and Support**

Approximately 40% of Service Users purchase support from a Personal Assistant (PA). The nature of the relationship between DP recipient and PA exempts PAs from regulation. Support from PAs is individualised with the majority to provide personal care and approximately 40% for enabling provision.

The Commissioner is committed to further developing its response to people who become employers or are employed through direct payments. 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 Pinpoint (the directory for community services in Devon) 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

#### **2.4.4 Service User Review Plan**

The Commissioners approach to transitions into the new Supporting Independence contract will be based upon 'new business' only, not wholesale transition of existing contracts. Therefore the factors that might affect demand for support are:

- The rate at which new people are assessed as eligible for social care services (new people)
- The rate at which current Service Users are reviewed resulting in a change in care package (churn rate)
- The rate at which people are discharged as they are no longer eligible/ require services (attrition rate)

Section 3 describes numbers of estimated new people and attrition rates for Group Based and Individualised Care and Support based on the number of new people and number of people ending a service in the period 1/10/2015 - 01/10/2016.

When looking at a snapshot of Service Users using Group Based Care and Support Services in one month (September 2016) 44 of the 852 Service Users had a "Planned review" when reviewing their My Assessment activity. However the following assumptions may increase or decrease this figure: Some Service Users have multi services in place and the review may not have been specifically for 'day services' and an assessment could be considered a "review" as not all practitioners consistently use the "Planned Review" selection.



An average figure based on Devon Partnership Trust review activity, in relation to Community based support, for the last three years, suggests that there will be approximately 17 reviews of existing Service Users per month.

It is not known what percentage of Service Users, who are eligible for the Supporting Independence service at point of review, will choose Group based rather than Individualised Care and Support as Service Users will be involved in the decision following the allocation of a personal budget over how their support will be provided.

#### **2.4.5 Regulated care activity**

This contract will contain no element of CQC regulated care; The Commissioner's vehicle for the delivery of CQC regulated care is the Living Well At Home contract (LW@H).

If a Service User requires a package of care and support with any element of regulated care, either currently or at any foreseeable time in the future, this would result in their care and support being delivered via the LW@H contract. Attrition data is supplied in section 3 however we are not attempting to present what presentation of the attrition is the result of packages of care moving to LW@H.

Currently, the profile of support commissioned for Service Users with a Mental Health need suggests very little in terms of regulated care needs; however, this may be subject to change in the future.

#### **2.4.6 Eligibility for services**

The volume of the new contract will be based upon the numbers of eligible Service Users, rather than a pre-agreed funding amount (or 'block' contracts). This does not represent a change for the majority of Service Users currently receiving a service, where packages of care are only provided for Service Users with an assessed eligible need. Therefore patterns of demand are expected to be consistent with current review rates (with other factors detailed in this needs assessment taken into consideration).

However for Service Users currently receiving Community Opportunities for people with Mental Health needs this represents a different way to contract for this type of care as care and support will now be accessed via a social care assessment. DPT has suggested that approximately 140, of the snapshot of current Service Users, may be eligible for a service through the Supporting Independence contract.

#### **2.4.7 Preventive services**

The Commissioners commitment is to ensure that the first help anyone is offered is to see how the problem they have presented can be solved without recourse to formal care. For those who do need some care and support, this will first be based on looking to offer recovery based services or more specialist services to assist them to live with their condition, whilst maximising their opportunities for independence.

In addition to the above, there is a recognition that all Service Users who need a longer term care package should still receive this with a focus on working towards outcomes that are likely to help the Service User become more independent. This

commitment is likely to result in an increased demand for services designed to achieve these outcomes.

#### **2.4.8 Profile of need**

In the future, there will be a greater focus upon ensuring a best value solution to a Service User's need, balancing affordability with choice in securing a package of care and support. It is anticipated that future contract volumes will be affected by the application of our Fair and Affordable care policy, and the application of social care (Care Act) eligibility criteria, in relation to existing Service Users.

The profile of need of Service Users with Mental Health needs in Devon who are receiving unregulated, Community Based Support indicates lower levels of need (71% falling into the 0-5 hours a week bracket).

