



Title of report: Herefordshire Care Home Partnerships Framework

Decision maker: Cabinet Member, Adults, Health and Wellbeing

Decision date: 28 September 2026

Report by: Acting Senior Commissioning Manager, Community Wellbeing

Service Director - All Ages Commissioning

Classification

Open

Decision type

Key

This is a key decision because it is likely to result in the council incurring expenditure which is, or the making of savings which are, significant having regard to the council's budget for the service or function concerned. A threshold of £500,000 is regarded as significant.

This is a key decision because it is likely to be significant having regard to: the strategic nature of the decision; and / or whether the outcome will have an impact, for better or worse, on the amenity of the community or quality of service provided by the authority to a significant number of people living or working in the locality (two or more wards) affected.

Notice has been served in accordance with Part 3, Section 9 (Publicity in Connection with Key Decisions) of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

Wards affected

(All Wards);

Purpose

To seek authority to commence procurement of a new multi-provider Open Framework for residential, nursing and related care home services in Herefordshire.

Recommendation(s)

That:

- a) **the procurement of a Care Home Partnership Framework for adults in Herefordshire be approved at a total estimated cost of up to, but not exceeding, £484.3 million over an 8 year period; and**
- b) **authority be delegated to the Corporate Director for Community Wellbeing to award and enter into contracts with the successful providers following completion of the procurement process; and**
- c) **to approve any operational decisions, extensions, variations and contractual matters within the approved budget and in accordance with the Council's Contract Procedure Rules.**

Alternative options

1. Do nothing. This is not recommended as the costs of spot purchased beds are rising. The council would remain dependent upon reactive spot purchasing arrangements, reducing its ability to:
 - a. Forecast demand effectively.
 - b. Influence quality and outcomes.
 - c. Support provider sustainability.
 - d. Plan future capacity.
 - e. Respond strategically to increasing demographic pressures.
 - f. Support integrated health and care pathways.
2. Recommission the current 9-year-old Unified Contract. This is not recommended as this would continue spot purchasing and reactive commissioning that does not support long-term market sustainability. The model does not create certainty for providers regarding future occupancy levels and income streams. This uncertainty may discourage investment in workforce development, service innovation and estate improvement, all of which are necessary to meet future demand.

Key considerations

1. Herefordshire Council proposes to establish a multi-provider framework arrangement with an anticipated maximum contract duration of eight years.
2. The new arrangements will replace the existing Unified contractual arrangements which were initially established in 2017. Existing placements will remain secure and continuity of care for residents will remain a fundamental principle throughout implementation.
3. The current commissioning model is heavily reliant on spot purchasing arrangements. Whilst this has enabled placements to be secured, it is largely reactive and does not provide the level of strategic planning, market development or collaborative working required to respond to future demand pressures. Traditional spot purchasing arrangements were not designed to support the

level of demand forecasting, collaborative planning and market development required to respond effectively to these changes.

4. The proposed framework represents a significant transformation in the way Herefordshire Council commissions care home services, moving from predominantly reactive spot purchasing arrangements towards longer-term partnership arrangements with care home providers.
5. The annualised costs of Council commissioned placements for residential and nursing Homes since 2022 are as follows*:

TOTAL Annual spend – Residential (all adults)	2022/23 £000s	2023/24 £000s	2024/25 £000s	2025/26 £000s
TOTALs	22,521	27,815	33,346	44,454

TOTAL Annual spend – Nursing (all adults)	2022/23 £000s	2023/24 £000s	2024/25 £000s	2025/26 £000s
TOTALs	13,446	16,033	17,398	17,962

*A detailed breakdown of the above figures can be found in Appendix 1

6. The proposed Care Home Partnership Framework represents a fundamental change in the way Herefordshire Council commissions residential and nursing care home services. It reflects national best practice emerging across local authorities seeking to reduce reliance on spot purchasing and move towards partnership-based commissioning arrangements. Similar approaches are increasingly being explored to improve market sustainability, quality outcomes, demand visibility and discharge performance. Provider feedback, market analysis and specialist procurement advice have also informed the framework design.
7. The framework will support delivery of the Council's statutory Care Act market-shaping responsibilities, improve visibility of local capacity, strengthen provider sustainability and support improved outcomes for local residents.
8. The framework will have an estimated total value of up to £485 million over its maximum term of 8 years and is expected to support approximately 700–750 Council-funded care home placements at any one time across all providers. With an expectation of 500 – 550 placements under Partnership Arrangements. The remaining placements will be called off via the Open Framework outside of any partnership arrangement. The proposal is intended to address rising demand, increasing complexity of need, market sustainability pressures and the limitations of predominantly spot-purchased arrangements by creating longer-term relationships with providers, clearer expectations, improved commissioning intelligence and stronger quality assurance.
9. The model is a **partnership approach rather than a conventional spot-purchasing route**. Providers will be expected to work with the Council on long-term service planning, pathway development, service flexibility, demand forecasting, operational planning, safeguarding, continuous improvement and reducing avoidable system pressures, including crisis placements.

