

Strategic Delivery Plan for Transforming Adult Services 2012-2015

June 2012

Draft

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Draft

1. Introduction

In Herefordshire we want people to have fulfilling lives with control over what is important to them. When we have to provide care and support we want these services to be safe, to afford people dignity and to enable people to continue to be part of their own communities.

People are living longer and in Herefordshire we expect the numbers of people over 85 to double by 2026. People are also living longer with long term conditions such as dementia and disabilities.

National policy drivers are very much about empowering communities to take control. The focus is on preventative services, reducing dependencies on state provided services and ensuring people can remain in their own homes and communities for as long as possible, leading healthy lives.

Herefordshire faces similar challenges to those described nationally. In addition to the ageing population there is a need for lifestyle changes to tackle issues such as obesity and the need to engage with people to deliver the changes needed.

We need to have systems and services that are sustainable and offer value for money for local residents, while giving people in Herefordshire choice and control of their lives.

This involves everyone, and all services. Much is already done by individuals, families and communities themselves. The Council and partners provide support and enable people to make choices for themselves. Adult social care plays an important part of our local delivery and represents 35% of the total council budget. The challenge to councils' budgets is very serious as settlements from central Government continue to reduce.

To achieve this we need to shift from providing high cost services such as residential care to supporting people to live in their own homes and communities as far as possible. We need to work with partners and communities to develop and maintain services to be available when people need support.

We want to work with the people of Herefordshire to reduce dependency and to be clear about what they can expect from the Council. We want people to always have access to high quality services to support them to be independent and formal health and social care services when they are assessed as needing them.

Our Delivery Plan is therefore not fixed until 2015. It is in a constant state of refinement and development as more people and partners become involved, we reassess priorities and the effectiveness of what we achieve together.

It provides the single place that sets out what we are collectively going to do and achieve for adults in Herefordshire and we welcome your involvement.

Need signatures from Jo and Cllr Morgan here

2. Vision and guiding principles

In Herefordshire our vision for health and wellbeing is:

'Working with people in Herefordshire to live independently and to be safe and well'

'We will do this by encouraging people, and their communities, to help themselves and, where necessary, ensure access to advice, care and support which is financially sustainable, of high quality, timely, accessible and innovative'

We will deliver this vision by underpinning all our work with the following principles:

1. As people get older, or are less able, they can do things to help themselves stay independent and well throughout their life.
2. Most people can, and should, be helped and supported by their family, friends and local community.
3. Communities should be involved and encouraged to help those that need support.
4. People are responsible, and where able to, should organise and pay for their own help to remain as independent and well as they can.
5. The local authority and health community will ensure that people and their families are able to get advice about things they can do to help themselves, and to provide information about what help is available. People may have to pay for this help.
6. Where people are less able or become frail or ill, the local authority and the health community will ensure services are provided at home, or as close to home as possible, including using the resources that the person's family, friends and local community can provide
7. Services will protect people's safety and independence with the emphasis on preventing deterioration and/ or in ensuring a dignified and well-cared for end of life
8. Services for people are funded by the people themselves, or by all the tax payers of Herefordshire. Services will be arranged and funded so that they are sustainable and affordable in the short, medium and long term and of good quality
9. Local authority, health, private and voluntary sector services will work together so that people experience a unified, well run single set of services, even if they are provided by different organisations
10. People should require less treatment in hospital and less time in full time residential care through a well thought through community approach. Organisations and people in Herefordshire will work together to make this a reality.
11. If people do not remain at home we will work with them as far as possible to make choices and keep control of their lives.
12. Within three years, Herefordshire should be in the top quartile of authorities in terms of self-help; innovation; value for money; speed of assistance and safety

3. Herefordshire solutions

Herefordshire's Strategic Delivery Plan for Transforming Adult Services sets out the areas of work we will focus on for the next three years. Herefordshire Public Services and partners have been working on many of these areas for some time; however, this delivery plan is the mechanism for pulling them together into a coherent strategy focused on adults. This plan forms part of Herefordshire's approach to deliver the Health and Wellbeing Strategy and is an integral part of our joint work with the health sector, including the Clinical Commissioning Group. Importantly this delivery plan, along with the joint strategic needs assessment, enables others to think about what they can contribute and determine their own actions to enable adults to live independently for as long as possible, and to meet the needs of those that choose or require services and support. The solutions offered reflect national health and social care policy direction.

Localities

Herefordshire aims to coordinate and deliver services in partnership and on a locality basis. This delivery plan will enable localities to be at the heart of our collective approach. This may be through specific commissioning at a locality level, through the use of personalised budgets or local contracts. Where best value is achieved through commissioning at a larger scale, the delivery will wherever appropriate be at a local level. The plan is not set out with a section for each locality, as service delivery will vary according to local need and the plan establishes a whole county approach. However, specific initiatives will be taken forward at a locality level.

4. Definitions

The law relating to Adult Social Care dates back to the National Assistance Act 1948 and since then there has been a plethora of additional legislation leading to complexities both for those delivering the services in interpreting the law and for those who receive services to fully understand their entitlements.

The Law Commission was tasked in 2008 to undertake a review Adult Social Care and published its report in May 2011.

This includes a definition of Adult Social Care as it currently stands

*“Adult social care means the care and support provided by local social services authorities pursuant to their responsibilities towards adults who need extra support. This includes older people, people with learning disabilities, physically disabled people, people with mental health problems, drug and alcohol misusers and carers. Adult social care services include the provision by local authorities and others of *traditional services* such as care homes, day centres, equipment and adaptations, meals and home care. It can also extend to a range of so-called *non-traditional services* – such as gym membership, art therapy, life coaching, personal assistants, emotional support, and classes or courses. Adult social care also includes services that are provided to carers – such as help with travel expenses, respite care, and career advice. Finally, adult social care also includes the mechanisms for delivering services, such as assessment, personal budgets and direct payments.”*

The government has announced that it will introduce legislation in 2012 to implement many recommendations of the Law Commission which will simplify the statutory

framework and be based on the overarching principle that the purpose of adult social care is to: “promote or contribute to the well-being of the individual. In effect, individual well-being must be the basis for all decisions made and actions carried out under the statute.”

