

Herefordshire Adults and Wellbeing Overarching Market Position Statement



Table of Contents

Introduction to Market Position Statements	5
Why do we need one?	5
What is a Market Position Statement?	5
How this fits with other strategic documents	5
The wider health and social care context	6
One Herefordshire and Sustainability and Transformation Plans	6
Integration of health and social care	6
High level market opportunities	6
Wider determinants of health	7
What we can do to help	7
The Herefordshire economic vision	7
Local Challenges	8
Rurality	8
Ageing population	8
Housing affordability	8
Poor housing and health	8
Employment	8
Earnings and hours of work	8
Overview	9
Predicted future funding	11
Current adult social care expenditure profiles	12
Current population information	13
Projected changes in population	14
The health and wellbeing of the local population	15

Life expectancy.....	15
To find out more, read about the health of the population in HerefordshirePredicted life expectancy trends	15
Healthy life expectancy	16
Impacts of deprivation on health and life expectancy	17
The local care market.....	18
Self-funder profile	18
Market information gap – domiciliary care providers	18
Provider overview.....	18
Market stability.....	18
Market information gap – self-funders with domiciliary care	18
Future developments	19
Future developments in community based support	19
Client numbers and geographical profiles	19
Domiciliary care	19
Future developments in residential and nursing care.....	19
Residential and nursing care	20
City provision.....	20
County wide provision	20
Current demand and service profiles	21
Trends by client type.....	21
Trends by age and type of care	23
High level market opportunities.....	23
Current demand and service profiles	24
How long we provide support for	25
Market information gap – length of support to self-funders	25
The social care workforce.....	27

Workforce challenges	28
Strengths of the local workforce.....	28
Quality of care	28
What we can do to help.....	28
CQC inspections.....	29
Engagement and communication	30
With the service users and their carers	30
With the wider population.....	30
What’s happened since 2014	31
In progress.....	31
Commissioning intentions	31
Key links and contacts	32

Introduction to Market Position Statements

Why do we need one?

The Care Act (2014) introduced a legal duty for local authorities to help in the development and sustainability of local markets. The development of a market position statement was seen as a key tool to support this.

What is a Market Position Statement?

A market position statement is a document which sets out the state of the local care market, what the challenges and opportunities are and the factors which are expected to influence or change the state of the market in future.

It should provide useful information for both commissioners, providers and people who use the services to enable them to make informed decisions about business developments and understand potential changes in the models of care / care offers within the county.

We produced our first market position statement in 2014, and have now refreshed and updated it to:

- ❖ reflect lessons learned from other councils in what constitutes a good market position statement
- ❖ enhance the information contained in the statement based on the best practice and evidence contained in the guidance produced by IPC Oxford Brookes
- ❖ to reflect changes in the market place since 2014
- ❖ to provide more up to date future forecasts information and trends
- ❖ to reflect the latest vision and focus for adult social care in Herefordshire on which services it provides and how it plans to deliver them.

In summary we think this market position statement should give providers, people who use services and other partners:

- ❖ a clear view of the services provided
- ❖ the current demand and capacity in the market

- ❖ an indication of anticipated changes in the local market which such as demographic growth, or reducing funding which will impact on future demand and / or capacity
- ❖ gaps in service provision, both geographical and type of provision
- ❖ clear indications of the opportunities across the local market for providers to develop, adapt and expand their organisations
- ❖ an indication of services due to be recommissioned
- ❖ Information from service users on the type of services they want (not necessarily commissioned or provided by the council)

This is a dynamic and flexible document which needs the active engagement and participation of providers, service users and partners if it is to be a meaningful and useful tool for us all.

We will work with providers and service users to ensure that this is a live and dynamic tool and is co-produced.

We welcome your comments and feedback on what more could be done to improve the statement.

How this fits with other strategic documents

There are a number of other important documents for adults and wellbeing which help to provide an overview of what we've done in the past, (the Local Account and Public Health Annual Report), this statement and the Adults Wellbeing Plan set out our future intentions. This report should be read in conjunction with the other key documents listed below to get a holistic picture for Herefordshire adult social care, public health and housing:

- Adults Wellbeing Plan 2017-2020
- The Public Health Plan
- The Local Account
- The Annual Public Health Report

The wider health and social care context

One Herefordshire and Sustainability and Transformation Plans

Herefordshire Council, Herefordshire CCG, Wye Valley NHS Trust, Together NHS Foundation Trust and Taurus GP Federation have a One Herefordshire plan which links in to the **Sustainability and Transformation Plan (STP)** which covers Herefordshire and Worcestershire.

The purpose of the STP (for Herefordshire)

Health and wellbeing-- achieving a radical upgrade in illness prevention to reduce the long term burden of ill health –on both individuals and a financial perspective for the health and care system.

Care and quality-- to reduce avoidable mortality through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services.

Finance and efficiency-- reducing unwarranted variation in the demand / use of services and securing provider efficiencies through implementing new approaches to care provision.

STP emerging health priorities:

Cancer-- improve patient outcomes by better performance in prevention, early identification, diagnosis and treatment

Stroke – improve patient outcomes by reducing risk factors and improving services for responding to stroke events

Maternity – reducing risk factors (maternal smoking, improve flu vaccinations and improved breastfeeding rates). Focus on reducing childhood obesity to reduce lifetime health consequences

Mental health and wellbeing–improve access to services such as psychological therapies

Frailty and dementia–improve out of hospital community nursing and social care services to reduce the need for hospital admission and improve independence

Acute services–support local providers to come out of the CQC special measures regime

Integration of health and social care

A key focus between now and 2020 is the closer working and integration of health and social care. This is seen at a national level as critical to the long term sustainability of the health and social care system.

Integration will mean different things to each local health and social care economy, but here in Herefordshire this work is already underway with the One Herefordshire partners developing both Commissioner and Provider alliances to transform services across the county.

High level market opportunities

The emerging priorities and planned changes of focus will create a number of market development opportunities for providers. These are identified in the more detailed market position statements covering residential care, care in the community, prevention and support services including housing, but can be summarised as:

- Commissioning partners want to improve rehabilitation, reablement and enablement offered across the county to deliver better sustainable outcomes for patients and service users
- We aim to offer more community based frailty and dementia support- helping people and their families to help themselves in part commissioned but principally by expanding the range and breadth of services provided by the voluntary / third sector
- We want the residential care market to focus less on traditional care needs and to focus more on dementia care and other specialist services to support those with complex needs in the county to avoid the need to seek placements outside Herefordshire
- We want to jointly recommission and redesign services across the intermediate care pathway to ensure people return to their own beds as soon as possible under the principle “the best bed is your own bed”
- Development of more affordable housing across the county
- Community / voluntary schemes to improve health and life outcomes

Wider determinants of health

It is well known that many factors influence the longer term health of the population as the graphic below shows.



The Health Map, Barton and Grant 2006 based on a public health concept by Whiteread and Dahlgren, The Lancet 1991

Herefordshire is a low wage economy with pockets of deprivation across the county as well as areas of affluence. This reflects in the life expectancy across the socio-economic profile of the population.

As people live longer they also live longer in poor health. In Herefordshire the gap between life expectancy (LE) and healthy life expectancy (HLE) at 65 years of age is 7.8 years for men and 9.4 years for women.

Improving the economic wellbeing of citizens will help to improve their overall health and wellbeing.

The Herefordshire economic vision

The new economic vision for Herefordshire states that:

The aim is to transform Herefordshire into a high value, knowledge economy, with a modern and diverse commercial property stock and to be at the forefront of innovation and the development of new sustainable industries.

A key component of this will be the development of the new university (NMITE) which will help to attract and retain young people within the county.

Whilst this vision has the potential to transform the economic climate within the county, over the coming years this could create additional challenges for providers in the health and social care sector which is a traditionally low paid industry sector which is not resolved by the introduction of the national living wage.

What we can do to help

- The recruitment and retention of staff is a key challenge, the council, through Hoople can help providers by assisting in the development and delivery of apprenticeships and training schemes to attract people into the sector.
- Affordable housing is a particular issue across the county and the council is committed to sustainable development of affordable housing across the county.
- Infrastructure and access to transport. The council is committed to developing the road infrastructure and a sustainable transport network across the county.
- Facilitation and support for planning applications which meet areas of identified need across the county.
- Improved targeting of public health programmes to improve lifestyle choices.

Local Challenges

Rurality

Whilst Herefordshire has a wealth of natural assets which greatly supports the wellbeing of the population, the rurality and sparsely populated community causes challenges for the delivery of public services.

Herefordshire has 82,700 homes and 186,100 residents scattered across 842 square miles. The county has the fourth lowest population density in England – over half of all residents live in areas classified as rural, with two in five living in the most rural village and dispersed areas. Furthermore, those aged 65 years and older are more likely to live in the rural areas creating particular challenges with the delivery of services where travel times and access issues such as public transport is a barrier.

Ageing population

Whilst it is well known that nationally we have an ageing population, and that people are living longer here in Herefordshire this is even more pronounced. Herefordshire still has a relatively older age structure compared to England and Wales. Twenty-three per cent of residents (43,200 people) are aged 65+, compared to 18 per cent nationally.

Furthermore the older population has grown disproportionately (+28 per cent since 2001 compared to seven per cent for the total population), and this trend is set to continue (+40 per cent to over 62,500 by 2031) as the post-war ‘baby boomers’ move into older age.

This is explained in part through Herefordshire’s popularity as a retirement destination (extract from Daily Mail online 2016):

2= Herefordshire

“This is the only county in the top five not located on the South Coast of England, and offers enormous appeal for those seeking peace and tranquillity in a rural setting. One major reason for its position is health, as it takes the top spot for health in retirement, and fourth place for access to healthcare: both may go some way to explain why it is also third on the list for attracting pensioners. Its overall ranking suffers, however, from being 33rd in terms of retirement income and 26th for sunshine.”

To find out more, read the [top retirement destination indices](#)

Economic factors

Housing affordability

While the average (median) house price in Herefordshire is similar to the national average (£205K), the average (median) gross annual earnings for a full time worker on adult rates in Herefordshire is considerably worse than the national figure (£22K). This means that **houses at the lower end of the market costs around 8.4 times the annual earnings of the lowest earners.**

Herefordshire has the **worst affordability level** out of all the 14 West Midlands Authorities (unitary, counties and metropolitan boroughs). Provision of subsidised housing is therefore a priority for Herefordshire that needs to be addressed through partnership working between Herefordshire Council and Registered Providers.

Poor housing and health

Evidence shows that living in unsuitable living conditions (poor heating, mould, damp and structural defects) can lead to respiratory and cardiovascular problems as well as anxiety and depression. According to the Indices of Deprivation (2015), the ‘indoor living environment’, as defined by condition of housing and the availability of central heating, is Herefordshire’s biggest type of deprivation - almost two-thirds of areas are in the 25 per cent most deprived in England, the majority being in rural areas.

Employment

In Herefordshire, nearly two third of employees (64 per cent) work full time, five percentage points less than that for West Midlands. The proportion of employees working part time was higher in public sector (53 per cent) compared to the private sector (32 per cent).

Earnings and hours of work

In 2015, Herefordshire’s earnings were 14 per cent lower than the West Midlands and 21 per cent lower than England’s. According to the Annual Survey of Hours and Earnings (ASHE) in 2015.

The median weekly earnings for people who work in Herefordshire were £421.90 significantly lower than those in the West Midlands region £493.10 and England £532.40.



Financial context

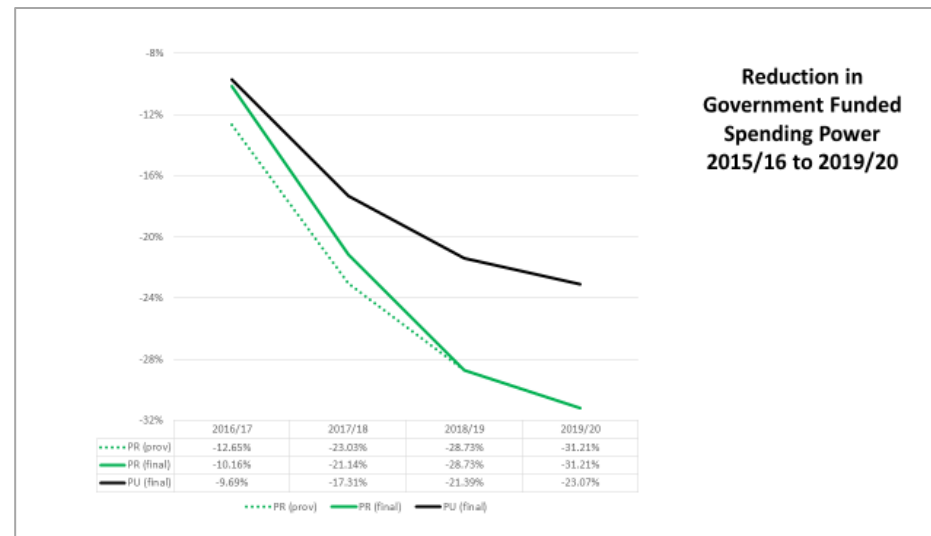
Overview

Herefordshire receives on average, 50% less central government assistance than an urban area placing Herefordshire at a disadvantage compared to our urban counterparts. In addition, social isolation is a growing concern, not least because of the disproportionately increasing number of older people living in Herefordshire, but also due to poverty and deprivation.

