

MAIN REPORT

1. Officer Recommendations

1.1. The committee is requested to consider the report and note progress

2. Purpose of the Report

2.1. This report provides an overview of current arrangements for the provision of home care services in Herefordshire, the challenges and opportunities in the Market and proposals to further develop services over the next 2 years.

2.2. The report also outlines current arrangements to support the discharge of patients from hospital and plans to improve processes and drive efficiencies and improved outcomes within the model of delivery.

2.3. The report furthermore provides an overview of the current Shared Lives service and the work currently underway with Shared Lives Plus to further develop services.

3. Legislative Framework/Introduction

3.1. The Care Act 2014 sets out the duty for Local Authorities to meet eligible care and support needs. It is up to the Local Authority to determine the method most appropriate to meet the needs of individuals which could include:

- a. The local authority directly providing or commissioning some type of support
- b. The local authority making a direct payment, which enables the person to purchase their own care and support
- c. A combination of the above

3.2. Types of services that may be used to meet eligible care needs include:

- a. accommodation in a care home or in premises of some other type;
- b. care and support at home or in the community;
- c. counselling and other types of social work;
- d. goods and facilities;
- e. information, advice and advocacy

3.3. The Care Act 2014 also places a duty on local authorities to “facilitate and shape their market for adult care and support as a whole... to influence and drive the pace of change for their whole market”. The local authority should proactively work to enable a “sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support”.

3.4. The Health and Care Act 2022 revoked previous requirements under the Care Act 2014 for local authorities to carry out long-term health and care need assessments before a patient is discharged from hospital. The Act also introduced a new duty for NHS trusts and foundation trusts to involve patients and carers (including young carers) in discharge planning as soon as is feasible after the trust begins making any plans for discharge. The Hospital Discharge and Community Support Guidance (updated 1 July 2022) sets out how NHS bodies and local authorities can plan and deliver hospital discharge and recovery services from acute and community hospital settings that are affordable within existing budgets available. Whilst not a requirement there is an expectation that system partners implement a discharge to assess, home first approach to hospital discharge,

where the vast majority of people are expected to go home (to their usual place of residence) following discharge. The discharge to assess model is built on evidence that the most effective way to support people is to ensure they are discharged safely when they are clinically ready, with timely and appropriate recovery support if needed. An assessment of longer-term or end of life care needs should take place once they have reached a point of recovery, where it is possible to make an accurate assessment of their longer-term needs.

4. Home Care

Background

- 4.1. Home care services provide a fundamental component of a range of services to support people with care and support needs to remain safely in their own homes. Home support services can include help with personal care tasks such as washing or bathing, getting dressed or going to the toilet; reminders and help with taking medication; help with activities for daily living such as cleaning, meal preparation or laundry; and helping someone to access services in the community.
- 4.2. Provision of personal care is a regulated activity and any provider that is planning to deliver personal care services is required to register with the Care Quality Commission (CQC). CQC is the independent regulator of health and adult social care in England. They are responsible for monitor and inspecting services and publishing their findings. Where poor care is identified, they can use their powers to take action. All home care agencies operating in Herefordshire are registered to provide personal care and are monitored and inspected by CQC.
- 4.3. There are currently 49 home care providers operating in Herefordshire, providing care to just under 2,200 people. The council itself currently commissions circa 8,000 hours of care to support just under 600 individuals. The council spends circa £10.5m on home care services every year. As at the end of October, the forecast expenditure for 2023/34 is £10.533m against a budget of £10.324m.
- 4.4. Following a review, remodelling and full competitive tendering process, Herefordshire's Home Care Framework (also referred to as the Primary Framework or Framework 1) commenced on 1 November 2021. The key aims and objectives of the framework included:
 - a. Ensuring the availability of quality home care;
 - b. Improving the customers' experience of home care;
 - c. Maximising customers' independence and wellbeing with technology enabled living and other services that can replace formal care;
 - d. Reconfiguring the home care market to improve provider partners' operational and financial viability;
 - e. Improving operational efficiency and reducing the environmental impact of home care service delivery;
 - f. Addressing the workforce issues; and
 - g. Providing a solid foundation for further innovation in the sector
- 4.5. Prior to the introduction of the new homecare framework in 2021 there had been 28 active providers on the Care@home approved provider list (also referred to in this report as legacy providers) with freedom to operate across the whole county, resulting in overprovision in some areas and insufficient capacity in other areas. There were also challenges in relation to recruitment and retention in the workforce, causing issues with capacity in the market and causing viability issues for some providers.

