



**Herefordshire Market  
Position Statement  
2020-2025**

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## The Market Position statement (MPS)

Intends to signal clear direction for providers on the future ambitions for the support and care market.

It has a much wider focus than any previous Market Position Statement (MPS); with a stronger emphasis on community-based commissioning within localities and recognising the strength and contribution of communities in prevention and supporting people's wellbeing across all ages.

It aims to focus on prevention through being proactive rather than reactive with a clear focus on demand management.

We hope you find it informative and useful in shaping your business to meet the needs of Herefordshire residents, it is only by working in collaboration we will meet our commissioning intentions.



This document forms part of the Market Position Statement. Additional up to date information can be viewed on the Understanding Herefordshire website.



### Our commissioning intentions for 2020 onwards:

1. Demand management through strength based approach and developing models and services that will support the principle that "home and family can be best".
2. Create a versatile, cost effective and sustainable market at a Primary Care Network (PCN) level.
3. Increase and improve services that support complex and challenging behaviours such as autism or dementia.
4. Enhanced support for those who fund their own care.
5. Work across health services, children and young people services and adult services to integrate our commissioning and market management approach where appropriate.
6. Invest in early help prevention and community services.
7. Improve and embed mental health and wellbeing in all services design.
8. Support and develop the health, family support and social care workforce.
9. Embed technology where it delivers benefits across pathways and services.
10. Promote an inclusive customer focus to ensure fair access to services.
11. Significant development of accommodation and support to dramatically reduce homelessness in Herefordshire and ensure pathways to safe housing and independence for vulnerable people including care leavers, ex-offenders and others.
12. Design and re-commission services in partnership to meet new legislative and policy changes relating to domestic abuse, advocacy, homelessness and refugees resettlement.



# 1. Introduction

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This document summarises the supply and demand of care and support needs across Herefordshire. It signals potential business opportunities within the care and support market and, whilst it is not a statutory document, it provides evidence of how the council fulfils its duties under the Care Act 2014, the Children & Families Act 2014 and other relevant legislation to manage and shape its market.

This document will form part of the MPS as we move to a ‘digital by default’ approach with up to date data presented by localities accessed via the [Understanding Herefordshire](#) webpage.

Adult social care has experienced many challenges in ensuring continuity and quality care across the system over the last three years where the council has made savings of just over £14 million. This has been achieved through a change in approach and focus on a strength based approach (sba) and working collaboratively with stakeholders and providers. Unpaid carers are one of Herefordshire’s most valuable assets and play a crucial role within the county’s health and social care sector. The approach in adult social care builds up upon the strength of individuals and what they can do themselves, with the help of family, friends, and support from their wider community and from commissioned services. This is the key ethos driving our commissioning strategy. The council has seen this approach successfully manage demand and costs whilst ensuring peoples need are met.

Our [Children & Young People’s Plan](#) describes how local partners aim to give children and young people a great start in life. Together, we are continuing to develop our early help approach and build on the strengths of children and their families so they can be safe, be healthy, be amazing and be part of their communities. We are investing in direct support and workforce development to help families to become more resilient, as well as specialist approaches to prevent children from becoming looked after. For those children that do need to be looked after, we are developing local fostering and residential home capacity so that more of them can stay close to their family, school and community where it is in their best interests. This will also mean developing targeted education, health and care services to wraparound children who are looked after to maximise their potential and achieve good personal outcomes as they grow-up and transition to adulthood.

The council moves to an all ages commissioning approach from 2020 onwards and this document whilst focussed on all ages, it is the first step in producing one market position statement for both adults and children, this will be reviewed on an annual basis; the ambition is to have a fully integrated MPS from 2025.

The council is fortunate to work with providers who are dedicated to providing high quality care and support. The council recognises the essential part communities play in keeping people well, safe and independent with its resources, skills and diverse offer. The challenge is linking these together to set solid ground for innovation and further development in areas such as technology, which will contribute to the challenges faced by the sector.

It is a time for innovation and for providers to align to a strength based approach where the focus is on meeting need and not diagnosis, only by doing this where appropriate will the county ensure sustainable and diverse services and inclusive communities. A key focus for all commissioning approaches will have an expectation to contribute to reducing climate change in line with the County Plan.

The council is clear that where the market cannot meet these challenges and meet the needs of individuals it will consider its role within the market and has already started to insource some services and is currently exploring these options to ensure choice, quality and cost effective delivery.

It is worth noting that this document was developed before the Covid-19 pandemic began and as such we need to reflect that the council is working especially closely with its market to ensure a stable and strong market through these difficult times. This document will therefore be continually reviewed in line with data and intelligence from the market but it is recognised that the council will need to monitor and respond to the challenges we will face together as one system. The pandemic has built some strong working relationships and highlighted some good examples of what can be achieved and what can be done differently, which we can learn from to implement in the future.

## What has been done since the last market position statement?

Since the previous market position statement in 2016, several key areas have been developed:

<p>Adult social care has developed and redesigned its pathway to focus on a strength-based approach.</p>	<p>The Home First service has been developed as the in-house reablement service, supporting referrals from hospitals and the community.</p>	<p>Workforce support through development with market on 'Care Hero' brand.</p>
<p>Talk Community has emerged as one of the council's primary approaches to Demand Management and Prevention.</p>	<p>The development of a unified care home contract and quality assurance framework between the council and Herefordshire Clinical Commissioning Group (HCCG).</p>	<p>Closer working with public health, with a focus on 'Making Every Contact Count (MECC).</p>
<p>Improvement in data and performance information through the creation of commissioning dashboards.</p> <p>Improved customer satisfaction.</p>	<p>Introduction of a Community Broker team that contributes to care and support plans, offering personalised advice on the activities and support that can be accessed in the community.</p>	<p>Leading investment and transformation of urgent care pathways to deliver significant improvement in Delayed Transfers of Care (DToC).</p>
<p>Herefordshire has welcomed refugee families, with more to be resettled in future years, along with commitments to asylum programmes.</p> <p>Herefordshire council opened Hillside a 22 bedded residential home in 2020 which is part of our in-house provision within the county.</p>	<p>New approved lists have been developed for supported living and care at home.</p> <p>Shared Lives scheme returned to the management of the council.</p> <p>Continuing work to redevelop the market for accommodation and support for care leavers and vulnerable young people.</p>	<p>New 10 year Joint Learning Disability Strategy and implementation plan 2018.</p> <p>Developed and implemented a Joint Carers Strategy for Herefordshire.</p> <p>New 3 year Autism Strategy 2019 and implementation plans.</p> <p>Adopted and implemented a new whole system for domestic abuse.</p>

Since the previous Children and Young People's Plan was introduced in 2015, there have been many achievements to be proud of in Herefordshire. Just some of these are highlighted below:

As part of its commitment to support looked after children into adulthood, the council has introduced a council tax exemption for care leavers (up to the age of 25).

A review into special educational needs and disabilities by the CQC and Ofsted in September 2016 acknowledged the low waiting times and flexible provision by Child and Adolescent Mental Health Services.

Great progress has been made in implementing Education Health and Care (EHC) plans – all children and young people with a Special Educational Need Statement now have a plan in place.

The teen pregnancy rate has reduced year on year in Herefordshire and is now 13.2% per 1,000, which equates to just 39 pregnancies (2017). This is the lowest rate in the region and one of the lowest compared to other similar areas (the rate has more than halved since 2010).

2018 saw Herefordshire young people outperforming pupils nationally in the Year1 Phonics Screening Check. Eighty four per cent of Herefordshire pupils achieved the threshold mark or better compared to 82 per cent across England. This represents a rise of 16 percentage points since 2013.

In total 366 families with significant challenges and in need of early help have been supported to make sustainable change (up to December 2018).

Changes in models of care to support children in mental health crisis have been implemented, including extended provision for urgent assessments for young people experiencing a crisis. This is now available seven days per week in partnership with the local Children's Ward.

There is clear evidence that standards are rising in both primary and secondary schools and academies across the county. In 2018 the performance of all pupils in Reception year in Herefordshire ranked in the top 25% (top quartile) of all local authorities, with 74.1% achieving a good level of development. Boys in Herefordshire outperformed the England average in 2018 and Herefordshire girls were amongst the highest performers in the country.

The rate (per 100,000 youth population) of first time entrants to the criminal justice system has reduced (from 565.2 in 2015 to 529 in 2016 to 447.2 in 2017), although this is still higher than the national average (295.1) and is currently a priority for the Community Safety Partnership.



## 2. National Context

Nationally adult social care has been high on the agenda with a particular focus on significant budget reductions, increasing need for services and poor quality care. Several national providers have pulled out of the market, causing significant pressure to some councils and requiring other providers to step in to pick up either care packages at home or additional placements within their care homes.

Funding is a challenge for many councils and Herefordshire is no exception. The Local Government Association (LGA) estimates that between 2010 and 2020 councils will have lost 60p in every £1 of central government funding. The LGA predicts that councils will face a funding gap of £3.2bn in 2019/20, rising to £8bn by 2024/25. This gap reflects the minimum funding needed to sustain services at current levels and does not assume the reinstatement of services that have been cut, or significant service improvements. The pressures are particularly acute in adult social care, children's services and homelessness support.

Carers UK estimate around 6.5 million people are carers who save the economy £132bn per year, an average of £19,336 per carer\*. Source: Carers UK Facts about Carers Policy Briefing August 2019.

The government has continued to delay the publication of the 'Social Care Green Paper' first announced in the spring budget 2017. The NHS long term plan on the other hand has been published and focusses on prevention, tackling health inequalities, better use of digital technology, workforce development and improving value for money. There is a clear national strategy for integration of health services, especially in the community, and wider integration of health and social care services.

This has been the drive for the development of Primary Care Networks (PCNs) to give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, and to increase the amount services provided jointly. Herefordshire is in the process of devolving care planning and commissioning to four PCNs. (see Fig 2).

Nationally, the alignment of health and social care has been encouraged through funding schemes such as the Better Care Fund (BCF) and through Sustainability Transformation Partnerships (STPs).

STPs have been created to bring local health and care leaders together to plan around the long-term needs of local communities. Herefordshire and Worcestershire STP has prioritised:

- Doing more to prevent illness and encouraging people to live healthier lives;
- Encouraging people to self-care or self-manage more of the routine aspects of their conditions;
- Improving access to GP appointments;
- Improving community services which care for people at home, including making better use of technology;
- Changing the role of community hospitals so more care and treatment is available closer to home;
- Easier access to emergency/urgent care;
- Making acute and specialist services more sustainable.





### 3. Local Context

Herefordshire council has put itself in a strong position to realign resources at a local level. This transformation began with the development of the Adults and Wellbeing Blueprint which was adopted in 2015 and since developed into an agreed system integration blueprint

It has a focus on integrated care and support as the guiding approach to prevention and to supporting vulnerable people. It places the individual at the centre and focuses on early intervention and upstream prevention to keep people as well as possible, remaining safely in their own homes as long as possible, and supporting people with eligible needs to be as independent as possible.

Locally the political leadership has changed with a renewed focus on People and Communities, the council has recently produced its ambition and priorities for the county set out below:

**Aim:** Respecting our past, shaping our future – we will help encourage and strengthen our communities, create a thriving local economy and protect and enhance our environment.

