

# People and Health Scrutiny

## 1 November 2021

### Adult Care Market Sufficiency and the Impact of Covid-19

#### For Review and Consultation

**Portfolio Holder:** Cllr P Wharf, Adult Social Care and Health

**Local Councillor(s):** All

**Executive Director:** V Broadhurst, Interim Executive Director of People - Adults

Report Author: Lesley Hutchinson

Title: Market Sufficiency and the Impact of Covid-19 on Adult Social Care

Tel: (01305) 224680

Email: Lesley.hutchinson@dorsetcc.gov.uk

**Report Status:** Public

#### Recommendation:

For Members of the People and Health Scrutiny Committee to consider and note:

- The increase in the demand for care
- The availability of care and support services in Dorset and associated workforce pressures
- The impact on acute and community services
- The associated financial challenge for the Council, and
- Actions being taken to reduce and mitigate the risks

#### Reason for Recommendation:

To ensure Members of People and Health Scrutiny Committee are aware of the current lack of market sufficiency, the level of risk associated with this and the actions being taken to reduce and mitigate the situation.

#### 1. Executive Summary

1.1 The lack of available care as a direct result of Covid-19 continues to be reported nationally. Dorset Council faces the same pressure that are being reported nationally however there are additional factors exacerbating the scale of the challenge in Dorset.

1.2 These factors are set out in the Councils Plan and include:

- The demographic profile - an ageing population and a decreasing working age population; consequently a higher number of people needing care and fewer people available to deliver it
- The rural nature of Dorset – a large dispersed area with care staff have to travel distances to deliver support to people in their own homes means fewer people can be supported during the day than if there were working in urban areas
- An affluent area (with pockets of deprivation) - a higher than average number of people are able to pay for their own care. This has a direct impact on the provider market as ‘self funders’ are likely to pay more for care than the Council rates. When resources are scarce as they are currently are in the home care sector the Council is less able to compete for care hours unless higher rates are being paid
- Property prices – the Council Plan states that property prices are more than 10 times average earnings; social care sector staff paid at living wage rates find it more difficult to buy and live in Dorset reducing the available workforce

1.3 The scope of the report focusses on the sufficiency of:

- Reablement and short term services
- Home care services (domiciliary care)
- Supported living and supported housing services (including support to individuals in transitions)
- Care homes

1.4 The report particularly identifies the scale of the shortage of home care and therapy provision in the Dorset area as providers are not able to recruit and retain staff. This is having a significant impact on individuals with very high number of people waiting for care. The shortages are caused by multiple factors but Covid-19 continues to have the most significant impact, since March 2020 there has been an increase in the number of people needing care and support and these people have a higher level of need than those pre-Covid-19.

1.5 The shortage of home care and therapy support is also having an adverse impact on the local hospitals; people are waiting for packages of care or intermediate care and reablement to be available before they are discharged. Therefore increasing length of stay and decreasing hospital capacity.

1.6 Currently the health and social care system is consistently reporting Opel levels 3 and 4 which means it is on high alert and significantly compromised in its ability to deliver health and care. Opel 4 is the highest level rating.

## **2. Financial Implications**

2.1 The Government have provided a number of funding streams over the Covid-19 period to help ease the financial burden to the Council, CCG and health and social care providers including but not limited to:

- Hospital Discharge Funding (administered by the CCG)
- Adult Social Care Infection Control Fund
- Workforce Capacity Fund for adult social care

- Community Outbreak Management Fund

2.2 Each of these funding streams have clear criteria which the CCG and Council confirm when passing this on. Despite the welcomed increased funding it is insufficient to fund both the operational costs to meet the level of demand and the cost of care. Dorset Council faced a deficit in these areas for 2020/21 of £5.4 million (£3.4 million is the additional operating costs and £2 million for the cost of placements and packages of care). The operating cost deficit continues into 2021/22 and the Council is currently reconciling the Quarter 2 cost of care placements and packages spend.

### **3. Climate implications**

3.1 Staff are travelling across Dorset in order to deliver care and support. All providers and commissioners are cognisant of climate implications and reducing travel time by delivering support to people in the same areas rather than travelling across from one side of Dorset to the other.