The recommendations cover areas such as:

- Assessments
- Eligibility
- Carers assessments and eligibility
- Provision of services
- Adult protection
- Ordinary residence
- Health and Social Care divide

5. National Drivers

With the emphasis on prevention and early intervention, *Putting People First* set out the shared agreement between Government, Local Government and their partners for the transformation of adult social care. This has now been further strengthened by Think Local Act Personal with broadly similar aims and goals. The agenda clearly set out change in a number of key areas:

- The extension of choice and control to all citizens with care or support needs;
- The importance of information and advice for citizens with care or support needs, regardless of whether they are state funded or using their own resources;
- The importance of services that promote independence and prevent people needing ongoing care or support where this can be avoided;
- The importance of “universal services” in the lives of all citizens, especially those with care and support needs;
- The importance of all stakeholders working together to shape communities, with the needs of citizens at the centre;
- The continued importance of ensuring the cost effective delivery of services.

Use of Resources in Adult Social Care October 2009 set out the challenge to Local Authorities of self assessing effective use of their Adult Social Care resources. It recognises that some of “...the interventions which will lead to transformational reform for adult social care will take a minimum of five years to deliver” and presents a series of key questions to commence this process.

It refers to local authorities falling into two groups Careland and Communityland – the highest and lowest share of spending on residential and nursing care respectively. It suggests that an “excellent” authority should have a balance of services available with not more than 40% of its overall adult social care budget being spent on residential care.

A Vision for Adult Social Care November 2010 outlined the vision for a modern Social Care System which is built on seven principles:

- Prevention
- Personalisation
- Partnership
- Plurality
- Protection
- Productivity

- People

The direction is to empower citizens and communities and those who use services to develop a range of preventative and other support which will help to reduce isolation, improve health and wellbeing and better manage the demand for formal health and care. The vision is clear that none of this can be achieved in isolation and very much depends on working closely with partners and, importantly, communities.

Healthy Lives Healthy People November 2010 looked to tackle the wider social determinants of health. The White Paper was seen to complement *A Vision for Adult Social Care* in “emphasising more personalised, preventative services that are focussed on delivering the best outcomes for citizens and that help to build the Big Society”. It refers to “designing communities for active ageing and sustainability” making active ageing the norm.

In 2011 Department of Health undertook a consultation exercise *Caring for our Future* bringing together the Law Commission Review and the Dilnot report which considered future funding arrangement for those who needed care.

The feedback from the consultation focussed on

- sharing responsibility for improving the system,
- move to an approach which focuses on building individual and community assets,
- empowering people with choice and control through a universal offer for information, advice and care navigation for citizens balancing national and local information,
- re-balancing the social care market to encourage innovative and preventative action,
- develop integrated and transformational leadership underpinned by a quality workforce,
- strengthen the social care quality framework,
- pilot direct payments in residential homes,
- mainstream housing and planning into care planning,
- develop shared outcome measures based on the user/carer experience,
- and striking an appropriate regulatory environment for financial products

The feedback from the engagement is being used to understand the immediate and longer term priorities for social care reform, with Department of Health continuing to work with stakeholders to develop the policy recommendations to help them decide the approach to the Care and Support White Paper and to progress the report on funding reform, legislating at the earliest opportunity including many of the recommendations from the Law Commission Report.

6. Herefordshire Profile

This Strategic Delivery Plan for Transforming Adult Services has been informed by the Joint Strategic Needs Assessment, which is refreshed throughout the year and published annually.

This Plan has also been informed by the findings and recommendations resulting from the 'Study of the Housing and Support needs of Older People in Herefordshire', January 2012 (Peter Fletcher Associates and arc4), commissioned by Herefordshire Public Services (HPS). The study identified a range of housing-related approaches at a strategic and operational level which would enable HPS and its partners to respond to the growing older population in the county.

Further detailed statistics are also available on the [Facts and Figures website](#). Some of the significant issues facing Herefordshire include:

- The population of Herefordshire is 177,800 of which 24% of the population is over retirement age (compared to 19% nationally)
- It is predicted that the number of older people with dementia in Herefordshire will rise from 2,821 to 5,572 in 2030 an increase of 92%.
- Life expectancy for men is 77.6 years (compared with 76.9 for England) and for women is 82.4 years (compared with 81.1 for England)
- In Herefordshire the number of people over 65 is expected to rise by 18% in the next five years, whilst the number of people under 65 is expected to fall
- The number of people aged 85+, who have by far the greatest needs for health and social care, is expected almost to double in Herefordshire, from 5,200 in 2008 to 10,200 in 2026
- The rate of physical disability and mental health ill health among the adult population under 65 is predicted to remain virtually the same. (stable prevalence, no population growth until 2030). However, there is an increasing complexity of need.
- The rate of learning disability will increase slightly in numbers until 2030. However, within this the population of clients, their carers will age significantly and younger clients joining the cohort have more intense needs. In addition their carers have more expectations for independent living.

Anyone with an apparent potential need for social services is entitled to receive a formal assessment ("Community Care Assessment"). Social care services are those provided following a Community Care Assessment to people who meet Herefordshire's eligibility criteria. Like most councils (79%) Herefordshire arranges social care services for adults whose needs are assessed "substantial" or "critical."

20% of referrals to adult social care in 2010-2011 were self referrals, 16% came from primary/community health services and 10% from family or friends. Of all the assessments completed for social care clients in Herefordshire, 38% of clients were aged 18-64 and 62% aged over 65. Herefordshire had a slightly higher percentage of 18-64s compared with the comparator group. Physical disability accounted for the highest percentage of completed assessments (58%). However, Herefordshire also had a large percentage defined as "other vulnerable group" (30%). This was the highest of all the comparator group and England.

62% of new clients waited less than or equal to two days for a completed assessment from first contact. This is significantly better than the comparator group and England. Just 2% of new clients waited more than 3 months for their assessment to be completed.

