

Adult Care and Well Being Overview and Scrutiny Panel Tuesday, 6 November 2018, 10.00 am, County Hall, Worcester

Membership

Councillors:

Mrs J A Brunner (Chairman), Mr R C Adams, Mr T Baker-Price, Mr A Fry, Mr P Grove,
Mr P B Harrison, Mr R C Lunn, Mrs E B Tucker (Vice Chairman) and Ms S A Webb

Agenda

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5	Budget Scrutiny: Reviewing the Budget Position for Adult Services and Public Health Additional information on Adult Services: <ul style="list-style-type: none">• Demand Demographics• Market Position Statement• Adult Services Business Plans	1 - 74

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Executive Summary

This paper sets out the forecast demand and inflationary pressures facing the Adult Social Care Budget in the medium term arising from demographic pressures, changes in client needs and inflationary pressures.

This paper sets out what we know about demand and cost pressure based on our existing system. The Directorate is already transforming the way it works in terms of direct service provision, commissioning within the marketplace, working with partners and a new social work operating model.

Part One: Demographic Pressure and changes in client's needs

Introduction

1. Adult Social Care costs are driven by volume and cost of individual care packages with:
 - Volume driven by the number of people requiring services, and
 - Cost driven by the ability of the market to provide care at a competitive rate.
2. There are two main current and future sources of cost pressures:
 1. Increasing volume due to:
 - An ageing population,
 - People who previously funded their own care, becoming eligible for care due to depleting resources, and
 - Younger people with disabilities becoming eligible for Council funding as they turn 18 or later in life as their own parents become infirm.
 2. Increasing cost due to:
 - Increased frailty of older people needing more intensive care,
 - People with more profound disabilities surviving longer into adulthood and needing more intensive care as they get older, and
 - Market forces factors that affect the ability of providers to offer care packages and placements at the Council's standard rates – including from 2016/17 the rise in national minimum wage
3. This paper examines each of these, and highlights the current and future cost pressures arising as a result as well as the impact of current and ongoing demand management.

The Ageing Population

4. Based on 2014 ONS population projections, the projected increase in the older adults (aged 70 and over) in Worcestershire was expected to be around 92,000 in 2019, up from 83,000 in

2014. The recently released 2016 ONS population estimates now predict the over 70s population to be much higher at around 99,500.

5. Going forward, the number of older adults (aged 65+) is projected to increase substantially. Projections from 2018 to 2025, based on 2016 ONS estimates are given in figures 1 and 2. Figure 1 sets out the increase in population between 2016 and 2021 by age category based on the latest ONS data. Figure 2 shows the percentage increases in the over 75 population faced by the Council from now until 2025.
6. The increase is accounted for by a rise in the number of people in the very oldest age groups coupled with the fact that people in Worcestershire are generally living longer. The number of people in the oldest 75+ age group is projected to increase from 60,000 to 79,000 between 2018 and 2025. People in the oldest age group are likely to have higher needs associated with frailty, comorbidity and living alone. This is an increase of 19,000 people or a percentage increase of 32%.