### **4. Other Implications**

4.1 The significant gaps in workforce capacity such as the lack of home care and therapy workers is impacting on people as:

- People are waiting for care in the community for longer than they should or they are being placed in care homes prematurely
- People are not being discharged from hospitals into the service they need in a timely way therefore blocking hospital beds for other patients
- People are waiting for assessments, reviews and the brokering of packages and placements; this is not as timely as the Council would hope as teams prioritise people with the highest risk
- Carers are being asked to do more

And on the voluntary and community sector who are being asked to step in and do more to help support people in need.

### **5. Risk Assessment**

5.1 Having considered the risks associated with this decision, the level of risk has been identified as high due to:

- The prioritisation of people at greatest risk
- Delays for people accessing assessed levels of care and support because of lack of workforce capacity
- Significant financial risk as set out above

5.2 Dorset Council along with other Local Authorities are considering what to do in extremist situations such as this. Some Local Authorities have put in place extremist measures. Care Act easements have been rescinded.

## **6. Equalities Impact Assessment**

6.1 Not required for this report.

## **7. Appendices**

7.1 N/A

## **8. Background Papers**

8.1 None however various statutory documents and frameworks are noted in the report.

### **Footnote:**

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

## **THE REPORT**

### **1. Introduction and Background**

1.1 The report sets out the context and responsibilities of the Council for market sufficiency and the impact of Covid-19 on this and in turn the impact on people with care and support needs, on providers and on the Councils budget.

1.2 The scope of the report focusses on the sufficiency of:

- Reablement and other short term services
- Home care services (domiciliary care)
- Supported living and supported housing services
- Care homes

1.3 It does not include details on the sufficiency of extra care housing, prevention, advocacy, day opportunities, technology and digital services. Nor does it reference specialise health services which are the responsibility of the CCG. Further reports can be bought regarding these areas if required.

1.4 Carers services are also not referenced however the impact on carers is noted through the report as they are directly affected by market sufficiency.

1.5 The report makes reference to the demands on the Council social work service and on the commissioning and quality services but does not go into detail.

### **2. Brief Overview of the Legal Framework and the Commissioning Context**

2.1 The Care Act 2014 is the key legal framework Local Authorities work within to ensure market sufficiency for social care. The Act sets out four areas of commissioning responsibility:

- The Duty to Promote Diversity and Quality in Service Provision
- Market Shaping and Commissioning of Adult Care and Support Services

- Managing Provider Failure and
- Managing other Service Interruptions

2.2 The responsibilities are to all people with eligible care and support needs and also their carers. It includes people transitioning from children to adult services. The Act places a duty to promote an individual's 'wellbeing' and requires Local Authorities to take this into account when planning services.

2.3 The Local Government Association (LGA), Association of Directors of Adult Social Services and the Department of Health have published a range of other guidance documents which set out how integrated commissioning arrangements will improve outcomes for people; a key workstream for the Integrated Care System is our approach to integrated commissioning to ensure better coordination of services.

2.4 Guidance has been issued at pace by Government departments during Covid-19. Key documents include: *Social care providers resilience during Covid-19: guidance to commissioners* (issued March 2020) which sets out a number of considerations commissioners should make to stabilise the market and the revised *Hospital Discharge and Community Support guidance* setting out how rapid discharge arrangements for patients from hospital. There has also been sector specific guidance for care homes and the requirement for compulsory vaccination of staff working in care homes from the 11<sup>th</sup> November 2021.

2.5 Commissioners have responsibility for oversight of the whole market not just providers the Local Authority has a contract with.

### 3. What Does Sufficiency of Care Mean?

3.1 In relation to the provision / the amount of care and support services the Local Authority has a requirement under section 4.39. and 4.40 of the *Care Act Guidance* to have regard for provision in terms of:

*4.39 ... both capacity and capability – to meet anticipated needs for all people in their area needing care and support – regardless of how they are funded. This will include regularly reviewing trends in needs – including multiple and complex needs, outcomes sought and achieved, and trends in supply, anticipating the effects and trends*

and

*4.40. ... diversity of service provision, local authorities should consider all types of service that are required to provide care and support for the local authority's population, including, for example, domiciliary (home) care, residential care, nursing care, live-in care services, specialist care, support for carers, sheltered accommodation and supported living, shared lives services, community support, counselling, social work, information, advocacy and advice services, and support services and universal and community services that promote prevention.*

3.2 Local Authorities are required to ensure their Joint Strategic Needs Assessment alongside a Market Position Statement helps the providers understand where to invest. Dorset Council published its Commissioning Intentions in February 2021 which goes part way to facilitate this and plans to set out its market position statement in the new year alongside a number of care sector strategic documents. These will be provided to Health and Care Overview Committee.