10. The framework is designed around three core principles:

- a) **Partnership** – moving from transactional purchasing towards long-term collaborative relationships with providers.
- b) **Performance** – focusing on resident outcomes and quality improvement rather than process compliance.
- c) **Payment** – supporting provider stability whilst maintaining affordability, accountability and value for money.

11. The framework is intended to:

- a) Create longer-term partnership arrangements with providers.
- b) Improve certainty and transparency for both the Council and the market.
- c) Reduce reliance on transactional spot purchasing.
- d) Support better demand forecasting and capacity planning.
- e) Improve system responsiveness for hospital discharge and community pathways.
- f) Strengthen market sustainability.
- g) Improve resident outcomes through a greater focus on quality and partnership working.

Current Model	New Partnership Model
Predominantly spot purchasing	Open framework
Limited forecasting	Shared demand planning
Variable engagement	Formal governance
Transactional relationship	Strategic relationship
Reactive quality monitoring	Outcome-based performance management

12. The proposal is informed by:

- a) Independent market analysis of future accommodation and care needs.
- b) Demographic projections for Herefordshire.
- c) Provider engagement feedback.
- d) Care market intelligence.

13. The new Care Home Partnership arrangements are to be procured through an **Open Framework** established under the **Procurement Act 2023**. This approach has been selected to support a long-term strategic partnership with the local care home market whilst maintaining flexibility, market accessibility and compliance with the new procurement regime.

14. The Open Framework will create a structured partnership arrangement with residential and nursing care providers that meet the Council's required standards of quality, safety, sustainability and value. Unlike a traditional closed framework, the Open Framework will provide opportunities for new providers to join at predetermined intervals during the life of the arrangement. This will ensure that the framework remains responsive to market changes, supports innovation and allows emerging providers to participate where they can demonstrate compliance with the Council's requirements.
15. The Council's intention is that all placements purchased through the Care Home Partnership arrangements will be sourced from providers appointed to the Open Framework, except where statutory duties, individual circumstances or market availability require alternative commissioning arrangements. Providers seeking Partnership arrangements through the framework will become strategic partners with the Council, working collaboratively to improve outcomes for residents, support market sustainability and contribute to wider health and social care objectives.
16. The procurement will be designed around clearly defined service lots, reflecting the different categories of care required by Herefordshire residents. Providers will be able to apply for inclusion by individual care home location rather than solely at organisational level, enabling quality and performance to be assessed on a home-by-home basis. The framework will also enable the Council to apply proportionate contract management, performance monitoring and, where necessary, restrictions or suspensions at individual home level without affecting other services operated by the same provider.
17. Call-off arrangements under the framework will be designed to balance individual choice, market fairness and efficient placement decision-making. Detailed arrangements for direct awards and, where appropriate, further competition processes will be set out within the tender documents and framework agreement.
18. The Council anticipates issuing the tender documentation in late September 2026, with mobilisation and implementation activities taking place following contract award. The framework will be supported by a comprehensive contract management and partnership governance structure, including regular provider engagement, performance review meetings, market intelligence sharing and collaborative service improvement initiatives.
19. By adopting an Open Framework model, Herefordshire Council aims to create a more sustainable and transparent care market, provide greater certainty for providers, support continuous improvement in quality, and ensure residents have access to high-quality residential and nursing care services that deliver positive outcomes and represent value for public funds.
20. Forecast evidence indicates that Herefordshire could require approximately 814 additional nursing care beds by 2045 and will experience increasing demand for dementia care, nursing care and complex care services.