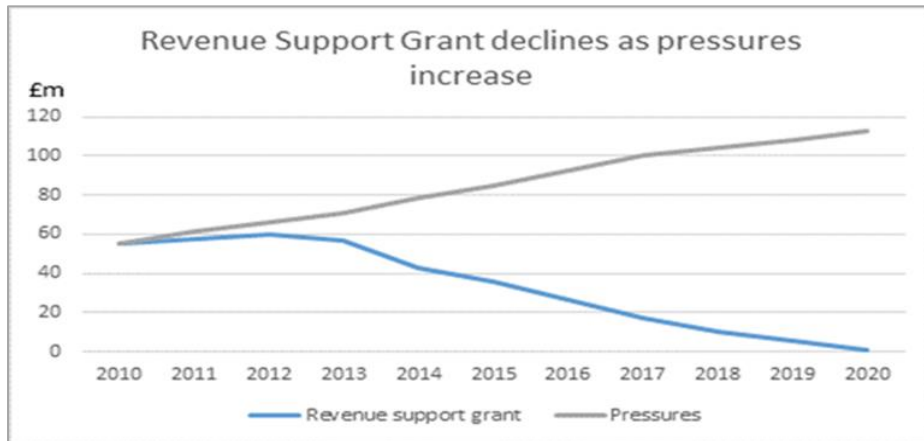
54% of Herefordshire's population live in rural areas of which 42% in the most rural locations. Providing services to a dispersed population across a large geographic area is a challenge and additional resources are required to ensure council services are maintained for all residents in the county.

The four year funding settlement has partially recognised these additional pressures by increasing support for the most sparsely populated rural areas by increasing the rural services delivery grant (RSDG), £4.1m in 2017/18 for Herefordshire. Despite this rural councils are worse off than urban ones. (The green line represents rural councils/ the black line urban councils).

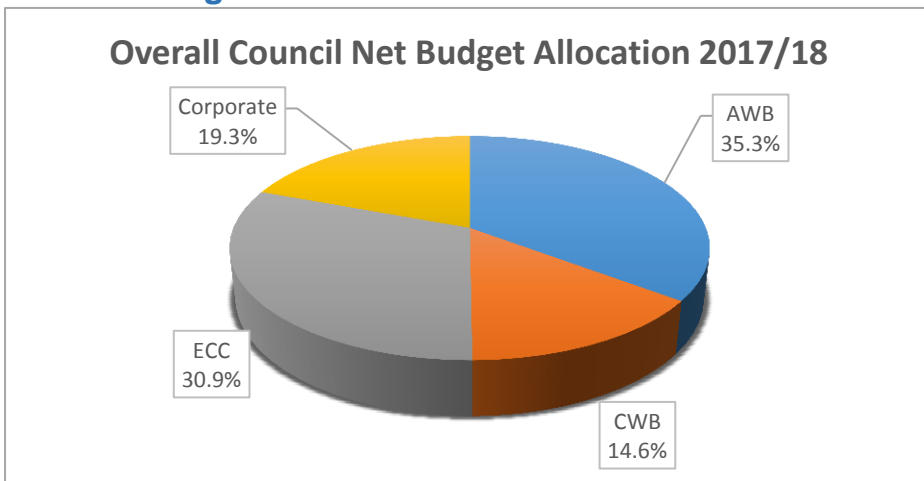
The council estimates that between 2010 and 2020 it will have to make £87m of savings. The council is on schedule to meet this challenge, delivering £69.5m of these savings by the end of 2016/17.



The local government finance system has undergone a significant change from a highly centralised system of funding, with central government grants allocated on the basis of councils' relative spending need, to a system where councils as a group are self-funding and individual councils bear far more spending and revenue risk. The impact of these changes has meant that councils are less reliant on central government grant and more responsible for their financial management, resulting in an increasing funding gap to be met by savings:

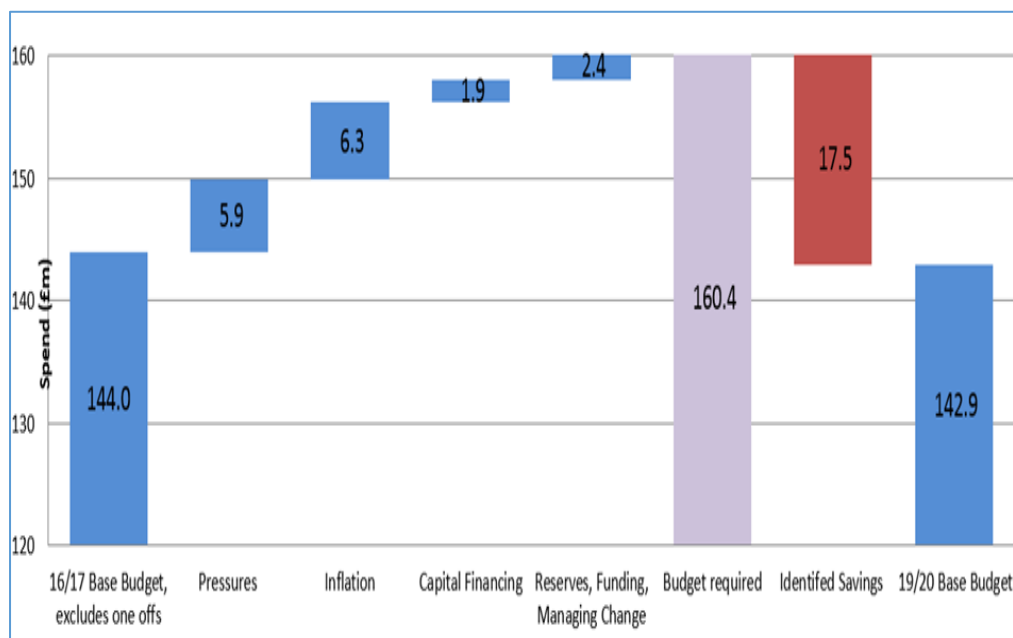


Current budgets



Predicted future funding

The council's Medium Term Financial Strategy (MTFS) has been set with regard to known funding reductions, additional cost pressures and identified savings of £17.5m for the period 2017/18 to 2019/20. The following graph demonstrates how the council's budget base is expected to move over the period of the MTFS. It starts with the current budget, reflects the specific spending pressures to show what the budget might be and then the savings required to ensure our expenditure matches our income.

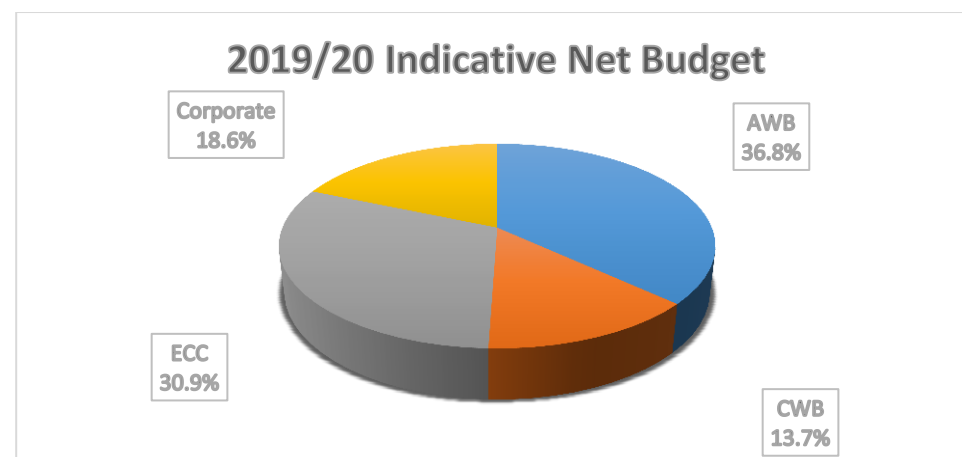


The MTFS assumes that council tax will rise by 1.9% and the social care precept of 2% will be levied in each of the three years to 2020.

As the following table shows this will be used to provide protection for social care expenditure at a time when overall council budgets continue to fall.

Indicative Budgets			
£'000	2017/18	2018/19	2019/20
AWB	51,158	51,591	52,630
CWB	21,153	20,092	19,575
ECC	44,740	44,023	44,074
Corporate	27,967	26,122	26,583
Total	145,018	141,828	142,862

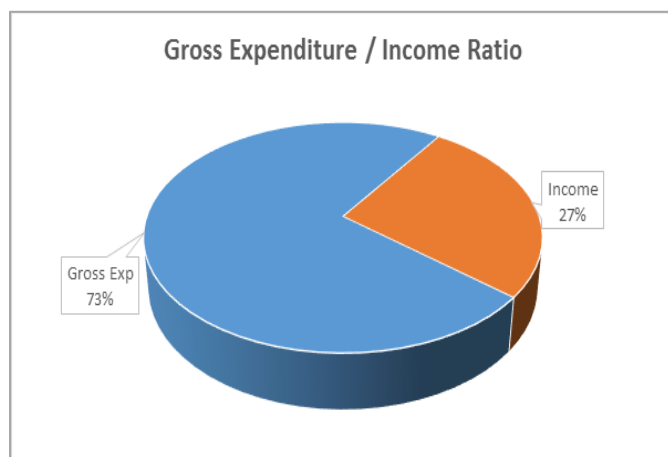
The proportionate budget allocations and protection for adult social care are demonstrated in the chart below as net spend on increases from 35.3% of total council net spend in 2017/18 to 36.8% in 2019/20.



Indicative Budget Ratios			
	2017/18	2018/19	2019/20
Adults and Wellbeing	35.3%	36.4%	36.8%
Children's Wellbeing	14.6%	14.2%	13.7%
Economy, Communities Culture	30.9%	31.0%	30.9%
Corporate	19.3%	18.4%	18.6%
Total	100.0%	100.0%	100.0%

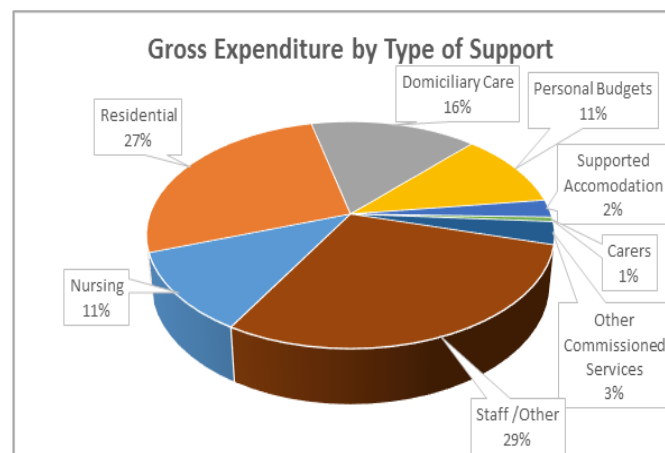
Current adult social care expenditure profiles

Current Ratio of Expenditure / Income



The Adults and Well-being directorate (AWB) comprises social care, housing support and public health. In 2016/17 gross expenditure for AWB totalled £81m, this was offset by income of £29m giving a total net spend of £52m.

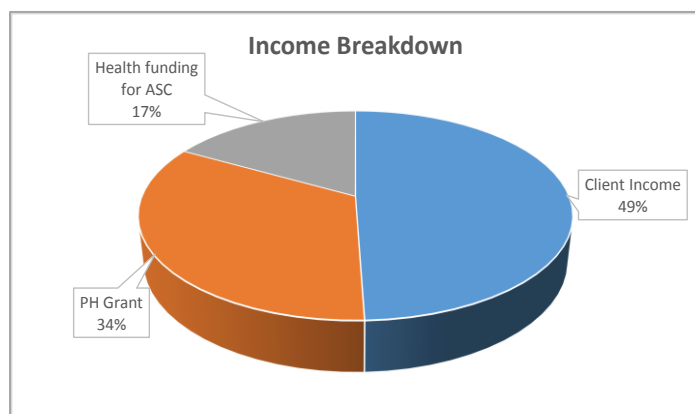
Analysis of Gross Expenditure by Type of Spend



The adjacent chart shows the key components of the £81m expenditure across the directorate.

The staff / other segment includes all staff costs for both social care teams and commissioning together with public health and housing

Summary of Income Sources



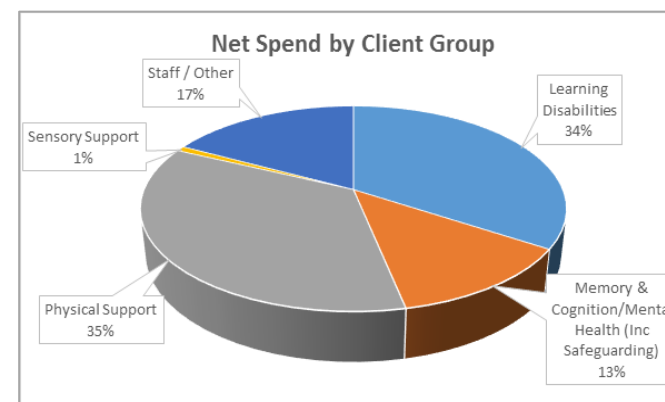
There are three primary sources of income which offset / or fund expenditure. The largest element relates to client income, for clients who are assessed as being able to afford to pay for their own care.