Figure 1 – Worcestershire Population 2016 to 2021 projection

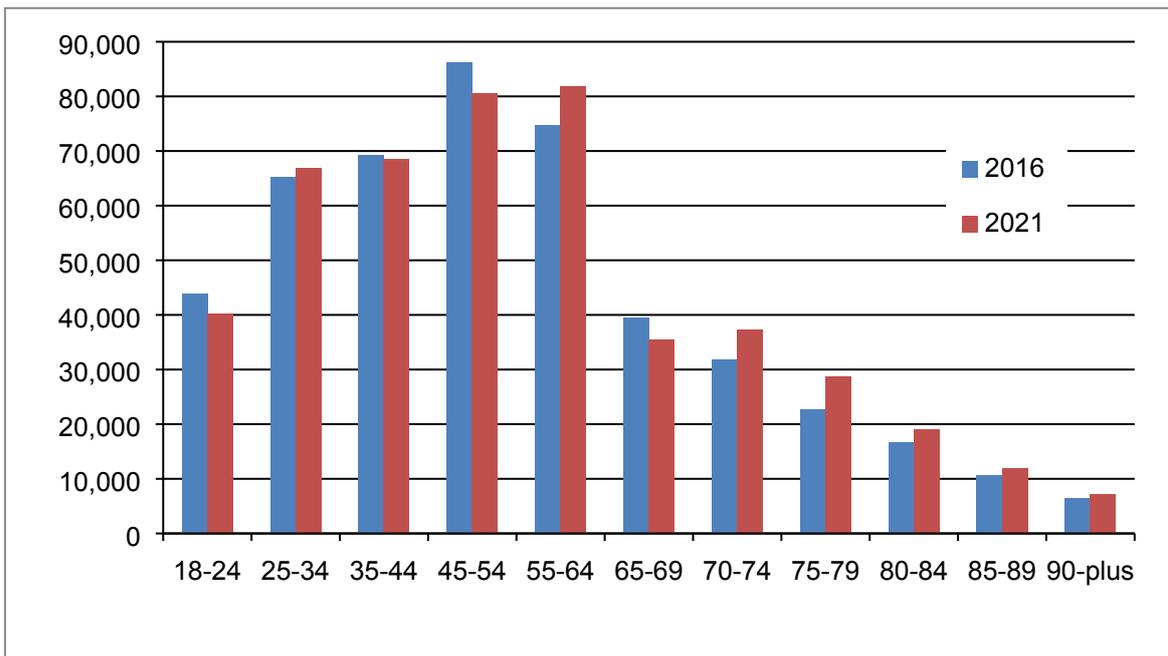
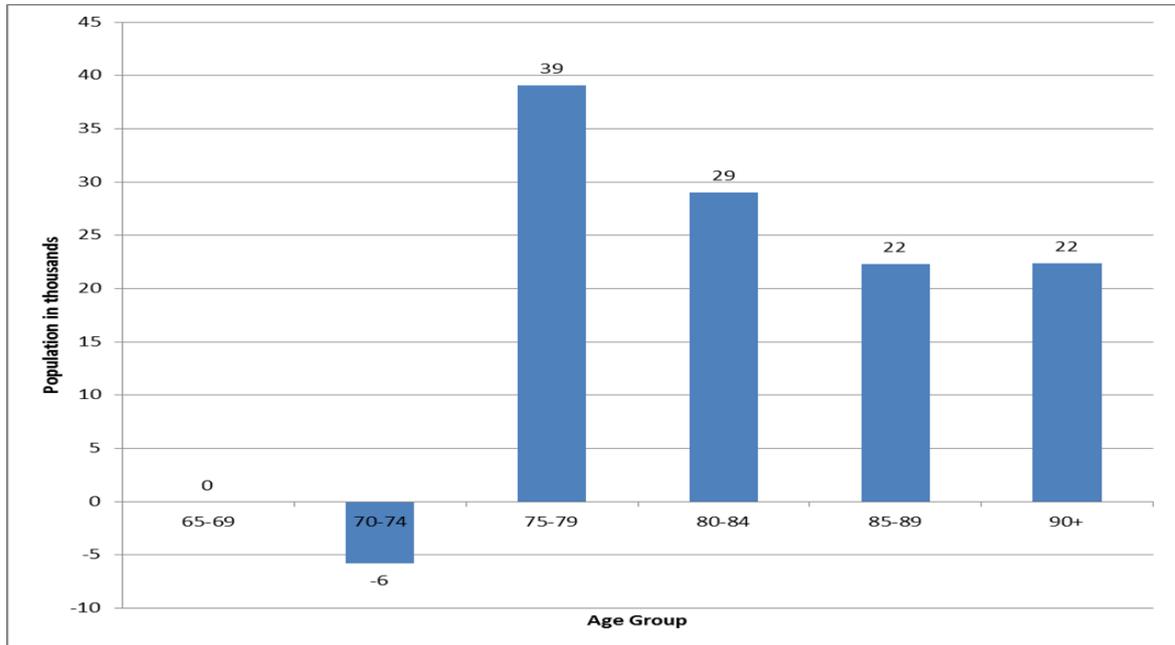


Figure 2 - Percentage change in population 2018 to 2025



Source: ONS Population projections (2016 based)

7. The population growth set out in figures 1 & 2 above needs to be viewed in terms of the average age of people accessing our services:

Table 2 – Average age of Older People over 70 Receiving Services

Age Range	Current Service Users No.	Current Net Cost £m	Population Change 2018-2025
70-74	367	6.125	-6%
75-79	528	8.349	+39%
80-84	708	11.131	+29%
85-89	858	12.822	+22%
90 Plus	1,014	15.328	+22%