According to benchmarking data (CIPFA), Devon is spending more than similar Authorities across all service types. Although Devon is average in terms of the numbers of Service Users in receipt of community based Mental Health services, its' spend per head of relevant population and average unit cost per Service User are both well above average.

#### **2.4.9 Increase in people using community based support rather than residential care**

As detailed in 'Our Vision for Care and Support for vulnerable Adults in Devon' one of the Commissioners priorities is to expand the use of community based services and reduce the use of institutional care.

Devon has more Service Users with Mental Health needs in Residential care than average (Source: CIPFA), resulting in significant costs pressures in this area. In the future, there is likely to be increased focus on how we support those with Mental Health problems, with different profiles of residential and community based support.

#### **2.4.10 Deprivation**

The Joint Strategic Needs Assessment suggests that Devon exhibits complex patterns of deprivation linked to earlier onset of health problems in more deprived areas (10 -15 year gap between some areas).

<http://www.devonhealthandwellbeing.org.uk/jsna/>

#### **2.4.11 Demand associated with specific diagnoses**

We know that some conditions increase the likelihood of someone's chances of needing health and social care – both for the condition itself, and by influencing how they are affected by other illnesses and injuries.

Younger people with a Learning Disability

There is likely to be increased numbers of younger adults coming through transition from children's services who have quite complex care needs. Some of this may translate into demand for unregulated support.

#### Autism

Autism is another condition that it is nationally recognised to be underdiagnosed. The National Autistic Society estimates that around 700,000 people may have autism in the UK, or more than 1 in 100 of the population. Based on the estimated national prevalence for autism this suggests that there are currently just over 7,500 people in Devon with autism, including around 1,500 children and young people aged 0 to 18. The total number of people aged 18-64 with autistic spectrum disorders in Devon is predicted to stay fairly steady from 4,268 in 2014 to 4,254 in 2030, representing a 0.3% decrease.

There is a 38.5% increase predicted for the 65 and over age group from 1,718 in 2014 to 2,379 in 2030. These figures might be a slightly low estimate. The forecasts use a prevalence rate for ASD of 1.0% of the adult population in England (men 1.8%, women 0.2%), based on studies published in 2007. A new study suggests the rates may be nearer 1.1% (men 2%, women 0.3%).

#### Dementia

Around 14,080 people living in Devon are estimated to have dementia in 2015, representing 1.84% of the population, which is set to rise to 25,227 by 2035, when it will affect around 2.97% of the population. Prevalence rates for dementia increase rapidly with age, with one in 1400 affected under the age of 65, compared with more than one in five in those aged 85 and over.

#### Long Term Conditions

The pattern of risk factors coupled with an ageing population in Devon, contributes to a growing number of people with long term conditions in the county, including; heart failure, stroke, chronic kidney disease (CKD), diabetes, asthma, chronic obstructive pulmonary disease (COPD) and epilepsy.

There is also a growing burden of those living with more than one long term condition (known as multi-morbidity) with around one in seven likely to have two or more conditions. The means that those seeking help are likely to have more complex care needs and will probably need higher cost packages of care, which are more likely to be CQC regulated.

#### **2.4.12 Housing with care services**

Devon County Council's accommodation strategy proposes the development of extra care housing (ECH) which is anticipated to result in an increase in the numbers of people supported in such accommodation. Service Users who live in Extra Care Housing are not obliged to receive their care and support from the extra care service Provider; although they will receive a 'core' peace of mind service offer from the ECH service Provider. Service Users in ECH may choose to take their Personal Budget to another community based Provider, and request that they supply the individualised elements of their support.

A review of Supported Living is also taking place, which will raise a number of quite specific implications for any of Devon's incumbent care and support Providers that have ownership or control of buildings that are not Residential Care Homes or Extra Care Housing. Any individualised elements of a Service User's care package needed on top of the 'core service' of a building will be purchased from the new contract – if it includes any unregulated activity.

These two changes to housing with care services could result in either an overall increase or decrease to demand for Supporting Independence services, depending on how and where Service Users choose to receive their care.