Of those social care clients in receipt of services, 65% were aged 65 and over. This is broadly similar to the comparator group and England. As with assessments, 61% of clients receiving services were physically disabled; 10% were in other vulnerable groups. Of the social care clients in receipt of community based services, 62% were aged 65 and over and 61% were physically disabled. Again, this is broadly similar to the comparator group and England. Of clients receiving community based services, 28% received home care, 20% day care, 6% meals, 2.8% short term residential care, 5% direct payments, 50% professional support (eg occupational therapists, psychologists etc), 27% equipment and adaptations and 6% other services.

90% of new clients in Herefordshire waited less than or equal to two weeks from their assessment to the receipt of all the services they required. This is better than the comparator group and England. Just 5% of clients waited more than 6 weeks for all their services.

In 2011, there was a small increase in the number of people receiving home care but a large increase in the amount of care that people receive. Similarly with residential care and nursing care, the numbers have stayed similar but length of stay and costs have increased significantly. The biggest increases have been in relation to older people and people with mental health difficulties. Compared with similar authorities, Herefordshire's overall unit cost for residential, nursing and intensive home care for 2010-11 ranked as 9th most expensive.

The majority of completed reviews in Herefordshire related to those aged 75 and over (58%). Herefordshire's performance in relation to completed reviews by age group is broadly similar to the comparator group and England.

In 2010-2011, 81.6% of older people achieved independence through rehabilitation/intermediate care following a spell in hospital. However, this is below the comparator group (85.2%) and England (83.1%).

According to the 2010 Adult Social Care survey, social care users report a higher level of satisfaction (scoring 19.2 out of a possible 24) with the services received than the comparator group (19) and England (18.6).

The percentage of social care clients receiving self-directed support – direct payments and individual budgets – is significantly below that of the comparator group and England. Just 5.9% of clients receive self-directed support compared with 30.2% for the comparator group and 30.1% for England. Herefordshire is the lowest in the comparator group.

Similarly, carers in Herefordshire receive fewer services than in the comparator group and England. 25.8% of carers received a needs assessment or review and a specific carer's service, advice or information, compared with 29.2% for the comparator group and 28.7% for England. The breakdown by age of the carers in Herefordshire in 2010-2011 was 55% aged 18-64, 10% aged 65-74 and 35% were 75 and over. The majority of carers are caring for people with a physical disability (75%).

In relation to learning disabilities, Herefordshire performs well ahead of the comparator group and England. 77.6% of people with learning disabilities are in settled accommodation, compared with 56.8% for the comparator group and 60.6% for England. 12.1% of adults with learning disabilities are in employment, compared with 9% for the comparator group and 7.1% for England.

Performance in relation to adults in contact with secondary mental health services is less positive. 46.6% were in settled accommodation, compared with 66.5% for the comparator group and 66.7% for England. 10.6% of adults in contact with secondary mental health services were in employment, compared with 13.3% for the comparator group and 9.2% for England.

Charging for services

No one in Herefordshire is expected to pay for social care services if they cannot afford to, because everyone is offered a financial assessment which takes into account income and assets in line with national guidance. There are a range of benefits which individuals may also be eligible for that can assist with paying for care. In Herefordshire approximately 50% of people receiving social care services do not pay for their service.

However, as is true across the country the way needs are met and the payment for this, is a significant issue for individuals and for the council and partners.

7. Performance Framework


A fundamental part of our approach is not to prescribe all the activities required to enable and support adults, but to present the key issues facing Herefordshire in an informed, accessible way and to be clear about what Herefordshire Public Services will do for its part.

It is important that, collectively, we focus on activity that has a strong track record of delivering change, whilst also enabling local innovation together. The Strategic Delivery and Transformation Plan can be used by local partnerships, private, voluntary and community organisations to think what they can do to take part enabling and supporting adults, to put thought into action and to pledge their involvement. We will collect these pledges and use them to assess how we are achieving our aims in Herefordshire. This plan is necessarily at a high level and will be supported by active engagement from other organisations, and by detailed action plans on the part of the council to deliver the areas of work.

Herefordshire's Health and Wellbeing Board has decided services for adults are a priority area. An Adults Forum is being established, chaired by the Director of People and involving senior representatives of partners to oversee the delivery of this plan. The lead member for health and wellbeing will produce an annual report for Herefordshire Council detailing the progress against the plan.

8. Key areas of work

The Strategic Delivery and Transformation Plan sets out the key areas of our work. Each section establishes what we are aiming to achieve, why it is important and what we will do.

The actions outlined in this Plan are important in terms of transforming adult services. The Health and Wellbeing Board has, however, placed a particular emphasis on transforming services for older people. Actions that will specifically contribute towards this priority are flagged -  Each section has a scorecard to enable progress to be measured in year. A revised score card will be developed for each year of the plan.

My life in my community

What are we aiming to achieve by 2015?

For adults in Herefordshire to be as independent as they can be for as long as they can be.

Why is this important?

- National evidence suggests that people want to remain independent as long as possible.
- The costs of caring for people with complex social care and health care needs are set to rise and as our population ages, it is more important than ever that social care gives older people choice and control over services that help them to remain independent
- Adult Social Care Survey 2011 (Herefordshire) - over a third of respondents felt they could not or they had difficulty getting around the house and/or in and out of bed
- Adult Social Care Survey 2011 - 37% of respondents could get to all the places in their local area that they wanted, 45% found this difficult or were unable to go, and 18% did not leave their homes
- People know what choices are available to them locally , what they are entitled to, and who to contact when they need help.(measured by Adult Social Care Outcomes Framework (ASCOF) outcomes 3d)

What we will do?