Why action is required now

21. Herefordshire is experiencing a combination of rising demand for care home services, increasing complexity of need and significant growth in expenditure on residential and nursing care. The county has one of the oldest populations in England, demand for care home placements is projected to increase substantially over the coming decades, and providers are supporting greater numbers of people with dementia, advanced frailty, multiple long-term conditions and complex nursing needs. At the same time, annual expenditure on Council-funded residential and nursing placements has increased significantly in recent years. Continuing to rely primarily on a reactive spot-purchasing model in this environment presents increasing risks to the Council, including reduced visibility of future demand, limited ability to shape market capacity, weaker provider sustainability, ongoing pressure on hospital discharge pathways and reduced assurance that sufficient capacity will be available to meet future needs. The proposed Care Home Partnership

Framework is therefore intended to move the Council from a transactional purchasing approach towards a strategic partnership model that supports long-term market sustainability, improved demand forecasting, stronger commissioning intelligence, better system planning and improved outcomes for residents. This will place the Council in a stronger position to respond to future demographic pressures whilst continuing to meet its Care Act duties and support a sustainable local care market.

Demographic pressures

22. Herefordshire has one of the oldest populations in England, with approximately 53,000 residents aged 65 years and over, representing more than one-quarter of the population. Demand for care home services is forecast to continue increasing significantly over the next 20 years.

Increasing complexity of need

23. Providers are supporting increasing numbers of people with dementia, advanced frailty, multiple long-term conditions, complex nursing needs and end-of-life care requirements.

Market sustainability

24. Care homes continue to face workforce recruitment pressures, operating cost increases and occupancy challenges. The framework seeks to create greater certainty and stability for providers, enabling longer-term business planning and investment.

System pressures

25. Care home capacity directly affects hospital discharge performance, community pathways and wider health and care system flow. A more planned commissioning approach is intended to improve system responsiveness and support discharge pathways.
26. Current evidence indicates¹:
 - a) Approximately 4,600 older residents are currently living with frailty.
 - b) Frailty prevalence is expected to increase by approximately 28% by 2035.
 - c) Demand for care home placements is projected to increase substantially.
 - d) The county's rural geography creates additional challenges around service accessibility, recruitment and provider sustainability.

Improved Resident Outcomes

27. The framework places resident outcomes at its centre, promoting:
 - a) Person-centred care.
 - b) Independence and wellbeing.
 - c) Meaningful activity.
 - d) Community inclusion.
 - e) Choice and control.
 - f) Reduced isolation.
 - g) Improved resident and family satisfaction.

Improved Quality Assurance

¹ Sources: Herefordshire JSNA, Commissioner intelligence from Providers, Public Health Intelligence, Herefordshire Market Position Statement.

28. The framework introduces a structured quality and performance management model focused on:

- a) Quality and safety.
- b) Resident outcomes.
- c) Workforce capability.
- d) Partnership working.
- e) Operational responsiveness.
- f) Contract compliance.

29. The framework is expected to strengthen demand forecasting, performance reporting and commissioning intelligence through more structured data collection and market visibility arrangements.

30. A more sustainable provider market should support workforce retention, recruitment and investment in staff development by providing greater certainty and stronger partnerships.

31. Expected Benefits and Outcomes

Strategic Benefit	Expected Outcome	Illustrative Measures
Provider Sustainability	More stable and resilient care home market capable of meeting future demand	Provider retention within the framework; occupancy stability; provider financial sustainability indicators; reductions in market failure risk
Resident Outcomes and Experience	Improved quality of life, wellbeing, independence and satisfaction for residents	Resident and family feedback; outcome-based KPI measures; complaints trends; safeguarding outcomes; quality assurance scores
Hospital Discharge and System Flow	Improved responsiveness to hospital discharge and reduced delays in securing placements	Time taken to source placements; discharge pathway performance; availability of beds for urgent placements
Market Capacity and Resilience	Better visibility and management of available capacity across the county	Framework coverage; vacancy reporting; capacity forecasting accuracy; availability across key care categories
Commissioning Intelligence	Improved understanding of current and future demand, market trends and service performance	Quality of market data submissions; demand forecasting accuracy; regular intelligence reports; evidence used in market shaping activity
Partnership and Collaboration	Stronger strategic relationships between the Council, providers and system partners	Provider engagement levels; participation in governance forums; jointly delivered service improvements

The Care Home Partnership Framework is expected to deliver benefits across five strategic domains: provider sustainability, resident outcomes, hospital discharge and system flow, market capacity, and commissioning intelligence. Success will be monitored through a structured performance framework and reported through contract management arrangements, Community Wellbeing governance processes and an annual report to the Lead Cabinet Member.

Performance Monitoring

32. Success of the framework will be measured through:

- a) Quality indicators.
- b) Resident outcome measures.
- c) Occupancy and capacity utilisation.
- d) Hospital discharge responsiveness.
- e) Contract performance.
- f) Provider sustainability indicators.
- g) Resident and family feedback.