#### Priorities



##### Environment

Protect our environment and keep Herefordshire a great place to live



##### Community

Build communities to ensure everyone lives well and safely together



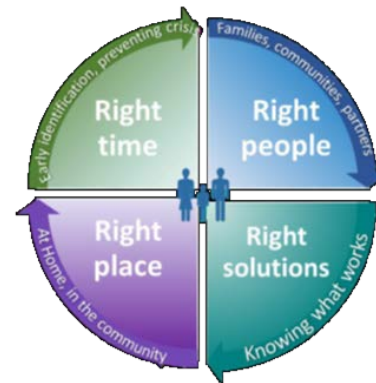
##### Economy

Support an economy which builds on the county's strengths and resources

Herefordshire's Children and Young People's partnership has pledged to:

1. Keep children and young people safe – **BE SAFE FROM HARM**
2. Improve children and young people's health and wellbeing – **BE HEALTHY**
3. Help ALL children and young people succeed – **BE AMAZING**
4. Ensure that children and young people are influential in our communities – **FEEL PART OF THE COMMUNITY**

Those who have worked alongside us in the development of the plan are passionate about making a difference and improving lives and building on the strengths of children and young people across Herefordshire – it's not just about what we do but also how we do it. We have therefore agreed four principles that we will use to help guide the plan's delivery. These are:



**Right time:** Early identification of families and early intervention to prevent crisis

**Right people:** Recognising and involving all key partners in achieving change, including families, communities and children and young people.

**Right solutions:** use evidence to understand what works

**Right place:** wherever possible, supporting children, young people and families at home, in their communities.

We will ensure the child and young person is at the centre of all we do.

The Adults and Communities directorate concluded a comprehensive review and redesign of adults' social care pathways in 2017 and re-launched its services based around a model of strengths-based social work practice, the key aspects are set out below:

- Focus on the individual and their family/carers;
- Begin with people's interests, aptitudes and identify what they can do for themselves;
- Explore what the person *could* do with the right opportunities and support to maintain or increase their independence;
- Identify the current and potential role of the carer and their support needs;
- Focus on formal (where appropriate) / informal support and opportunities in the person's local community in creating a support plan; and
- Support by signposting and information services and a rich network of informal and volunteer based support throughout the county.

The council is committed to working in collaboration with the NHS locally to protect, develop and join up the local health and care economy. It is well placed to lead the further evolution of aligned and joined-up services, building on existing progress and partnerships. Opportunities for future development are being explored through the following arrangements:

- Sustainability and Transformation Partnership (STP) and Integrated Care System;
- One Herefordshire and place-based models of delivery;
- Primary Care Networks (PCN).

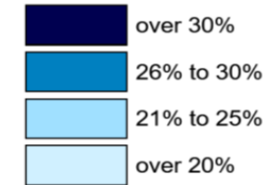
Fig.2 Primary Care Networks (PCN) localities



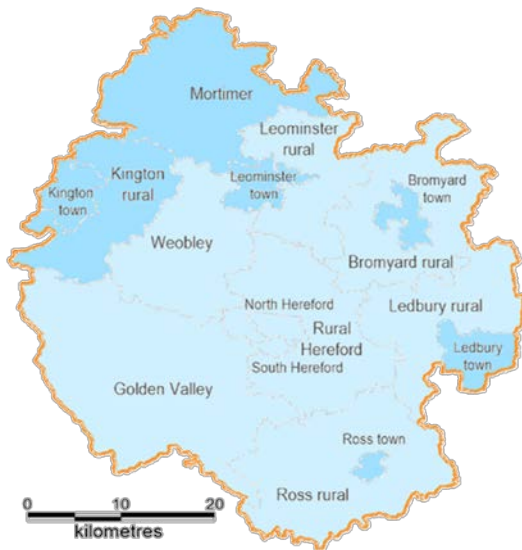
## The Ageing Population

The county will face significant changes to its ageing profile over the next 20 years and can be seen by locality in the maps below:

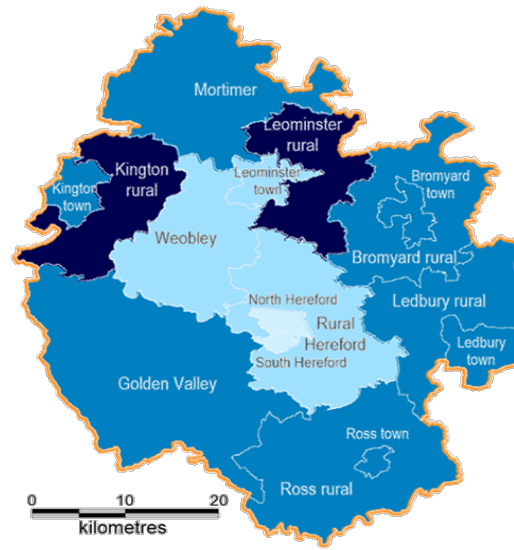
% aged 65 and over by sub-locality



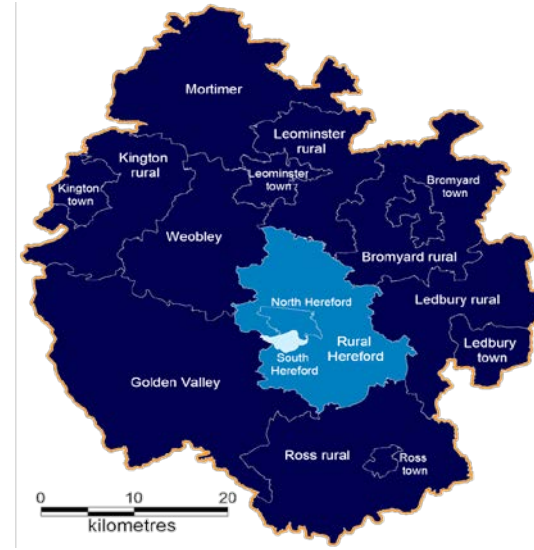
Proportion of the population aged 65+ by sub-locality - 2001



Proportion of the population aged 65+ by sub-locality - 2018



Proportion of the population aged 65+ by sub-locality - 2028



The recent [Children's Integrated Needs Analysis](#) provides an overview of the population needs.

- Overall numbers of children have declined by around 7% over the last decade. However, the number of under-fives and births have been rising for the best part of the last decade. The next five years are expected to show a gradual increase in the numbers of children, to around 33,200 by 2023.
- A larger proportion of school-aged children (2017/18 academic year) have a statement for SEN or EHCP locally (3.1%) compared to nationally (2.9%). However, local figures are in line with those for the West Midlands region (3.1%).
- Herefordshire has a higher rate of looked after children than its statistical neighbours, the council's [placement sufficiency strategy](#) provides further detail.

Talk Community is an all-encompassing approach to communities and their partnership with the council. It is about all communities and people of all ages. Talk Community recognises that the council cannot and should not commission or deliver everything required to promote wellbeing and manage demand for formal care or support for all vulnerable people in the future. A successful strengths-based, prevention focussed system depends upon the council finding the right ways to support, promote, inspire and enable local communities to develop their own assets.

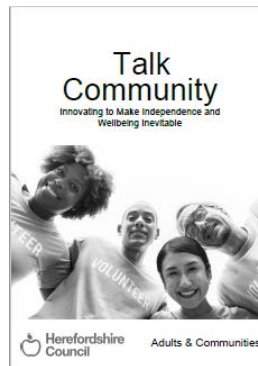
The Talk Community vision is that the council will be “innovating to make independence and wellbeing inevitable”.

The plan is set out under three main areas, indicating how Talk Community will focus on:

**People;** creating sustainable vibrant communities;

**Place and space;** where people live, work, study and get together;

**Economy;** how promoting wellbeing and supporting vulnerable people benefits from the local economy and contributes to it.



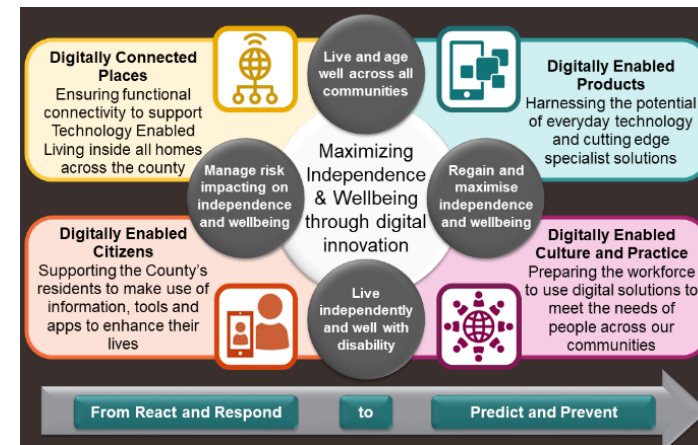
Adults and Communities commissioning is focused on innovation and the development of markets which are versatile and sustainable in the context of a changing and uncertain economy.

The directorate commissions across a wide spectrum encompassing social care, public health, community safety, mental health and accommodation. In seeking end to end integrated solutions, commissioners are focussing on whole community wellbeing and people of all ages. Talk Community offers opportunities to think differently about markets and the role of community based and informal support, with greatest focus on:

- Developing community-led commissioning models based on need and demand, and diversifying the nature of the market;
- Improved opportunities for employment and training for learning disabled people and people with autism;
- Greater and more targeted social value contributions from providers;
- Proactive services which make more innovative use of technology;
- A new integrated offer for self-funders;
- Developing more holistic, community based support and choices for people, including those with dementia; and
- More participative procurement methods, with an evolving approach to measuring quality.

## Technology

Technology is a cross cutting theme throughout this document. It presents the movement required from simply monitoring commissioned services which will look at proactive and predictive technologies in supporting the wider health and wellbeing of the county’s population. A Technology Strategy is being drafted.



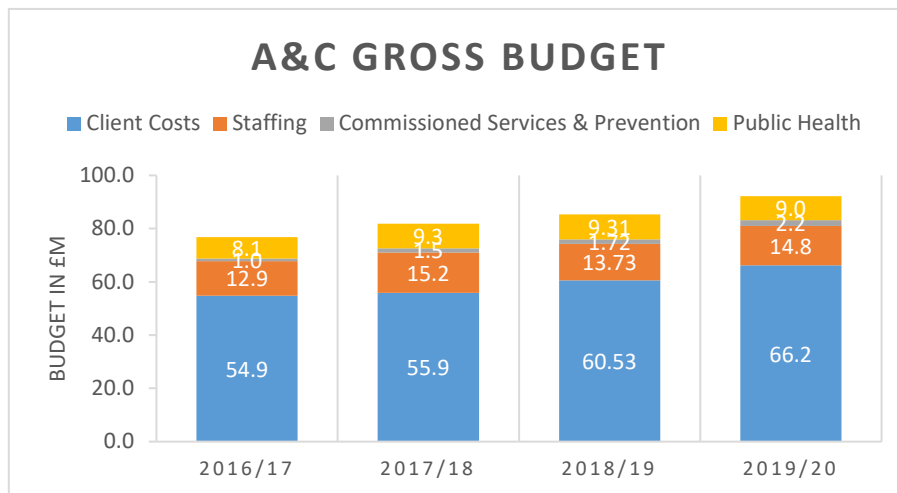


## 4. Finances

Herefordshire Council continues to set a balanced budget and is in a relatively stable financial position due to a robust savings plan over the last few years.

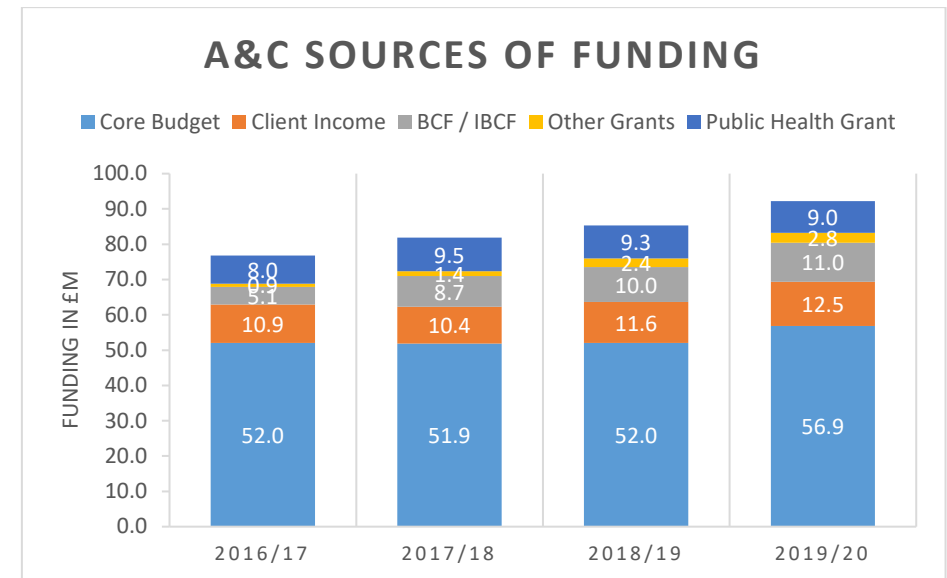
The pressures facing local services are likely to grow, mainly due to rising demand and the escalating costs of delivery. Rising demand for key statutory services such as social care and public health will continue to threaten services communities rely on, including libraries, street cleaning and the maintaining of green spaces.