- Council departments, partner agencies, communities and stakeholders will work together positively to ensure adults in Herefordshire have access to high quality universal services only accessing specialist health and social care services when needed
- 🚩 Develop high quality information and advice services for people, whether or not they are eligible for services, signposting to these services at every opportunity.
- 🚩 Expand the availability of assistive technology, including telecare, to enable people to stay at home.
- 🚩 Work with housing providers to promote the use of the National First Stop housing advice service
- 🚩 Continue to develop and improve Home Improvement Agency related services, and increase awareness of and information about them.
- 🚩 Ensure efficient use of the Disabled Facilities Grant budget.
- Develop a new service model to replace the traditional day care provision
- Expand opportunities for supported living to enable people to live independently within their community.
- Develop increased capacity for handyperson services.
- Introduce universal, preventative support service for people who experience issues with their housing and maintaining their homes.
- 🚩 Support carers to maintain their caring role
- Continue to work on the new model of enablement helping people with a disability, including learning disabilities, to develop life skills for independent living that reduce dependency on the provision of social care

- To develop a pathway to employment for those with learning disabilities.

Main partners for delivery:

Herefordshire Public Services
 Third Sector
 Communities
 Clinical Commissioning Group
 Wye Valley NHS Trust
 Housing providers

My life in my community

By April 2013, adult services in Herefordshire will look like this:

- People with learning disabilities and their families will have greater choice and control over where and how they live
- People with a learning disability and their families will know how to get housing advice and support and will have the opportunity to plan for their housing needs
- Planning for young people with a disability moving into adult services will be improved with the aim to reduce dependency on long term support
- People will have access to good information to enable them to make choices
- Assistive technology will keep more people in their own homes.

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Seek approval for and implement the Learning Disability Housing Strategy 2012 – 2016	By October 2012	Commissioning Lead Learning Disability
The range of accommodation and housing needs will be extended to meet the housing needs in particular of: <ul style="list-style-type: none"> • Young adults with learning disabilities and other complex/physical disabilities • Older adults with learning disabilities who are becoming frail and/or developing other physical/health needs. • Adults with learning disabilities who need wheelchair accessible housing • Adults with autism or complex health needs • Young people under 30 who require shared supported accommodation • Procure an enablement service based on a new model of enablement helping 	By April 2014	Commissioning Lead – Learning Disability
	October 2012	Commissioning Lead Learning

people with a disability, including learning disabilities, to develop life skills for independent living that reduce dependency on the provision of social care.		Disability
Increase the offer for assistive technology through a tender process.	October 2012	Commissioning Lead Older People/Physical Disability
Further develop information website and catalogue.	September 2012	Commissioning Lead Personalisation

We will use this money:

Amount

Funding source

£90 k over a 2 year period (£45k per annum)

DH Passported monies

£250k to increase offer of assistive technologies

DH Passported Monies/Council

And realise these savings and/or avoid these costs:

£358k. Re-designing residential care packages where appropriate into shared care supported living. This includes more effective use of existing block contracts for those supported accommodation providers.

£1.2m cost avoidance through use of assistive technologies

My support close to home and in my control

What are we aiming to achieve by 2015?

For every adult in Herefordshire to be able to access support that meets their needs as close to home as possible and to manage their own support as much as they wish.

Why is this important?

- To delay and reduce the need for care and support (Adult Social Care Outcomes Framework (ASCOF) outcome 2)
- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs (ASCOF outcome 1b-c)
- Carers can balance their caring roles and maintain their desired quality of life (ASCOF outcome 1d)
- Adult Social Care Survey 2011 (Herefordshire) Around 60% of respondents indicated that care and support services help them have control over their daily lives.

What we will do?

- 🚩 Continue to offer a personal budget to all people eligible for services either following review or following assessment.
- 🚩 Develop robust reablement services to help people maintain, or regain, independent living skills.
- 🚩 Work with partners to develop an action plan to deliver the Carers Strategy in particular to increase the flexibility of short breaks and to provide a comprehensive carers service
- 🚩 Continue to promote a more flexible model of sheltered housing based on floating support
- 🚩 Assess the potential of some sheltered housing to shift to a supported housing model
- 🚩 Explore the feasibility of developing a virtual extra care at home model, including for people with dementia
- Re shape day and respite opportunities, providing people with the opportunity to gain skills for independent living and employment where appropriate.
- 🚩 Enable people to manage their own Long Term care as much as possible and engage them and their carers in planning when services are required.
- 🚩 Support people, and their carers, to enable them to die in their preferred place at the end of life
- 🚩 Develop and implement a social model of dementia care
- 🚩 Challenge inequality so people are not excluded from communities due to stigma.
- 🚩 Engage with GP Commissioning groups on new approaches to funding 'virtual' extra care and other low level support.

Main partners for delivery:

Herefordshire Public Services
 Wye Valley Trust
 2gether Foundation Trust
 Third Sector
 Independent Providers
 Housing Providers
 Clinical Commissioning Group

My support close to home and in my control**By April 2013, adult services in Herefordshire will look like this:**

- Day services for adults of a working age who have a physical or learning disability will begin a programme of transformation and modernisation which will have at its foundation that people with disability should be living, working, learning and participating in the community alongside other community members.
- Fewer people of working age with a physical disability will enter and remain in residential care. Through the development of an enablement programme and utilization of personal budgets people with varying levels of physical disability will be able to live as independently as possible, ideally in the community.
- A period of reablement will be the norm for all new service users and for those in longer-term care who will benefit from it.
- All service users will receive a personal budget which is maximised for benefit and efficient support.
- The rate of hospital stay and residential care placements will have reduced

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Seek agreement for the 'Community Lives' strategy that will undertake to remodel traditional Day Services		Commissioning Lead Learning Disability
Work with Wye Valley Trust and others to implement a 3 year modernisation programme to implement the strategy	3 tiers commencing April 2012	Commissioning Lead Learning Disability
Develop a universal, preventative support service	March 2013	Commissioning Lead Older people/Physical Disability
Develop and introduce a personalised process for carers	September 2012	Commissioning Lead Carers
Develop the market to encourage providers to deliver person centred care and support	March 2013	Commissioning Lead Personalisation
Review and develop efficient processes for	September 2012	Commissioning

management of direct payments		Lead Personalisation
Enhance the case/care coordination and reablement capacity	September 2012	Commissioning Lead Reablement
We will use this money:		
<i>Amount</i>	<i>Funding source</i>	
£474k Re-ablement team	DH Passported transformation	monies/ Council
£ Additional funding support to enhance re-ablement function to be agreed		
£		
And realise these savings and/or avoid these costs:		
<i>£82k through effective commissioning of carers breaks and carers support</i>		
<i>£379k in 12/13 (part year effect), £1,099k in 13/14 and £1,014k in 14/15 due to impact of reablement and the reduction in long-term support. **</i>		
<i>60k Through the re-design of a more cost effective carers service.</i>		
<i>£150k With effective enablement programme by using intensive support to gain greater independence.**</i>		
<i>** The amounts Savings stated above do not include the impact on the NHS due to reduction in hospital stay and reduction in recurrent admissions to hospital.</i>		

My dignity and safety

What are we aiming to achieve by 2015?