- 4.6. The new Home Care Framework (November 2021) established provision across the County on the basis of 4 geographical areas with the number of providers operating in each area capped at the numbers in the key below based on the number of hours in each area and providers limited to operating in 2 areas only. The 11 providers who were successfully appointed to the framework operated across the county on the basis of the areas illustrated below, covering a mix of rural and urban areas.

Figure 1



Key	
Area	Location
1	Hereford City North and Surrounding Rural (6 providers)
2	Hereford City South and Surrounding Rural including Golden Valley (3 providers)
3	East and South including Bromyard, Ross and Ledbury (4 providers)
4	North and West including Leominster, Kington and Weobley (5 providers)

- 4.7. Whilst the new framework achieved many of the key aims and objectives set out in paragraph 4.3 above, during the first 12 months of operation, home care capacity overall reduced, owing mainly to continuing challenges in recruitment and retention of staff as a result of the care workforce market being impacted by Britain's exit from the EU market and the legacy of the Covid 19 pandemic on the care sector workforce. A decision was, therefore, taken in November 2022 to explore, develop and implement commissioning options that would complement the existing home care framework, including the introduction of an additional, open framework for the purchasing of home care services following a competitive tender process (referred to as the Secondary Framework or Framework 2 throughout the remainder of this document).
- 4.8. The Secondary framework was opened to providers for bids to join in December 2022, February 2023 and May 2023. This has resulted in an additional 11 providers in total joining the framework across the County, with 2 providers initially joining the framework in February 2023, followed by a further 2 providers in July 2023 and a further 7 providers currently mobilising and picking up packages over October and November 2023. This has provided necessary additional capacity in the market and has contributed to a reduction in the number of people waiting for a home care service from just over 100 in April 2023 to 42 by 31 October 2023 (excludes hospital discharge referrals). With additional Framework 2 providers still developing their business in Herefordshire, it is anticipated that the numbers of people waiting for home care services will reduce further over the next few months. Primary Framework providers are given priority (5 days) to pick up new packages of support prior to these being available for pick up by Framework 2 providers.
- 4.9. In addition to the services that the council commissions within the general care home market it has a block contract with Hoople Cares for the provision of home care services including reablement (services that help people to regain or maximise their independence following a period of illness or when discharged from hospital); crisis support services or rapid response services and acts as a long term care provider for a small number of individuals where it has not been possible to secure care from a provider in the wider care market.

Current Provider Landscape

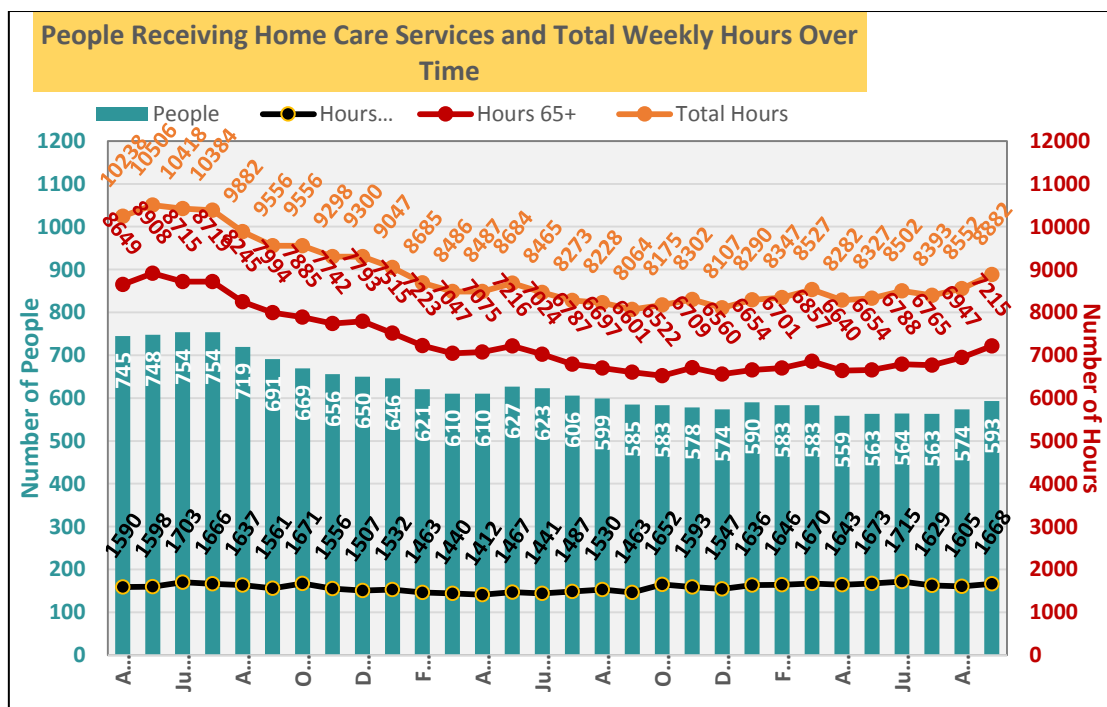
- 4.10. There are currently 49 CQC registered home care providers operating in Herefordshire (based on the NHS capacity tracker October 2023) providing care and support to 2,196 individuals (Commissioned packages, direct payments and self-funders). This includes 3 providers registered in Worcestershire and Gloucestershire who also provide support to Herefordshire residents. The numbers of individuals supported for these 3 providers include those both within and outside Herefordshire as the data set does not enable analysis of services provided within the boundaries of specific Local Authorities.
- 4.11. Of the 49 registered providers in Herefordshire, the Council commissions services with 34 providers. This provision is a mixed economy of Framework 1 providers (11), Framework 2 providers (11) and Legacy Providers (12). The number of people and number of hours of support being provided by each of these cohorts is very different. Framework 1 providers hold the majority of cases and hours of support. Framework 2 providers hold a smaller, but still substantial and growing number of cases and hours, with the 12 Legacy providers holding a small number of cases that have and will continue to reduce over time.