Adults and Communities has had to make significant savings to meet the twin challenges of increasing demand and costs coupled with reducing funding. Adults and Communities has risen to the challenge by redesigning its pathway and investing in strength-based practice, demand management and investment in other services which has contributed towards cost reductions of just over £14m in the past three years.



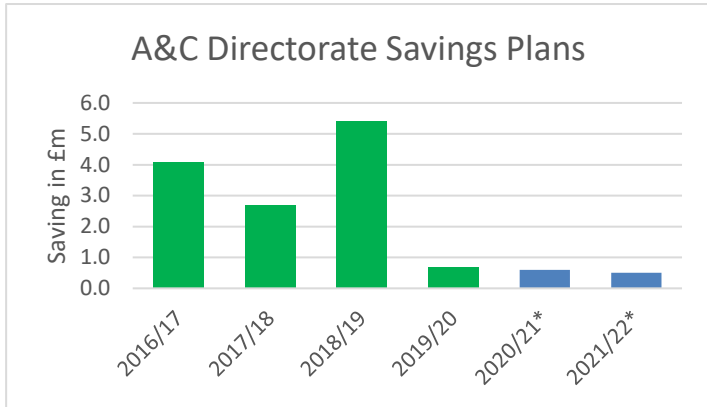
Even with considerable savings being delivered the Adults and Communities budget has grown through each of the last four years.

Approximately two thirds of the budget is funded from the council's own resources, either general revenues such as council tax and business rates or revenues dedicated to social care such as the adult social care council tax precept. The remainder of the budget is funded from external resources such as specific grants from central government and revenues raised from client contributions to the costs of care packages commissioned by adult social care.

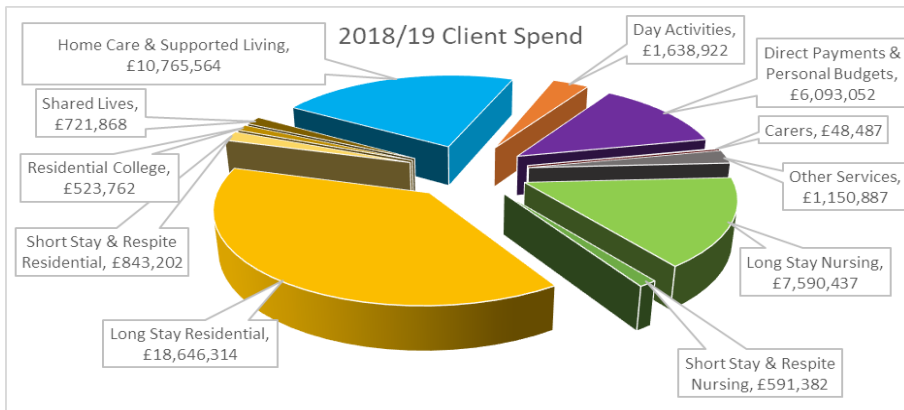


The transformation process has delivered considerable savings and by delivering challenging savings target early in previous years, means that the directorate faces much more moderate saving's targets in the next few years, allowing for investment in upstream support and technology.



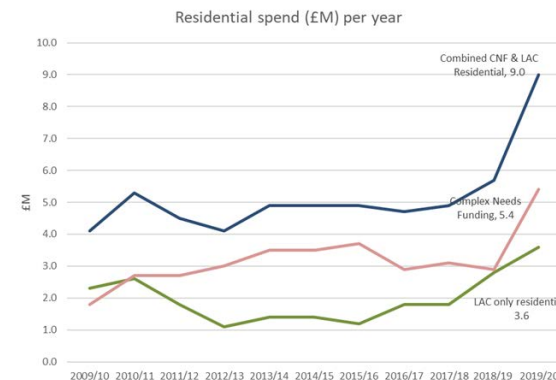


Over 70% of the Adults and Communities budget is spent on clients.



The council provides a wide range of support for children and families. This includes early years support, education and training, services for disabled children and those with complex needs, and much more. As in other areas, resources for this support remains limited while demand and expectations may increase. The council continues to seek best value and social value in the support that it provides and commissions to ensure that services are of good quality, are sustainable, and deliver demonstrably good outcomes for children and families.

One key financial pressure arises from further growth in the numbers of looked after children, as has happened across the country. In particular, costs related to their accommodation in either fostering or residential children's homes have increased significant in recent years. Both the number of children looked after by the council, which is higher than comparator areas, and the increasing cost of placements is not sustainable in the long-term. The council is, therefore, seeking better ways of working internally and with its partners to safely reduce the number of children that need to be looked after. This means investing in early help, family support, and edge of care, and reunification services, as well as improving the range and value of locally available accommodation places for those children that do need to be looked after.





## 5. Demand and predicted growth

### Accommodation - Care homes

At any one time the council supports approx. 850 people to meet their assessed eligible social care needs in a care home. This approximate split is **60%** of these are in a residential home and **40%** in a nursing home but this can vary. At the present time **11%** of care home placements are in homes outside of the county.

Every month on average 30 new placements are made in care home settings and on average 30 placements end, meaning the number of people supported remaining broadly static over time. The average length of stay is 1.7 years in residential care and 1.6 years in nursing care.

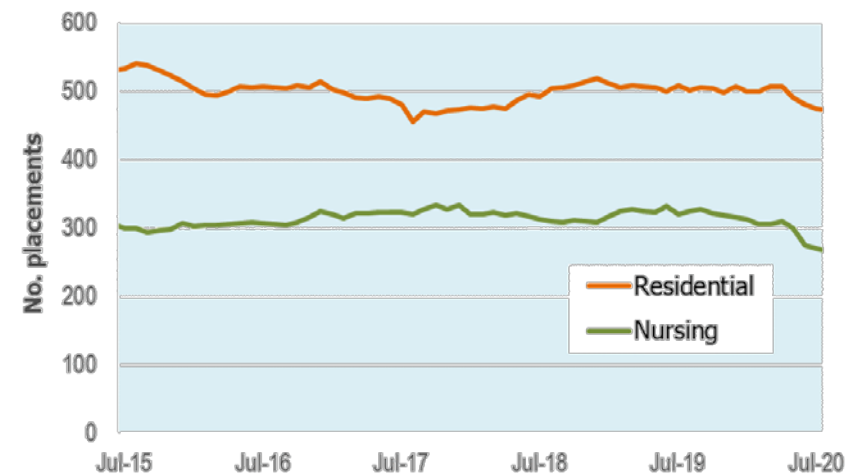
There are **87** private sector registered care homes in Herefordshire of which **21** are owned by medium-sized or major regional providers; In-county care homes provide a total of **2,113 beds**. Of in-county care homes just over a third (36%) are located in Hereford and the immediate surrounding area, just under a quarter (23%) are located in each of the north and south Herefordshire areas and just under a fifth are located in the east Herefordshire area. The west Herefordshire area has limited care home provision.

In 2016 the Market Position Statement signalled a 20% increase in the need for nursing care placements moving forward.

Actual in nursing growth was **1.4%** and **0.93%** for residential over the previous 5 years.

The council utilises around **35%** of the total Herefordshire care home capacity. The remaining care home beds are used by other groups of people: self-funders, the NHS, other local authorities, or are vacant.

The council has seen trends in care home placements relatively stable see below.



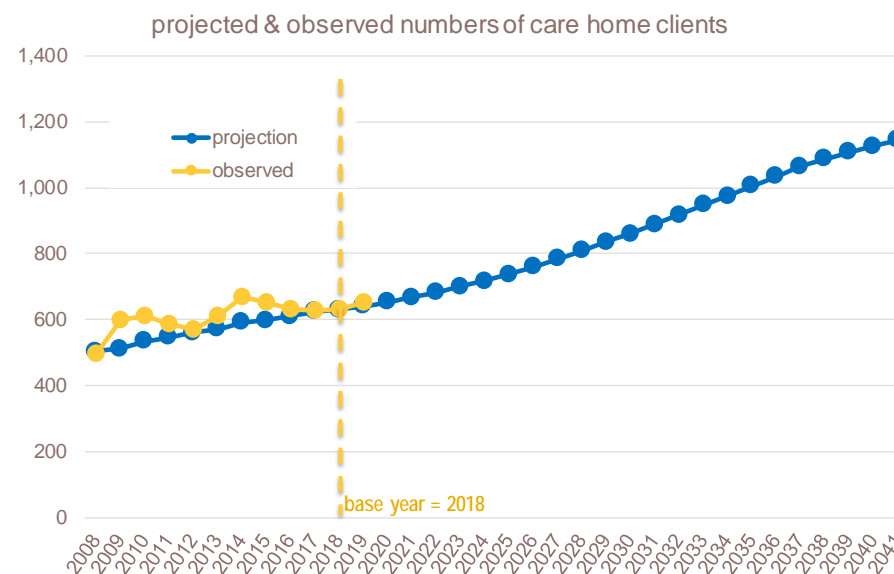
However, the Council and HCCG hold individual contracts with 300 care homes nationally with the council paying just under £24m annually on care home placements. £9.2m (57% of the total residential spend) is on Learning Disability (LD) placements. Whilst placements have remained stable, LD placements is the only growth area for residential placements which has seen the highest cost increase. Between 2014/15 and 2018/19 the costs of all LD residential packages increased by 31.41% (nearly 12% more than residential as a whole), of which only 5.70% can be accounted for by the inflation applied to fees, while the number of LD residential packages increased by 20.66%, if this trend were to continue unchecked it would represent a significant budget pressure for the council.

Historic trends show broadly stable numbers of council commissioned clients, increasing slowly in line with population growth while costs have risen considerably. Between 2014/15 and 2018/19 the costs of all residential packages increased by 19.96%, of which 5.70% can be accounted for by the inflation applied to fees. The number of packages increased by 0.93%, so a significant proportion of the increase in costs cannot be accounted for by council fee uplifts and the increase in activity, however it is believed that the increased acuity of individuals is behind this cost increase. Changes in the age structure alone would suggest that the proportion of nursing home beds will need to increase slightly in future and will take over the number of residential beds. The council will look at realigning these

numbers with the higher proportion being needed for nursing rather than residential as further investment and support is put into other accommodation and support models.

The council has also approved a large capital investment to build its own care home to support the growing need for nursing placements particularly.

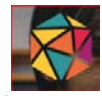
It is of concern that the ageing demographics for Herefordshire will put additional pressure on services if the council does not change the approach. The increase in need can be seen in the diagram below:





**Over 65** The total need for care home beds, for people aged 65 and over, is projected to increase from around 1,550 in 2018 to around 2,000 in 2028 (an increase of 450 over this 10-year period); and to around 2,650 people by 2038 (an increase of 1,100 over this 20-year period).

**Under 65** The total need for care home beds for people aged under 65 will remain static at around 500 people over the next 20 years - approximately 1/3 who are Herefordshire Council (HC) funded and approximately 2/3 who are non-HC funded.