#### **4. The Impact of Covid-19 on the Care Sector**

4.1 As the Committee are aware the health and care sector continue to deal with Covid-19 and its impacts whilst at the same time trying to return to usual working practices and meeting performance targets. This strain is recognised and reported nationally. Whilst the roll out of the vaccination has eased the strain on the sector the pressures remain immense.

#### **4.2 Challenges Faced by the Sector During the Initial Lockdown**

4.2.1 During the initial lockdown (pre vaccinations) the care sector faced the following challenges:

- increased volumes of people rapidly discharged from hospital
- reduction in care staff across the health and care sector as people were either unwell, having to isolate or dealing with loss
- reduced bed capacity to comply with social distancing
- reduced care home bed availability due to outbreaks and isolating people with Covid-19
- initial difficulties accessing and funding personal protective equipment (PPE) and other supplies
- the influx of government guidance to digest and adhere to in order to comply with care requirements

4.2.2 Despite the above the health and social care sector worked well together at speed to ensure individuals were not left without care despite the challenges. Innovative solutions were put in place supported by the voluntary, independent and private sector as well as statutory partners for example safe and well checks were conducted for adults with learning disabilities who couldn't attend day provision.

#### **4.3 The Ongoing Impact of Covid-19 and Other Factors on the Care Sector**

4.3.1 The Council Adult Social Care Service itself has seen an increase in the number of people requiring services and since April 2021 has provided interventions for an additional 1896 people through Covid-19 (nearly 50% extra), mostly through hospital discharge. This has resulted in a tripling of the activity for the hospital social work teams as they comply with the aforementioned Hospital Discharge Guidance and the associated commissioning teams which support this. The workforce has not increased to match the demand.

4.3.2 Impact on the workforce:

- The longevity of the pandemic and the restrictions has impacted on the morale of the care workforce. Providers report high levels of staff stress and burnout. This has resulted in workers leaving care and seeking alternative employment
- Alternative employment in the hospitality and retail sectors are competing for care sector staff as they also have staff shortages and are paying higher salaries with retention incentives which the care sector can not compete
- Providers across the whole sector report that recruitment has been difficult over the last 6-12 months. Dorset's demographic is a factor in this as set out in the Executive Summary but also some workers have return to their homes overseas and not returned
- The mandatory vaccination policy for care home staff will also start to have an impact on the workforce – whilst Dorset care home sector is in a strong position with 93% of the workforce vaccinated it means currently there are 7% unvaccinated who will need to leave their current employment or be diverted to another care service if they are not exempt or vaccinated by the 11<sup>th</sup> November

#### 4.3.3 Impact on service provision and the care user/carer:

- Home care provision is particularly challenged by lack of workforce as set out in section 5.1 – this has resulted in an increasing number of providers handing back packages of care because they are unable to employ sufficient staff. Care users are consequently having to wait for a new package to be sourced and no longer have the continuity of care needed. People requiring new or enhanced packages of care are having to wait for services and allocation teams are having to prioritise who gets care when its available. In some cases people who have been assessed as needing care at home are having to go into care homes to keep them safe whilst home care is sourced
- There is a lack of therapy staff in the workforce and consequently people are not always receiving the level of therapeutic support they need to improve and get back to optimised health
- Lack of home care and therapy is impacting on speed at which people are discharged from hospital and hospitals are putting in resilience alerts on a daily basis due to high and unsustainable levels of occupancy – meaning people are staying in hospital for longer than they need to and that beds are being blocked so other people can not access them for treatment
- Commissioners are finding it difficult to source care in particular parts of Dorset for example it is difficult to source care in East Dorset as there isn't the workforce and carers do not want to travel. In the west of the council area we are competing with Devon for care provision who pay a higher rate for care than Dorset
- A small number of care homes are self imposing admission restrictions because they can not adequately staff their services
- Some nursing homes are struggling to retain nursing staff and we have seen a higher number of care home closures
- Care home providers are frequently relying on agency staff to help keep safe staffing again impacting on the continuity of care and cost

- Unpaid carers are being asked to do more to help support their family member or neighbour as care can not be sourced in a timely manner

#### 4.3.4 Financial Impact:

- This is set out in the cover report with the Council forecasting a significant overspend this year.