For all adults in Herefordshire to benefit from services that respect them as individuals, work with them with dignity and ensure their safety

Why is this important?

- Enhance the quality of life for people with care and support needs (Adult Social Care Outcome Framework (ASCOF) outcome 1a)
- Safeguard people whose circumstances make them vulnerable and protect them from avoidable harm (ASCOF outcome 4a)
- For people who use adult social care services: - Everyone enjoys physical safety and feels secure. People are free from physical and emotional abuse, harassment, neglect and self-harm. People are protected as far as possible from avoidable harm, disease and injury people are supported to plan ahead and have the freedom to manage the risks the way that they wish. (ASCOF outcomes 4b)
- People who use social care and their carers are satisfied with their experience of care and support services (ASCOF outcome 3a-b)
- Carers feel that they are respected as equal partners throughout the care process (ASCOF outcome 3c)

What we will do?

- 🚩 For each commissioned service, specify a relevant mix of outcomes, outputs and processes to deliver quality, and agree appropriate monitoring arrangements
- 🚩 Support adults and their communities to manage risks to safety before they become an issue
- 🚩 Continue to work proactively with Care Quality Commission where services are causing concern
- 🚩 Develop Adult Safeguarding Board membership to ensure robust multi agency procedures and governance.
- 🚩 Introduce a programme of quality assurance for adult safeguarding cases.
 - Identify at year 9 young people who will require support as adults and ensure a safe transition.
- 🚩 Continue to develop robust policies, procedures and training to protect adults who are unable to make decisions for themselves and are unable to move freely from care homes or hospitals.

Main partners for delivery:

Independent Providers
Herefordshire People's Services (Children's)
Care Quality Commission
Multi Agency Adult Safeguarding Board
Herefordshire Public Services – Children's Services
Wye Valley Trust
2gether Foundation trust.

My dignity and safety

By April 2013, adult services in Herefordshire will look like this:

- People have the information, advice and support they need, to empower them to remain safe, and improve their perception of feeling safe, in their local community
- People receiving services in Herefordshire are treated with respect and dignity regardless of their culture, ethnicity or sexual orientation
- Staff are supported in their caring role so that the risk of abuse is minimised
- People are reassured that the services they use are safe e.g. hospital/care homes/personal assistants
- People are assured that agencies will work together to keep people safe and will only share information where appropriate

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Systematically review quality of services with providers, including feedback from users	Through 2012/13	Head of Quality and Review
Review quality of services through evaluation of reviews of users	Through 2012/13	Head of Quality and Review
Continue to develop the membership, governance and effectiveness of Safeguarding Board	Through 2012/13	Head of Quality and Review/ Independent Chair

We will use this money:

<i>Amount</i>	<i>Funding source</i>
£70k Improved contract monitoring	DH Passported monies

£

And realise these savings and/or avoid these costs:

£44k use of voids (increase usage to 90%) within existing contracts. This will include the reduction in transfer costs incurred if providers have safeguarding issues.

Joined up services and making the best use of money

What are we aiming to achieve by 2015?

Local authority, health, private and voluntary sector services will work together so that people experience an integrated, well run single set of services, even if they are provided by different organisations.

Effective use of funding available by maximising the value from contracts

Why is this important?

- Improve the continuum of care and support by removing organisational barriers.
- Services need to be arranged and funded so that they are of good quality, sustainable and affordable in the short, medium and long term.
- Funding available is under more and more pressure. Public money must be used in the most effective way to deliver the vision and guiding principles for adults

What we will do?

- 🚩 Use Herefordshire's joint commissioning and provider structures to plan and deliver joined up services for health and care and broader support needs
- 🚩 Develop care pathways across health and care boundaries to address the needs of frail older people, stroke survivors, and people with long-term health conditions, identifying those who would benefit from preventative services.
- 🚩 Agree approaches to continuing health care and its support using personal health budgets
- 🚩 Improve transition arrangements between children and adults services
- 🚩 Renegotiate and reduce the cost of contracted services

Main partners for delivery:

Clinical Commissioning Group

WVT

2gether

Hoople

Council Services

Third sector

Provider services

Joined up services and making the best use of money.

By April 2013, adult services in Herefordshire will look like this:

- There will be clear pathways, systems and processes for those needing care and support

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Commission frail older person care pathway	March 2013	Commissioning Leads
Work with providers to make neighbourhood teams effective providers of joined up health and social care.	March 2013	Head of Commissioning Adults
Establish clear processes for joint funding, Continuing Health Care and personal health budgets	December 2012	Head of Commissioning Adults
Fully implement the care funding calculator approach to appropriately achieve value for money placement costs	From April 2012	Head of Commissioning (Adults)/Wye Valley Provider services
Renegotiate inflation and contract values	Through 2012/14	Commissioning Leads
Recommission third sector provision	Through 2012/14	Commissioning Leads
Introduce appropriate charging in line with Council policy	September 2012	Head of Commissioning (Adults)
Programme of reviews to ensure provision is appropriate to needs	Through 2013 to April	Commissioning Leads /Wye Valley/2gether
Improve information flows and planning between services, and work with young people and families to address needs and expectations	Through 2013 to April	Commissioning Lead Learning Disability

We will use this money:

Amount

£70k Brokerage Support
£383k Review Team

Funding source

DH Passported Monies
DH Passported Monies DH Passported Monies

And realise these savings and/or avoid these costs:

£1.065m through contracts

£350k through the care funding calculator

£70k through effective transition arrangements

£50k from the review of those with mental health difficulties

£335k in 12/13 and £420k in 13/14 through the re-design of the homecare market.