Further analysis can be viewed via the Understanding Herefordshire webpage

[ASCOF/ASC data via Power BI](#) is also available

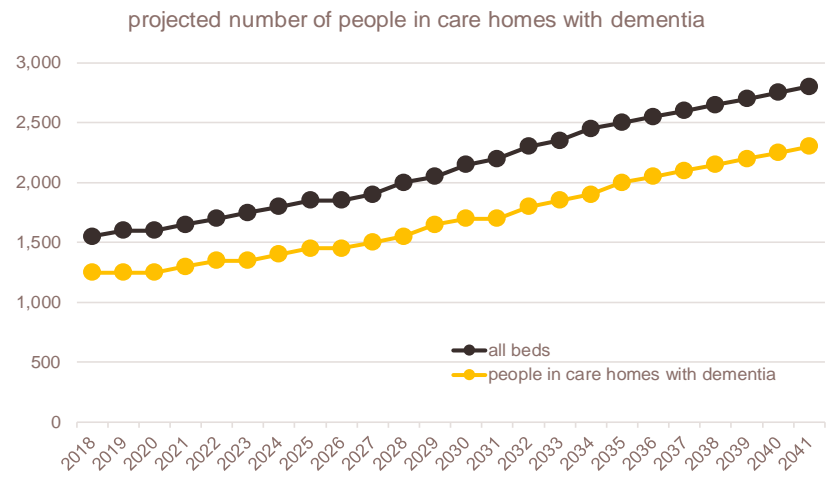


This increase is simply not affordable or practical and social care will focus on alternative pathways particularly into residential care and for those with a LD will seek to be supported in alternative accommodation provision.

It is also concerning as potential demand increases, so will the proportion of people living with dementia in Herefordshire and particularly, in care homes. The graph shows the projected number almost doubling from 1,200 in 2016 to 2,300 in 2036.

Just over a third of all care homes (36%) are located in the Hereford & surrounds area, just under a quarter (23%) are located in each of the north and south Herefordshire areas and just under a fifth were located in the east Herefordshire area, this is where the council is predicting growth.

Challenges will be securing placements at an affordable rate, securing in county complex care at a small scale; workforce issues (recruitment & retention) particularly nursing staff; high number of self-funders helping to drive up placement costs and reducing negotiating opportunities. Viability and sustainability of small care homes and small specialist provision in the county.



## Accommodation Services for Care Leavers

Adults and Communities commission accommodation services for various user groups with a particular focus on care leavers and vulnerable young people. Commissioners are working closely with Children and Families colleagues to develop the local market for accommodation based and other services for care leavers and 16/17 year olds with a wide range of needs.

The aim is to improve quality and value for money whilst ensuring more young people can live and be supported locally in Herefordshire. Of Herefordshire's 287 care leavers aged under 25, up to 20 at any one time have a complex need or multiple complex needs.

The council's approach in this work is guided by the Accommodation Strategy for Vulnerable Young People 2017-21, which is currently under review.

- 💡 Further investment in supported living accommodation, domiciliary care and technology provision to manage demand.
- 💡 The council will become a provider within the care market by developing a new care home facility.
- 💡 The Broker role will be expanded to support more self-funders.

## Supported living

The council has done a lot of work on supported living over the past two years to align its offer and continues to work with the market to support people to live as independently as possible and to have their 'own front door'. The council commissions several different categories of supported living from high to low level support. This offer will be further enhanced by the creation of a complex supported living framework which will be developed to support those individuals with forensic histories and dual diagnosis.

Supported living has a number of challenges: bringing new developments on line takes time, matching people within a shared house environment can be difficult, providing support to the most complex and challenging individuals, and, due to the small numbers of people in Herefordshire, delivering complex care models of supported living is not attractive to providers as economies of scale cannot be realised, which is why we will develop services across the STP footprint

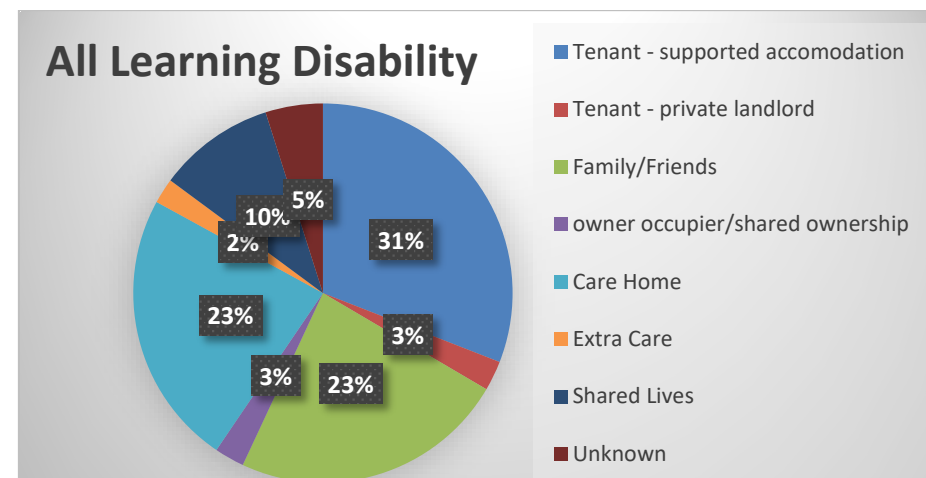
Herefordshire's small population means that there are few new supported living placements each year. There are between 6-10 new placements each year, but much of the activity in this sector is related to people moving placements, with 48 moves taking place during 2018. The council is working to utilise the existing provision wherever possible in order to ensure sustainability of models for commissioner and provider, as well as work with housing development colleagues and housing management providers to grow the available models within the local community to meet the demands of customers who haven't been able to peruse supported living opportunities due to lack of growth in the market.

The majority of supported living customers have a learning disability. People with a Learning Disability are set to rise by 4% over the next 10 years therefore sustainable accommodation solutions are integral, ensuring sustainability, quality and cost effective models can be delivered. There are opportunities here to reduce access to residential placements by introducing accommodation and support models which deliver on core and cluster models as well as developing the night support offer to embrace Assistive technology.

The council would like to consider how models such as Home Share could provide not only accommodation but offer opportunity to gain valuable experience in the care sector.

- 💡 Commissioning new accommodation based services for care leavers with complex needs through block contracts in accommodation owned by the council.
- 💡 Redesign and recommissioning of support for care leavers and homeless young people with light touch or moderate needs including different accommodation models and floating support or outreach models.
- 💡 Development of a new local framework for placements to accommodation based support, across a range of needs.
- 💡 Redesigned accommodation pathways for vulnerable young people.

Those in supported living accommodation are predominately those with a Learning Disability see below:



It is anticipated that numbers of people in supported living may increase further as the number of residential care home beds for people with LD reduce as some providers exit that market, either by deregistering their home or by retiring.

There are also few registered Housing providers with a local presence with a specialist focus upon this client group, and to move from a high number of people in residential to a majority in supported living we require a registered provider who is able to work within a wider risk base.

There is a need for forensic support within the county, however the numbers are very small and demand is unlikely to be such that affordable, sustainable dedicated provision is developed in-county so other solutions such as working at a regional level are being developed.

The council took Shared Lives back in house in 2017, it is a CQC-regulated service providing personal care. It currently supports 65 people in long term arrangements and 10 people in respite/short breaks and currently has 42 approved Shared Lives carer households within the scheme which is growing.

The scheme faces some challenges in the recruitment of sufficient carers to meet the potential growth of the service, but this can be met with co-ordinated recruitment campaigns and general awareness raising across the county. The scheme should see 10-20% growth in the first year.

Over the next 3 years, Shared Lives will expand from providing care and support for people with a learning disability and/or mental health issues, into providing support to older people and those being discharged from hospital; the scheme will also develop a strong respite/short breaks offer across the county.

- 💡 General needs/ordinary housing to be accessed wherever possible.
- 💡 Assistive technology considered for every contact.
- 💡 Less 'shared' and more 'own front door' provision.
- 💡 New schemes taking into account the geographical gaps in our offer.
- 💡 Deregistration of small residential homes.
- 💡 Complex forensic needs solutions- to include in county crisis provision.
- 💡 Redevelopment of council owned sites.
- 💡 Remodel of internal pathways and introduction of move on plans for individuals.
- 💡 Develop a property management company by local authority.
- 💡 Develop the 'live in' carer and the shared lives offer and the Home Share concept.
- 💡 Develop an Accommodation Strategy.

## Community activities

There are 16 Community Activities providers currently delivering support in Herefordshire on an approved list.

Currently the council commissions 327 client places at a cost of c£1.6m per annum. In addition, clients with Direct Payments (DPs) use a range of services, some of which are not on the council's current framework. Over 50% of ASC customers who use community activities purchase them with their DP making the DP market greater than the commissioned market for this sector.

The client mix for these services is mainly people with Learning Disabilities who benefit from structured day activity services that enable them to access the wider community, with some day services supporting people with mental health support and also Acquired Brain Injury.

Community activities is a link into communities with the role of Community Brokers making these links and supporting people to access a wider and more diverse offer. A model and method aligning roles and responsibilities under the Talk Community approach will be reviewed to support individuals with different needs and abilities. A further challenge and opportunity will be to increase the throughput of clients into opportunities such as employment. This is providing people with choices and work placement opportunities which many want. People with a Learning Disability want the opportunity and support to have meaningful work and be able to be independent and have equal access to services that anyone would else would have.

The geographical imbalance in the provision of services is a challenge. This could be addressed through an increased use of community-based facilities through developing the "Talk Community" initiative currently being rolled out across the county. Ensuring travelling time and cost is minimised by

accessing local provision will not only reduce cost and greenhouse emissions but also ensure people are embedded into local communities. Also the use of universal services such as Job Centre Plus and DWP initiatives in combination with social care support will enable individuals to have better access to paid work opportunities and schemes, which will increase their social networks and also personal wealth.

This is an area which has seen substantial increases in cost for a small number of individuals. Providers need to consider the offer to people and move away from ‘traditional place based’ services particularly if they are to offer services to a wider customer base.

- 💡 Grow a wider offer range and style of services away from the ‘traditional’ day opportunity model.
- 💡 Expand services to include access to universal services through a range of solutions which focus on employment.
- 💡 Community activities to diversify their support offer to sit alongside the developing agendas through new support models such as peer support, enabling background support and risk enablement to empower, integrate and challenge expectations.

## Home Care

Herefordshire Council currently has 33 approved providers delivering commissioned care; these providers support around 750 customers at any one time and deliver just under 10,000 hours of care per week. The council spends around £10 m on home care services per year. Please note that demand for care services is subject to change and all performance data is available on the [Understanding Herefordshire](#) webpages.

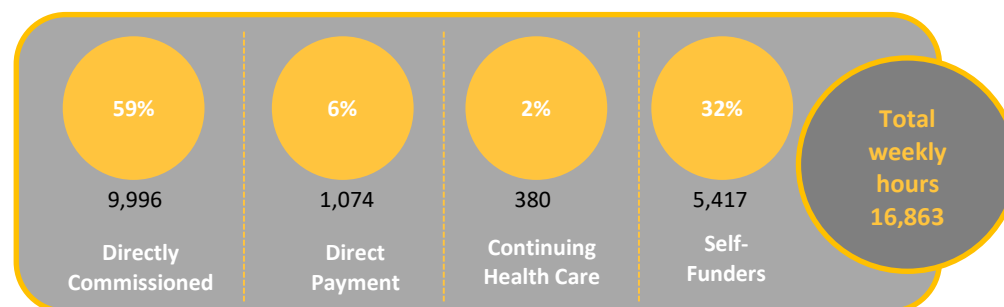
Providers support customers with a range of eligible assessed

needs. However, the majority of commissioned provision is in response to physical support needs and the associated need for assistance with personal care. The cohort of customers is predominately elderly with over 60% aged over 85 years of age.