## 5. Market Sufficiency – Current Supply and Demand

### 5.1 Care at Home for Older People and Older People with Dementia

A widower in his 80's with no family close by, lived on his own in an upstairs maisonette. He became forgetful and following a referral to adult social care from his GP he was assessed as needing one visit each day from a home care worker to ensure he took his medication and was eating. He was later diagnosed with Alzheimers and deteriorated rapidly. His driving license was revoked and he began to lose continence. As he declined he needed support to manage his finances, shopping and personal hygiene and over a short period of time his home care support was increased to four visits per day; a charitable organisation has been brought in to help with his shopping. District nurses visit to check his skin integrity and make sure he doesn't develop pressure sores as he was no longer very mobile. He moved into a ground floor flat. His wish had always been to remain living at home and he has been supported by an advocate to do that. He remains living at home with the multi-agency package of care.

#### 5.1.2 Supply of Care at Home for Older People and Older People with Dementia

Care at home can either be delivered via short term services such as 'Getting You Home', 'Active Recovery' and Reablement services, or through longer term services supported by a range of providers across the Dorset Council footprint. The contracting arrangements vary from block hour contracts to individual package requirements. The aim of the short term intervention schemes is to support people to help them recover to a level of independence with either no care or to a reduced level of care from an on going long term service in order to support day to day living. Long term support should always focus on promoting and maintaining independence.

#### 5.1.2 Short Term Care at Home Services for People Discharged from Hospital and Those Living in the Community

The following short term block contract schemes are funded from Hospital Discharge Programme:

- Seven Active Recovery Schemes running across Dorset with the capacity to deliver 1,580 hours of care per week for hospital discharges and to support admission avoidance to hospital
- Short-term intervention service delivering 300 hours of support per week

- Getting You Home Schemes running out of Dorchester Community Hospital (DCH) and Poole Hospitals. 700 hours and 270 hours of care per week respectively
- Roaming Night Service, providing two response cars every night, to help with personal care, welfare checks, non-injury falls etc. This service is referred to from urgent care partners, such as 111, 999.

Utilisation of the above day time schemes is approx. 75% (due to the geographical spread and in some cases rural locations, along with the reactive nature of discharges, the ability to plan rounds more efficiently is limited, therefore under current arrangements it is unlikely that schemes would ever be utilised at a higher rate).

The Roaming Night Service utilisation is 60%, with the vast majority of referrals from urgent care and therefore support admission avoidance. The service is promoted routinely.

- The Reablement Service is Council wide and is commissioned to deliver 2,500 hours of support per week – the majority of use is to support people following hospital discharge

The Reablement Service is working at full capacity (but in some instances providing home care rather than reablement) and also acts in capacity of Provider of Last Resort. This involves taking on the aforementioned handed back packages where the incumbent provider has been unable to retain the package due to staffing shortages as described in 4.3.3 above.

### 5.1.3 Long Term Care at Home Services for Those Living in the Community

- There are two block contracts for long term (business as usual) arrangements – in North and East Dorset. These blocks provide 100 hours of care in each area per week and have been established in order to stabilise care availability in the area. Both contracts are fully utilised.
- There are 40 home care providers on the Dorset Care Framework (signed up to the Framework terms and conditions and accepting the published rates) and 37 providers not on the Framework (ie do not accept Framework rates). All of these providers deliver long term home (domiciliary) care for older people and older people with dementia
- As of September 2021 77% of packages are placed with Framework providers at the Councils published rate

### 5.1.4 Demand for Care at Home

A snap shot of the number of packages commissioned is set out below:

Year Snap Shot	No. of People with Packages	Total Number of Hours	Average Cost Per Package
30.09.2019	1,339	24,482	£258.43

30.09.2020	1,652 (12% increase on previous year)	33,669	£305.94
30.09.2021	1,351 (12% reduction on previous year)	27,646	£346.34