The second major funding stream is the public health grant. In 2016/17 this totalled just under £10m, however significant cuts in this grant are projected in future.

The third key component is funding received from the department of health for the protection of social care and the new burdens arising from the Care Act 2014). This equates to circa £5m per annum.

expenditure.

Analysis of Net Spend by Client Type



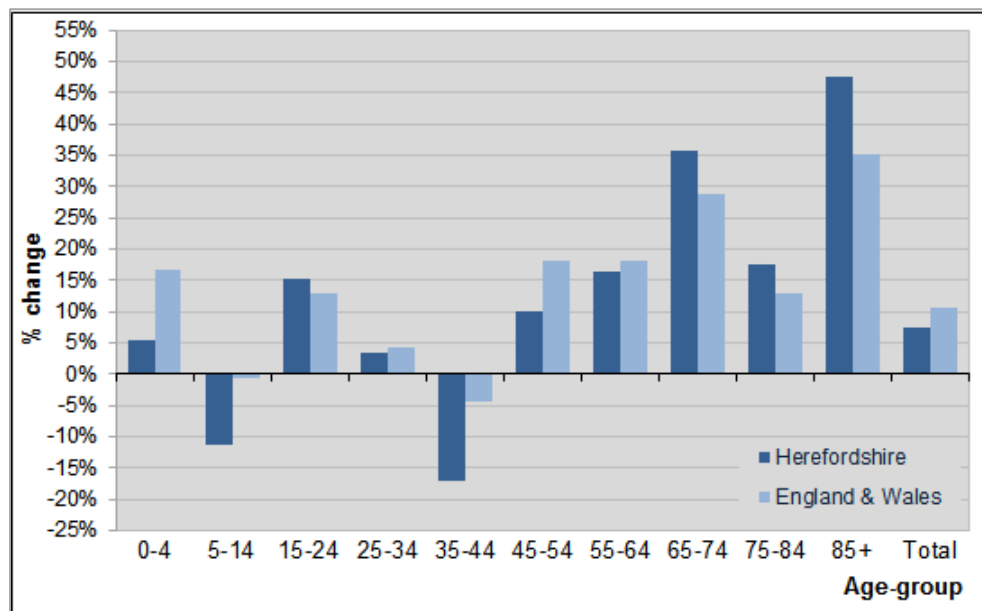
The adjacent chart shows the relevant proportions of the net spend (expenditure less income received from clients) for each type of client (classified by primary care need).

Note: all data in this section is based on projected 2016/17 expenditure.

Current population information

Recent population trends and changes

Observed population change by age-group, 2001 to 2015



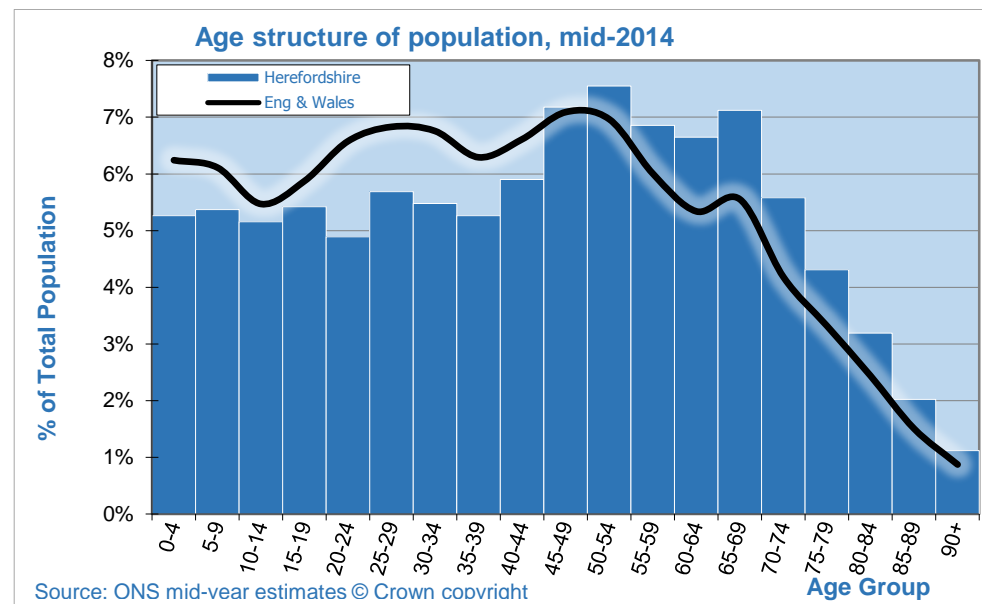
Key issues:

Herefordshire remains one of the least densely populated areas of the country, with residents scattered across its 842 square miles. Two-fifths of residents live in the most rural areas of the county. Providing services to people over this large area presents a challenge.

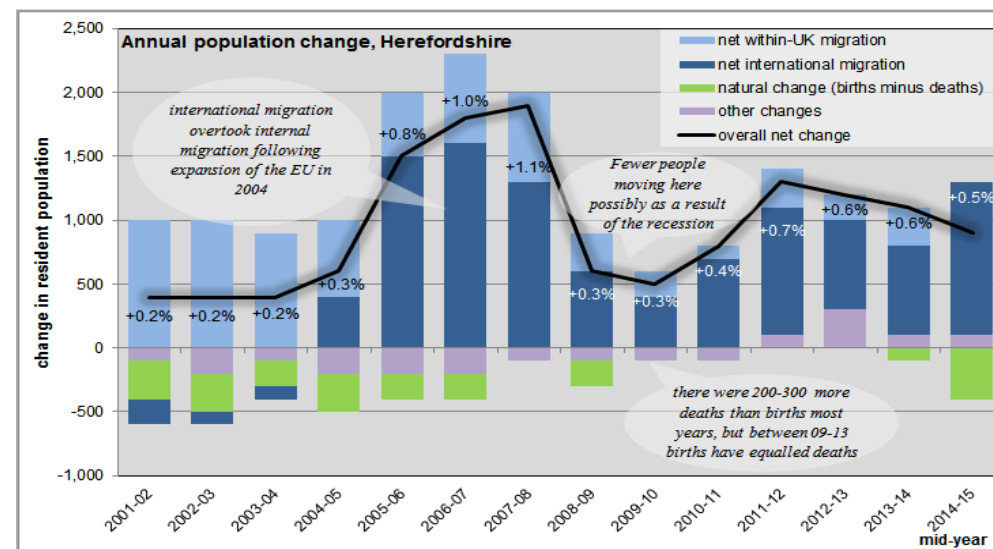
There are differences in [age structure around the county](#); most notably Hereford city has relatively high proportions of young adults (aged 20-34), whilst rural Herefordshire has relatively high proportions of older adults (aged 45-79). The market towns have the highest proportions of people aged 80+.

To find out more, read [information on population statistics across the county](#)

The current age profile of the population in the county



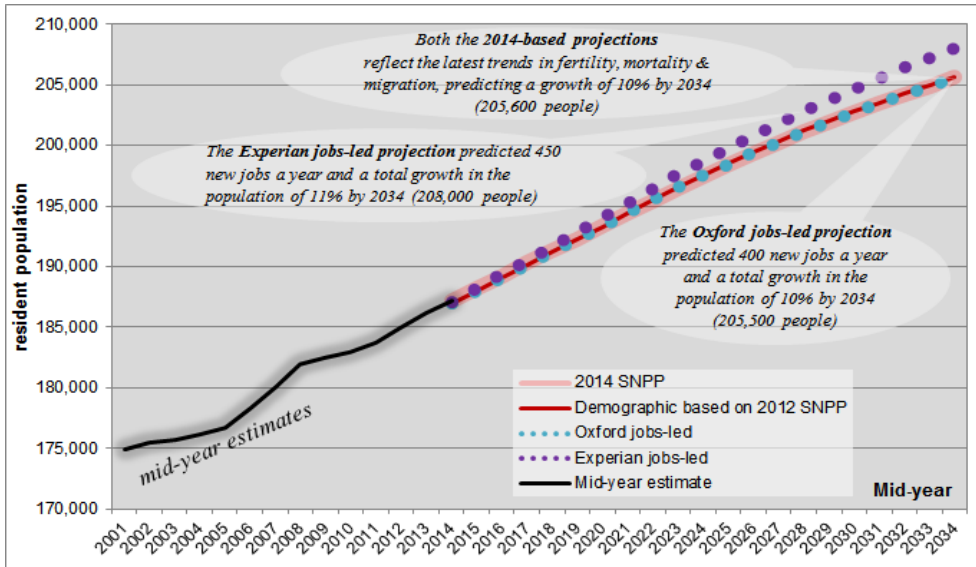
Reasons for recent population changes



To find out more, access [the chart and source data](#)

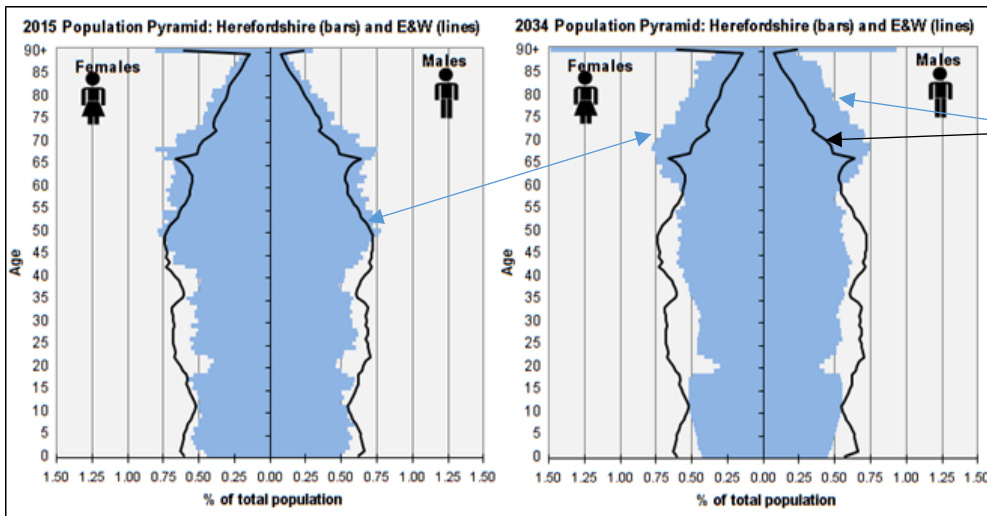
Projected changes in population

Historic Population Growth

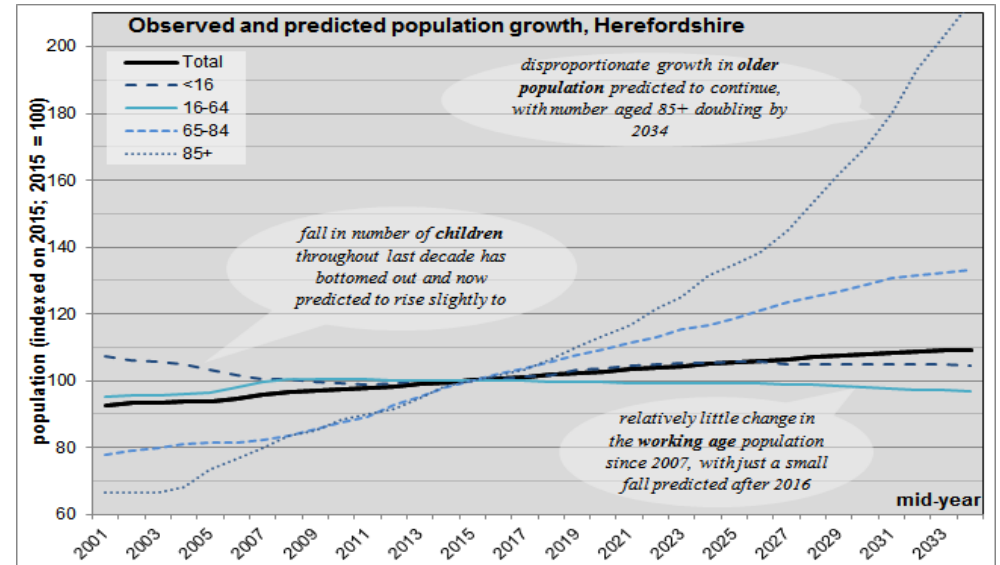


To find out more, access [the chart and source data](#)

Current and Predicted (2034) Population Profile



Observed and predicted change in broad age groups, Herefordshire 2001-34



To find out more, read the [projected population change information](#)

The effects of the “baby boomer” generation moving into old age between 2015 (left hand pyramid) and 2034 (right hand pyramid) is clear