33. Escalation of Performance issues will be through Community Wellbeing's Commissioning Management and via appropriate Adult Social Care Management.

34. Performance information will be reported through contract management arrangements, Community Wellbeing Department governance structures and an annual report will be provided for the Lead Cabinet Member.

35. Importantly, the framework is not designed as a cost-reduction exercise. The strategic objective is to reduce waste, inefficiency and avoidable system pressures whilst supporting a sustainable local care home market. Provider sustainability is recognised as essential to the success of the model.

Community impact

36. The proposed Care Home Partnership Framework forms part of Herefordshire Council's strategic response to increasing demand for adult social care and its statutory duty under the Care Act 2014 to promote a sustainable, high-quality and diverse care market.

37. The proposal will affect approximately 700–750 council-funded care home placements and is expected to support around 500–550 residents at any one time across residential, nursing, dementia and specialist care services. It will also impact residents' families and carers, care home providers and wider health and care system partners involved in hospital discharge and community pathways. Existing residents will not be required to move as a result of this decision..The framework supports delivery of the Herefordshire Council Plan 2024–2028, particularly the priorities of **People** and **Transformation**, by helping to ensure residents can access safe, high-quality care services whilst strengthening the effective use of public resources and partnership working. It also contributes to the Herefordshire Joint Local Health and Wellbeing Strategy 2023–2033 by supporting integrated working across health and care services, improving outcomes for older people and promoting sustainable community-based care pathways. In addition, the framework supports the Herefordshire Delivery Plan 2026–2027 commitment to **enable people to support themselves and each other by providing the right help at the right time**, through a partnership-based approach that promotes independence, preventative support, community resilience and person-centred care

38. The proposed framework will move the Council from a predominantly reactive purchasing model towards a more planned and collaborative commissioning approach. This is intended to improve market sustainability, strengthen provider relationships, support demand forecasting and capacity planning and provide greater assurance regarding service quality and resident outcomes.

39. Expected community benefits include:

- a) Improved quality, consistency and continuity of care for residents.
- b) Greater market stability and sustainability within the local care home sector.
- c) Improved support for hospital discharge and integrated care pathways.
- d) Stronger partnership working between the Council, providers, NHS and other system partners.
- e) Increased transparency, accountability and performance management.
- f) Improved resident experience, wellbeing, choice and outcomes.

40. The framework is therefore not solely a procurement exercise but a long-term commissioning and market-shaping initiative designed to support residents, providers and the wider health and care system in meeting future demand and delivering sustainable, high-quality care services for the people of Herefordshire.

Environmental impact

- 41. The proposed Care Home Partnership Framework supports the council's environmental policy commitments by creating a more planned, locality-based commissioning model that seeks to reduce unnecessary travel, improve the use of local provision and support sustainable service delivery across Herefordshire.
- 42. By strengthening local market capacity and improving visibility of future demand, the framework aims to enable more residents to access care closer to their home communities, reducing avoidable travel for residents, families, staff and professionals and supporting the council's wider objectives around sustainable communities and efficient use of resources.
- 43. The proposed locality-based approach to commissioning will assist the council in understanding demand patterns across the county, supporting more effective placement planning and reducing the need for out-of-county placements wherever appropriate. This aligns with the council's ambition to deliver services in a way that supports environmental sustainability while maintaining resident choice, quality and value for money.

Equality duty

- 44. The Public Sector Equality Duty requires the Council to consider how it can positively contribute to the advancement of equality and good relations and demonstrate that it is paying 'due regard' in our decision making in the design of policies and in the delivery of services.
- 45. The mandatory equality impact screening checklist has been completed for this decision, and it has been found to have **low impact** for equality.
- 46. Due to the potential impact of this decision being low, a full Equality Impact Assessment is not required. However the following equality considerations should be taken into account when making a decision about this activity/project:
 - a. The proposed framework is intended to address rising demand, increasing complexity of need, market sustainability pressures and the limitations of predominantly spot-purchased arrangements by creating longer-term relationships with providers, clearer expectations, improved commissioning intelligence and stronger quality assurance.
 - b. Herefordshire faces significant long-term demographic pressures. The Joint Strategic Needs Assessment (JSNA) identifies that 27% of the county's population is aged 65 and over, compared with 19% nationally. Demand for care home services is projected to increase substantially over the coming decades, with increasing prevalence of frailty, dementia, long-term health conditions and complex nursing needs. Herefordshire's rural

geography also presents additional challenges in relation to workforce recruitment, service accessibility and market sustainability.