- Since Covid-19 we have seen the average packages size of home care increase from 13.6 hours per week per person to 20.4 hours per week per person due to increased acuity.
- Self funders also purchase home care however these figures are not captured – a survey undertaken in the summer confirmed most providers have a higher percentage of self-funders than Council commissioned packages and these are charged at a higher rate
- Since the summer there has been an increased number of people waiting for home care packages this figure fluctuating on average between 2,000 and 2,300 hours of social care funded home care and 1,400 to 1,600 hours of health funded home care at any one time, this is due to lack of capacity within the provider market and includes those waiting for reablement
- The number of people waiting for those hours of care across health and social care fluctuates between 300 and 360; this does not mean that people in the community do not have care, it means they either: – do not have the amount they have been assessed to need or, they are waiting alternative care, such as respite or long term residential care. Some people, who wish and need to return home, are delayed in hospital because of the lack of available home care
- The Reablement Service is continuing to support people who are ready to move onto long term home care as there is insufficient capacity – this is not the most effective use of this service as it is therefore not able to optimise people which is its function
- In the main we are continuing to fund at the published rates however some providers are now demanding over and above the Framework rates
- In summary the current demand outstrips capacity and despite efforts providers cannot recruit the workforce as stated above.
- **The market does not have sufficiency in this area**

## 5.2 Supported Living - Adults with Disabilities [care in their own home]

Sarah is 46 and usually lives at home with her children and partner. Sarah has an underlying mental health condition which she mainly manages herself with the support of her GP however following a traumatic experience two years ago she is receiving ongoing support by the Council's mental health service. Her mental health deteriorated during Covid19 and she was detained in hospital. After four weeks in hospital she was discharged with the support of her social worker and a programme of emotional support from a mental health charity funded by the Council. Without this ongoing support Sarah would be likely to return to hospital.

### 5.2.1 Supply of Care at Home for Adults with Disabilities

An adult with a disability is someone with a learning disability, physical or sensory impairment or mental health need. This type of care at home provided to adults with a disability are generally known as supported living services, supported housing and shared lives. Sometimes adults remain living in their childhood home and support is provided there.

Dorset Council commissions supported living in all localities. However, there is a higher proportion of services in Weymouth and in the East close to the boarder of Bournemouth, Christchurch and Poole. This is largely due to the availability and cost of properties in those areas and the ability to recruit care staff.

## 5.2.2 Current Provision for Supported Living for Adults with Disabilities

Dorset Council has 48 providers delivering care packages for adults with Learning Disabilities in supported accommodation.

Year	Care and Support Needs	No of People with Packages	Average Cost Per Package Per Week
Apr 2019	Learning Disability	312	£839.45
Apr 2020	Learning Disability	317	£951.62
Apr 2021	Learning Disability	344 (8.5% increase on previous year)	£1,081.26

All packages vary from low level daily support up to 24 hours daily support. For people with more complex needs packages can involve two or more carers and overnight support.

Dorset Council has 32 providers supporting people with mental health issues in supported accommodation

Year	Care and Support Needs	No. of People with Packages	Average Cost Per Package Per Week
Apr 2019	Mental health	43	£468.08
Apr 2020	Mental health	48	£891.92
Apr 2021	Mental health	66 (37% increase on previous year)	£694.79

Most packages support people with lower levels of support needs and can vary from two hours a day up to eight with some overnight support.

Dorset Council has 10 providers supporting people with a physical disability in supported accommodation

Year	Care and Support Needs	No. of People with Packages	Average Cost Per Package Week
Apr 2019	Physical Disability	27	£686.59
Apr 2020	Physical Disability	16	£760.63
Apr 2021	Physical Disability	12	£866.83

All Packages vary from low level daily support up to 24 hours daily support

### 5.2.3 Demand for Care at Home for Adults with Disabilities

- There has been an increase in the number of people with a learning disability or mental health issues in need of care and support during the Covid-19
- The number of people requiring social care support for mental health conditions has grown by 43% since 2019.
- A proportion of these people only require low level preventative support service, however since 2019 there has been a 53% increase in the number of people needing a higher level of support albeit the size of the package on average has reduced due to the increase in the number of individuals supported overall
- There are 9 people living in hospitals or secure settings across the UK for whom national policy requires the Council and CCG to bring them back to their local community
- The demand for purpose-built accommodation for people with disabilities is increasing, with over 100 people identified as requiring accommodation in the next three years
- There are currently 1000 unsourced hours of care at home for adults with a disability
- **There market does not have sufficiency in this area**

### 5.3 Children Transitioning into Adulthood

V moved into adulthood in 2020. As a child he was living in a specialist residential setting 200 miles from Dorset. He has complex behavioural needs and present risk to other as well as himself. He can set fire to objects, does not understand risk and can abscond. He has younger siblings but can not reside with them due to the risk he presents. When he was 18 accommodation was sourced for him and his carers. He has a 24/7 care package and needs constant monitoring. He has three carers at all times at a weekly cost of £17,387.00.