#### 2.4.13 Consolidation of Service User agreements

A Service Users care and support package can be comprised of more than one package of care e.g. a Service User may have an Individualised Care and Support service and a Group based care and support service. In the future this may not be seen as representing good value for money and equally it may not represent the best outcome for the Service User where different elements are delivered by different Providers.

Service Users' who have several different providers often tell us that the services they get are not joined up; the consolidation of multiple agreements will ensure that we don't have multiple providers delivering similar outcomes across unregulated care unless it is clearly appropriate to do so.

In the future the Commissioner will look to consolidate Service User packages of care to as few as possible wherever the outcomes can be more effectively met.

A review of new packages data for the period 1/10/2015 - 01/10/2016 showed 91 Service Users for whom both individualised and Group Based Care and Support was being provided.







#### 2.4.14 Multi Hours Clause



The Commissioner believes an economy of scale principle should be applied (for Individualised Care and Support) to the cost of packages that are made up of sessions greater than one hour at a time. The detail of this principle will be fully described in the Specification for Lot 2 – Individualised Care and Support located in Schedule 4 of the Invitation to Tender for CP1329-16 Supporting Independence.


The needs assessment does not attempt to provide details/projections of session lengths, which may vary between Provider types. Whilst Multi hour rates may affect the price of different packages of care and support we do not anticipate that it will affect demand.







### 2.5 Factors Affecting Demand – Summary table

Factors Affecting Demand – Summary table			
	Factor	Impact	Expected influence on commissioned unregulated

			care and support
Factors affecting demand for all adult social care	Preventive services	High	Decrease 
	Profile of need	Moderate	Increase 
	Increase in people using community based care rather than residential care	Moderate	Increase 
	Demand associated with specific diagnoses	Moderate	Increase 
	Housing with care services	Moderate	Neutral 
	The Care Act 2014 and self-funded individuals	Unclear	
	Deprivation	Low	Neutral 

Factors affecting demand for commissioned services	Individual Service Funds	Moderate	Neutral 
	Personal Health Budgets	Moderate	Decrease 

	Direct Payments	Moderate	Decrease	
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Factors specially affecting demand specially for the Supporting Independence Contract	Service User Review Plan	Low	Neutral	
	Regulated care activity	Low	Neutral	
	Eligibility for services	Moderate	Decrease	
	Introduction of a short-term enablement or re-ablement offer	Moderate	Decrease	
	Consolidation of multiple agreements	Low	Decrease	
	Multi Hours	Moderate	Neutral	

## 2.6. Population Projections

For general population projections applicable to Devon please see the Devon JSNA link provided

<http://www.devonhealthandwellbeing.org.uk/jsna/overview/archive/jsnacontents/population/population-change/>

For specific factors affecting demand for Service Users Groups reference 'Deprivation' and 'Demand associated with specific diagnoses' in section 2.4.



## Section 3: Summarisation of the expectations for future business

### 3.1 Projected number of New Care and Support packages:

To calculate the number of potential New packages of unregulated Care and Support going into the Supporting Independence contract we looked at the number of new unregulated packages started in the period of 1/10/2015 - 01/10/2016, directly commissioned either through the SSL or spot contracts, for Group Based, or the Framework or spot contracts for Individualised care and support.

An assumption has been made that of all current enabling activity, for Services Users in the Older People, Physical Disability and Learning Disability groups, 80% will contain some element of personal care and therefore go to the LW@H contract. It is therefore assumed that 20% of packages will go into the Supporting Independence contract. We have therefore added 20% of 'other' unregulated activity to the total of potentials new packages for both Lots.

To take into account the Mental Health Community Opportunity Service Users based upon a Snapshot figure of existing Service Users (as of September 2016) we anticipate that approximately 140 Service Users may have an eligible need. It is not known what percentage of Service Users, who are eligible for the Supporting Independence service at point of review, will choose Group based rather than Individualised Care and Support. However we are making the assumption that it will be divided equally between the two lots and therefore we have included this in our calculation for potential new business.