- c. It is a requirement that all providers have the appropriate CQC's registration for all services that they offer. This includes the need for providers to have an Equality, Diversity and Human Rights policy and to show how they will comply with the Equality Act 2010, Human Rights Act 1998 and Accessible Information Standard. CQC expects providers to demonstrate how they will make reasonable adjustments, respect people's cultural, religious and personal identities, and address discrimination, bullying or harassment

47. The framework is expected to have a positive impact for those requiring residential and or nursing care through improved market sustainability, quality assurance and continuity of care. The particular groups impacted are: older people, people living with dementia and disabled people. Existing residents will not be required to move as a result of this decision; therefore continuity of care is not impacted. As this is a countywide provision, this will not impact people through geographical, rural or accessibility measures. However, the Council will work with the market and Providers as much as possible to ensure there are accessible care home placements across the county.

Resource implications

48. The strategic direction for adult social care is to support more people to remain independent for longer through the expansion of community-based support, care at home and independent living options, including supported and extra care housing models where appropriate. This approach is intended to maximise independence, improve outcomes for residents and reduce reliance on long-term residential care.
49. As a result, it is anticipated that individuals entering care home services in the future will do so later in life albeit with increasingly complex care and support needs. This will require a sustainable and responsive care home market capable of providing high-quality support to people with greater levels of dependency.
50. The commissioning and provision of care home services is a demand-led activity, with the level and complexity of need influenced by demographic trends, individual circumstances and the availability of alternative forms of support. As such, demand for care home placements cannot be wholly controlled and the Council must continue to ensure sufficient capacity is available to meet eligible needs.
51. The Care Home Partnership arrangements have been developed to support these strategic objectives whilst maintaining sufficient market capacity. In addition, the Care Home Partnership approach is intended to provide greater stability and transparency in pricing arrangements, reducing variation and creating a more predictable commissioning environment for both providers and the Council. Over time, this is expected to improve financial efficiency, support value for money and enable resources to be deployed more effectively to meet the needs of local residents.
52. The Care Home Partnership will cover an 8 year period from 1/12/2026 – 30/11/2034. The table below sets out the projected budget requirements for the contract term:
- a) The costs associated with placement growth already included in the MTFS, are incorporated in the budget figures in the table.
 - b) Future year inflation assumptions in the MTFS are incorporated in the calculations.
 - c) The 2026/27 savings are included within the 2026/27 budget numbers in the calculation.
 - d) Future year values are based upon the 2026/27 budget for all Residential and Nursing costs, with future years uplifting for the factors referred to above.

53. The estimated maximum framework value over the full 8 year term is calculated as £484.3million and an annual breakdown is provided below.

Part Year	Year 1/2	Year 3/4	Year5/6	Future Years	Total £'m
2026/27 Approved Budget £'m	2027/28 Estimate £'m	2028/29 Estimate £'m	2029/30 Estimate £'m	20230/2031 to 2034/35 Estimate £'m	
26.3	55.2	57.6	60.0	285.2	484.3

NOTE:

- In table above all years (apart from 2026/27) include inflation assumptions, with 2.5% increase in 2027/28 and 2% per annum thereafter. 2026/7 figure already includes inflation increase given for the year.
- Half years (Year 1 and 8) are included, as the contracts will start (and stop in Yr 8) at mid-points in a financial year.

54. External support was procured to support the Procurement and provide Legal advice for the Council. That support will continue until the project has concluded and includes a learning and development element to ensure there is knowledge transfer to Herefordshire Council officers to support future work.

55. The Adults Commissioning team are delivering the project, with support from across Adult Social Care Operations and Finance. There is sufficient resource within the team and support to deliver this procurement.

Legal implications

56. The Council has sought external legal support for the establishment of an open framework scheme under the Procurement Act 2023. An open framework scheme allows for successive framework agreements to be awarded on substantially the same terms over the period of the open framework scheme. Each time the open framework scheme is opened and a new framework agreement is awarded, the previous framework agreement expires.

57. The Council is conducting the competition for the award of a place on the open framework scheme using the Competitive Flexible Procedure. The services to be procured are 'light touch' services as defined by section 9 of the Procurement Act 2023. The value of the open framework scheme is £485million and will be for a duration of eight years. The Procurement Act 2023 contains rules on how often the Open Framework Scheme should be re-opened. The Council must re-open the Open Framework Scheme:

- at least once in the first three years following the first framework agreement; and
- at least once in the five years following the award of the second framework agreement.