£360k through programme of regular and timely reviews

£363 through more effective commissioning of the third sector

Draft

My health and wellbeing

What are we aiming to achieve by 2015?

For all adults we are aiming to achieve:

- an increase in healthy life expectancy;
- a reduction in differences in life expectancy and healthy life expectancy between communities.

In addition, in relation to older adults (65 years+) we are aiming to achieve:




- a reduction in falls and falls-related hospital admissions;
- a reduction in the incidence of hip fracture;
- an increase in early diagnosis and intervention for dementia enabling people with dementia to stay safe and healthy and to maintain as much
- a reduction in excess winter deaths;
- a reduction in the incidence of preventable loss of sight;
- an increase in wellbeing.

Why is this important?

- Within Herefordshire there are high levels of preventable chronic disease and potentially avoidable premature death despite overall levels of health being relatively good compared to the rest of England.
- Marked social gradients in life expectancy and disability-free life expectancy are seen within the county – in other words poorer people tend to die at a younger age and to spend more of their shorter lives in ill health compared to more affluent people.
- Coronary heart disease, stroke and cancer are the top causes of chronic ill health and premature death, and account for 51% of all deaths in Herefordshire.
- Lifestyle risk factors are the main contributory factors to poor health, disability and premature death. In Herefordshire smoking, physical activity and alcohol harm reduction have been identified as the highest priorities for adults. Falls prevention has also been identified as a particular priority for older adults.
- Herefordshire has a higher proportion of older people compared to England as a whole and the number of older people is expected to increase:
 - 24% of Herefordshire's population is over retirement age compared to 19% nationally;
 - The number of over 65s is expected to increase by 18% over the next five years and the number of under 65 year olds expected to decrease;
 - People aged over 85 have by the far the greatest levels of need for health and social care. In Herefordshire the number of over 85 year olds is expected to increase to 10,200 by 2026 – almost double the number in 2008 (5,200).

- Falls and dementia amongst older people have been identified as particular priorities in Herefordshire.
- Falls are the commonest cause of accident-related hospital admission and the third most common cause of accidental death in Herefordshire.
 - The overall trend shows an increase in the number of falls-related hospital admissions over recent years;
 - Every year around 35% of over 65 year olds fall at least once, amongst over 80 year olds living in the community this figure rises to 45% and amongst people living in care homes it increases to 60%.
 - Over 60% of the falls that lead to hospital admission in Herefordshire are in over 65 year olds;
 - Over 50% of falls occur in the home;
 - In the over 85 year old age group twice as many women are admitted to hospital because of a fall compared to men;
 - The primary prevention of falls (ie preventing falls from happening in the first place) has great potential to reduce premature deaths and to make significant savings on health and social care expenditure.
- Hip fracture is one of the most serious physical consequences of falls:
 - There are around 200 cases of hip fracture per year in Herefordshire;
 - However, there are many other debilitating consequences including other fractures or physical injury, loss of confidence and independence and social isolation impacting on mental health and wellbeing.
- The number of older people with dementia in Herefordshire is predicted to almost double by 2030, rising from over 2,800 to around 5,600.
- Across the health and social care system there is an increase in expectations, and need. Current service and budget arrangements mean that the present pattern of spending and service delivery is unsustainable.

What will we do?

-  Work with partners to ensure that appropriate and effective services are in place for older people based on the outcomes of the integrated needs assessments and strategies for falls and dementia – where necessary discontinuing any ineffective services so that funding can be reinvested in effective interventions.
-  Reduce the incidence of falls, the number of falls-related hospital admissions and the associated health and social care costs by implementing cost-effective, evidence-based interventions such as home assessment and improvement services building on Herefordshire's existing Home Improvement Agency/Handyperson services.
-  Support adults and their communities to manage risks safely before they become an issue. In relation to the prevention of falls this means:
 - improving systems for the identification of those at risk at an early stage;
 - improving signposting/referral to home assessment and improvement services;
 - increasing access to/uptake of physical activity by older people – in

particular exercise/activity which builds strength and balance as this has been shown to reduce the risk of falls;

- working with partners to ensure that appropriate exercise programmes are available for older people across the county and in different settings (such as care homes, sheltered housing, community settings) and of different types (such as chair-based exercises, “over 60s” exercise classes in the community, tailored home-based programmes);
- increasing access/uptake of vision checks and medication reviews by older people.

- 🚩 Improve the way that dementia is diagnosed and that patients and their carers are supported in communities
- 🚩 Work with communities to develop local services to encourage positive ageing.
- 🚩 Further development of volunteer befriending to address social isolation.
- 🚩 Improve care pathways for frail/older people so that emergency admissions are reduced and people are enabled to successfully either remain at home or return home.
- 🚩 Promote access to universal services for those who are vulnerable and in “hard to reach” groups so that they are enabled to live life as normally as possible.
- 🚩 Work positively to ensure adults in Herefordshire have access to high quality universal services which help them to help themselves. This means people will only access specialist health and social care services when needed.
- 🚩 Develop approaches to housing which encourage investment in Herefordshire and meet the aspirations of local people to live in their own homes in older age.
- 🚩 Roll out assistive technology that will help more people to stay in their own homes.
- 🚩 Provide housing options for people with dementia, including housing based and virtual extra care models.
- 🚩 Promote initiatives to tackle fuel poverty and improve housing conditions which impact on healthy life expectancy.