<b>Possible New care plan business for Group Based Care and Support per year:</b>	<b>442</b>
<b>Possible New care plan business for Individualised Care and Support per year:</b>	<b>354</b>

### 3.2 Attrition (*the rate at which historic packages of care may end for various reasons*) for Group Based Care and Support packages

To calculate the attrition we took a snapshot of Service Users currently using Group Based Care and Support Services: DCC Commissioned Day Services + Mental Health Community Opportunities Service Users = 1235

Based on the reporting period (1/10/2015 - 01/10/2016) we know that 331 Service Users ended their Group Based Care and Support Package (for various reasons)

**This gives us an estimated attrition rate of approximately 27% a year for Group Based Care and Support.**

### 3.3 Attrition for Individualised Care and Support packages

To calculate the attrition we took a snapshot of Service Users currently using Individualised Care and Support Services: Framework agreement packages + Spot contracting + Mental Health Community Opportunities packages = 1187

Based on the reporting period (1/10/2015 - 01/10/2016) we know that 468 Service Users ended their Individualised Care and Support Package (for various reasons)

**This gives us an estimated attrition rate of approximately 40% a year for Individualised Care and Support.**

**Appendix A - Building based day care placements in Devon (2014)<sup>5</sup>**

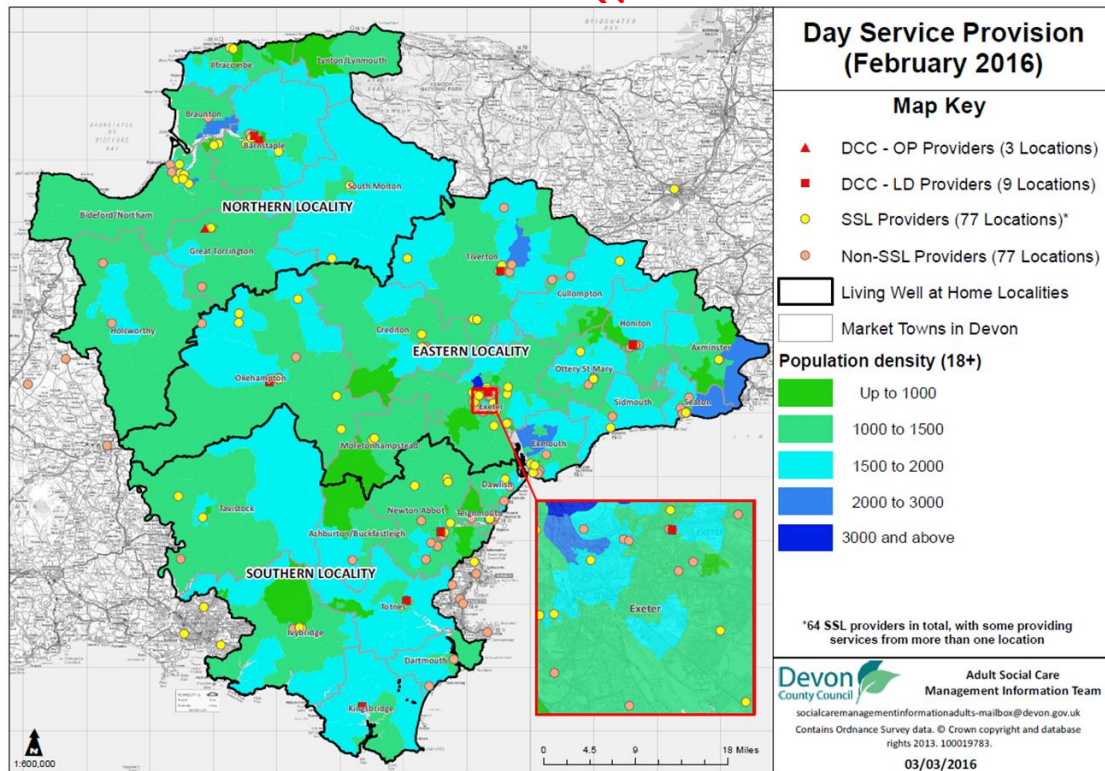
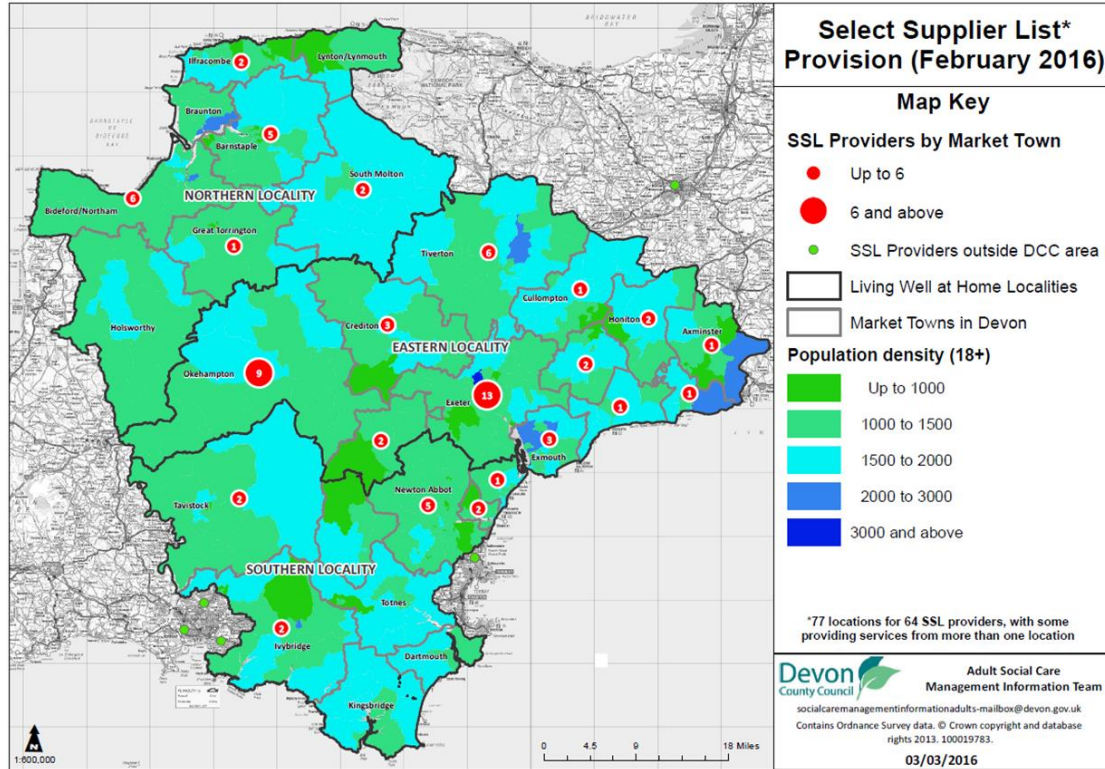
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<sup>5</sup> Source: *The role of Devon County Council as a provider of Day Care services – Final recommendation*