Framework	Number of Providers	Number of Clients	Number of Hours
Framework 1	11	469	6913
Framework 2	11	85	1023
Legacy	12	52	1087

4.12. The local market is made up of a mixture of small, medium and national providers, with the majority of providers commissioned by the council rated as Good, two providers rated outstanding and one assessed as requires improvement. In addition to the CQC, the Council's Quality and Review team (QRT) play an active role in monitoring quality and supporting improvements within the home care provider market in order to drive up improvements in the quality of care delivered in Herefordshire. The QRT have developed and implemented robust quality assurance processes, evaluating, challenging and working proactively with providers to improve care practices and share good practice. The QRT encourage providers to develop, record and report using internal service development plans to improve their quality in the first instance. The team signpost to resources and educational support, along with recommendations for improving quality where this is needed or requested. Where specific concerns or shortfalls exist, the QRT will highlight these to the provider and work with them to develop a Service Development Plan to address these concerns, and continue to support provider progress against the Service Development plans by way of regular reviews, ensuring a move to a position of delivering care and support that is in line with the expected standards.

Demand

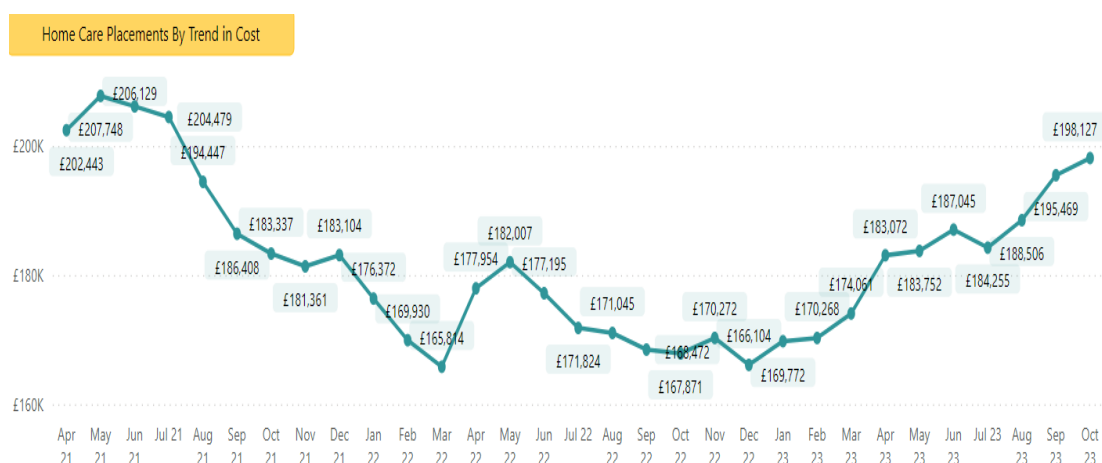
4.13. Demand for services has changed over the last 2.5 years with numbers of people receiving commissioned services reducing from circa 750 in April 2021 to just under 600 in September 2023 and number of hours commissioned reducing from 10,200 per week to just under 9,000 per week. The average commissioned hours per person per week, however, has increased from 13.5 hours per week to 15 hours per week, indicating an increase in complexity of those individuals now being supported. The chart below illustrates how the profile of commissioned services has changed since April 2021.