The Burden of Ill Health in the Older Age Population

8. The general level of health of Worcestershire’s older population is slightly above the national average and this has contributed to a longer than average life expectancy for Worcestershire residents. However, as individuals age, they are more likely to develop comorbidities or long term conditions that will influence their ability to live independently and increase the likelihood of need for care. Individuals are generally living longer, but will often spend a period of their advanced years experiencing ill health, often relating to lifestyle factors. The incidence of stroke, falls, dementia, chronic obstructive pulmonary disease (COPD), sensory impairment and hypertension increases with age. Many of these conditions are preventable at some level through healthy lifestyles, early detection of risk factors through NHS health checks and falls prevention programmes.
- In 2019, it is estimated that 2,845 falls in the 65+ population in Worcestershire will result in an admission to hospital; this is an increase of approximately 100 hospital admissions from the previous year. Future projections indicate that admissions numbers will continue to as a result of population change. However, preventative measures such as increasing postural stability through group based exercise in at risk older people in the community can mitigate this increase by reducing the rate of falls by 29 % and the reducing the risk of falling by 15%.¹
 - A **Limiting Long Term Illness (LLTI)** is any long-term illness, health problem or disability which limits a person’s daily activities or the work they can do. It is usually measured by the Census of Population. In 2019, the number of people in Worcestershire aged over 65 with a LLTI whose day-to-day activities are limited a lot is estimated to be 29,221, this is an increase of around 800 from the previous year.
 - The number of people aged over 65 with **mobility problems** in Worcestershire in 2019 is estimated to be 24,951. This is expected to continue to increase to 34,000 by 2030, with the numbers concentrated in the oldest age groups.
 - It is estimated that the number of older people aged over 65 living with **dementia** in Worcestershire in 2019 will be 9,597, with over 6,500 cases in those aged over 80.
 - It is estimated that there are at least 6,000 people aged 65 or over living with **cancer** in the county. The incidence of cancer is increasing, as are survival rates, so the extent of older people living with cancer is set to rise considerably.

Living Status

9. The living status of older adults can also influence the level of need for care as the provision of informal care from a partner or relative is less likely to be accessible. This can also be

¹ Gillespie LD, Robertson MC, Gillespie WJ, Sherrington C, Gates S, Clemson LM, et al. Interventions for preventing falls in older people living in the community. In: Cochrane Database of Systematic Reviews. 2012.

compounded by the loneliness and social isolation that may be experienced by older people living alone, which profoundly influences overall health and wellbeing.

- In Worcestershire in 2019, it is projected that 18,270 people aged 65-74 will be living alone and 31,019 people aged 75 and over will be living alone with the number of males and females living alone growing rapidly in the older age group.

Table 2 - People aged 65 and over living alone, by age and gender, projected to 2025

	2017	2020	2025
Males aged 65-74 predicted to live alone	7,100	7,120	6,840
Males aged 75 and over predicted to live alone	8,602	9,860	12,478
Females aged 65-74 predicted to live alone	11,010	11,130	10,890
Females aged 75 and over predicted to live alone	20,069	22,204	26,840
Total population aged 65-74 predicted to live alone	18,110	18,250	17,730
Total population aged 75 and over predicted to live alone	28,671	32,064	39,318

Source: Projecting Older People Population Information System (POPPI)

Table 3 - Rates of people living alone split by gender and age group

Age range	% males	% females
65-74	20	30
75+	34	61

Source: Projecting Older People Population Information System (POPPI)

- The expected growth in the numbers living alone suggests that the need for social networking and support will increase for Worcestershire’s older population in the future, particularly for females aged 75 and over.

The Health of Older Carers

- Older carers provide a great number of hours of informal care in Worcestershire. It was estimated that in 2011, one in seven Worcestershire residents aged over 65 (15,800) were caring for a partner, family member or other person. Most were providing care for less than 20 hours a week but over a third of those doing unpaid care (nearly 5,650) were doing so for more than 50 hours. Projections show that the total population aged 65 and over providing unpaid care number is increasing at a steady rate year on year. In 2025 it is projected that 21,960 older people (65+) will be providing unpaid care.
- Carers have worse health than non-carers and there are an increasing number of hours of informal care being provided by the oldest residents of Worcestershire who are more likely to be frail themselves. According to the 2011 Census of Population the (self-assessed) health

of people who provide more than 50 hours of care per week is worse than that of over 65s generally, with 58% of those aged over 65s providing 50 hours of care reporting 'fair' or 'worse' health, compared to 45% of older people generally.