**The table below** is derived from information collated from approved providers and confirms that council commissioned care equates to roughly 60% of the total services delivered.

Despite the county’s aging population, adult social care has managed to reduce the demand for domiciliary services despite a national increase of between 11% - 16%.

At the highest point in August 2017 the council commissioned 13,184 hours, at October 2019 this had reduced by 22% see diagram below.



The introduction of a strengths based approach to assessment, improvements in the information and advice service and the introduction of the Home First Service have all contributed to the reduction. However, the associated increase in the competition for commissioned packages has had a significant impact on the financial and operational viability of providers.

In spite of the challenges the sector faces packages are generally picked up in a timely manner, however, the length of delays does increase due to seasonal factors including school holiday and Christmas.

The majority of delays occur in rural areas including the Golden Valley, the south and the west of the county. The fees paid for rural care packages (locations outside a four mile radius of the city and market towns) were uplifted in 2019/20 by 20% to incentivise providers to deliver care in more rural areas.

The council's significant investment in the rural fee structure has been successful in keeping providers in the sector. However, the comparatively low numbers of customers and the difficulty developing and maintaining viable rounds of care calls results in delays in allocating packages.

The recruitment and retention of care workers is a challenge nationally furthermore, the issues are exacerbated at the local level by the reduction in the numbers of hours being commissioned and the higher costs of delivering care to a sparse and dispersed population: factors that combine to make rural packages economically unattractive for many providers.

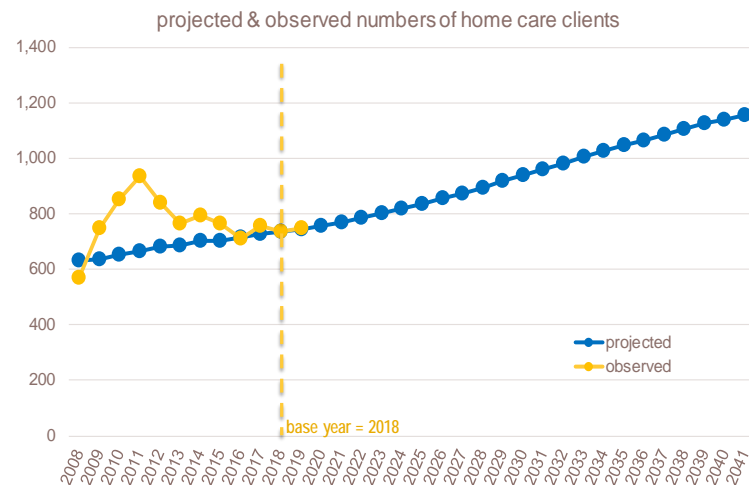
Over 70% of Providers deliver less than 300 hours a week. This is well below the commonly accepted threshold for viability of providers and it is difficult under the current model to assure the continued stability of the market and the sustainability & viability of providers.

As previously stated adult social care has helped Herefordshire buck the trend in demand for home care hours in recent years. However, the council's strategy of supporting as many people as possible to live at home for as long as possible suggests an increase in demand for home care as the council aims to reduce the use of residential care.

Further modelling suggests that in line with demographic changes similar to the care homes sector, demand will increase in line with projected increases please see graph below:

- 💡 Develop new locality based model(s) by PCN, only where appropriate
- 💡 Consolidate the number of providers per PCN to improve their operational and financial viability and reduce the environmental impact.
- 💡 Introduce a new service specification and terms and conditions.
- 💡 Work with the market to address the challenges of recruitment and retention by improving terms and conditions of the workforce.
- 💡 Work with providers to use technology to improve the outcomes for the individual and potential need for workforce.

The council plans to remodel home care delivery to align with the Primary Care Network localities structure. This will also offer opportunity to work collaboratively with health and partners to maximise community resilience and support people in their own homes.





## Learning disabilities

People with a learning disability have been mentioned throughout the document as they are a cohort who will stay in the system and need support for a number of years. Over the 20 year period between 2015 and 2035 it is estimated that the number of all age registered LD cases in Herefordshire will increase from 976 to 1,019, which represents a proportional rise of 4.4%. It is predicted that by 2035 the number of people living with a learning disability in the majority of age groups will increase, particularly in those aged 70 and over with a predicted rise of 36.7% for the 70–74 age group and 71.4% for the 75+ cohort. This reflects a general improvement in life expectancy for people with LD. Although the number of LD cases are predicted to rise over this 20 year period, the overall prevalence is predicted to fall, with the all age figure falling from 0.52 to 0.49% and the adult figure from 0.61 to 0.57%.

The council reports measures including the proportion of adults with a learning disability who live in their own home or with family below which as you can see Herefordshire bench mark is low in comparison to the region and England as a total. This indicates that Herefordshire places too many individuals into a residential care home setting.

Year	Herefordshire Score	Applicable Service Users	Total Service Users	West Midlands Region	England
2018-19	71.2	366	514	72.4	77.4
2017-18	66.4	336	506	72.3	77.2
2016-17	58.0	-	-	70.3	76.2
2015-16	58.0	-	-	67.9	75.4
2014-15	60.2	310	515	62.6	73.3

Similarly the proportion of adults with a learning disability in paid employment is below the region average and that of England as a whole.

Year	Herefordshire Score	Applicable Service Users	Total Service Users	West Midlands Region	England
2018-19	4.3	22	514	4.3	5.9
2017-18	3.4	17	506	4.3	6.0
2016-17	2.9	-	-	4.2	5.7
2015-16	11.3	-	-	4.5	5.8
2014-15	6	30	515	4.3	6.0

It is recognised that in order to provide the right support, work needs to be done early on in a person's life and adult social care are working closely with the Children and Families Directorate to help those who will transition into adult services ensuring that the strength based approach is implemented expectations about life outcomes are raised, with easier routes into employment support.

## Autism

The Council and CCG have produced an [All Age Autism strategy 2019-2022 for Herefordshire - Think Autism](#)

It is estimated that more than half a million people in England have autism. This is equivalent to more than one per cent of the population and similar to the number of people that have dementia. Historically, four times as many males as females are diagnosed with autism, however this is being challenged and it is thought that this ratio could be as little as 2:1 It is the statutory duty of Herefordshire Council and Herefordshire Clinical Commissioning Group, through the Health and Wellbeing Board, to produce a joint

strategic needs assessment (JSNA) of the health and social care needs of the local area.

Herefordshire captures limited data in relation to people with autism, this is indicative of a wider national issue. This is due to a number of reasons:-

- There is currently no national driver to capture this data, but indicators from the department of health suggest this will change in the near future.
- Not all people with autism are known to the council, as they do not seek support from the council or have eligible adult social care needs.
- Autism is often not the primary diagnosis within social care and so the council will not record the prevalence of autism in a reportable format.
- General Practitioners (GP) surgeries operate a system where the diagnosis of autism is captured on the patient record, but only 0.4% of patients are captured (where we know the national average is 1%).
- There is a low diagnosis rate in Herefordshire compared to the national average. The diagnosis rate in Children in Herefordshire is 0.81% of the population, in comparison to the national average of 1% of the population.

There is currently no overall register of adults on the autism spectrum in the county. The National Autistic Society has published estimates of the prevalence of autism in the UK which note that although the figures for the prevalence of autism cannot be precisely fixed, it appears that a rate of around 1 in 100 is a best estimate of the prevalence in children.

A prevalence rate of around 1% would mean that the number of people with autism in Herefordshire can be estimated at around 1,860 including approximately 380 children age 0-18. This though is only an estimate. Accurate figures have continued to be difficult to source and it is one of the ambitions of this

strategy to engage with various health professionals across the county to enable an accurate and reliable figure of the incidence and geographic location of the autistic population of Herefordshire.

## Transition into Adults Services

The council recognises the challenge of those young people transitioning into adult services and further work to align practice and market management will be a focus for adult social care along with the all ages commissioning agenda which will be a key development over the next few years.

- 💡 Work with children and young people who will transition into adult services, creating alternative pathways and cost effective solutions.
- 💡 Reduce the need for residential setting and support people into alternative accommodation with a focus on security of tenure and independence.
- 💡 Develop a pathway and support people who want to and can into employment in partnership with universal services.

## Self-funders

Self-funders represent a significant influence in markets across the county. The council is undertaking work to map and understand self-funder demand and choices more fully and whether they have the information needed to make informed decisions. This will be a key focus for the Talk Community work, ensuring people have the right advice and support to make informed decisions for themselves or their family/friend. The council brokerage function will be enhanced to improve the support available to self-funders across the county.







## 6. Commissioning in Communities

The council with a wide range of public, voluntary and community sector partners launched a new Suicide Prevention Strategy in 2019 and has finalised an initial action plan. The Strategy focuses on community based prevention and support, working with the media, peer led bereavement support and improving data and understanding about suicide and self-harm.

Through Talk Community, Herefordshire Council is committed to promoting positive mental wellbeing through communities and establish effective, volunteer led support for people with emerging and moderate needs in communities. There will be a key focus on self-care and mutual/peer support. This will complement wider work promoting community inclusion and new services supporting people in crisis.

### **Integrated Community Equipment Store (ICES)**

Community equipment loan services are jointly commissioned with Herefordshire NHS CCG. The council is the lead commissioner. Community equipment services have now been recommissioned, with a new contract to begin in April 2020.

The council commissions a comprehensive service including equipment for children and under Continuing Health Care (CHC) to meet complex health needs. There is an absolute commitment to high quality logistics and optimising recycling, with a focus on whole life cost of equipment.

The council will be innovating in the way in which it uses technology to promote wellbeing in the community and support independence and protect vulnerable people. This will inevitably see some change in the nature of equipment prescribed and the way it is used. There may be opportunities over time to develop services which are complementary or parallel to community

equipment, including; continence, services, wheelchair services and others. The council is seeking continuing innovation to improve the customer experience and whole life costs, along with ways of delivering social value.

### **Community Safety**

The council provides a strategic leadership across key community safety priorities and commissions services in relation to;

- Domestic abuse
- Refugee resettlement
- Asylum
- Substance misuse
- Hate crime
- Anti-social behaviour

Increasingly, Community Safety Commissioning Strategy will be developed in the context of the Talk Community initiative and through the Talk Community safety and cohesion programme. This will involve raising awareness of community safety issues among communities and finding new community based approaches, linking with schools, children's centres and Talk Community Hubs. In doing so it will deliver some of the outcomes set in both the Learning Disability and the Autism Strategies. Priorities developed through local co-production and community engagement will include hate crime, antisocial behaviour, domestic abuse and suicide prevention.

In 2019, the council has published new whole system strategies for domestic abuse and suicide prevention. The council is unlikely to invest directly in brand new community safety services but will continue to maximise external funding opportunities and recommission existing services in due course. There may be new procurement opportunities relating to refugee resettlement during for first half of 2020. Services

procured will follow a strengths based approach, optimising independence of refugee families on a tapering basis.

## Carers

A Joint Strategy for Carers was co-produced and published in 2017, aligned to a substantial redesign of services for carers. This identified a number of priority areas including information and signposting, self-help and mutual support, universal services, and valuing the skills and knowledge of carers. The implementation of the Strategy is now being reviewed.

A new form of service for carers was mobilised in April 2019 on a five year contract based upon a locality delivery model, promoting a strengths based approach through time limited support and planning with individual carers. The assessment and support planning pathway for carers is currently being reviewed and the council is adopting the Adult Directors Association Social Services (ADASS) regional carers' scorecard approach.

Substantial engagement is underway with carers and other key stakeholders to understand what the priorities are for carers now to revise the Carers Strategy from 2021. This will include reviewing the impact on carers due to the COVID pandemic.

The council continues to arrange and purchase replacement care for a range of user groups which provides benefit for unpaid carers.

## Advocacy

The council currently commissions all statutory advocacy services for adults from a single provider in one contract, including IMCA, IMHA, Care Act, NHS complaints and DOLS RPR and other roles. Advocacy for children and families is commissioned separately.