4.14. The table below illustrates changes in commissioned activities since estimates were produced in April 2021 in order to inform the commissioning of the Home Care Framework (Framework 1). Whilst the overall hours commissioned in September 2023 are relatively close to the levels estimated in April 2021 the position is more varied at area level with Area 1 Hereford City North and surrounding rural area showing the greatest level of variance.

AREA		Estimate Apr 2021	Actual Apr 2021	Actual Sep 2023	% Difference Apr 2021 Est to Sep 2023 Actual
Total	PEOPLE	710	559	593	83.52%
Total	HOURS	9000	8282	8882	98.69%
Hereford City North and surrounding Rural	PEOPLE	230	175	178	77.39%
Hereford City North and surrounding Rural	HOURS	3000	2634	2776	92.53%
Hereford City South, Rural and Golden Valley	PEOPLE	110	79	90	81.82%
Hereford City South, Rural and Golden Valley	HOURS	1500	1234	1457	97.13%
East (Ross on Wye, Ledbury and Bromyard)	PEOPLE	160	120	139	86.88%
East (Ross on Wye, Ledbury and Bromyard)	HOURS	2000	1818	1984	99.20%
North and West (Leominster and Kington)	PEOPLE	210	177	177	84.29%
North and West (Leominster and Kington)	HOURS	2600	2,511	2579	99.19%

4.15. These changes in demand are also reflected in a reduction in the weekly cost of commissioned home care. The following chart illustrates the change in weekly costs of commissioned home care since April 2021. Increases in March 2022 and March 2023 reflect annual fee uplifts of 6% and 8% in each of these years



4.16. In addition to those individuals with commissioned care services as at 7 November there were 34 individuals awaiting a commissioned package from the community teams and an additional 8 people awaiting a package on discharge from hospital. Some of these

are currently being supported by the Home First Service, others are being supported by family members or other informal carer arrangements and a small number are temporarily being supported in a residential care setting. The impact on some of these individuals who have experienced delays in receiving the care they have been assessed as needing and the impact on their families will have been considerable. For those individuals remaining at home without any formal support, this may have put a strain on family members providing care and in some cases impacted on relationships. For those placed temporarily in residential care, this could have been a cause of distress for both the individual and their families. In addition, costs of alternative provision for those that have needed to be temporarily accommodated in a care home setting have impacted on budgets.

- 4.17. At the point the system was most challenged in relation to identifying home care services the waiting list had been over 100 people. Impact of the deficit in supply of services to meet identified need has had a significant impact on staffing creating additional work for the council's brokerage, commissioning and Social Care Delivery teams as they continue to actively manage risks, continue to seek availability from home care providers, explore alternative care arrangements (short term residential, home first, direct payments) and work with providers to explore opportunities to address deficits in capacity. For those individuals being supported by family or other informal carers Social Care Delivery Teams continue to make regular contact with the service user, family/informal carers until a long term service is identified in order to assess the level of risk and review/reassess if necessary. Paragraph 4.31 below describes the actions that have been taken to reduce this waiting list over the last 12 months.

Challenges

- 4.18. The main challenges facing the home care market in Herefordshire relate to recruitment and demographic changes, retention (national issues), and rural sparsity and geography of the county (local issues). Commissioning challenges also incorporate the impact of private self-funders.
- 4.19. The recently published Skills for Care report [The State of the Adult Social Care Sector and Workforce 2023 \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk) highlights the ongoing trends and challenges for the sector in terms of workforce capacity. While the workforce grew by 1% in 2022/23 and vacancy rates reduced from 10.6% to 9.9%, there were still 152,000 vacant posts a day and 390,000 people left their roles last year - with around a third of them leaving social care completely and the rest getting new jobs within social care. In terms of the longer term picture the vacancy rate in the care sector is significantly higher than that of the wider economy. The report highlights today's challenges as "not enough people working in adult social care overall, too many people leaving the sector and too many people churning in the sector which disrupts continuity of care and support and uses precious resources".
- 4.20. When looking to the future the report highlights the challenges of demographic changes, which indicate the need for an additional 440,000 roles in the sector by 2035, with 440,000 posts filled by people reaching retirement age in the next 10 years. The report also reflects on some changes in the supply of workforce with an increased reliance on international recruitment since care workers were placed on the Shortage Occupation List in February 2022. An estimated 70,000 people arrived in the UK between April 2022 and March 2023 and started to work in direct care providing roles.
- 4.21. The report identifies five key factors that are key to retaining social care staff as :
- a. Being paid more than the minimum wage
 - b. Not being on a zero-hours contract