14. The number of older people is projected to increase substantially. Figure 1 confirms that the largest growth is expected to be in the 70 and over category, where trend-based projections suggest that the population in Worcestershire will be around 104,500 in 2021, up from 89,000 in 2016. It is noted that these figures are based on ONS trend-based projections, and Worcestershire is currently building new houses at a higher rate than is suggested by these projections. It is possible that the future rise in population, including among older people, will be higher than these trend based projections suggest.

Self Funder Pickups

15. In addition to the general rise in older population numbers, there is the impact of older people who have been financing their own care and because of depleting resources, become eligible for state funded care. In 2017/18, there were 274 people in self-funding care who became eligible for local authority care. This is a significant rise on the 2016/17 figure, however it is consistent with numbers in recent years, as shown in Table 4.

Table 4 – Self-funding pickups 2012/13 to 2017/18

Financial Year	SF pickups
2012/13	241
2013/14	222
2014/15	236
2015/16	186
2016/17	231
2017/18	274
Total	1,390

Continuing Health Care Pickups

16. There is also the impact of those people who were previously funded by health under Continuing Health Care (CHC). Under the CHC regulations, those with a primary health need are funded by Health. If they are assessed as having a primary social care need, they are funded by Social Care. However, depending on the assessment criteria, people do pass between health and social care funding. In 2017/18 there were 97 people who transferred from CHC to Social Care funding. The table below puts this into context:

Table 5: CHC Pickups 2012/13 to 2017/18

Financial Year	CHC pickups
2012/13	38
2013/14	60
2014/15	57
2015/16	89
2016/17	74
2017/18	97
Total	407

17. Despite all these challenges, we have been relatively successful in limiting the rise in numbers of older people in receipt of Council funded care. We have for example:

- Introduced an asset based social work model (the 3Cs model)
- Moved away from 'bed based' solutions with the development of Extra Care Housing and Supported Living
- Provided significant support to carers in Worcestershire through Worcestershire Association of Carers
- Introduced a much more robust system of challenge in Continuing Health Care cases where we believe the individual should be health funded

Current Position – Older People (OP) receiving Council support

18. Table 7 below shows that OP numbers have increased by an average of 4.11% per year over the last 2 years following a sharp increase in numbers in 2015/16 following the Care Act legislation – OP numbers increased by 5.67% in 2015/16. However, there has been success in channelling the growth in Older People numbers into Domiciliary Care and Direct Payments, rather than Residential and Nursing placements:

Table 7 – Analysis of growth in OP numbers

Service Type	Ave Client Numbers 15/16	Ave clients Numbers 16/17	Ave Client Numbers 17/18	Average growth over last 2 years	Growth in 2017/18
Domiciliary	1,581	1,664	1,785	6.26%	7.27%
Direct Payments	276	280	297	3.69%	5.92%
Residential and Nursing	1,311	1,335	1,347	1.35%	0.87%
	3,168	3,279	3,429	4.11%	4.71%

19. If these trends continue, we would expect to see OP service user numbers increase by around 141 (in 2018/19) to 148 (in 2019/20) each year over the next three years.

Table 7a - 2019/20 impact of growth in OP numbers

	Average inc in clients	Forecast Unit cost Per wk	Cost per year
		£	£m
Domiciliary Care	119	230	1.422
Direct Payments	11	253	0.149
Residential and Nursing	18	645	0.622
	148		2.193

20. However, demand management will continue to be employed to minimise the admissions to care homes.

Learning Disability current and forecast package costs

21. The Learning Disability Budget is a particularly complex/volatile area and has been subject to a separate detailed analysis.
22. The data shown in this section is based on package costs recorded on Framework-I and all costs are gross costs (i.e. excluding client charges). Total numbers include people who are health-funded, CHC-funded, self-funders etc. whereas "people with a package of care" are all packages funded by Worcestershire County Council.
23. The following table sets out the current number of clients within LD services receiving a package of care at 31/3/18 broken down by household, package type and age.