Appendix A - Building based day care placements in Devon (2014)	Older People					Learning Disability			
	Demand by Client Home Postcode (Devon Market Town)	Pop. 65+ (Jun11)	Actual demand per 10,000 Pop 65+	No. receiving in house day service (any town) November 2013	% of demand met in house	Actual demand as rate per pop 10,000 18-64	Demand by Client Home Postcode (Devon Market Town)	Unique count of clients receiving in house Fulfilling Lives day care as at May 2012 (excludes work preparation) (figures from service not CF6)	+% of demand met in house
Ashburton/Buckfastleigh	9	1934	46.5	2	22%	17.5	10	4	36%
Axminster	22	3992	55.1	15	68%	5.2	4	0	0%
Barnstaple	71	9686	73.3	65	92%	14.1	40	20	45%
Bideford/Northam	91	8946	101.7	81	89%	32.1	72	21	29%
Braunton	14	2804	49.9	13	93%	1.5	1	1	100%
Crediton	21	4228	49.7	12	57%	16.8	21	11	44%
Cullompton	11	4570	24.1	2	18%	16.8	24	11	44%
Dartmouth	21	2645	79.4		0%	7.5	4	3	60%
Dawlish	39	4173	93.5	13	33%	43.8	39	1	3%
Exeter	214	22970	93.2	83	39%	18.8	178	47	26%
Exmouth	39	12233	31.9	13	33%	20.8	56	12	21%
Great Torrington	21	2862	73.4	21	100%	15.2	11	5	42%
Holsworthy	14	3328	42.1		0%	9.7	8	2	25%
Honiton	37	4349	85.1	29	78%	27.5	27	10	37%
Ilfracombe	26	3860	67.4	24	92%	9.7	11	1	9%
Ivybridge	41	6983	58.7	3	7%	18.1	39	3	8%
Kingsbridge	26	4915	52.9	20	77%	35.4	35	25	58%
Lynton and Lynmouth	3	616	48.7	3	100%	-	0	0	0%
Moretonhampstead	2	961	20.8		0%	11.8	3	1	33%
Newton Abbot	105	14866	70.6	9	9%	21.4	89	14	15%
Okehampton	38	6009	63.2	23	61%	25.5	40	22	49%
Ottery St Mary	28	3718	75.3	10	36%	23.9	21	3	14%
Seaton	28	4572	61.2	23	82%	4.7	3	2	67%
Sidmouth	17	6421	26.5	4	24%	4.7	4	4	100%
South Molton	26	3193	81.4	25	96%	12.7	10	3	30%
Tavistock	62	6938	89.4	58	94%	29.1	50	20	37%
Teignmouth	34	5272	64.5	20	59%	20.6	23	8	32%
Tiverton	48	7996	60.0	21	44%	33.2	74	27	35%
Totnes	20	4889	40.9		0%	28.4	39	14	33%
Outside Devon	5					-	26	1	4%
Total	1133	169929		592	52%		963	296	29%