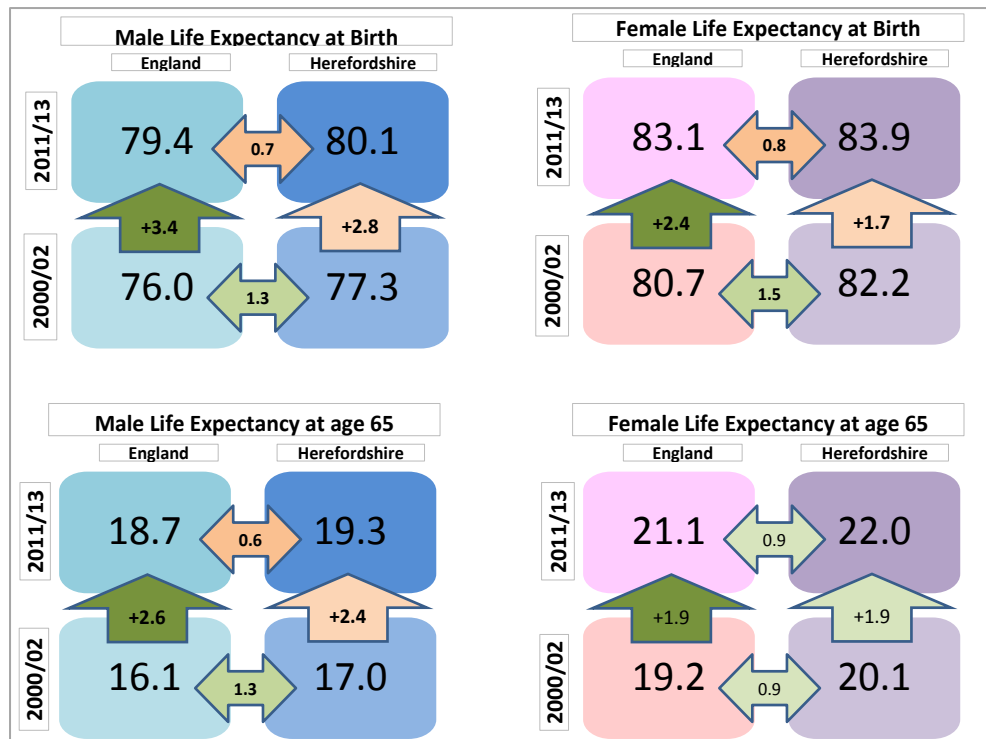
The proportion of older people compared to the national position is set to become even more starkly pronounced in the future.

This has major implications for the provision of care and support to the older people of the county in the coming years

The health and wellbeing of the local population

Life expectancy

Overall the population of Herefordshire lives longer than the national average for England at birth and also at age 65, however the gap is closing as shown below:



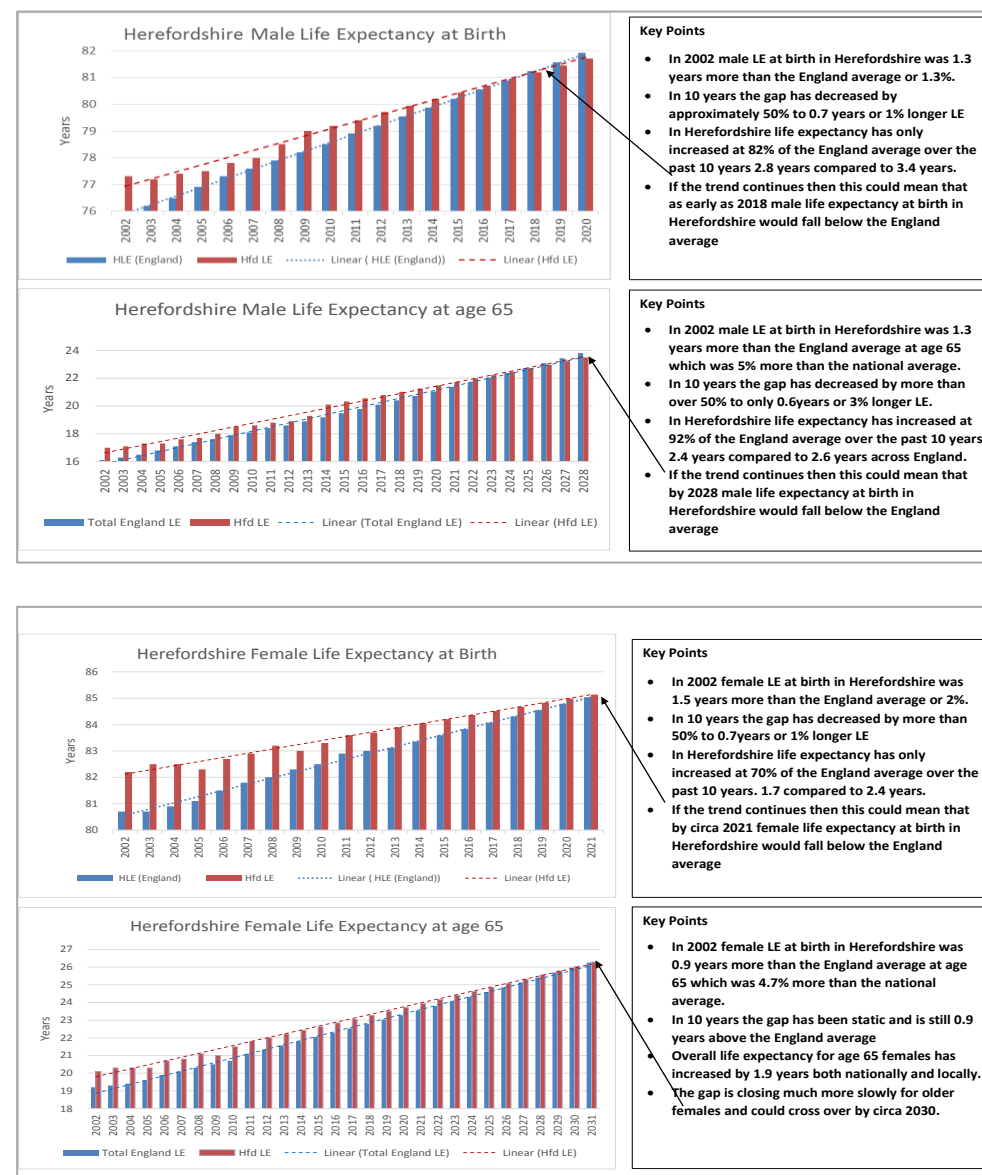
Matrix Key:

- Rectangles** show life expectancy by year / England / Herefordshire
- Upward arrows** show increase from 2002 to 2012
- Horizontal arrows** show number of years that Herefordshire life is expectancy above England average
- Green arrows** -improving trend locally and nationally
- Orange arrows** - Herefordshire rate of improvement increasing below

To find out more, read about [the health of the population in Herefordshire](#)

Predicted life expectancy trends

The following charts show that in future life expectancies in the county may fall below the England average.



Healthy life expectancy

People are living longer, but improvements in **healthy life expectancy** have not kept up, meaning that residents are having extended lives but are living it in poor health. The proportion of life expected to be lived in good health has fallen consistently during the last thirty years, from 82 per cent for men born in England in 1981 to 80 per cent in 2011/13, and from 79 per cent for women to 77 per cent (for the same period).

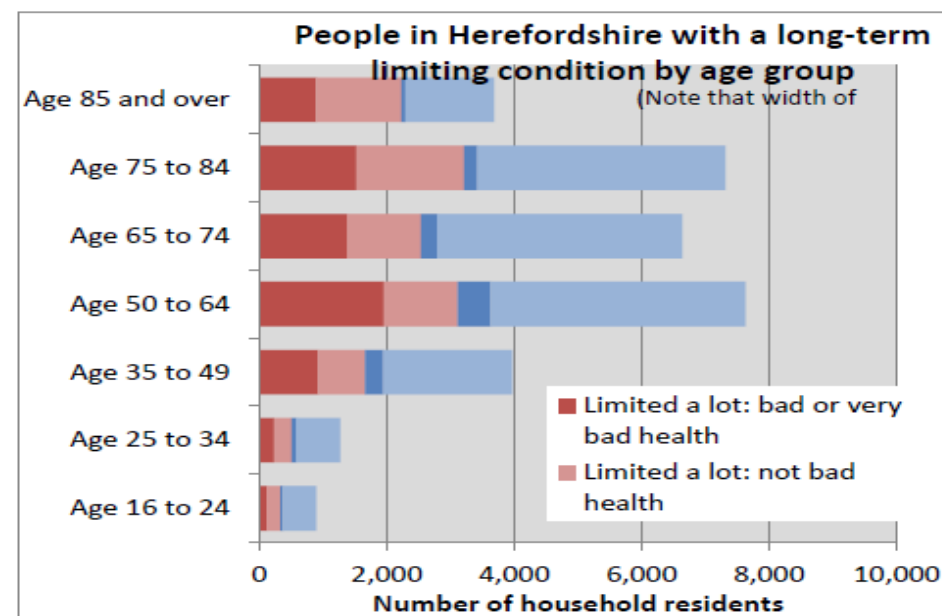
The 2011 Census found that:

32,500 people (18 per cent of the population) in Herefordshire households¹⁵ have a long standing condition (or long term limiting condition/LTLC).

14,100 have their activities appreciably limited by their condition, and 7,200 of these consider themselves to be in bad / very bad health (4 per cent of the total population).

17,000 people are in fair health, limited a little by their condition.

Prevalence of LTLCs increases with age, and because of Herefordshire's aging population structure, the largest number of people who have an LTLC and are in bad/very bad health are aged 50-64 (2,000 people).



The tables below show the proportion of non-healthy life expectancy improvement for England and Herefordshire. This shows that people in Herefordshire can expect to spend a greater proportion of their lives with ill health than the national average.

At Birth % life not healthy				
	England		Herefordshire	
	Male	Female	Male	Female
2005/07	20.6	23.1	N/A	N/A
2009/11	19.9	22.6	16.2	18.9
HLE gain	0.7	0.5	N/A	N/A

NB. The ONS changed the measures of healthy life expectancy in 2005/07 data to reflect 5 components instead of the previous 3 measures.

At age 65 % life not healthy				
	England		Herefordshire	
	Male	Female	Male	Female
2005/07	43.2	45.3	N/A	N/A
2009/11	40.8	42.2	45.5	49.5
HLE gain	2.4	3.1	N/A	N/A

Impacts of deprivation on health and life expectancy

Mortality and premature mortality

In Herefordshire, those that live in deprived communities have a higher risk of death than if they lived elsewhere in the county. Over the last five years, the mortality rate has increased by 1.4 per cent (from 2006-10 to 2010-14) in the most deprived 1718 areas of the county, compared with a marginal 0.3 per cent in the county as a whole.

While increases have occurred for other causes of death, there has been a reduction in the numbers of deaths as a result of strokes (16 per cent). Notably, increases in alcohol specific deaths are more evident in the most deprived areas, (10 per cent across Herefordshire and 27 per cent in the most deprived areas).

The difference between mortality rates in the most and least deprived areas is referred to as the 'mortality gap'. For all ages and across all causes of mortality combined this gap has increased from 20 per cent in 2006-10 to 22 per cent in 2010-14. Where it relates to gender-specific, the gap has widened for both males and females (temporal trends).

The local care market

Self-funder profile

The proportion of clients who can afford to fund their own care (self-funders) varies significantly across the country, in wealthier parts of the country councils fund only a small proportion of the people in the local market whereas in poorer parts of the country councils will have to fund the majority of care.

Here in Herefordshire the majority of people in Herefordshire who need formal care services are self-funders. We have an accurate estimate of the residential and nursing care market being used by self-funders as we have a clear picture of the number of beds available across the county and we also know how many of those beds are occupied by people funded by the council and / or Herefordshire Clinical Commissioning Group (HCCG). See

Market information gap – self-funders with domiciliary care

We would like to get more information about the self-funders receiving domiciliary care in Herefordshire including:

- Numbers supported
- What type of care / how much they receive
- What the hourly rates are
- Numbers and hours supported
- When they are likely to drop below self-funder thresholds?

Residential and Nursing MPS for more details.

However for people purchasing care and support to be delivered within their own homes the position is less clear.

Provider overview

In common with the majority of councils, Herefordshire does not provide care directly for people in Herefordshire but commissions the care to be provided by a range of providers. The vast majority of these providers are commercial businesses however some are not for profit organisations.

We have a clear understanding of our care home providers in terms of what type of organisation they are, how many beds they offer, and the type

of care needs supported etc. however our knowledge of our homecare providers needs further development.

Market information gap – domiciliary care providers

We would like to get more information about the domiciliary care providers in Herefordshire including:

- Capacity
- Type of organisation e.g. large group / sole trader etc.
- Numbers of staff employed

Market stability

In Herefordshire care is provided largely by local or regional providers. As the market is relatively small it has not attracted a large inward investment from major care providers.

Across the residential and nursing care sector this means that there is little risk in relation to failure of a major provider having a significant detrimental effect in Herefordshire. However there is a relatively high proportion of single owner / managed care homes, and many of these have a small number of beds. This gives rise to two significant risks, firstly the continuation of the care provision if the owners wish to sell / retire, and secondly there is a greater risk of financial failure if a care home is too small.