Table 8 - People with eligible Learning Disability needs in Worcestershire - Breakdown by household type

Packages of care at 31/3/18	No. of people (total)	No. of people with a package of care	Average total weekly package cost
Lives in Registered Home	356	318	£1,421
Lives in Supported Accommodation	386	371	£863
Lives in Shared Lives	94	92	£644
Lives with Own Family (see fig, 3 below)	590	513	£450
Lives Independently or with Others (not shared Supported Living)	173	148	£563
In Hospital/Prison/Other	16	1	N/a
Total people with Learning Disabilities	1,615	1,443	£794

Figure 3 – Percentage of LD clients living with own family by age

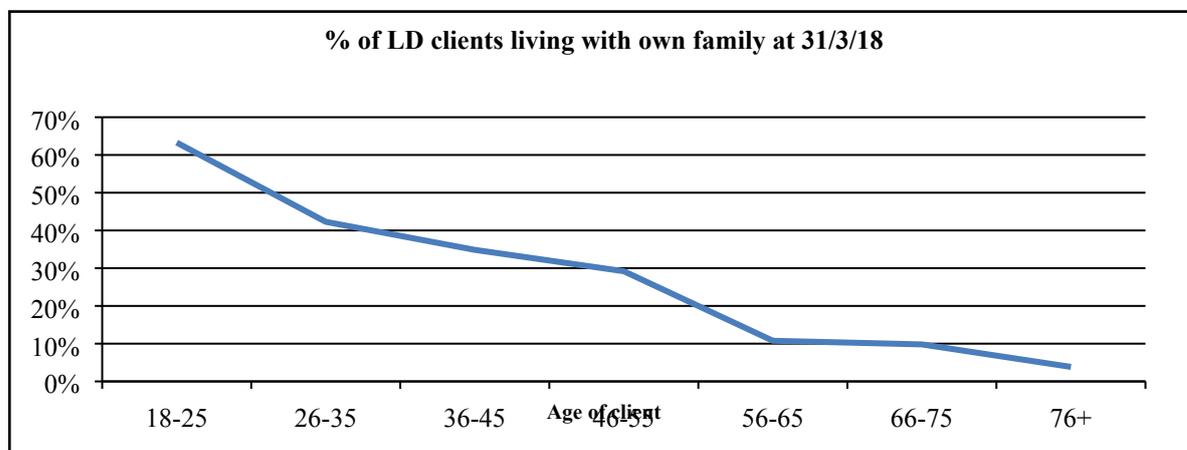


Table 9 - People with learning disabilities receiving a WCC-funded package of care at 31st March 2018 - Breakdown by package type

	No. of people	Average weekly package cost	Highest weekly package cost	Lowest weekly package cost
Residential & Nursing Care (includes a cohort of 20 young people in residential college term-time only)	332	£1,362	£4,729	£134
Supported Living	361	£827	£4,044	£14
Shared Lives	89	£398	£870	£266
Homecare	147	£262	£3,455	£18
Day Services	394	£212	£1,085	£14
Transport	252	£111	£1,447	£8
Replacement Care	167	£219	£692	£37
Direct Payments	448	£384	£3,710	£13
Total packages	1,443*	£794	£4,729	£25

**NB Some people receive more than one package element/type e.g. day services, transport and replacement care.*

24. Worcestershire County Council has pursued a strategy of increasing the opportunities for adults with learning disabilities to move to Supported Living. Supported Living promotes people's independence, enabling individuals to have their own tenancies (or become home owners in some circumstances), with the flexibility to move house, or remain in the same house but change their support provider if they wish to.
25. Supported Living is also generally more cost effective for the Council than Residential Care. Since 2014, 182 people have moved into Supported Living, either moving directly from a residential setting or avoiding a move into Residential Care. The average actual cost saving from these moves was £154 per week, totalling £1.5 million ongoing revenue budget savings over the four years to 31st March 2018, although there is also a significant element of cost avoidance in addition to the cashable savings. A further 166 moves are forecast over the next three years.