## Appendix B – Distribution Maps





## Appendix C:

### Geographical location of support packages, including size of support package.

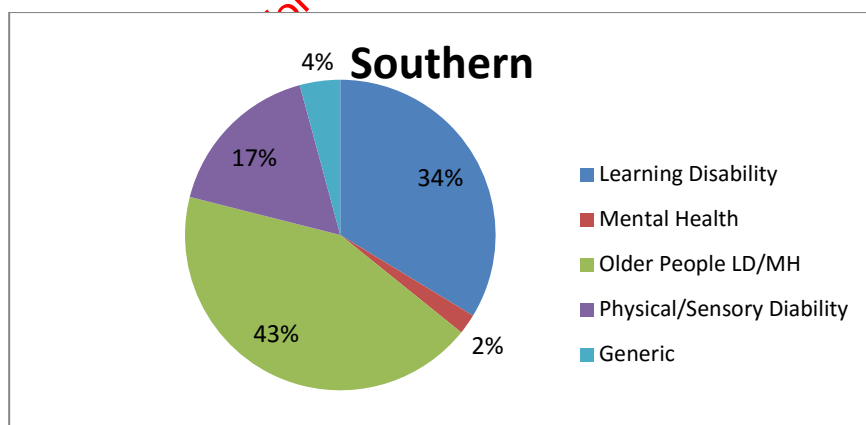
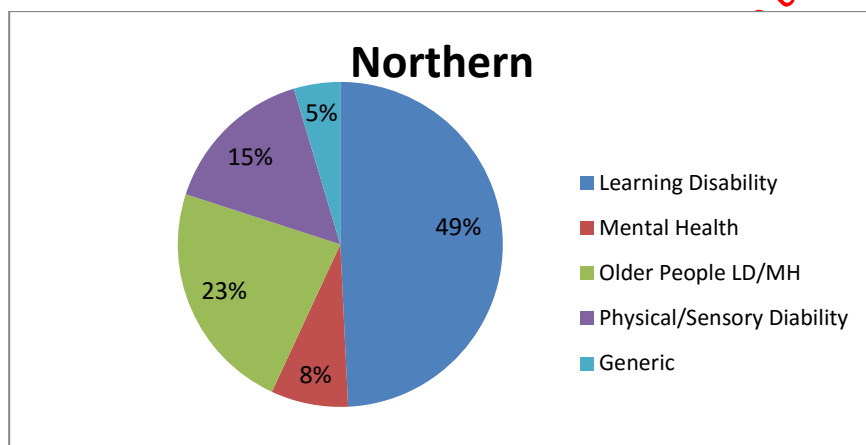
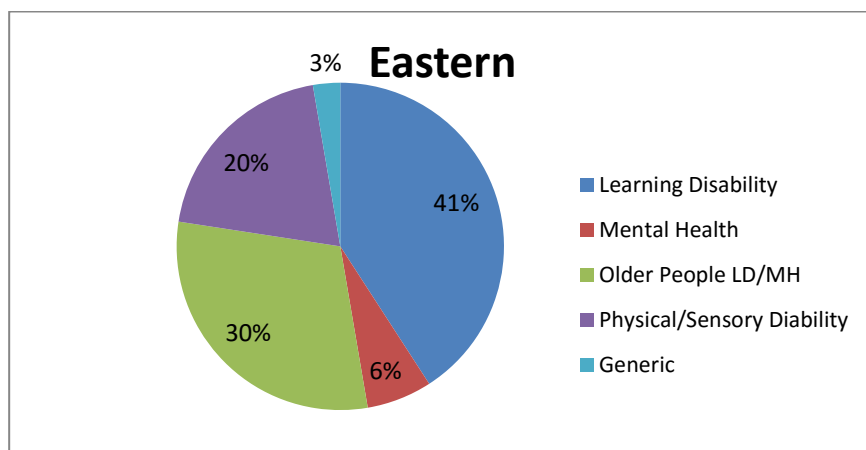
Devon Town	No. Packages of Care and Support	No. of unique Service Users	Total 0>5 hours	Total 5>14 hours	Total 14>28	Total 28+
Ashburton/Buckfastleigh	12	7	5	5	2	-
Axminster	12	9	10	2	-	-
Barnstaple	86	50	47	29	9	1
Bideford	2	2	1	1	-	-
Bideford/Northam	52	33	19	18	13	2
Braunton	6	4	3	3	-	-
Crediton	11	8	6	3	2	-
Cullompton	12	8	9	2	1	-
Dartmouth	1	1	1	-	-	-
Dawlish	26	20	18	4	3	1
Exeter	340	273	242	75	23	-
Exmouth	55	42	40	11	2	2
Great Torrington	9	6	5	4	-	-
Holsworthy	6	5	2	4	-	-
Honiton	23	16	17	6	-	-
Ilfracombe	20	12	4	5	3	8
Ivybridge	28	18	13	7	8	-
Kingsbridge	18	10	18	-	-	-
Moretonhampstead	1	1	1	-	-	-
Newton Abbot	132	83	65	41	19	7
Okehampton	10	8	4	6	-	-
Ottery St Mary	12	9	8	4	-	-
Seaton	5	5	5	-	-	-
Sidmouth	8	4	4	3	1	-
South Molton	15	10	4	5	6	-
Tavistock	34	23	23	6	1	4
Teignmouth	28	19	23	5	-	-
Tiverton	44	30	28	11	5	-
Totnes	26	19	16	7	3	-
Outside Devon	6	6	2	4	-	-
Not known	2	2	1	1	-	-
<b>Total</b>	<b>1042</b>	<b>743</b>	<b>644</b>	<b>272</b>	<b>101</b>	<b>25</b>

Unregulated Community Based Support Agreements open between 01/08/15 and 31/07/16. Source: DCC Management Information team.

\*A Package of Care may have more than one service with more than one Provider.

## Appendix D:

Provision of services by Primary Client Group – Framework Agreement (Type 1 (Enabling)),  
Spot enabling and Adult Day Care



Source: DCC Management Information team



Please note that provider primary client group categories have been refined according to the following assumptions:

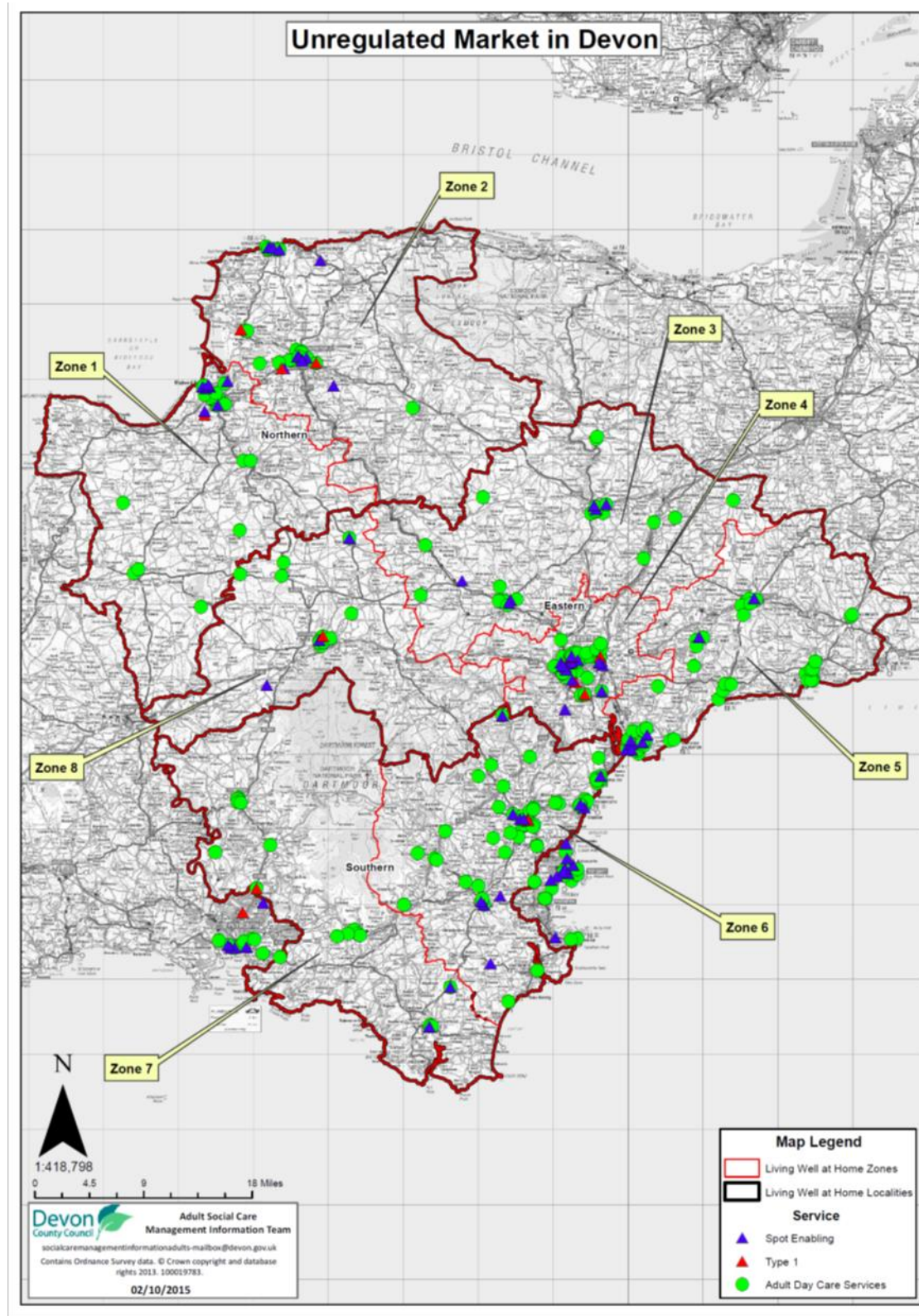
- Any provider who has clients with across all groups but with >50% in one category was classed as that category.
- Any provider who has clients described as MH and OP were classed as OP
- Any provider who has clients described as MH and LD were classed as LD
- Any provider who clients described as LD and Phys/Sens Dis were classed as LD
- Any provider who has clients described as OP and Phys/Sens Dis were classed as OP
- Any provider who has clients across all client groups is classed as Generic

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## Appendix E

Geographical distribution of Community Based Support Framework Agreement Type 1 (Enabling), Spot enabling and Adult Day Care services across Devon.

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