58. The relevant legal provisions for this decision can be found in the council's constitution, www.herefordshire.gov.uk/constitution.

Risk management

59. The following risks (with mitigations) have been identified. They will be held on the Departmental Risk Register and monitored accordingly.

Top Risk	Mitigation
<u>Financial</u> Provider non-engagement with the procurement process	Early, ongoing and transparent market engagement; provider workshops; publication of clear procurement documentation; regular communications throughout the pre-procurement and mobilisation period.
<u>Legal</u> Judicial review or procurement challenge	Procurement designed in accordance with the Procurement Act 2023; specialist legal and procurement support commissioned from Birketts LLP; transparent and auditable evaluation processes; governance and decision-making documented throughout.
<u>Financial</u> Failure to secure sufficient provider sign-up to the Care Home Partnership Framework	Framework designed in collaboration with providers; attractive commercial model; clear benefits for participating providers; phased implementation; ongoing engagement to address concerns and encourage participation.
<u>Market Failure</u> <u>Provider market failure resulting in loss of capacity or service disruption</u>	Ongoing market oversight and intelligence; business continuity arrangements; regular provider engagement; monitoring of financial sustainability indicators; contingency plans for alternative placements and emergency support where required.
<u>Financial</u> <u>Inflation and cost pressures exceeding financial assumptions</u>	Annual fee review mechanism; regular market analysis; monitoring of inflationary pressures and workforce costs; medium-term financial planning; escalation through budget management processes where necessary.
<u>Workforce Capacity</u> <u>Lack of capacity in the Commissioning Team</u>	Officers working and supporting across portfolio areas and specialties. Robust project management processes through procurement and implementation phases.

Consultees

60. A comprehensive programme of provider, member and system partner engagement has informed the development of the proposed Care Home Partnership Framework and continues to shape the final tender design.

61. Engagement has been undertaken at a formative stage to test the proposed commissioning approach, understand market capacity and capability, identify risks, and ensure that the framework reflects local provider experience, resident outcomes and strategic priorities.

62. Market engagement has been open to all providers and invitations to take part in all events have been sent to all care homes. Two initial provider engagement events were held in April 2026 via Microsoft Teams, with 2 further engagement events held in July 2026, one was held online and the other was an in-person event held in the town hall. Invitations were issued to the care home

market through direct email communications and the procurement portal and were further supported by regular provider newsletters and market updates.

63. In total, of the 62 providers who registered to attend an engagement event, 50 attended. A programme of one-to-one engagement with the Council's 25 largest commissioned care home providers was conducted. The majority of remaining homes have been consulted at recent visits.
64. Feedback from providers highlighted the importance of clarity on the proposed framework structure, length and flexibility of the long-term arrangements, lot design, placement volumes, demand visibility, occupancy arrangements, workforce pressures, financial sustainability, communication with health partners, and proportionate performance reporting. This ongoing feedback will continue to inform the development of the tender design, including refinement of the proposed lot structure, improved approaches to demand forecasting and capacity utilisation, consideration of provider sustainability, proportionate reporting requirements, and the development of performance management and quality assurance arrangements.
65. Member engagement has also informed the proposal. Political Group Consultation was held on 14 July 2026, where members considered whether the proposed model represented the right strategic direction for Herefordshire, the risks and impacts of implementation, and the assurances required before moving from transactional purchasing to a longer-term partnership model. Discussion covered provider participation, resident outcomes, quality assurance, performance reporting, market sustainability, financial assurance, the relationship with NHS and Integrated Care Board partners, and future workforce development. Feedback from member engagement has been reflected in the report's risk, quality assurance, performance monitoring and implementation sections.
66. Engagement with NHS and Integrated Care Board partners has also taken place and will continue as the framework develops, particularly in relation to hospital discharge pathways, care home support, system sustainability and improved outcomes.
67. Feedback will continue to be provided to consultees through provider newsletters, procurement portal updates, engagement event follow-up and tender documentation.

Appendices

Appendix 1 – Detailed annualised costs of Council commissioned placements

Background papers

None identified.

Abbreviations and acronyms used in this report.

ASC	Adult Social Care
CQC	Care Quality Commission
ICB	Integrated Care Board
JSNA	Joint Strategic Needs Assessment
LD	Learning Disability
MC	Memory and Cognition
MH	Mental Health
PD	Physical Disability
SS	Sensory Support
MTFS	Medium Term Financial Strategy
NHS	National Health Service
PSED	Public Sector Equality Duty
LLP	Limited Liability Partnership