Main partners for delivery:

Herefordshire Public Services - People’s Services Directorate (including Public Health) and Place and Communities Directorate (including housing and leisure)

Wye Valley NHS Trust

2Gether Foundation NHS Trust

Herefordshire Healthcare Clinical Commissioning Group

West Mercia PCT Cluster and successor organisations

GPs and other independent contractors

Parish Councils

Service providers who are in contact with older people and their carers including:

- *Registered social landlords and private developers;*
- *Independent third sector partners;*
- *Community and voluntary organisations including carer organisations;*
- *Private sector organisations including providers and staff of housing, sheltered housing and care home services.*

My health and wellbeing

By April 2013, adult services in Herefordshire will look like this:

Integrated, preventively-focussed services across the range of providers which form part of a care-pathway approach and which positively contribute to increasing healthy life expectancy and reducing differences in life expectancy and healthy life expectancy between communities.

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Complete an integrated needs assessment for falls in older people to encompass a review of the existing falls prevention services in Herefordshire along with an assessment of the "size of the problem" and a review of the evidence of effectiveness of relevant interventions.	May 2012	Herefordshire Public Services
Develop a falls prevention strategy as part of the Health and Wellbeing Strategy with an emphasis on the primary prevention of falls in older people. The strategy will incorporate actions to prevent falls in the following areas: <ul style="list-style-type: none"> ➤ strength and balance training; ➤ assessment of hazards in the home; ➤ assessment of vision; ➤ medication review. 	June 2012	Herefordshire Public Services
Complete an integrated needs assessment for dementia;	May 2012	Herefordshire Public Services
Establish an Adult Services subgroup of the Health and Wellbeing Board.	July 2012	Director of People Services
Build falls prevention interventions into contracts with appropriate providers e.g. providers of retirement, sheltered, extra-care and residential care and housing	Through 2012/13	Herefordshire Public Services

We will use this money:

<i>Amount</i>	<i>Funding source</i>
£ within existing	within existing
£	

£

And realise these savings and/or avoid these costs:

Estimates for the average cost of each hip fracture vary from £11,700 to the NHS and over £3,800 over two years to the local authority for social care to over £28,000 for combined health and social care costs. Whatever the true total cost of each hip fracture, it is clear that this far exceeds the much more modest costs of preventative interventions such as simple home adaptations and exercise programmes.

Draft

The money in my pocket

What are we aiming to achieve by 2015?

Adults in Herefordshire who receive a financial assessment for social care and/or housing services have their benefits maximised and those who fund their own care have access to independent financial advice.

Why is this important?

- Maximising people's income helps them to remain independent and feel in control.

What we will do?

- ✚ Through undertaking financial assessments for care and/or housing services, ensure adults have access to all of the welfare benefits to which they are entitled.
- ✚ Signpost – work with housing providers to promote benefit take up and income maximisation
- ✚ Refer people who fund their own care to access independent financial advice to maximise their income.
- ✚ Continue to ensure that the vulnerable access housing grants to improve insulation and reduce those in fuel poverty.

Main partners for delivery:

Wye Valley Trust
First Stop
Social housing providers
Housing support staff

The money in my pocket

By April 2013, adult services in Herefordshire will look like this:

- Charges in place for those who can afford to pay diverting resources for care to those less off.
- Improve provision for self-funders to allow them to maximise capital increasing the resource available for care fees.

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Consult on charging proposals	May – August 2012	Head of Commissioning Adults
Launch My Care My Home in Herefordshire	June 2012	Head of Commissioning Adults.

We will use this money:

<i>Amount</i>	<i>Funding source</i>
Existing resources	

And realise these savings and/or avoid these costs:

£148k By providing a financial advice service allowing those going into residential care to benefit from income to supplement care home fees.

Draft

The people who support me

What are we aiming to achieve by 2015?

That people in Herefordshire are supported by a skilled and effective 'community workforce' that can deliver seamless and sustainable health, care and support for the people of Herefordshire.

- Skilled – experience, knowledge and competence
- Effective – appropriate services in the right place at the right time
- Seamless – working together to best meet people's needs
- Sustainable – transforming the workforce to meet local priorities in the most affordable way
- Resilient – In a challenging environment being responsive to the changing needs of individuals

Why is this important?

- To ensure that people who need help get the right support, in the right place, at the right time.
- To maximise the contribution of the community in supporting people to remain at home and to lead independent and fulfilling lives.
- To make optimum use of scarce resources.

What we will do?

- 🚩 Engage with partners and stakeholders to develop an action plan to implement a comprehensive workforce strategy
- 🚩 Use nationally recognised tools to assess the competency and capacity of the workforce in Herefordshire to deliver high quality services.
- 🚩 Enable redesign of services and associated workforce to broaden the market of services, meet the personalisation agenda.
- 🚩 Enable reconfiguration of the workforce through improved modelling and planning.
- 🚩 Enable an increase in supply and support for the Personal Assistant workforce.
- 🚩 Enable identification, recognition and support for carers.
- 🚩 Enable an increase in the contribution of volunteers to support the prevention agenda.
- 🚩 Enable awareness and support to maximise contribution from universal and commercial (non-care) sectors.
- 🚩 Enable greater self-care through promotion of and support for healthier lifestyles to reduce the need for health and social care interventions.
- 🚩 Secure support from Economic Development to enable new providers to emerge in the market place with new legal vehicles such as social enterprises
- 🚩 Support professional development and learning
- 🚩 Actively encourage older adults to engage in voluntary and paid work in the care sector.

Main partners for delivery:

- *NHS staff .*
- *Council Adult Social Care staff .*
- *Private, Independent and Voluntary (PIV) sector.*
- *Personal Assistants*

- Carers.
- Volunteers.
- Other public sector.
- Universal services
- Commercial sector.
- Hoople

The people who support me

By April 2013, adult services in Herefordshire will look like this:

- Implementation of a local integrated workforce strategy which harnesses the potential of the community, including statutory agencies, private, independent and voluntary sector and universal services

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Promote the "Ageing Well" initiative across localities Need activities and amounts here	2012/13	Assistant Director People Services/Assistant Director Places and Communities
Implement the action plan to deliver the local integrated workforce strategy	2012-2015	Workforce Development Commissioning Manager
Implement the outcome of the Social Work Reform Board health check	2012-2013	Service Manager, Wye Valley NHS Trust
Provide one place on a Social Work Scholarship programme and provide high quality practice placements	2012-2015	Workforce Development Commissioning Manager
Provide specialist training sessions and qualifications to support the Adult Social Work workforce development needs and statutory requirements	2012-2015	Hoople

We will use this money:

<i>Amount</i>	<i>Funding source</i>
£0	Investment of management, staff and workforce development time
£130,000	Skills for Care Transition Fund, NQSW funding and placement fees

And realise these savings and/or avoid these costs:

Reduce costs associated with recruiting and employing new staff by improving retention

Reduce absence rates due to sickness by improving the well being of staff,

Draft

My housing

What are we aiming to achieve by 2015?