One care home has closed within the past twelve months and there have been a number of changes of ownership and group consolidations/ changes as the market rationalises.

Providers continue to flag the cost of care as a major concern and the council is committed to working closely with providers to ensure the long term sustainability of the market through paying a fair price for care at an affordable rate.

Domiciliary care providers have flagged the challenges of delivering care in the remote parts of the county and regularly handback packages of care as being financially unaffordable to deliver, clients challenging behaviour is also reported as a frequent reason for a handback.

We are working closely with providers to develop a new framework approach and new model for community care.

Future developments

As outlined in the vision and philosophy sections above the council is aiming to transform the care services it commissions in the coming years.

Wherever possible the plan will be to keep people independent in their own homes for as long as possible, and when it is not to offer people a choice of affordable good quality care.

Future developments in residential and nursing care

- No growth in demand for council commissioned placements
- Increased need for dementia care
- Enhanced capacity for complex care to be provided in county – especially learning disabilities and complex health care needs
- Greater use of technology to support telehealth
- Reduced admissions to hospital from care homes
- Improved discharge pathways leading to reduction in delayed discharges from hospital

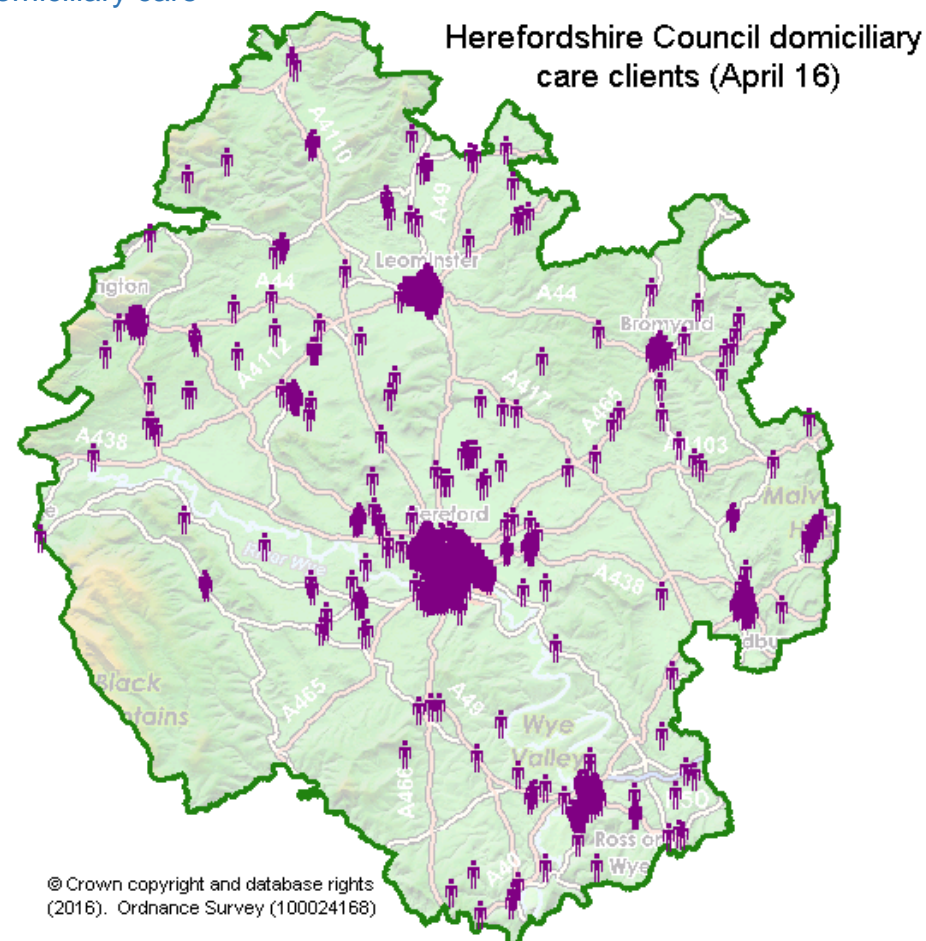
Future developments in community based support

- Development of voluntary and third sector support to enable people to live independently at home
- Further development of WISH website to be the first choice / source of information

In the community based care sector

Client numbers and geographical profiles

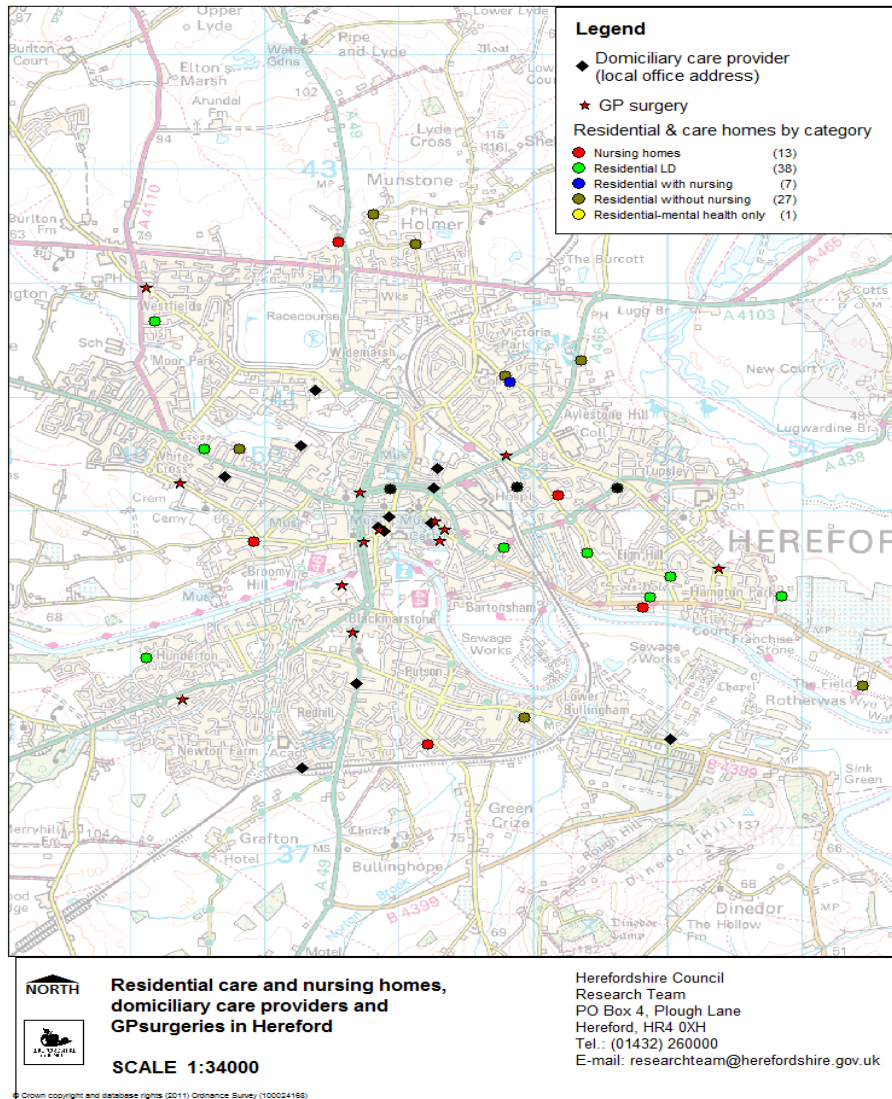
Domiciliary care



The map above provides a snapshot of the distribution of the care provided to people in their own homes across the county. Further analysis and information on the community care market can be found in the relevant market position statement.

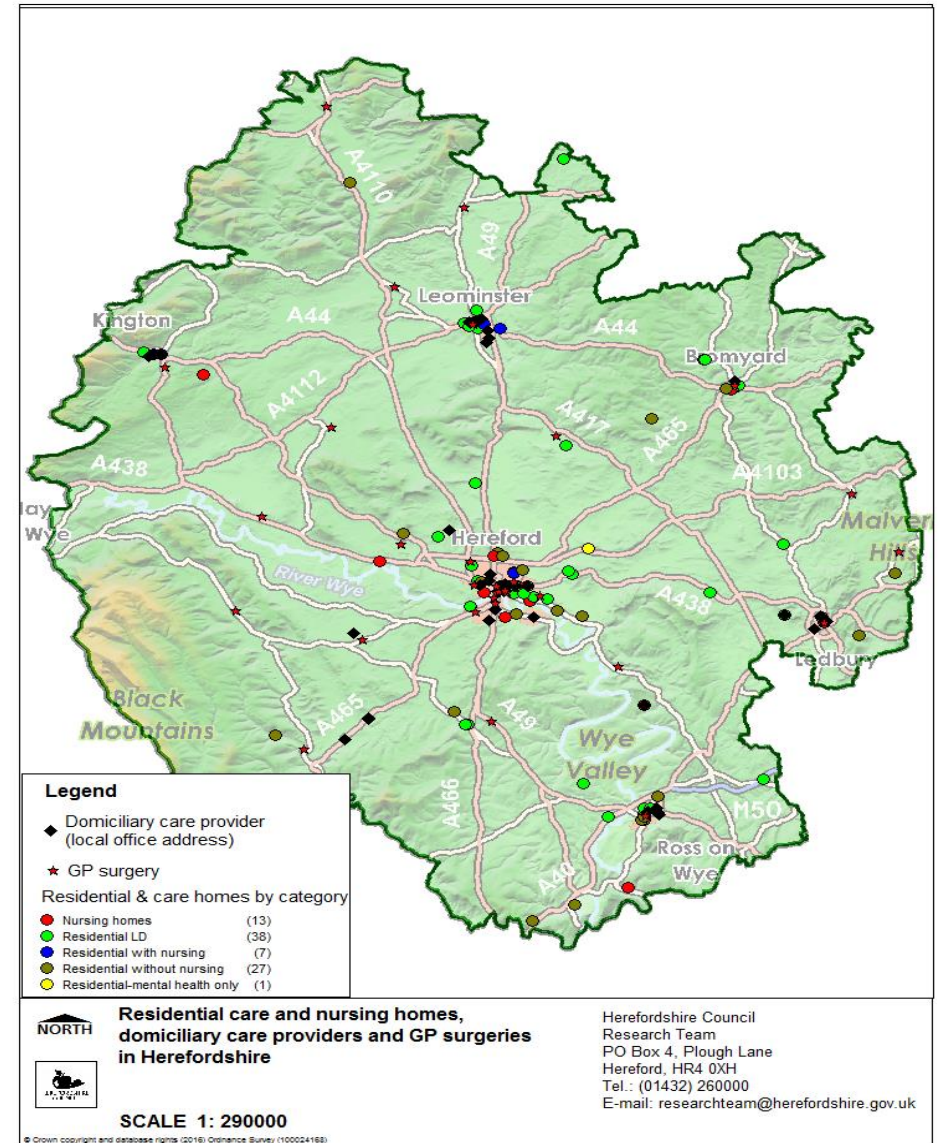
Residential and nursing care

City provision



More details can be found in the Residential and Nursing MPS

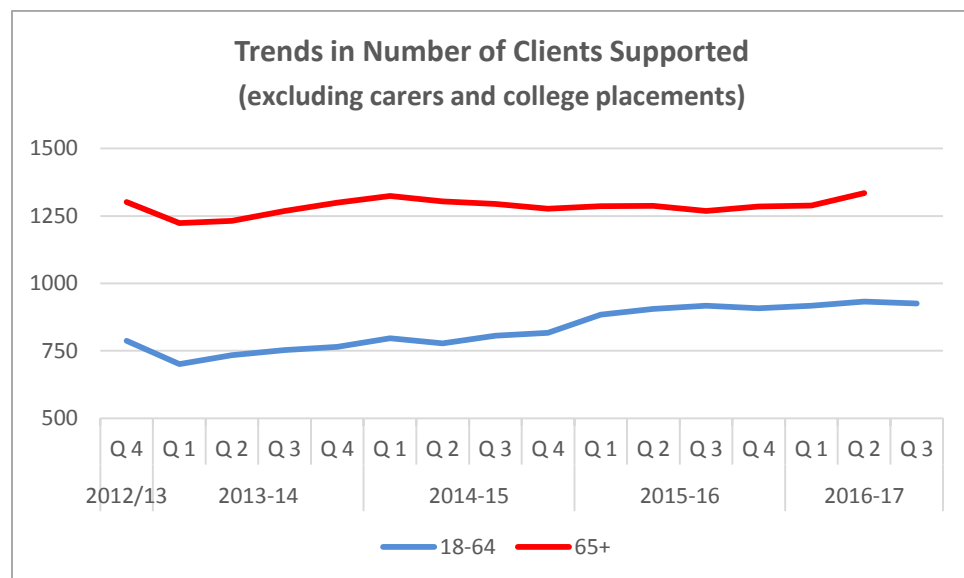
County wide provision



Current demand and service profiles

Trends by client type

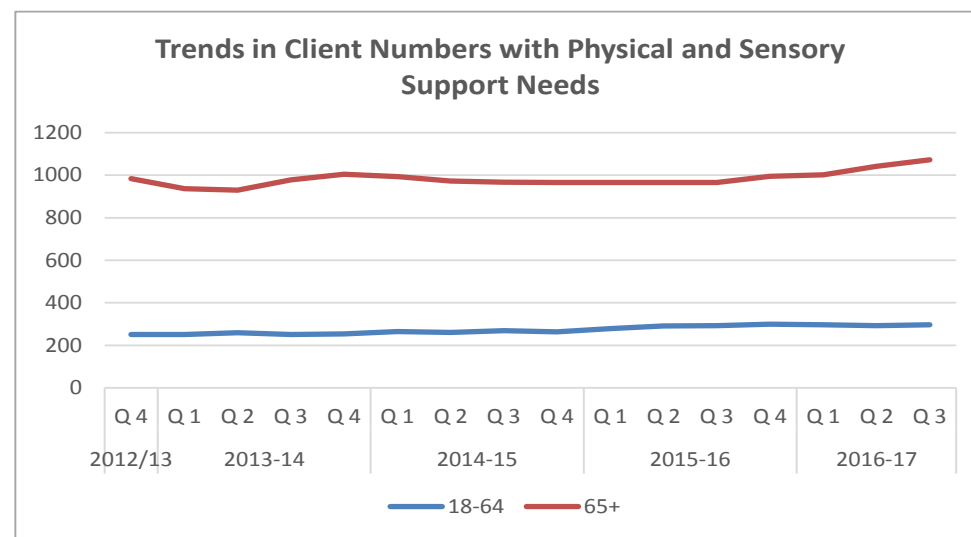
The charts below show the trends in overall client numbers in recent years. These numbers represent the clients for whom support has been commissioned on a spot basis. There are a limited number of block residential and supported living placements but these have remained static over the period and have been excluded. Also excluded is support provided to carers and residential college placements for young adults.