Herefordshire has experienced significant growth in demand for DOLS related advocacy in particular and continues to monitor demand and capacity locally. . Advocacy services will be required to change as a result of the new legislative framework for Liberty Protection Safeguards (LPS) and the anticipated changes to the role of the Independent Mental Health Advocate following the review of the Mental Health Act. The impact of these legislative changes will require consideration of some investment in capacity and redesign of delivery models in the recommissioning of services from 2021.

- 💡 Develop the technology enabled living model.
- 💡 Focus on LPS framework and advocacy support.
- 💡 Working with communities to increase support for carers.
- 💡 Linking the work with community safety and Talk Community to ensure safe and inclusive communities.
- 💡 Working with employers to improve support for carers.

## Mental Health

The council is reviewing mental health needs and models of delivery. It will put particular emphasis on whole population mental wellbeing, preventing crisis and the role of communities in supporting people with emerging and moderate mental health needs.

This is a time of significant development for mental health support, with much national attention, leading to;

- Significant focus within the NHS 10 year plan
- A new mental health concordat, directed towards prevention
- New investment and redesign of community based mental health services.

In addition, in April 2020 NHS mental health and learning disability services has transferred from Gloucestershire Health and Care NHS Foundation Trust (formerly 2gether Trust) to Worcestershire Health and Care Trust. The council will be working with partners at STP level to manage and support this change.

A review and refresh of the all age mental health needs assessment will be completed in 2021, focusing on prevention, mental wellbeing and the role of communities. An STP mental health strategy will also be finalised during 2021, in partnership with NHS partners.

Herefordshire is one of 12 pilot sites for the investment in and redesign of community mental health services in the NHS. Extensive engagement and consultation is underway to develop ideas for services which are more consistent and responsive and provide continuity and flexibility for people with enduring needs.

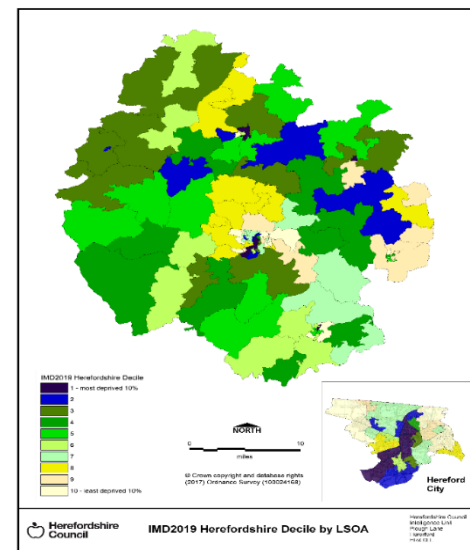
## Prevention and wellbeing

Ensuring “wellbeing in all council decisions” and “wellbeing in all commissioning” are key for the council: this will include working with providers to support the health and wellbeing of the wider public as well as the people for whom services are provided. Communities will also have a part to play in supporting people to be healthy and the council is committed to improving health and mental wellbeing and reducing health inequalities.

Preventing ill-health, putting in place early interventions and supporting people who need additional help will be a focus for the council and will be reflected in all tender proposals, together with a need to demonstrate social value – which should respond to local community needs.

Population health information indicates that Herefordshire is in line with the national England average for preventable mortality (for adults aged under 75) related to the following preventable diseases:

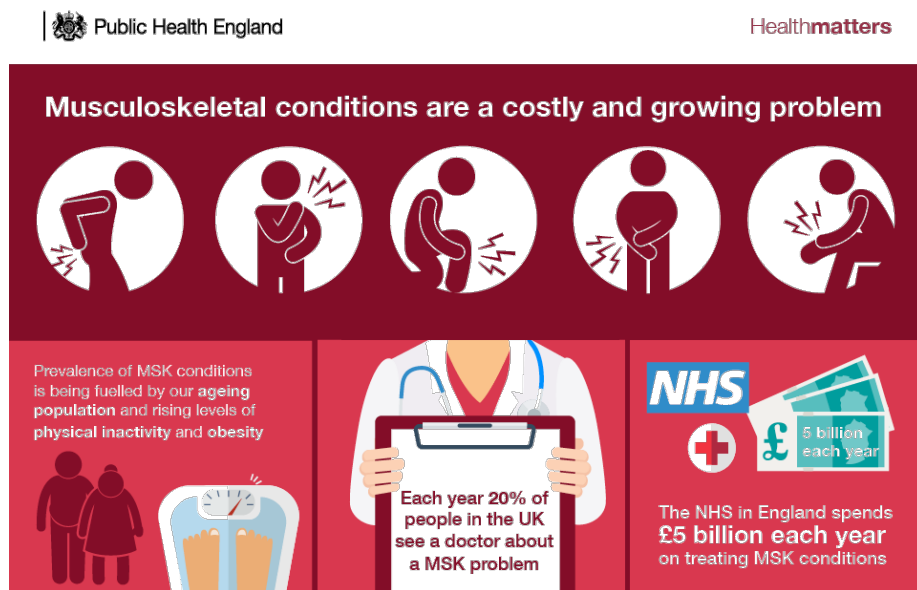
- Coronary Heart Disease (male and female)
- Cancer (male and female)
- Liver disease (male and female)
- Respiratory disease (male and female)



However, we aspire to achieving more to reduce premature mortality and also to enable our residents to live a longer life and have a better quality of life.

There is much that we can do collectively to achieve this, including specialist programmes, training and resources, but it will also need to include Provider services ensuring that access to screening and immunisation programmes are made available and accessible to clients and that clients and families are aware of what is available locally to improve health and wellbeing.

An example of this is of musculoskeletal conditions and the impact of falls on the health of individuals, as well as the impact on providers (see infographic below).



## Falls

In 2017, over 12,000 older people in Herefordshire experienced a fall, with the number expected to rise by 19% by 2025 to around 14,500 and to over 18,100 by 2035. Falling can have serious consequences, especially among older people. It can result in a fracture, admission to hospital, disability, and admission to a residential or nursing home. Falls prevention forms part of the England priority of productive healthy ageing, and should continue to be a priority for Herefordshire.

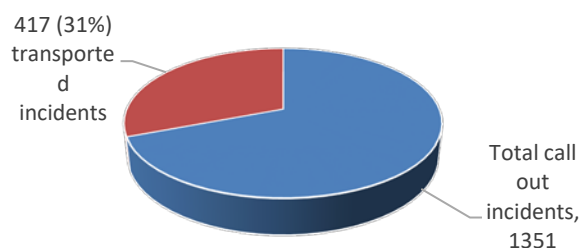
Falls can often occur at home and go unreported but it is estimated that approximately one third of adults over 65 fall each year (NICE, 2018) and that approximately 95% of hip fractures in over 65s are a result of a fall (CDC, 2017). In Herefordshire, the population of older adults aged 65 and over in 2018 was 46,625 (PHE, 2018), and in this same year approximately 114 people aged 65 and over were admitted to hospital with a hip fracture; this follows on from a consistent trend of previous years. Osteoporosis is associated with changes in balance and physical performance and has psychosocial consequences which increase the risk of falling and the risk of sustaining a neck or femur/hip fracture. Data from the Quality Outcomes Framework (QOF) demonstrates that the rate of osteoporosis amongst adults aged 50 and over in the year 2018/19 in Herefordshire was 871 per 100,000 - which is worse than the national benchmark. More should be done to target and improve management of this preventable risk factor for fragility fractures. Multiple medications is also a risk factor for falls in older adults, and according to the GP Patient Survey 2018 for Herefordshire CCG, 34% of over 65s are on 5 or more regular medications. This highlights the opportunity for effective case-finding of patients and appropriate medicines management for patients at risk of a fall.



## West Midlands Ambulance Service (WMAS) falls activity

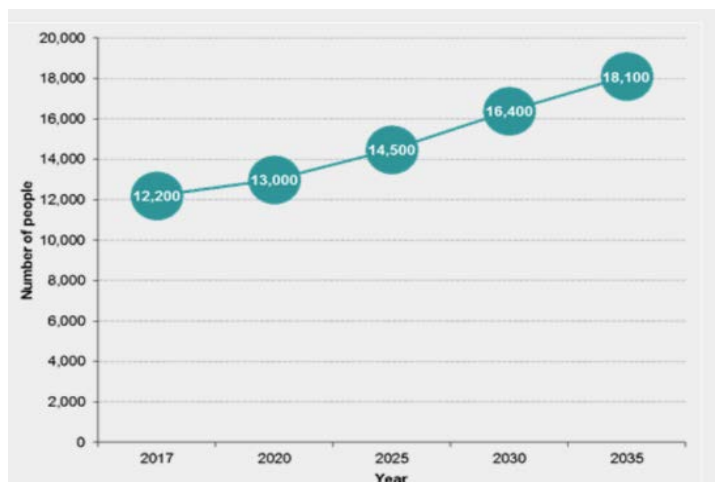
Falls account for around 40% of all ambulance call-outs to the homes of people over 65 nationally. In Herefordshire CCG, WMAS activity data shows that in 2018-19, of those 1351 older adults aged 65 and over who were attended by an ambulance following a fall, 31% were transported to A&E.

### Total volume of WMAS call-out incidents and volume of transported incidents (%) for falls in adults aged 65 and over in Herefordshire 2018-2019.



### Estimated number of people aged 65 and over predicted to have a fall in Herefordshire 2017 to 2035

*(Prepared by Joint Strategic Needs Assessment Herefordshire, data source; Institute of Public Care. Projecting Older People Population Information (POPPI) System)*



- 💡 Prevent falls and improve access to falls prevention and management services, including digital solutions.
- 💡 Reduce obesity and improve dental health.
- 💡 Focus on workplace health to improve adult health and mental wellbeing will impact on healthy ageing.
- 💡 Health protection measures to increase screening and immunisation across settings are a priority.
- 💡 Inter-generational approach to service delivery/community-led approaches.
- 💡 Target resources to deprivation areas to support demand management.
- 💡 Use the health and wellbeing survey with children and young people to inform future commissioning intentions.
- 💡 Development of resources and tools to support the shared agenda's e.g. Reasonable Adjustments through MECC+, working with Healthwatch and providers.

The council takes a life-course approach across children and families, adults and communities, the economy and places where people live, so all prevention and wellbeing action includes planning, services for families, schools and colleges and links directly with the Talk Community approach.

## Workforce

The adult social care workforce is growing. Across England it has increased by 21% since 2009, and in the West Midlands region, by 9% since 2012. In 2017 the adult social care sector in England had an estimated 21,200 organisations, 41,000 care providing locations and 1.6 million jobs. In Herefordshire there were an estimated 6,300 jobs in adult social care split between local authorities (5%), independent sector providers (84%) and jobs for direct payment recipients (11%). As at March 2020 Herefordshire contained 143 CQC regulated services; of these, 87 were residential and 56 were non-residential services.

If the workforce grows proportionally to the projected number of people aged 65 and over then the number of adult social care jobs in the West Midlands region will increase by 35% (from 170,000 to 229,000 jobs) by 2035. Skills for Care produce workforce forecasts at a local level.

Skills for Care estimates that the turnover rate in Herefordshire was 38.4%, higher than the region average of 29.5% and higher than the England average at 30.70%. Not all turnover results in workers leaving the sector, nearly two thirds (61%) of those recruited came from within the adult social care sector; therefore, although employers need to recruit to these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Herefordshire had on average 8.3 years of experience in the sector and 68% of the workforce had been working in the sector for at least three years.

The council and partners have worked together to promote the care sector particularly through the 'care hero' brand and this will continue to build upon a strong relationship with the market to improve terms and conditions for the workforce.

[www.careheroes.co.uk](http://www.careheroes.co.uk)



The ageing demographics highlighted in the maps at the beginning of this document also highlight the potential issues with an ageing workforce and therefore this is considered a priority for the council and providers.