That people across all tenures in Herefordshire are able to live in accommodation appropriate to them and their needs.

Why is this important?

- To promote independent living
- To move away from bed based hospital and long-term care and towards an emphasis on services that promote prevention and re-ablement
- To diversify the housing market to meet the needs of an ageing population

What we will do?

- ✚ Adopt a market approach to development across all tenures
- ✚ Use specific planning policies, either in the Core Strategy or through Supplementary Planning Documents, that highlight the importance of older people in the housing market in Herefordshire.
- ✚ Develop a planning framework that will ensure that sites are available, some of which are earmarked for housing for older people, to ensure developers can compete with general needs housing developers.
- ✚ Consider where opportunities exist to provide free or subsidised sites to support Strategic Housing priorities.
- ✚ Review Social Housing providers and better understand the current offer
- ✚ Proactively seek partners to develop extra care for sale and mixed tenure.
- ✚ Develop a model specification for extra care that will aid developers as they consider the option to develop in Herefordshire.
- ✚ Develop non-specialist general needs 2 and 3 bedroom houses, flats and bungalows for rent and sale that meet lifetime homes standards, across all areas of the county.
- ✚ Encourage mixed developments to balance the market, meet the needs of older people and create genuine lifetime communities.
- ✚ Market the new housing opportunities to older people across all tenures to encourage people who are under occupying to free up family housing through the development of housing for older people.
- ✚ Consider the development of a charged for 'Home Moving' service to support older people who might wish to move but who are daunted by the practicalities of moving
- ✚ Consider the needs of older people within development briefs for Section 106 commitments and the provision of other forms of cross subsidy
- ✚ Ensure that new properties are 'future proofed' to take account of the ageing population.
- ✚ Work with sheltered accommodation providers to agree minimum accommodation standards
- ✚ Decisions by social housing providers on closing , re-modelling or change of use for any existing sheltered housing provision should be taken on a scheme by scheme basis according to location and demand in the local market and the quality and

accessibility of individual schemes to older people

- Re-think the future role of sheltered housing, based on a floating support model, or other self-funding service model
- Consider the potential of sheltered housing playing a wider community role
- Work with private developers to promote the development of c. 100 units of sheltered housing for rent or shared ownership and up to 3377 units of retirement housing for sale by 2025
- Investigate the feasibility of more enhanced sheltered housing, through Assisted Living scheme pilots. Promote the development of additional enhanced sheltered housing such as Assisted Living (up to 648 units half rent and half sale by 2025, starting with 3 pilots), and Extra Care housing (up to 1315 units one third rent and two thirds sale by 2025, with an initial target of 300 units in the next 5 years).
- Develop up to 128 housing based units for people with dementia by 2015 starting with one close care and one supported housing pilot
- Re-use existing provision, such as sheltered housing, extra care, and ex sheltered warden flats for people with learning disability living into older age

Main partners for delivery:

My housing

By April 2013, adult services in Herefordshire will have a programme of housing-related projects underway to deliver the recommendations of the Study into the Housing and Support Needs of Older People. This will include both short and long term actions/strategies which will extend beyond the period of this Delivery Plan.

To achieve this, we will do the following:

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
Establish Cross Directorate Steering Group	April 2012	Assistant Director Homes and Communities
Develop an overarching work plan	June 2012	
Establish Task & Finish groups and take forward the key individual projects	August 2012	
LDF will contain provisions which support housing market transformation to support the obligations of the Adult Strategic Delivery Plan	Spring 2013	

We will use this money:

Initial scoping work will be funded from existing resources and budgets. Costed plans will be developed, utilising transformation funding where possible.

And realise these savings and/or avoid these costs:

Longer term savings will be calculated by individual Task & Finish groups.

9. Gap analysis

Implementation of the Delivery Plan and the associated monitoring of progress will identify gaps where there is currently limited or no provision in place to address them. Where gaps are identified, Herefordshire Public Services and partners will work together to address them.

10. Resources

The Delivery Plan encompasses the approach in Herefordshire across the full range of personal to organisational response. The following indicate the broad areas of resource available in Herefordshire to positively deliver our vision and guiding principles:

- People's own resources, skills and support networks
- Universal services, and the third sector
- Housing
- Adult social care budget
- Health budgets

11. Monitoring Arrangements

Progress against the achievement of the strategy and identification of gaps will be assessed through the following ways:

- Reviewing progress monthly as part of Herefordshire Public Services performance management arrangements
- Reporting bi-monthly by Herefordshire Public Services through the Joint Corporate Plan and to the Health and Wellbeing Board.
- Reporting against a range of indicators in the annual report for Adult Social Care.
- Running a series of workshops with partners at Herefordshire's Provider forum focusing on case studies in each of the key areas of work
- Updating the Joint Strategic Needs Assessment. Then updating the Strategic Delivery Plan to ensure effective progress.

Strategic links – list of related strategies and reports

- NHS cluster System Plan
- Director of Public Health's Annual Report
- Herefordshire Sustainable Community Strategy
- Economic Development Strategy
- Housing In Herefordshire Strategy Action Plan 2011-2012
- Joint Herefordshire and Shropshire Housing Strategy (currently out for consultation)
- Healthy Housing Strategy (draft at present)
- Affordable Warmth Strategy
- Homelessness Strategy
- Empty Properties Strategy
- Herefordshire Public Services Corporate plan.
- "Yes We Can" Plan 2011-2015
- Child Poverty Strategy

Draft