National reporting classifications changed in 2014/15 with the older people category removed and new categories of physical support, sensory support and memory and cognition created. For presentation purposes clients have been grouped according to learning, physical / sensory and mental health / memory needs.

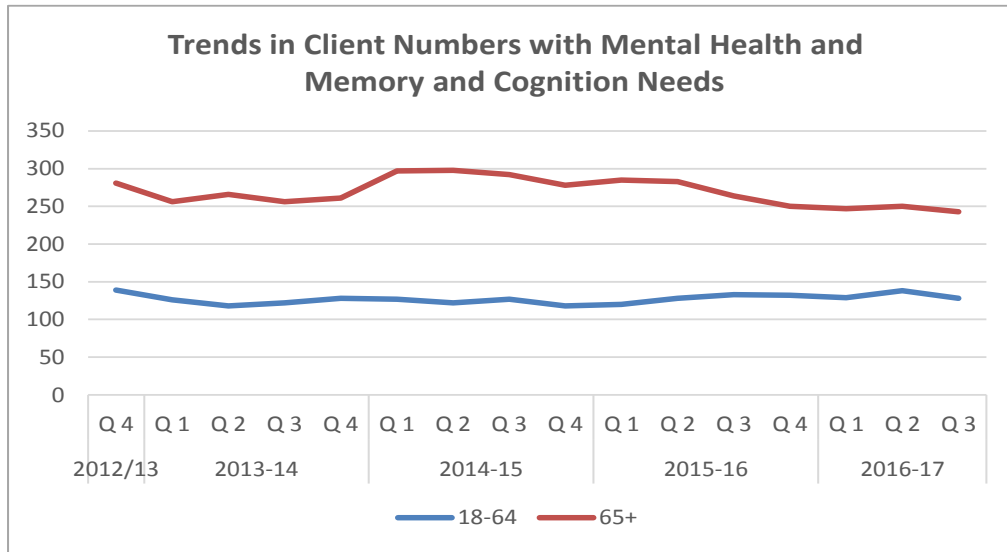
Overall client numbers increased .by 9% between March 2013 and December 2016, but this includes a 19% increase in working age clients compared to a 3% increase for older people. The ONS 2014 population estimates for Herefordshire predicted population growth of just 0.1% between 2013 and 2016 for people aged 18-64 and 10% for those aged over 65.

This is at least in part reflective of the national trend for children borne with disabilities to live longer.

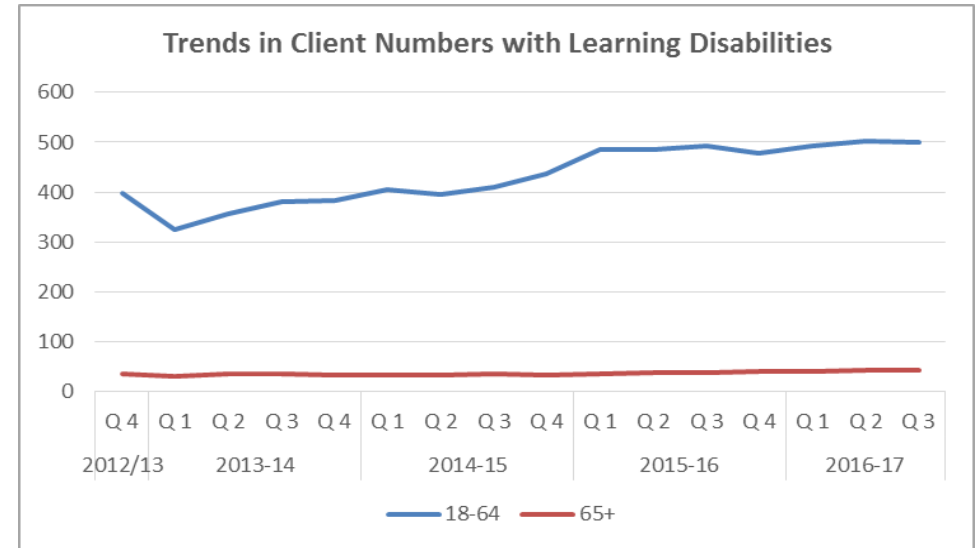


Numbers of people aged 18-64 supported has increased by 18%, whilst numbers of over 65's has increased by 9%, which is broadly in line with demographic changes.

In comparison there has been a 12% fall in numbers supported who have a mental health or memory and cognition need. This is 8% in working age adults but is more stark in over 65's with a fall of 14% in the period.

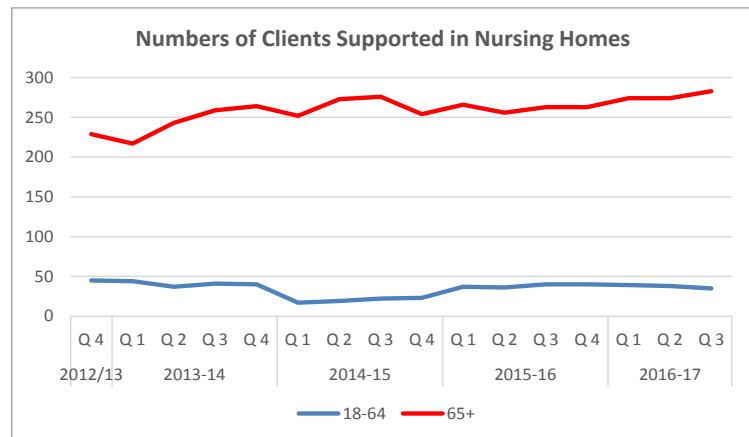


The most significant growth has been across the learning disability cohort which has seen a 26% increase in the under 65 age group and a 16% increase for over 65's.

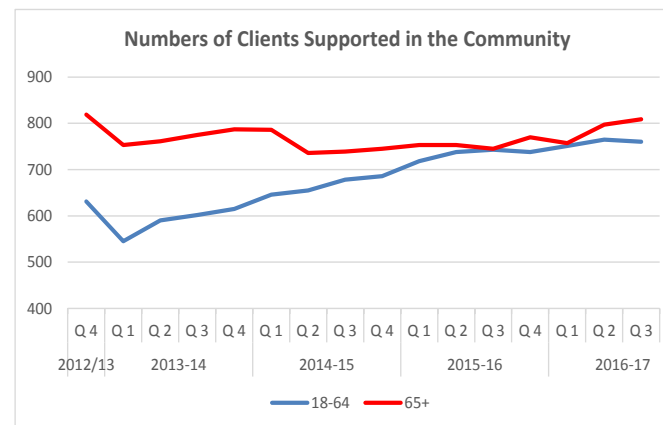


The latter is consistent with the latest data from the Improving Health and Lives Learning Disabilities Observatories, but are explored in more depth in the detailed MPS reports.

Trends by age and type of care



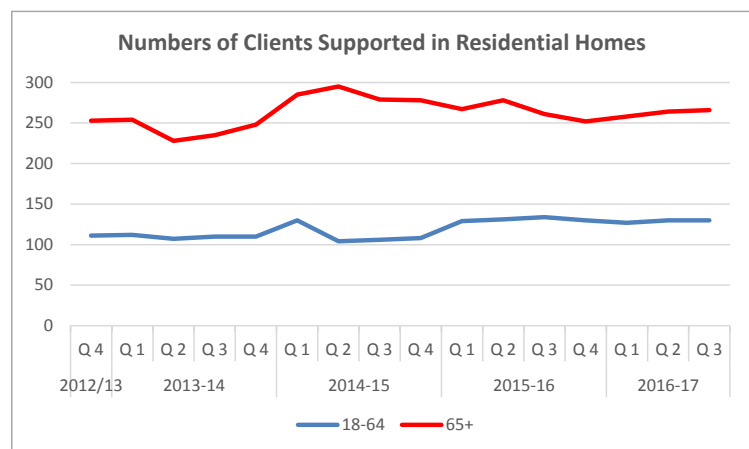
Since March 2013 there has been a fall of 16% of people aged 18-64 in a nursing home, whilst in the same period there has been a 20% increase for those aged 65 and over.



There has been a sharp increase of 21% in the number of 18-64 year olds supported in the community, driven by the growth in LD client numbers. In the same period there has been a 3% fall in numbers of over 65's supported.

The trends are reversed when residential home placements are considered, with a 17% increase in placements for those aged 18-64, compared to a 4% increase for those aged 65 and over.