- c. Being able to work full time
- d. Being able to access training
- e. Having a relevant qualification

- 4.22. These recruitment and demographic challenges are replicated in Herefordshire. Herefordshire's working age population grew by around 5,000 in the few years following the expansion of the EU in 2004, largely as a result of younger working age adults moving into the county from the EU. However, numbers have since fallen by around 4,000 to around 109,000 people over the last 10 years. Numbers in the older age groups have been growing at a disproportionately high rate in Herefordshire and people aged 65 and over currently account for around a quarter (26%) of the county's total population. This age group will continue growing at a high rate with numbers aged 85+ rising even more rapidly. The county also has higher proportions of older working age adults (mid-forties to the age of 64) but lower proportions of younger working age adults (from the age of 16 to mid-forties).
- 4.23. Herefordshire has the fourth lowest population density in England, with 187,000 residents scattered all over its 842 square miles. Over half (99,600; 53%) live in areas defined as 'rural', with the majority of these (80,300 people; 43% of the total) in the most rural 'village and dispersed' areas. Just under a third of the population lives in Hereford city (58,300 people), and just under a fifth in one of the three largest market towns of Leominster (11,900), Ross (11,000) and Ledbury (9,400).
- 4.24. Hereford city has a much younger profile than the county as a whole, with relatively high proportions of young adults and young children. The most rural areas have relatively more people of older working and early retirement age (50-70 year olds). The market towns and other areas (including larger villages like Colwall and Credenhill) have a profile more similar to the county overall.
- 4.25. This geographical and demographic landscape provides challenges in availability of the workforce generally to support the population of Herefordshire and especially in the rural areas where the older population numbers are high and local capacity of younger adults to support is low.
- 4.26. Herefordshire Council is only commissioning circa 30% of home care being provided in the County (600/2000 clients) and is actively commissioning with 22 framework providers out of 49 providers operating in the County (45%). The remainder of the market will be made up of individuals privately funding their care, individuals supported by Health under Continuing Health Care arrangements and some individuals purchasing care through use of Direct Payment arrangements.
- 4.27. The demand for home care from privately funded clients impacts on the Council's ability to influence the market as providers are able to operate without reliance on the Council for business. The Council is not in a position to understand fully the picture relating to the private market as they are not party to any formal agreements for this care which is purchased as a private arrangement between the individual and the provider. It is usual, however for this market to include some individuals that would not meet the threshold to receive care and support if assessed by the council, who are purchasing support with lower level general household tasks such as shopping, cleaning, meal preparation etc. rather than personal care.

Response to Challenges

- 4.28. In addition to the work outlined above regarding the opening of a secondary framework (paragraph 4.8) the council and other partners have been undertaking a number of other

initiatives to address the challenges in the market. Support in relation to recruitment and retention through the development of Herefordshire Cares website and social media presence that is used effectively to promote the care sector and provides free advertising for provider care worker vacancies. There is also support available from West Midlands Association of Directors of Social Services (WMADASS) with recruitment of international workers.

- 4.29. A substantial amount of work has been targeted over the last 12 months on building relationships through provider engagement events, forums, and locality meetings with providers. This has provided the opportunity to address issues with systems and processes taking a “you said - we did” approach, which has resulted in significant improvements in relationships between the council and framework providers, building the foundations to coproduce solutions to future issues. One example of this already coming into effect has been the expansion of one provider to operate and open an office in an area where there was limited availability of care and significant waiting lists for services, resulting in no longer having waiting lists in this area.
- 4.30. Council Commissioners and Talk Community colleagues have been working together to strengthen links between home care providers and community hubs across the County. During the year activities have included attending locality meetings and home care forum, identifying opportunities where care workers can drop in to use community hub facilities and identifying key locations during winter where support is available. They are currently working together on an initiative to identify trusted neighbours to provide low level support to vulnerable residents in an emergency situation, e.g. to provide introductions to other professionals (checking ID) who may need support in a crisis situation. Working together on the community broker offer on an individual’s support plan has also resulted in identifying more appropriate and relevant signposting
- 4.31. The Council’s All Age Commissioning Service and Social Care Delivery Service have been working closely together over the last 9 months to improve its collective understanding and management of the risks involved in not having the capacity to support all those individuals assessed as requiring a home care service and to also understand the challenges involved in securing services across the County. Work has been completed by Operational Delivery Teams to prioritise cases and ensure that support plans are accurate and up to date in order that Brokers and Care Commissioners can effectively target searches and explore wider solutions. Solutions have included:
 - a. Establishing the secondary home care framework and periodically opening it to allow new providers to join the framework. This has successfully brought in additional capacity to the market enabling packages to be sourced
 - b. Prioritisation of cases to be picked up for short term provision by the Home First service whilst longer term solutions are sought.
 - c. An exercise to bundle together a number of packages of care that were proving difficult to source, and put these out to a mini competition which led to a contract being put in place to the end of March 2024 for 26 packages of care. One of the new Framework 2 providers was awarded this contract and quickly mobilised to deliver this care.
 - d. The use of spot, low value contracts with off framework providers to address high risk / high priority, individual cases.
- 4.32. These initiatives have successfully been deployed to reduce the community waiting list for home care from over 100 in April 2023 to 34 by 7 November 2023.