#### 5.3.1 Demand for Services

- In April 2019 there were 198 18-25-year-olds receiving an adult service this figure has risen by 30% to 259 in October 2021
- Sourcing care for young people has become increasingly challenging as there is not a sufficient supply of bespoke providers in Dorset

- Commissioners are often required to purchase from specialist agencies at enhanced rates
- There is a practical challenge for providers who are registered to support young people up to the age of 18 but at present cannot continue support into adulthood
- **The market does not have sufficiency in this area**

#### 5.4 Care Homes for Older People, Older People with Dementia and Adults With Disabilities

Mr B is 89 and has a diagnosis of dementia, he had frequent falls at home which have led to multiple hospital admissions. Mr B needs help with eating and drinking at meal times and cannot walk without his frame. He needs help to move from his chair, bed and to use the bathroom and has to wear incontinence aids during the day and night. He suffers from anxiety and particularly gets anxious at night. He is no longer able to stay in his own home as he requires significant care and consequently needs to move to a residential placement. Mr B does not own his own home and needs the continued financial support of the Council. His care is likely to cost £850 per week.

##### 5.4.1 Current supply of Care Homes

For Older People and Older People with Dementia:

- There are 98 registered care homes with 3,450 beds in Dorset
- 6 of the 98 in Dorset Council area are CQC rated as 'outstanding', 85 are rated 'good', 6 'require improvement' and 2 are awaiting assessment
- The care homes are registered to provide:
  - residential care without nursing (2,013 beds)
  - residential care with nursing (1,456 beds)
  - residential care with and without nursing (dual registration, 71 beds)
- 57 of the 98 care homes claim to offer specialist dementia care
- Dorset's care homes tend to be small, making them potentially less profitable and more vulnerable to closure
- 15 homes have less than 20 beds, 59 homes have 20-49 beds, 24 have 50+ beds. (In general larger care homes with at between 60 and 99 beds are the most profitable).
- Six companies, have over 100 beds each and together they own 40% of all care home beds in the Dorset Council area
- Supply is distributed unequally across the area - Weymouth has a disproportionately high number of care homes relative to the 65+ population, whilst Purbeck has relatively few
- The average price paid by the Council:

Type of Care Home for 65+	September 2020 average weekly cost for the Council	September 2021 average weekly cost for the Council
Nursing care home	£749.31	£878.77
Residential care home	£784.43	£862.46

- These rates are noticeably higher than the Council's published basic rates, indicating that – more often than not – the Council is forced to pay more for care home placements
- Dorset Council purchases approximately **30%** of the available care home beds in the area. However, the collective buying-power of people who pay for their own care far outweighs this. Consequently, the Dorset care homes market is geared to meeting the needs and expectations of self-funders
- Dorset Council has managed the closure of four care homes since August 2020 and is currently managing another care home's nursing care de-registration. The four care homes include three nursing homes and one residential.

For Adults with a Disability:

- There are currently approximately 130 people aged 18-65 with a mental health need or learning disability in a registered care home, with a further 103 living outside of Dorset the majority of whom live in close proximity in adjoining counties.
- Dorset Councils ambition is where possible to support people in their own home not in a care home

#### 5.4.2 Demand for Care Homes

- Across the older people care homes sector occupancy levels dipped to 80% during 2020/21 but are now returning on average towards pre-Covid-19 levels. At the time of writing there were 564 (15.4%) vacant beds in the Dorset area
- In the main these are residential care beds and there is a limited number of nursing dementia beds available at any one time
- There are a small number of people with complex needs waiting in hospital for specialist (pathway 3) care home beds which is difficult to source in area
- **There is sufficient care home beds for people who do not have complex needs**
- **There is insufficient capacity for people with high level complex nursing needs**

## 6. Plans to Improve our Position

6.1 As set out above the areas of greatest challenge are sufficiency in the home care, reablement and provision for adults with disabilities. A range of plans are in place to help alleviate the current crisis and to improve and stabilise the market position going forward.

6.2 Short term actions to improve sufficiency includes:

- **Continuous monitoring** of short term intervention services to ensure best utilisation.
- Working closely with Home Care providers to look review the care they provide to each individual and **identifying** if any is **non regulated care** which can therefore be undertaken by the voluntary sector for a short period of time.