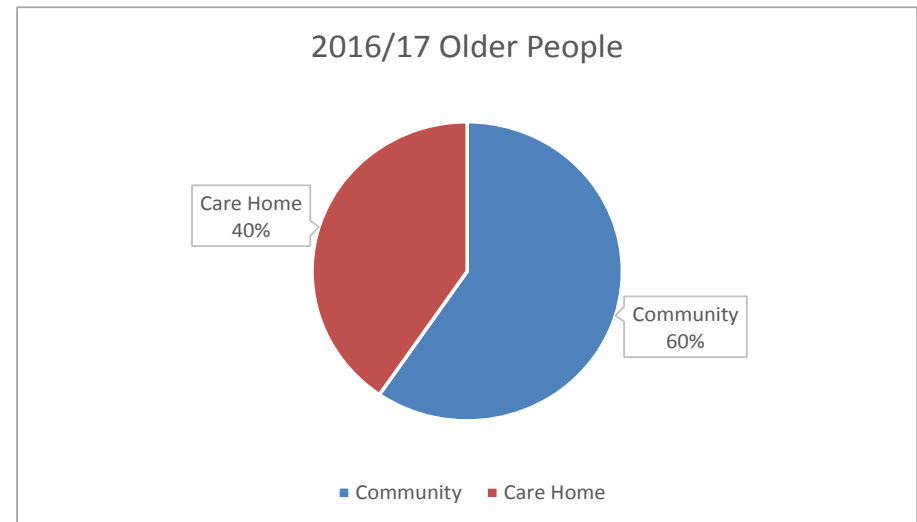
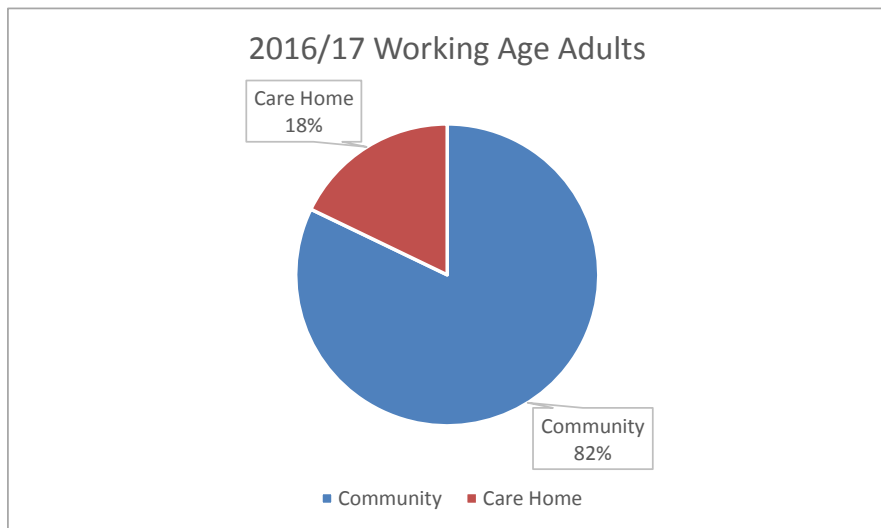
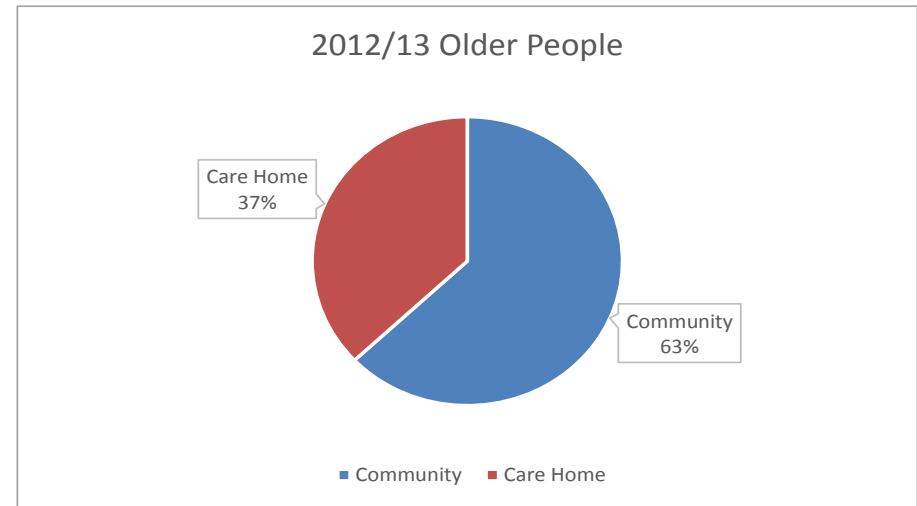
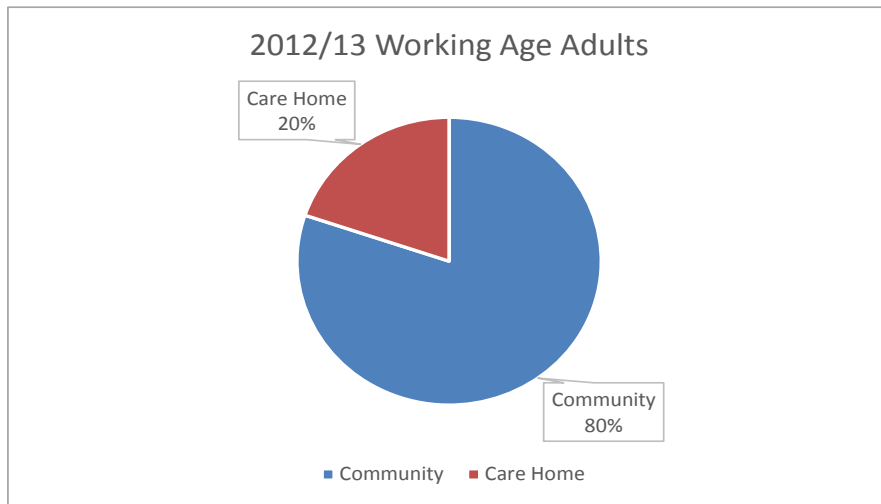
The following chart of trends of numbers supported in the community includes council commissioned domiciliary care, personal budgets (including direct payments) together with supported living and adult placements.



High level market opportunities

- The emerging trends in client numbers indicate increasing numbers of people with learning disabilities will need support. Additional services and support within the county are likely to be required in particular to support those people with more complex needs. (see supporting MPS documents for more details of opportunities)
- National projections are for a significant growth in people with learning disabilities aged 65 and above.
- Fewer people with physical / sensory support needs being supported by the council, this is particularly noticeable in relation to residential care for older people where there has been a decline in council supported placements for both older and younger adults.
- However nursing care requirements for older people with dementia are likely to rise (see supporting MPS documents for more details).

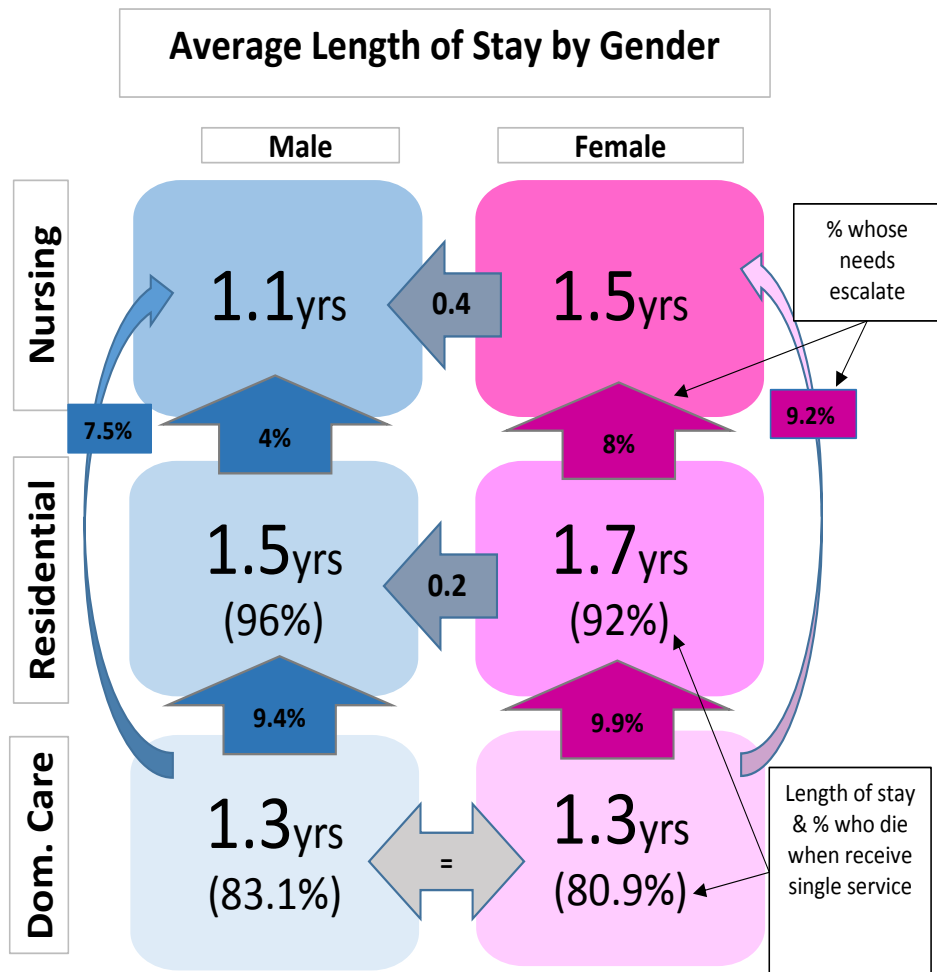
Current demand and service profiles



Over the last three and a half years there has been a move towards more community based support for working age adults focused around domiciliary care and personal budgets and less on residential based placements.

In contrast for older people there has been a swing towards more residential based care. See supporting MPS documents for more information..

How long we provide support for



The above graphic shows the council's service user flow through the care system. This is based on a data set covering the period April 2013 to February 2015 for council funded clients.

Key points

- Measuring the service users who received domiciliary care support, of those whose care package ended over 80% of both males and females died whilst in receipt of domiciliary care.
- A greater proportion (2%) of female service users have needs which escalate to residential or nursing care support than males.
- The period of care for females is longer than for males.
- The ratio of clients male / female is weighted towards females. The table below shows the total service user ratio by service type.

Total SU ratio	Males	Females
Dom Care	33%	67%
Residential	27%	73%
Nursing	32%	68%

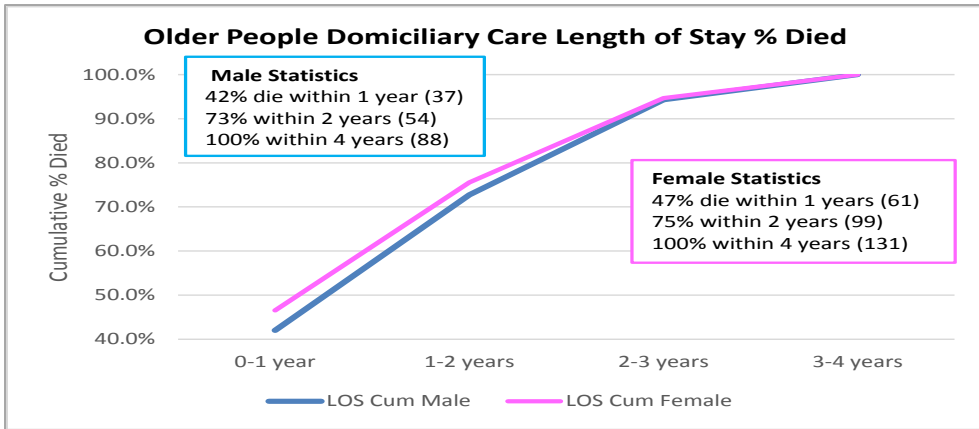
- This changes as shown in the table below when the sample of all care packages which ended is broken down by gender.

Service Sample	Males	Females
Dom Care	40%	60%
Residential	28%	72%
Nursing	26%	74%

Market information gap – length of support to self-funders

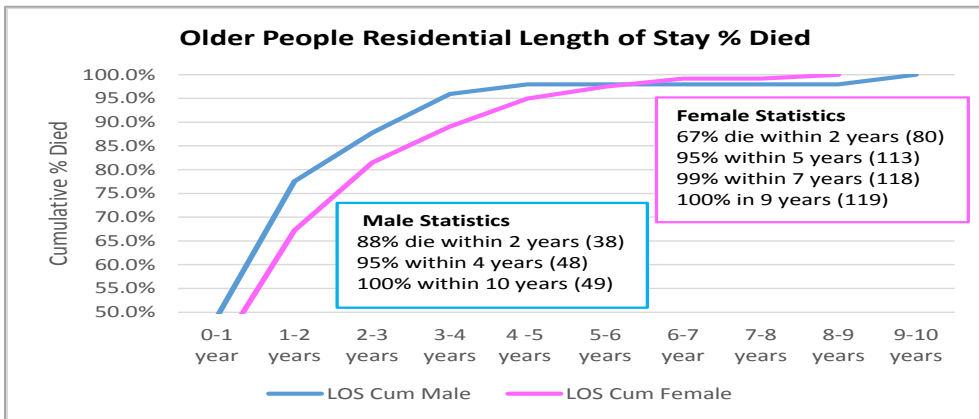
We would like to get more information about self-funders

- Do they commission support earlier
- Do they have support for longer – if so how much longer



Key points – domiciliary care

- There is no variation between genders where the service user dies whilst in receipt of a domiciliary care package.
- Females are 5% more likely to die within one year of receiving domiciliary care support than males, by the end of two years the gap is only 2%.
- No clients of either sex (who did not transfer to either residential or nursing care) lived longer than 4 years.

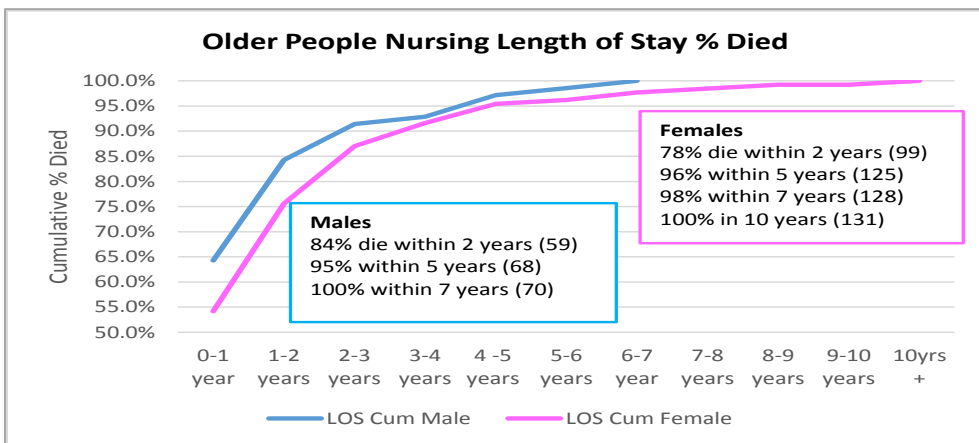


Key points – residential care

- The total data set for residential care comprised 436 service users (119 / 316 male / female).
- It includes 27 service users who previously received a domiciliary care package, 10 male / 17 female.

Residential Care Length of Stay Summary to Death	Incl. +5 days pd by from DOD	
	LOS Male	LOS Female
Total client	49	119
Average LOS years	1.5	1.7

- All bar 1 (9.5yrs) male died within 5 years
- All bar 1 (8.8yrs) female died within 7 years.
- 12 I service users progressed to nursing care (2 male / 10 female),



Key points - nursing

- The total data set for residential care comprised 427 service users (138 / 289 male / female).
- Including 12 service users previously in receipt of a residential care package, 2 male / 10 female one of whom began with a domiciliary care package.