Future Plans

- 4.33. The current Frameworks for Home Care (Framework 1 and Framework 2) are due to end in November 2025. Due to the complexity of the market and timescales to transition to any new model there will need to be a minimum 12 month lead in period to the required recommissioning exercise. Council officers are in the process of establishing a project within the Community Wellbeing Transformation Programme to review and further develop home care solutions with the aim of ensuring that there is sufficient affordable capacity in the market to support people with eligible care and support needs in their own homes which maximise independence and incorporates the use of appropriate technology, equipment and adaptations. Project Plans are currently being developed and resources required to progress this work are being scoped. The work will include:
- a. Review of existing model of delivery, good practice and options appraisal and business case development
 - b. Implementation of new models of care including:
 - personal assistants
 - micro provider developments
 - other models (determined from options appraisals and business cases)

5. Discharge to Assess (D2A)

Background

- 5.1. Discharge to Assess model was expedited across England in March 2020 in response to the challenges of the Covid 19 pandemic, with the purpose of enabling a 2 hour discharge process and freeing up capacity within hospitals to respond to the critical care needs of patients. Financial support was given to councils for additional staffing capacity to support delivery of the model and to fund the costs of care provided outside the hospital setting for up to 6 weeks. In addition the Council supported providers with provision of personal protective equipment, rapid flow testing and payment on planned, enhanced rates. This funding ceased on 31st March 2022 at which point there was no government funding for discharge services until the announcement of the Adult Social Care Discharge Fund in November 2022. The Adult Social Care Discharge Fund remains in place and continues until at least March 2025.
- 5.2. Herefordshire has been operating a Discharge to Assess model since the Pandemic in line with NHS guidance. In July 2023, system partners across health and social care established a D2A board and commenced a review of its processes and delivery models with the aim of ensuring that patients are provided timely support in the most appropriate environment to enable them to achieve the best outcome and that resources are used efficiently and provides value for money. The programme includes work streams on patient information, process, workforce, commissioning, therapy, finance and data. Work streams on process and commissioning were stepped up as a priority to consider new processes and models to achieve a more effective, targeted and affordable model. The outcome of these reviews were presented to the D2A board on 26 September and were agreed by board members and approved by the Integrated Care Executive (ICE) on 16 October.
- 5.3. Services that currently support the discharge to assess delivery model include:
- a. Block contract with Ledbury Intermediate Care Unit (nursing care beds)
 - b. Block contract with Hillside (residential care beds)

- c. Care Home Provision within the market (discharge to long term placements and some short stay provision)
- d. Home First (reablement and rapid discharge)
- e. Home Care Services within the market (discharge to long term placements and some short stay provision)

Demand

- 5.4. Analysis of discharge activity in 2022 (January to December) indicates that at the point patients were ready for discharge assessed requirements for home care as determined through the pathway decision process and recorded on the pathway decision form were for 869 referrals to Home First and a further 141 referrals for home care. However of the 869 referrals to Home First only 367 discharge placements actually commenced with Home First during the year. Analysis of referrals received by Home First indicated that just under 300 were screened out as not being appropriate / not requiring a service, and 210 were referred elsewhere due to lack of capacity. The number of discharge placements that commenced during the year in the general home care market totalled 169.
- 5.5. Best estimates based on the 2022 data indicate requirement for home support services (reablement, rapid discharge and long term care) equal circa 500 – 550 people. At an estimated package size of between 10 to 14 hours per week this would equate to between 5000 and 7,700 hours per week. Comparing these estimates to the current numbers of people supported in the home care market (593) and hours of care being delivered (8882) it is evident that the impact of support for hospital discharge activity is significant. Not only are the numbers significant in themselves but the need to deliver support at short notice to respond to discharge timescales and additional work required by providers to assess and arrange care compared to delivery of long term packages also impacts on services.