Table 10 - People in Worcestershire with eligible LD needs/receiving a WCC-funded package of care at 31st March 2018 - Breakdown by age of client

	Total people with eligible LD needs	No.& (%) of people living with own family	No. of people receiving a POC	Average weekly package cost
18-25 years old	335	212 (63%)	276	£799
26-35 years old	376	159 (42%)	336	£860
36-45 years old	307	107 (35%)	279	£818
46-55 years old	274	80 (29%)	246	£738
56-65 years old	195	21 (11%)	182	£761
66-75 years old	102	10 (10%)	98	£678
Over 75 years old	26	1 (4%)	26	£716
Total	1,615	590 (37%)	1,443	

Forecasting LD client numbers

26. The forecasts shown are estimates based on extrapolating 2017/18 actual data. However, this data has been sample checked to ensure that the detailed reasons for the cost increases are understood and that it is not distorted by any one-off or unusual changes.
27. On 31st March 2018 there were 276 18-25 year olds receiving a package of care.
28. Table 10 below shows that LD numbers have increased by an average of 3.16% per year over the last 2 years. The Table also shows the results of the current policy to move clients away from residential/nursing into supported living placements with domiciliary care support:

Table 11 – Analysis of growth in LD numbers

Service Type	Client No.s 14/15	Client No.s 15/16	Client No.s 16/17	Client No.s 17/18	Average growth over last 2 years	Growth in 2017/18
Domiciliary	498	499	547	585	8.27%	6.92%
Direct Payments	337	375	394	425	6.47%	7.87%
Residential and Nursing	372	372	338	325	-8.00%	-6.85%
	1,207	1,246	1,279	1,325	3.16%	3.67%

29. Using the data from the current 18-25 year old cohort, there are on average **37 new packages** per year as a result of young people transitioning into Adult Services. During 2017/18 there were **29 deaths** of people with Learning Disabilities.
30. There are also other movements e.g. people moving in and out of the county but for the purpose of this analysis these are assumed to have no net impact on client numbers
31. As an estimate, there are therefore an **additional 8 service users** each year. Due to the changing needs of the Learning Disability population with younger service users tending to have more complex needs and new packages likely to be at a higher cost than more established packages, there are also forecast to be higher average costs for the 37 new packages than the 29 ended packages.

Forecasting increases in existing LD package costs (based on 17/18 data)

32. In addition to the growth in client numbers the service is facing increasing pressures from a number of other sources, in particular:
 - pick-ups from Continuing Health Care,
 - placement breakdown due to family carers no longer able to support (average cost of a package for someone living at home is £450 per week, compared to £863 per week for an average Supported Living package and £1,421 per week for an average Residential Care package),
 - placement breakdown due to change in need e.g. increase in behaviours that challenge services,
 - moves from education-funded to fully social care-funded provision (aged 18-25), and
 - step down from forensic or health-funded provision (s.117).

Transitions clients (Physical Disabilities)

33. The introduction of the Young Adults Team during 2013/14 has helped to manage costs during transition to adulthood. However the transition from Childrens' Services is still resulting in an overall net increase in service user numbers as set out in Table 13 below:

Table 13 - Number and costs of people from transition – physical disabilities

	14/15	15/16	16/17	17/18	18/19 (est.)	19/20 (est.)
Number of people	12	9	7	8	6	6
Full year costs (£k)	210	120	112	97	73	74
Estimated average annual cost per person for DASH care package (£k)	18	13	16	12	12	12

34. In addition to the transition numbers, there is also growth in client numbers within PD and MH that is not due to transitions clients, particularly in Physical Disabilities. This includes people with complex needs transferring to social care, increasing care/complex needs, injuries acquired in adult life, carer breakdown/aging, or other reasons. Table 14 below shows the overall growth over the last two years for these areas.

Table 14 - Analysis of Growth in PD and MH numbers

Service user group	Client Numbers 15/16	Client Numbers 16/17	Client Numbers 17/18	Average growth over last 2 years	Growth in 2017/18
Total Physical Disabilities	740	732	785	3.01%	7.09%
Total Mental Health	340	343	342	0.33%	0.22%

35. If these trends continue, we would expect to see PD and MH service user numbers increase by around 32 (PD) & 16 (MH) in 2019/20 and each year over the next three years.

Market forces

36. The Council commissions home care and care homes using a series of standard rates. Overall increases in rates have been made below inflation in order to achieve savings targets. Where a care home placement cannot be made at a standard rate then an above banding supplement may be paid. However, there have been increases in the average costs of both Domiciliary Care packages (as providers move from lower pricing tiers to higher ones) and Care Home placements (as more packages have an above banding-rate supplement). Table 15 shows the changes in the average rates paid for different types of care packages for the 12 months Feb 2017 to Feb 2018. The issue is particularly prevalent in Older People care packages.