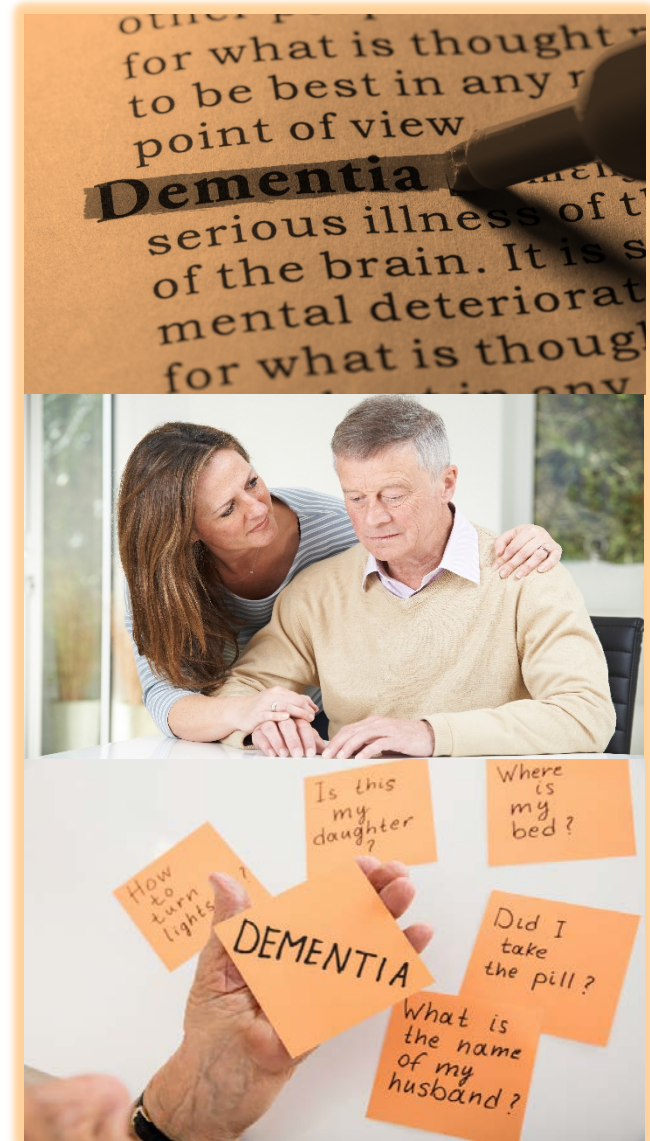
## Dementia

Herefordshire and Worcestershire STP have approved and implemented a [Herefordshire and Worcestershire Living Well with Dementia Strategy](#) (HWLWD) which aims for people to live well with dementia based on the following areas:



Local diagnosis rates are at 58.9% which is under the national target of 67%. This can be for many reasons and the strategy incorporates a plan to tackle this and ensure support is available for the individual and wider support network.

Due to the ageing population, dementia will continue to rise and therefore it has to be a priority for awareness raising and support to Providers and communities to help support all those affected by dementia so they can live well with dementia. This will be a focus area for commissioners across all areas.







## 7. Quality

Care homes as well as commissioned services such as home care; supported living and community activity providers receive a quality assurance visit annually from the quality and improvement team.

The council considers its approach to improving quality one of support to of all these services.

Herefordshire Council has an established joint Quality Assurance Framework (QAF) which sets out how the Council will support continuous improvements for all working age adult commissioned services. Our aim is to ensure people get the service they deserve through:

**Collaboration:** using a wide range of skills of stakeholders and partners to support with training, best practice benchmarking, guidance and joint initiatives and involvement of everyone in continuous improvement.

**Communication:** to establish common shared aims and objectives, clearly defined and aligned processes and agreed timeframes for improvement. Using all feedback to measure progress to drive quality.

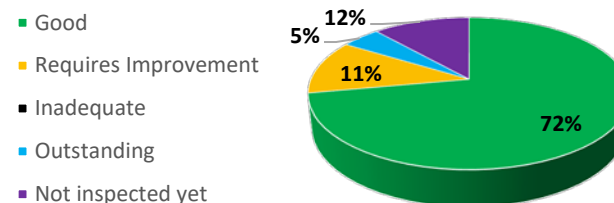
**Consideration:** supporting improvements through evidence based practice and recognising the diverse range of providers, many of which are small, “home grown” and do not have the back office services that a multi-national organisation may have.

**Challenge:** the thinking and perceptions of stakeholders. Support to build strengths and use the feedback to drive innovation and new approaches.

Unregulated services such as day opportunities are subjected to quarterly contract compliance meetings as well as the work with registered CQC services.

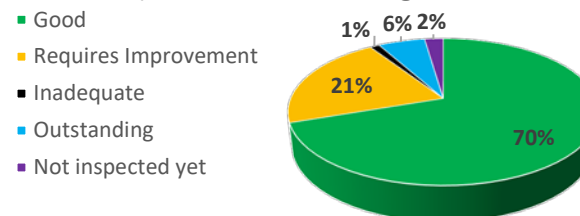
The following data pie charts are an illustration of the current quality of services within Herefordshire:-

Herefordshire CQC Inspection Rating  
(Home Care - as of 31<sup>st</sup> May 2020)



Source: CQC Ratings data September 2019

Herefordshire CQC Inspection Rating  
(Residential & Nursing as of 31<sup>st</sup> May 2020)



- 💡 Train and support providers to improve quality, leading to improved recruitment and retention of the wider workforce.
- 💡 Improve dementia support and awareness to carers, providers and communities.
- 💡 Build upon the ‘care hero’ local brand.
- 💡 Improve the quality across the health and social care market.



## 8. How well is the council doing?

Herefordshire council continues to do well with the views of those in receipt of care and support considering its reducing budgets and increasing complexities of care.

The below survey which is completed annually demonstrates improvements in customers views of the service and support they have received.



Adult Social Care Survey		2017/18 Indicator	2018/19 Indicator	Trend
(1A)	Social care-related quality of life. It is a composite measure using responses to survey questions covering the eight domains identified in the ASCOF; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.	19.8	19.8	→
(1B)	The proportion of people who use services who have control over their daily life.	81.0%	83.0%	↑
(111)	The proportion of people who use services who reported that they had as much social contact as they would like.	53.0%	54.7%	↑
(3A)	Overall satisfaction of people who use service with their care and support.	72.0%	73.1%	↑
(3D1)	The proportion of people who use services who find it easy to find information about services.	69.0%	72.2%	↑
(4B)	The proportion of people who use services who say that those services have made them feel safe and secure.	85.9%	87.7%	↑

The council will need to consider how it captures the wider views of individuals through models such as Talk Community hubs and through quality and compliance team contract and quality visits.

The voice of residents and the wider workforce will be key to capture for future design principles and delivery in all commissioning reviews and redesigns. Working with our local Healthwatch will be an integral approach in ensuring peoples voices are heard in the development of services.





## 9. Commissioning Intentions

Intention	Why	How
<p>1. Demand management through strength based approach and developing models and services that will support the principle that “home and/or family can be best”.</p>	<ul style="list-style-type: none"> <li>▪ Some of the more complex demand comes through the transition cohort, therefore an all ages approach to strength based is essential.</li> <li>▪ People want to be able to remain in their own home.</li> <li>▪ Supporting people to remain at home and independent is a corporate objective.</li> <li>▪ The projected increase in care home placements is unrealistic and not sustainable, targeted work to reduce this demand will be co-ordinated moving forward and will form commissioning and operational approaches.</li> <li>▪ Care at home providers need to consolidate to give volume and ensure future viability.</li> <li>▪ Most children and young people are best supported to achieve good outcomes in stable family environments.</li> <li>▪ Herefordshire has higher rates of looked after children and care leavers compared to its statistical neighbours, which impacts on outcomes and is not sustainable.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Deregister residential homes where appropriate.</li> <li>▪ Support homes to change model and approach such as moving to a nursing model.</li> <li>▪ Support the development of a council Accommodation Strategy.</li> <li>▪ Reconfigure and reduce the number of care at home providers.</li> <li>▪ Consider potential in-house infrastructure of staff to support improving resilience against the sector.</li> <li>▪ Implement a new Early Help strategy for children and families that further develops community resources and commissioned services.</li> <li>▪ Implement Signs of Safety, a new strengths based practice model across children’s social care, partner agencies and service providers.</li> <li>▪ Invest in targeted support for children who are on the edge of looked after care or reunification home.</li> </ul>

Intention	Why	How
<p>2. Create a versatile, cost effective and sustainable market at a Primary Care Network (PCN) level.</p>	<ul style="list-style-type: none"> <li>▪ Herefordshire does not have high volumes to commission services for, therefore Providers need to diversify where appropriate to order to remain viable.</li> <li>▪ The council is scoping its role within the market and is considering insourcing some services where the market cannot respond to need delivering cost effective, good quality solutions.</li> <li>▪ Primary care networks reflect areas of different needs, deprivation and local assets so provide good focus for targeted service design and commissioning.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The council to review options on delivering in house care and support provision.</li> <li>▪ Work closer with health to develop local response at PCN level to ensure anticipatory care management.</li> </ul>
<p>3. Increase and improve services that support people with complex needs or challenging behaviour, including those with dementia, LD and/or autism or personality disorders or histories of substance use and homelessness.</p>	<ul style="list-style-type: none"> <li>▪ Cohorts of people with these needs are amongst the most vulnerable and effective whole system collaboration is required to deliver appropriate accommodation, support and independence.</li> <li>▪ Herefordshire has low numbers and therefore it can be difficult to commission specialist services.</li> <li>▪ Those presenting with behaviours that challenge can cost the most and take the most time to find appropriate support.</li> <li>▪ Herefordshire has a high self-funding population, and the market is responsive to their needs compared to those with more complex needs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaborate with CCG, children services and cross border authorities to develop the provider market.</li> <li>▪ Develop a complex support framework.</li> <li>▪ Develop a training offer with providers and communities.</li> <li>▪ Identify adults at high risk of harm and develop improved pathways with health and criminal justice partners.</li> <li>▪ Ensure built environments match the needs, through the Accommodation Strategy.</li> <li>▪ Increase local capacity to provide appropriate fostering and residential accommodation for looked after children in line with the <u>placement sufficiency strategy</u>.</li> <li>▪ Continue to improve that transition from childhood to adulthood for young people with complex needs.</li> <li>▪ The council will build its own care home bedded provision.</li> </ul>

Intention	Why	How
4. Enhanced support for those who fund their own care.	<ul style="list-style-type: none"> <li>▪ Herefordshire has a high number of those who self-fund their own care. In many cases these individuals do not access social care support and may make decisions based on limited and complex information during a time of crisis. The council has a duty to support the whole market, and in some cases can also broker their support.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Greater support, information and advice for self-funders.</li> <li>▪ Develop and enhance broker support to those who self-fund.</li> <li>▪ Enhance anticipatory care planning at PCN level.</li> <li>▪ Access to a retail portal for community equipment for self-funders, including local suppliers.</li> <li>▪ Utilising technology more effectively.</li> </ul>
5. Work across health, children and young people as well as adult services to integrate our commissioning and market management approach where appropriate.	<ul style="list-style-type: none"> <li>▪ Herefordshire has a limited market but one which with the right support could diversify and align itself to a strength based model. We need to work together to make best use of resources.</li> <li>▪ Population needs often reflect lifelong pathways, requiring support and infrastructure to be designed to achieve seamless, integration and economy.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Jointly commission/fund where appropriate.</li> <li>▪ Improve the links with the transition cohort to start early planning.</li> <li>▪ Joint provider meetings.</li> <li>▪ Link in with stakeholders to discuss potential for joined up procurement.</li> <li>▪ Review and develop the falls services across the county.</li> <li>▪ New transition pathways for cohorts of people vulnerable to exploitation.</li> </ul>
6. Develop and design early help prevention and community services.	<ul style="list-style-type: none"> <li>▪ A key strategic focus as a system is on prevention services to prevent the need for formal, expensive services and keep people well and independent for longer.</li> <li>▪ Response to flooding and Covid19 emergencies has further invigorated community spirit and volunteering. It has also illustrated new challenges and innovative solutions.</li> <li>▪ Talk Community provides comprehensive opportunities to engage with and deploy rich local resources of volunteering, healthy lifestyles and community participation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Further development of Talk Community and linking with the voluntary sector to support at a local level.</li> <li>▪ Invest in infrastructure to support voluntary and community sectors and training for community leaders and volunteers.</li> <li>▪ Focus commissioned services around emerging community networks and hubs.</li> <li>▪ Support community diversity and cohesion through migration programmes, promoting community participation and tackling hate crime.</li> <li>▪ Continue to develop the WISH online signposting and information offer and wider developments. Support and promote programmes of local</li> </ul>