Capacity

- 5.6. The Home First Service delivered by Hoople Cares provides 3 core elements of support:
- a. Crisis support for individuals referred through the Community Integrated Response Hub
 - b. Crisis support and reablement support for individuals referred from the council's Locality Social Care Delivery teams
 - c. Rapid response and reablement support for individuals being discharged from hospital

They also support a small number of individuals on a longer term basis where it has been difficult to identify a provider in the wider market, usually due to issues with challenging behaviour or geography.

- 5.7. Modelling of potential capacity within Home First to support hospital discharge activity indicates that if the overall service model was operating with 40% capacity dedicated to hospital discharge activity and the Home First services was operating at a 70% contact time with an average package size of 10 hours per week and maximum length of stay of 4 weeks, the service could theoretically support all hospital discharge activity to home. This would include those individuals requiring a reablement service to maximise independence as well as acting as a rapid discharge service for those needing longer term care.

Winter Readiness

- 5.8. In preparation for the winter, joint plans have been developed to cope with increased pressures on the hospital. These include progressing work on the revised discharge processes and delivery model. Work has been prioritised to review Pathway 3 processes which relate to the discharge of individuals to long term care in a care home. A multidisciplinary project group has been established to progress this work with detailed plans in development to deliver the required changes.
- 5.9. Work is also progressing in relation to moving towards the revised delivery model. This includes work with Hoople Cares in relation to the Home First service. Work is progressing to finalise Service Level Agreements in order to better define delivery expectations. Officers within the council are working with Hoople to support improved management of referrals and releasing capacity within the service by identifying alternative providers in the market to pick up cases that are need alternative longer term care. Hoople Cares are also reviewing rotas and staff shift patterns with a view to changing these to enable more efficient operation of the service and to enable them to support more people. Charging is also being introduced for those individuals being supported outside a reablement offer
- 5.10. In response to an invitation from the Department for Health and Social Care, the Local Authority has also submitted an application for the use of £413,161 grant funding to support urgent and emergency care performance and resilience for residents over the winter period. The proposal includes additional capacity within the Council's Broker Team, additional Social Work capacity at weekends, additional commissioning capacity to support development of Home First and Hillside, with the remainder of the grant to be used to support the purchase of block booked care home beds to support discharges over the winter. Approval of this funding has now been received.

6. Shared Lives

Background

- 6.1. Herefordshire Shared Lives is a Care Quality Commission (CQC) registered service which has been provided by Herefordshire Council since 2018 when it was insourced from an external provider. The service provides long term arrangements and short breaks arrangements in Herefordshire, with many of the schemes also offering 'Shared Days'. Shared Lives schemes are regulated in respect of the activity of 'personal care' but are not regulated in relation to 'accommodation' and the homes of the Shared Lives providers are not 'regulated premises' that CQC inspect.
- 6.2. The CQC registered manager is legally responsible for the quality and safety in every Shared Lives arrangement and has a duty to monitor care and safeguard those receiving care. Shared Lives offers person-centred care and support where a Shared Lives provider (carer) shares their life, home, and interests with someone who is eligible for social care. The Shared Lives team assess the Shared Lives applicants and check that premises are suitable, then continue to monitor the ongoing quality and suitability of care, support and premises.
- 6.3. Shared Lives is a highly personalised form of care that supports people with a wide range of needs to live / stay safely and comfortably in a home and community of their choice. Care and support is provided by assessed and approved Shared Lives providers - who may be individuals, couples, or families - in their homes and as part of their friends,

family and local community networks. The Shared Lives Team support clients to agree their Individual plans and review their arrangements and plans annually.

Capacity and Demand

- 6.4. Over the last 7 months (April to October 2023) activity provided is detailed in the table below.

Description	Numbers
Shared Lives Households	46
Approved Shared Lives Carers	67
Approved support carers who can step in to support in main carers home only)	18
Number of Long term arrangements	60
Number of Short breaks arrangements (living at home)	12
of which urgent response to a crisis	4
Number of Short breaks arrangements (people living within Shared Lives also having a short breaks arrangement	10

66% of people living in Shared Lives during this period were supported with regulated activities (personal care/ medication)

- 6.5. The service supports people with a range of primary needs, with the majority of people being supported having a Learning Disability. The following table provides a breakdown of primary diagnosis.