- Considering ways to **support providers in their recruitment campaigns** and looking at any benefits the Council can offer to enhance this.
- Bringing providers together to review areas they are providing support in and whether they can find any **efficiencies with rota changes** to reducing travel time.
- Offering provider **guaranteed hours**.
- Continue to meet with providers to develop ideas to improve sufficiency. Providers themselves are going overseas to recruit new staff and are **lobbying Government for visas**.
- Supporting care home providers who will have vacancies due to the loss of non vaccinated staff by funding agency cover and recruitment costs.
- Re-establishment of **Quality Visits** - the Dorset Quality and Improvement team have maintained regular contact with the whole market, provided advice and escalated concerns where there is evidence of provider failure. This has enabled commissioners to intervene at an early stage and support with measures to reduce the risk of home or bed closures.
- **Service Continuity Planning** - continue to meet with providers to assess the risk of home care packages being handed back. Providers are required to develop plans to ensure service continuity and work with the Council to minimise risk.
- **Provider of Last Resort** - Commissioners worked in partnership with the provider to increase capacity to support hospital discharges. Time limited packages have been set up with a view to reducing the care hours needed in the future.
- Where possible request that care users and families are **more flexible** in their **care visit timings** this will enable providers to carry out visits through out the whole of the day rather than a specific times.
- Where possible requests for a preferred gender of carer will only be enabled for exceptional reasons.
- Extending the search for care home placements and in some circumstances this

### 6.3 Medium to longer term actions to improve sufficiency includes:

- The most important factor is to support providers in their **Workforce Recruitment and Retention**. This involves working in partnership with local health and care providers and the CCG to deliver the local strategy. Working with regional colleagues and Skills for Care to take a broader approach looking at training initiatives. Reinvigorating the Care Campaign.
- Introducing a **zone approach for home care** - current localities are too big for providers to cover and we have asked home care providers to consider changing to working in 15 zones. Each zone will have both urban and rural areas and will reduce the amount of travel between home care visits.
- Piloting of a **Trusted Practitioner model**: Commissioners, operational staff and the home care market will work together to shape the trusted practitioner role within each provider organisation. The trusted practitioner model will help to identify those individuals who no longer need as much commissioned care and support thereby releasing some home care hours to recycle to others in need.

- **Dorset Care Framework:** The new framework will be launched in November 2021, this is a significant vehicle to enable new entrants to the local market. To support its launch Officers have engaged in a series of market engagement events, to date over 200 providers have attended. Many were existing providers but there were also key national providers who currently do not have a footprint in Dorset. Further events are planned in November targeting specialist providers who can work with Adults with disabilities who have complex needs or behaviour that challenges.
- **Cost of Care Exercise:** Dorset Council has commissioned independent consultants who will work with providers to establish cost models and what else can be developed to meet increasing demand.
- Encourage and **support community groups and micro enterprises** into the market thus encouraging a diverse market place. Various workstreams are in place under the Greater Partnership work undertaken as part of A Better Life Programme.
- **Home First Board** – continue to work as a proactive system partner of the Board and support with the development of new service specification and contract monitoring.
- **Learn from other areas** – jointly with health colleagues continue to review what is working in other areas to improve sufficiency.
- **Joint working with Children Services** to ensure greater sufficiency for children transitioning into adulthood – a transitions lot is being developed as part of the Dorset Care Framework. This is part of the Birth to Settled Adulthood Board which will improve planning and ways of working.
- Continue to **work with housing developers and support providers** to bring on stream new accommodation offers for people. In 2022 there is a new development planned for 16 beds in Dorchester; two houses in Weymouth; eight flats and four bungalows in the East and four new properties are being purchased off the private market by a social landlord. Each of these will be purpose built for people with a range of needs including people with complex behavioural presentations.

6.3 Publication of Strategic Plans – in the new year a range of commissioning strategies for Care Homes, Home Care, Prevention and Community Resilience, Day Opportunities, Adults with Disabilities and Carers will be published. These strategies will set out for the providers Dorset Councils direction of travel and requirements; this will provide clarity for providers wanting to deliver services in Dorset.

6.4 Adult social care is expecting this to be a difficult winter period following the continuation of a very difficult Covid-19 period. Sufficiency will remain a very difficult position through out this period due to national and local pressures. Officers will continue to update the Committee and key Members throughout.

## 7. Next Steps:

7.1 Continue to work on the actions identified above and work closely with providers to develop ideas and identify more efficient ways of working