Table 15 – Average gross weekly costs – Feb 2016 – Feb 2017

Service group	User	Service Type	Av. Gross weekly cost Feb 2017 (£)	Av. Gross weekly cost Sept 2017 (£)	Av. Gross weekly cost Feb 2018 (£)	% change over last 12 months
Older People		Domiciliary	222	230	230	3.66%
Older People		Direct Payments	231	243	247	6.80%
Older People		Res and Nursing	585	622	627	7.13%
Physical Disabilities		Domiciliary	271	301	299	10.33%
Physical Disabilities		Direct Payments	267	267	264	-1.20%
Physical Disabilities		Res and Nursing	903	979	848	-6.12%
Mental Health		Domiciliary	115	358	331	6.82%
Mental Health		Direct Payments	128	150	160	24.83%
Mental Health		Res and Nursing	945	844	786	-16.78%
Learning Disabilities		Domiciliary	585	591	590	0.51%
Learning Disabilities		Direct Payments	350	374	386	10.38%
Learning Disabilities		Res and Nursing	1,263	1,079	1,136	-10.05%

37. The percentage increases above look very high. It should be remembered that the April 2017 National Living Wage increase to £7.50 from £7.20 was a 4.17% increase. Therefore it could be argued that increases up to this amount were a result of NLW changes, and anything above 4.17% would be due to market forces or increasing complexity of packages.

Part Two – Inflationary Pressures

National Living wage

38. The adult social care sector has a large number of workers on or close to the current national minimum wage, the majority of whom will be eligible for the uplift promised by the government. The following tables set out the estimated impact of an ongoing increase in NLW at the rate currently estimated for 2019:

Table 17 – National Living Wage Increases 2018-2023

Year	MLW £	Increase £	Increase %
2015	6.70		
2016	7.20	0.50	7.46
2017	7.50	0.30	4.17
2018	7.83	0.33	4.21
2019 (estimated)	8.20	0.32	4.73
2020 (estimated)	8.59	0.39	4.00
2021 (estimated)	8.93	0.34	4.00
2022 (estimated)	9.29	0.36	4.00

Table 18 – Impact of National Living Wage on Older Peoples Budgets

	Est Labour %	Gross Budget £m	Est Labour £m	19/20 £m	20/21 £m	21/22 £m	22/23 £m
Gross Res & Nursing	40	49.346	19.738	840	972	862	896
Gross Dom Care	75	19.308	14.481	615	713	632	658
Gross Direct Payments	75	6.262	4.697	200	231	205	213
Annual Total				1,655	1,816	1,699	1,767
Cumulative Impact				1,655	3,571	5,270	7,037

Other inflationary pressures affecting the Domiciliary Care Market

39. There are a number of cost additional cost pressures on providers of domiciliary care in Worcestershire. These include:

- CQQ costs have increased significantly as CQC aim to recover the full cost of regulation from providers - *e.g. a community social care provider with 3 locations and 50, 100 and 45 service users at each has seen their fee increase from £6,093 to £9,643. The costs vary depending upon the number of service users/locations a homecare provider has,*
- Additional training costs brought about by the introduction of the apprenticeship levy with providers having to contribute at least 10% toward apprentice training costs - *from May 2017 providers will pay 10% towards to the cost of apprenticeship training and government will pay the rest (90%), up to the funding band maximum.*
- Increased pension contributions for staff enrolled in a workplace pension scheme rising from 2% to 5% - *the minimum contributions will be introduced in three stages known as phasing. If the qualifying earnings basis is being used, the minimum contribution until 5 April 2018 is 2% with at least 1% from the employer. Between 6 April 2018 and 5 April 2019 the minimum contribution is 5% with at least 2% from the employer and from 6 April 2019 the minimum contribution is 8% with at least 3% from the employer.*
- Staff retention costs have increased as Worcestershire is a high employment area and staff are able to move between jobs more easily. Homecare providers have had to increase hourly rates to incentivise staff to remain and attract new staff, and
- Travel time – Careworkers wage costs include not just the “contact time” spent in a service user’s home, but also the time they spend travelling between visits. In rural areas of Worcestershire the cost of travel time and who pays for it is a significant reason as to why homecare is difficult to commission - *The National Minimum Wage Regulations make it clear that “working time” includes the time spent travelling; waiting to begin a journey; waiting to begin carrying out duties at the end of a journey and waiting between different stages of a journey. In the draft statutory guidance to the Care Act 2014, in June 2014, the Government said that “When commissioning care contracts, local authorities should assure themselves and have evidence that service providers deliver services through staff who are remunerated so as to retain an effective workforce. Remuneration should be at least sufficient to comply with the NMW legislation.... including remuneration for any time spent travelling between appointments”. There have been significant increases in the cost*

of owning and running a car (37% increase from 2017) which will significantly affect many staff who work in the home care sector.