Nursing Care Length of Stay Summary to Death	Incl. +5 days pd by from DOD	
	LOS Male	LOS Female
Total client	70	131
Average LOS years	1.1	1.5

- All males died within 7 years, longest LoS 6.5 years

The social care workforce

A summary of the adult social care sector and workforce in Herefordshire October 2016



Introduction

This report gives a summary of the adult social care sector and workforce in the Herefordshire local authority area and includes Skills for Care's workforce estimates created using the 'National Minimum Data Set for Social Care' (NMDS-SC).

Skills for Care helps create a better-led, skilled and valued adult social care workforce. We provide practical tools and support to help adult social care organisations recruit, develop and lead their workforce. We work with employers and related services to ensure dignity and respect are at the heart of service delivery.



In 2015 the adult social care sector had around **19,300** organisations, **40,100** care providing locations and a workforce of around **1.55 million** jobs in England. In Herefordshire there were an estimated 6,100 jobs in adult social care. These were split between the statutory sector (5%), the independent sector (87%) and direct payment recipients (8%). As at September 2015 Herefordshire contained 134 CQC regulated services, of these, 89 were residential and 45 were non-residential services.



Adult social care is a growing sector that had increased by 18%, in terms of jobs, since 2009 in England. If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then the number of adult social care jobs in England will increase by a further 18% to 1.83 million jobs by 2025.

Staffing overview

The estimated number of adult social care jobs in the Herefordshire area in 2015/16 was 6,100, this included 500 managerial roles, 300 regulated professionals, 4,600 direct care (including 3,400 care workers), and 750 other-non-care providing roles.

Approximately half (44%) of the workforce worked on a part-time basis, 42% were full-time and the remaining 15% had no fixed hours. Over a quarter (27%) of the workforce were recorded as being on zero-hours contracts (23% in the West Midlands and 24% England).

The average number of sickness days taken in the past year was 4.7 (5.1 in the West Midlands and 5.2 across England). With an estimated workforce of 6,100 this would mean Herefordshire lost approximately 28,900 days to sickness in the last year.

Demographics



The majority (82%) of the workforce in Herefordshire were female and the average age of was 43 years old. Those aged 24 and under represented 11% of the workforce and those aged over 55 represented 25%,

therefore approximately 1,500 people may retire in the next 10 years.

Around 88% of the workforce in Herefordshire were British, 8% were from within the EU and 3% from outside the EU, therefore there was a greater reliance on EU workers than non-EU workers. Nationality varied by region, in England 83% of the workforce were British, in West Midlands this was 88%.

Around 95% of the workforce in Herefordshire were of white ethnicity and 5% were from Black, Asian or Minority ethnic groups. In West Midlands, 80% were of white ethnicity and 20% were of BAME groups and in England 80% were of white ethnicity and 20% were of BAME groups.

Recruitment and retention



Skills for Care estimates that the starters rate in the past 12 months was 38.0%, (35.8% in West Midlands and 35.0% in England). Of new starters, approximately two thirds (56%) were recruited from within the adult social care sector, therefore the sector retains their skills and experience.

The turnover rate of directly employed staff was 34.7%, this means approximately 2,100 leavers per year. This turnover rate was higher than the region average, at 29.4% and higher than England at 27.3%.

Adult social care has an experienced 'core' of workers. Workers in Herefordshire had on average 7.7 years of experience in the sector and around 69% of the workforce had been working in the sector for at least three years.

Skills for Care estimates that in Herefordshire, 3.6% of roles in adult social care were vacant, this gives an average of approximately 200 vacancies at any one time. This vacancy rate was lower than the region average, at 6.9% and lower than England at 7.3%.

It is vital that adult social care can attract and retain staff with the right skills, values and behaviours, to raise standards for people using social care services.

Pay

It is important to note that the pay data used in this analysis predates the mandatory National Living Wage (NLW) introduced in April 2016, so some hourly wages may fall below the £7.20 limit. Statutory local authority pay data was as at September 2015 and independent sector pay data was as at March 2016. Skills for Care will be publishing analysis on the NLW later this year, however early evidence from NMDS-SC shows that rates have increased since April 2016. The average annual and hourly pay by job group for your area, and how these compare with the regional and national averages, is shown Table 1 below.

Table 1. Average full time equivalent (FTE) annual and hourly pay by job group in Herefordshire, West Midlands and England

	Herefordshire	West Midlands	England
Average FTE annual pay of managerial staff	£25,800	£25,700	£26,300
Average FTE annual pay of regulated professionals	£26,600	£26,900	£27,400
Average hourly pay of direct care staff	£7.70	£7.46	£7.69

Qualifications, training and skills



Skills for Care believe that everyone working in adult social care should be able to take part in learning and development so they can carry out their role effectively, this will help to develop the right skills and knowledge so they can provide high quality care and support.

The NMDS-SC shows that 52% of the workforce in Herefordshire hold a relevant adult social care qualification (54% in West Midlands and 57% in England).

Of those workers without a relevant adult social care qualification recorded, 24% had five or more years' experience in their current role and 62% had completed either an induction or the Care Certificate.

More information

2015/16 workforce estimates were based on independent sector information derived from the NMDS-SC as at March 2016 and local authority information as at September 2015. For more information about the methodology used to create these workforce please see www.skillsforcare.org.uk/sizeof.

For a bespoke analysis of workforce information at local level or to answer any specific questions you have about the adult social care workforce please contact analysis@skillsforcare.org.uk. Example topics include; Workforce size, employment information, provision of care towards people with learning disabilities or other types of people who use social care services, recruitment and retention issues, workforce demographics, pay, qualification rates and future workforce forecasts. Also trend analysis, economic contribution or effects of the new National Living Wage.

For a report about the adult sector and workforce in the West Midlands region please see www.skillsforcare.org.uk/regionalreports or to perform your own analysis of information held in the NMDS-SC please visit the Skills for Care Open Access NMDS-SC Dashboards at: <https://www.nmds-sc-online.org.uk/reportengine/dashboard.aspx>

For more information on Skills for Care and how the NMDS-SC can benefit your area please visit our website at: <http://www.skillsforcare.org.uk/nmds-sc>. To be kept up to date with news from Skills for Care please join our mailing list by visiting myaccount.skillsforcare.org.uk and select your areas of interest or for the latest reports, briefings and infographics from the NMDS-SC, please also follow us on twitter @SfC_NMDS_SC.



For more information please email analysis@skillsforcare.org.uk

Workforce challenges

The key workforce challenges for Herefordshire relate to:

- The ageing workforce giving rise to potential future recruitment issues with 1500 people within the care sector who may retire in the next ten years.
- 3.6% of the roles are estimated to be vacant – approximately 200 jobs.
- Turnover of directly employed staff is 34.7%, which is significantly higher than across the West Midlands and England, however it would appear that much of this is people moving within the sector between employers
- Skills for care projects a further increase in the need for care workers of 18% by 2025. If applied to the direct care workforce of 4600 this equates to over 800 more staff needed in the county by 2025.

What we can do to help

- Help to work with schools and colleges to develop offers of a career in care to attract more school leavers.
 - Using skills of Hoople to develop more apprenticeship offers for school leavers.
 - Develop and focus Hoople recruitment on supporting and facilitating workforce recruitment.
 - Develop training programmes to improve skills of workforce / improve job satisfaction and help retention of staff.
- In addition up to 1,500 of the workforce may retire in the next ten years in
 - Zero hours contracts represent 27% of workforce profile.

Strengths of the local workforce

- Sickness rates are lower than the regional and national average at 4.7 days per annum.

- The average hourly pay for direct care staff is £7.70 per hour, 3% above the regional average and in line with the England average of £7.69.

Quality of care

CQC inspections

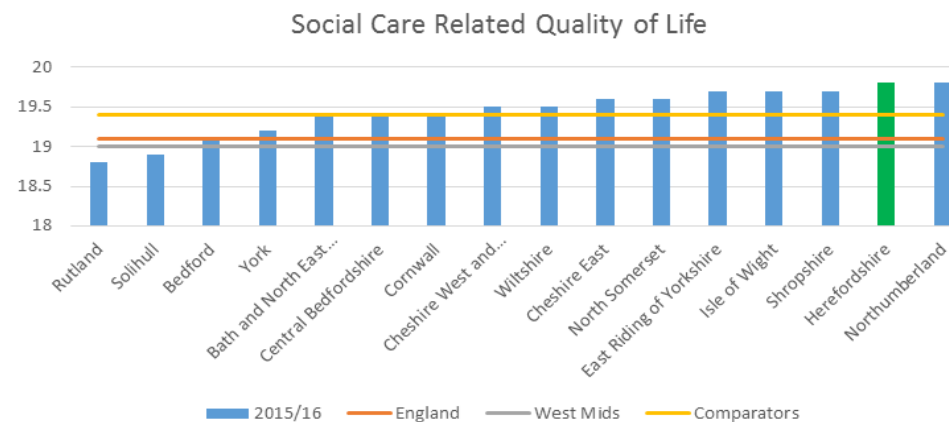
Since the change in the CQC inspection regime a total of 82 residential nursing and care homes in Herefordshire have been inspected (up to December 2016).

The table below shows the CQC ratings, for comparison the December ratings for care home inspections across England are also shown:

	No Homes	% of Inspections	England Dec. %
Outstanding	2	2.4%	1%
Good	69	84.1%	56%
Requires Improvement	9	11.0%	33%
Inadequate	2	2.4%	8%
Total Rated	0	0	2%
Total	82	100%	100%

The quality of care provided by Herefordshire care homes is significantly better than current England average.

For 2015/16 the Adult social care outcomes framework (ASCOF) reported that Herefordshire has the 5th best score of 150 councils for social care related quality of life. The chart below shows relative performance compared to statistical neighbours.



Engagement and communication

With the service users and their carers

The views of people who use services, and their carers, are continually being sought and incorporated into commissioning reviews and service specifications. For example the Help to Live at Home contract has been co-produced from identification of need to developing a zone-based model and assessing tender bids.

Outreach engagement with hard to reach groups and individuals has helped the council understand demand and the impact of change as it implements a new strengths-based approach to assessments and reviews.

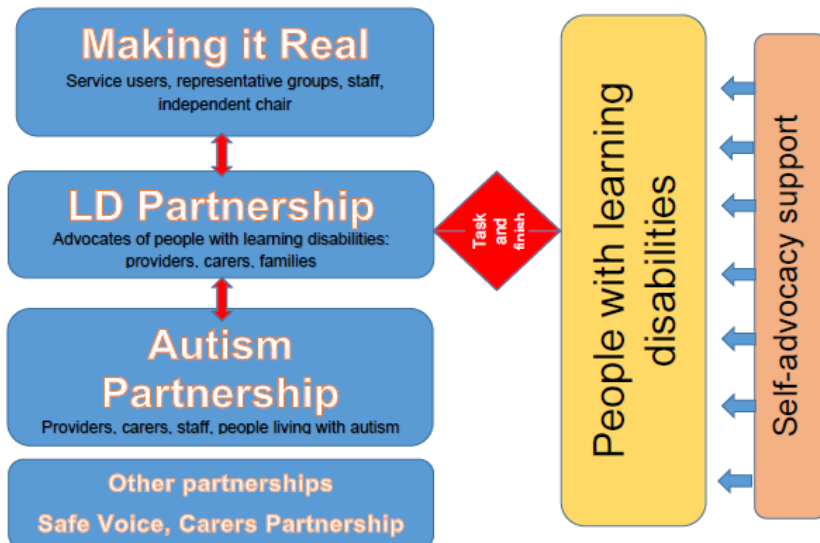
In addition to the increased engagement work associated with each contract review and service redesign, the council has developed a service user model (see below). Each group has its own terms of reference and membership with a focus on service-user led agendas.

With the wider population

The council embarked on a big conversation in the summer of 2015 about the future of adult social care. The conversation focussed on all age groups across the county's market towns. The findings underpin the directorate of adults and wellbeing's strategic approach:

- People want to live independently for as long as they can.
- Any care and support plan must put the person at the centre.
- Residents want better joined up working between health and social care.
- Information needs to be easier to find and understand.
- Cultures need to change - demand is often driven by expectation based on what has been available historically.

Engaging with people who use services



What's happened since 2014

- ✓ Redesign step up step down provision
- ✓ Introduced unified contract for care home market
- ✓ Externalised and improved community equipment service
- ✓ Redesign step up / step down provision
- ✓ Redesigned and outsourced day opportunities
- ✓ Developed website for information and advice (WISH)
- ✓ Recommissioned sexual health services and substance misuse services
- ✓ Carers health and wellbeing service redesigned and recommissioned
- ✓ Shared lives service outsourced

In progress

- Redesign and recommissioning home care services
- Further development of WISH website
- Community support programme in Leominster
- Placing refugees within the county
- New hostel for women suffering from domestic abuse
- New housing allocations policy being developed
- Engagement with new development partner for infrastructure and housing

Commissioning intentions

- ❖ Further development of unified contract to
 - Engage care homes in helping avoiding hospital admissions and
 - Facilitate hospital discharge
- ❖ Development of integrated care pathway (with health)
- ❖ Redesign of LD health services
- ❖ Development of additional supported living accommodation

Key links and contacts

To find out more, read the [Herefordshire JSNA 2016](#)