Intention	Why	How
		<p>champions in domestic abuse, mental health and community cohesion.</p> <ul style="list-style-type: none"> <li>▪ Continue and extend the use of community equipment services to prevent hospital admission.</li> </ul>
<p>7. Promote and improve mental wellbeing and embed it in design of all services.</p>	<ul style="list-style-type: none"> <li>▪ Emerging and moderate mental health need is a rapidly growing challenge for local populations across all ages and for public services. There is both need and opportunity to promote mental wellbeing in a preventative way through local communities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implement and update Herefordshire's children and young people's mental health transformation plan incorporating the new mental health team for schools and new Mental Health Support Teams in schools.</li> <li>▪ Help ensure availability and best use of resources to support people with mental health needs.</li> <li>▪ Support and help design the Talk Community mental wellbeing offer including training for volunteers and organisations, local champions and improved signposting and advice.</li> <li>▪ Ensure support is available such healthy lifestyles. Help promote wider and earlier take up of healthy lifestyles through commissioned services, through partnerships with leisure services, PCNs and linking with Talk Community business initiative.</li> <li>▪ Work with partners to improve needs data and pathways relating to self-harm.</li> <li>▪ Support and influence the NHS transformation of community mental health services in Herefordshire, including the role of voluntary and community groups in providing non therapeutic services.</li> <li>▪ Implement suicide prevention strategy including real-time reporting, improved bereavement support and a focus on men and farming communities.</li> </ul>

Intention	Why	How
<p>8. Support and develop the health, family support and social care workforce.</p>	<ul style="list-style-type: none"> <li>▪ Workforce pressures are one of the highest risk areas for Adults and Communities. Quality and choice are substantially affect the service people receive.</li> <li>▪ Recruitment and retention in the market needs to be targeted to at least ensure that they are trained to a high standard and have the right values to work in social care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Enhance the training offer for the workforce.</li> <li>▪ Social value to be added to all contract and procurement processes.</li> <li>▪ Develop contracts to support workforce and improve quality.</li> <li>▪ Support initiatives promoting the mental wellbeing of council and wider sector workforces, including linking with Care Heroes and Talk Community business.</li> </ul>
<p>9. Embed technology where it delivers benefits across pathways and services.</p>	<ul style="list-style-type: none"> <li>▪ Pressure in the workforce market and rurality issues present opportunities to use technology in a creative and innovative way.</li> <li>▪ Improved outcomes for people.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop and implement technology strategy.</li> <li>▪ Pilot the use of technology to inform commissioning models.</li> <li>▪ Develop a comprehensive Technology Enabled Living (TEL) service design to be proactive and predictive.</li> <li>▪ Embed technology in all service specifications and monitoring where appropriate.</li> <li>▪ Developing technology across our in-house services.</li> </ul>
<p>10. Promote an inclusive customer focus to ensure fair access to services.</p>	<ul style="list-style-type: none"> <li>▪ It is fundamental that individuals are at the heart of all activities and services. The council will work to ensure vulnerable people such as those with a learning disability and/or autism have equal access to services.</li> <li>▪ Our ageing population will have increased mobility issues. Design and decisions will need to be taken into account.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promote employment and training opportunities for care leavers and young people with special educational needs and disabilities.</li> <li>▪ Increase access for people with a learning disability into work and volunteer opportunities.</li> <li>▪ Support local businesses to employ and support vulnerable adults.</li> <li>▪ Business support for providers to help them make reasonable adjustments.</li> <li>▪ Commissioning decisions and service designs are co-produced with people.</li> <li>▪ Improve feedback from residents to help inform services.</li> </ul>

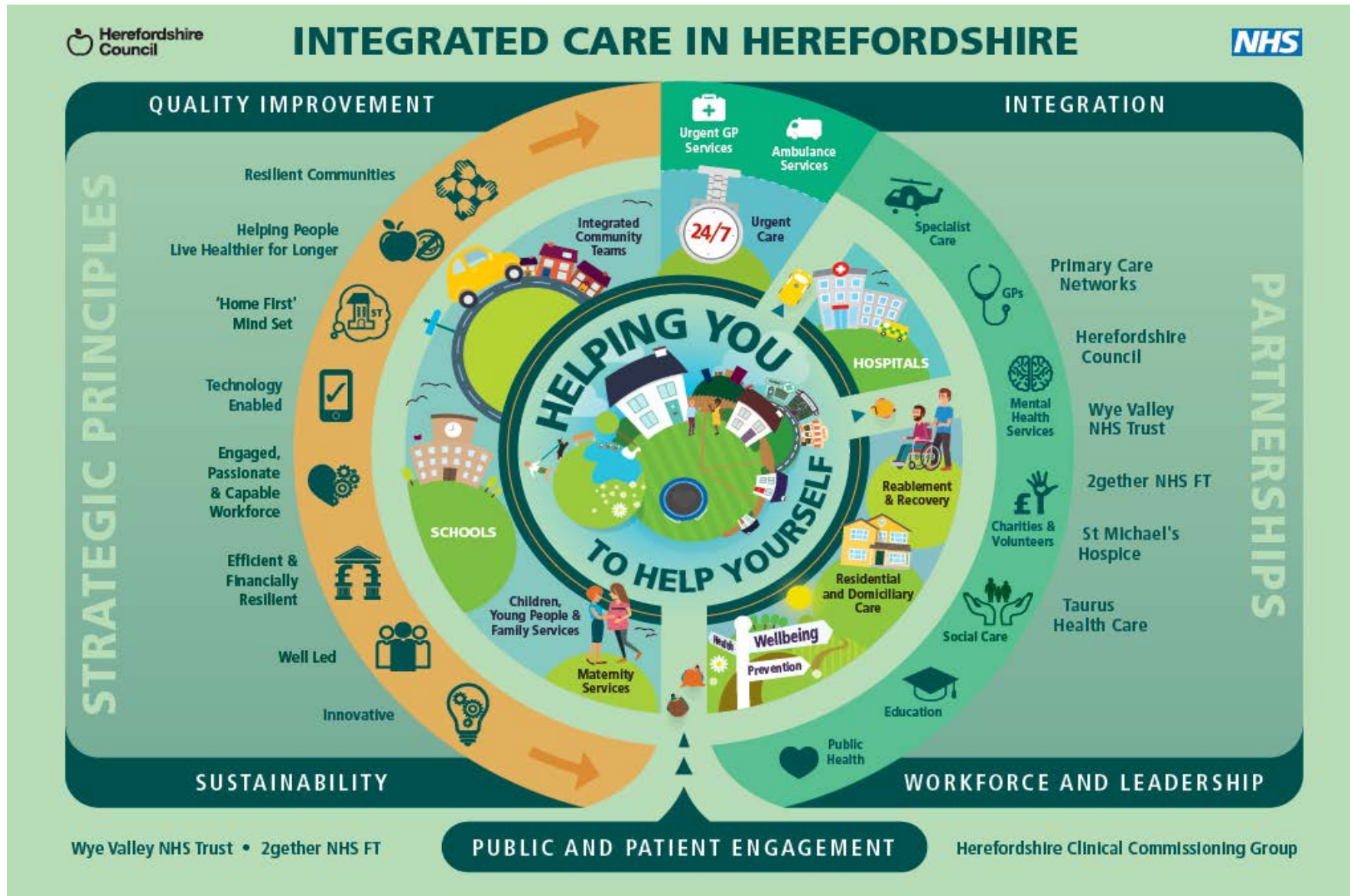


Intention	Why	How
<p>11. Significant development of accommodation and support to dramatically reduce homelessness in Herefordshire and ensure pathways to safe housing and independence for vulnerable people including care leavers, ex-offenders and others.</p>	<ul style="list-style-type: none"> <li>▪ A secure and appropriate home is essential for wellbeing and some vulnerable groups face significant barriers to safe and independent living. Targeted support is essential to engage landlords in helping to prevent homelessness.</li> <li>▪ The Covid-19 emergency has provided stimulus and opportunity for an ambitious approach to resolving local homelessness through multi agency partnership working.</li> <li>▪ There is an insufficiency of local providers of good quality and economic supported accommodation for vulnerable young people and ex-offenders.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Comprehensive analysis of need to support personalised pathways out of homelessness through targeted support, encompassing No 2nd Night Out principles.</li> <li>▪ Establish a continuing pipeline of sustainable homes for homeless people following a Housing First model.</li> <li>▪ Establish a local framework for support and accommodation of care leavers and vulnerable young people.</li> <li>▪ Continue strategic commissioning of new accommodation and support services for care leavers and 16 plus LAC and find new affordable housing solutions for ex-offenders.</li> </ul>
<p>12. Design and recommission services in partnership to meet new legislative and policy changes relating to domestic abuse, advocacy, homelessness and refugees resettlement.</p>	<ul style="list-style-type: none"> <li>▪ Domestic Abuse Bill to be in force from April 2021.</li> <li>▪ Everyone in and next steps accommodation programme 2020-23 from MHCLG.</li> <li>▪ Introduction of Liberty Protection Safeguards from April 2022.</li> <li>▪ Revision of the Mental Health Act.</li> <li>▪ Review and update of refugee resettlement programmes.</li> </ul>	<ul style="list-style-type: none"> <li>▪ New partnership arrangements, new perpetrator programmes and enhanced accommodation provision around domestic abuse.</li> <li>▪ New accommodation pipeline, emergency and transitional support for homeless people.</li> <li>▪ Recommissioned and extended IMCA advocacy including new LPS role and IMHA advocacy.</li> <li>▪ New four year programme of refugee resettlement and commissioning of support services.</li> </ul>



# Commissioning Cycle





## Glossary

<b>ADASS</b>	Association of Directors of Adult Social Care
<b>ACD</b>	Adults and Communities Directorate
<b>AWD</b>	Adults' Wellbeing Directorate
<b>BCF</b>	Better Care Fund
<b>CFD</b>	Children and Families Directorate
<b>CHC</b>	Continuing Health Care
<b>CQC</b>	Care Quality Commission
<b>DOLS</b>	Deprivation of Liberty
<b>DPs</b>	Direct Payments
<b>DToC</b>	Delayed Transfers of Care
<b>HCCG</b>	Herefordshire Clinical Commissioning Group
<b>ICES</b>	Integrated Community Equipment Store
<b>IMCA</b>	Independent Mental Capacity Advocacy
<b>IMHA</b>	Independent Mental Health Advocacy
<b>LD</b>	Learning Disability
<b>LGA</b>	The Local Government Association
<b>LPS</b>	Liberty Protection Safeguards
<b>MECC</b>	Making Every Contact Count
<b>MPS</b>	Market Position Statement
<b>NHS</b>	National Health Service
<b>PCN</b>	Primary Care Networks
<b>RPR</b>	Relevant Person's Representative
<b>STP</b>	Sustainability Transformation Partnerships