Primary Diagnosis	Percentage
Learning Disability	56%
Learning Disability and Autistic Spectrum (dual diagnosis)	30%
Mental Health	10%
Acquired Brain Injury	4%

- 6.6. The number of referrals in the matching process varies over time averaging 6-10 people being worked with in any month. As at 07/11/2023 there are 7 actively being matched, of which 3 are long term and 4 short term. It can take several months to find the right match.
- 6.7. In the past two years since the current Registered Manager has been in post, the council has expanded the workforce by 2 members of staff forming a fully recruited Shared lives team to develop and support the service, This new team has set about to develop and consolidate the scheme. The Team has improved processes and documentation, and significantly improved the recording of activity and monitoring with Shared Lives carers and the people who they support.
- 6.8. Herefordshire Shared Lives continues to focus on ensuring current arrangements operate successfully, the consolidation of its processes, and review and support of Shared Lives carers. Shared Lives panel is proactively supporting the re/de-approval process.

Challenges

- 6.9. There have been a number of challenges for the scheme:
- a. Supporting long standing providers to adapt to the changed legislative and regulatory environment. A proactive approach has addressed this through:

- Recruitment of additional team members in 2022 which has facilitated a robust plan of quarterly monitoring visits, focusing on individual's outcomes, provider understanding and compliance,
- The development of a local Shared Lives panel and collaboration with the West Midlands Regional panel which has supported the approval, re-approval and de-approval of Shared Lives providers.

Whilst the overall net result has been a slight decrease in providers, confidence in the continuing provision has been raised.

- b. Low morale of Shared Lives carers. Significant pieces of work which have raised morale of Shared Lives providers have included:
- Implementing an increase to Board and Lodgings payments with an undertaking to uplift annually in line with benefits increases.
 - The introduction of carer paid breaks of up to 28 days per year
- c. Inconsistent effective engagement with Shared Lives providers has been addressed through:
- the establishment of Herefordshire Shared Lives Friends group under the 'leadership' of one Shared Lives carers
- d. There are a high number of carers aged 60 and over

Shared Lives carer age bracket	Percentage
30-39	4%
40-49	10%
50-59	32%
60+	54%

- e. The recruitment of new carers is a challenge. Recruitment currently tends to be by word of mouth. Usual methods to encourage recruitment have not yielded much success such as recruitment fairs and events that have not generated applicants. The new recruits currently are keeping pace with replacing those who are leaving – and the aim is to expand the amount of carers to develop a wider offer to more people. The service is looking for alternative ways to attract a range of new carers with the support of the Council's Communication team and developing a web site about Shared lives.
- f. There is a need to increase knowledge of Shared Lives as a rich and positive alternative offer of care and support. Work is underway to address this through
- Adult Social Care staff attending Shared Lives weekly meetings to develop a better understanding and raising awareness of Shared Lives generally and the role of the Shared Lives Provider as distinct from family carers.
 - Partnership working across teams is developing a robust holistic approach which increases efficiency and optimises the likelihood of positive outcomes for people.

Future Plans

- 6.10. Following the significant developments over the last two years to ensure compliance and quality standards, work is now progressing to plan the future development and enhancement of the Service.
- 6.11. The council has joined up with Shared Lives Plus to review the scheme, support development and implement strategy towards growth, development, and diversification of Shared Lives in Herefordshire. To this end Shared Lives Plus has conducted engagement with Shared Lives carers, the Shared Lives staff team and key stakeholders, through a range of group and individual interviews.
- 6.12. Their imminently anticipated findings will include:
 - a. The Scheme 'CQC Mock Inspection' Review
 - b. The Carer Review
 - c. The Lived Experience Session
 - d. Cost Benefit Report
- 6.13. Next Steps will involve:
 - a. Dissemination of agreed report mid-November
 - b. 'Visioning Workshop 24/11/2023
- 6.14. In addition to the review, a Homeshare Feasibility Study also underway with Shared Lives Plus. Homeshare brings together people with spare rooms with people who are happy to chat and lend a hand around the house in return for affordable, sociable accommodation. Together, Householders and Homesharers share home life, time, skills and experience. Shared lives could be expanded to develop this scheme.
- 6.15. The reported benefits of Homeshare are that it:
 - a. helps a person/s stay independently at home for longer (Householders)
 - b. provides affordable accommodation at a time of record housing shortages and high rent (Homesharers)
 - c. provides individuals and their families peace of mind
- 6.16. It is anticipated that these two key pieces of work, undertaken with Shared Lives Plus, will provide a strong basis to inform decisions on the future expansion and development of the Shared Lives Herefordshire scheme that will be targeted at meeting the needs of people with Care and support needs.