40. The impact of these inflationary pressures will continue to drive market prices up. Recent inflationary growth has seen costs across Learning Disability increase by around £1.7m (3.5%) and it is anticipated that increases of this magnitude will continue for those services not impacted by National Living Wage as follows:

Table 19 – Impact of 3.5% annual growth on care budgets (Respite, Long Term & Domiciliary Care)

	Gross Budget £m	19/20 £m	20/21 £m	21/22 £m	22/23 £m
Learning Disability	47.399	1.660	1,720	1,780	1,840
Physical Disability	9.150	320	330	340	350
Mental Health	9.317	320	330	340	350
Inflation on PD/LD Growth		140	290	440	600
	65.866	2.440	2.670	2.900	3.140

41. With regard to Older Peoples Services provision has been made for both National Living Wage and for the impact of market forces on residential and nursing placements. No additional inflationary provision has been built in at this stage. For 2019/20 the service are currently looking at options to move to gross payments to providers and it is anticipated that this could be used to mitigate any additional inflationary increase sought. This is likely to be one-off and the position will need to be reviewed for future years.

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Worcestershire Adult Services-Market Position Statement



September 2018 – version 5.1 - Final

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1. Our Commissioning Strategy

We are committed to the co-production of services with as wide a range of stakeholders with a particular focus on the needs of service users and carers and the role of the voluntary and community sector

In order to commission and deliver high quality, cost effective services, Adult Services are engaged in the following initiatives.

- Development of an Outcomes Based domiciliary care approach across Worcestershire. This could dramatically change the landscape of the Domiciliary Care Market in Worcestershire reducing the number of providers who will then pick up guaranteed volumes of work. This will challenge the traditional approach to delivery of homecare and providers will need to change and adapt to a more flexible form of service delivery. The 'traditional' approach are for those organisations who have large overheads e.g. big offices, large back office staff and adopt traditional ways of recruiting which don't tie into the more modern world.
- Development of a technology enabled care approach. This is for people who receive care in a community setting and those who receive care in a residential or nursing setting.
- Reviewing how equipment is used to support people at home
- To continue to work with providers to develop Supported Living provision, including provision which meets complex needs, in Worcestershire, in line with the Council's Supported Living Strategy.
- To further develop provision in Worcestershire for 16-25 year olds, including residential college provision.
- To develop a mixed market of day service and overnight short breaks (replacement care) support. For example, externally-provided Day Services for people with Learning Disabilities are commissioned under a revised specification and contract through a DPS (Dynamic Purchasing System) opened up to providers monthly to encourage more choice in the market.
- Ensuring best use of the Continuing Health Care funding
- Continuing the development and utilisation of Extra Care with Housing Providers
- Commissioning of discharge to assess beds in Care Homes
- A move towards developing in-house provision for specialist services
- The commissioning of Block Purchased beds

This commissioning strategy reflects the more immediate intentions. A longer term strategic commissioning strategy will be completed by April 2019.

Introduction

This Market Position Statement is aimed at providing a clear picture of the environment in which Adult Social Care for older people and people with a disability is provided in Worcestershire. It sets out the wider context in which we commission services, the main policy drivers that affect us and the key objectives we wish to achieve. We hope that this document will further inform on-going dialogue and meaningful relationships with stakeholders.

Worcestershire County Council's vision is that – "Worcestershire residents are healthier, live longer, have a better quality of life and remain independent for as long as possible." In supporting this vision the Commissioning Unit is committed to stimulating, shaping and sustaining a diverse, active market where innovation is encouraged and rewarded, while poor practice is highlighted and actively discouraged. We are dedicated to ensuring that services are delivered in a way that is personalised, with a strong focus on individual choice and control that takes account of issues of diversity and equality.

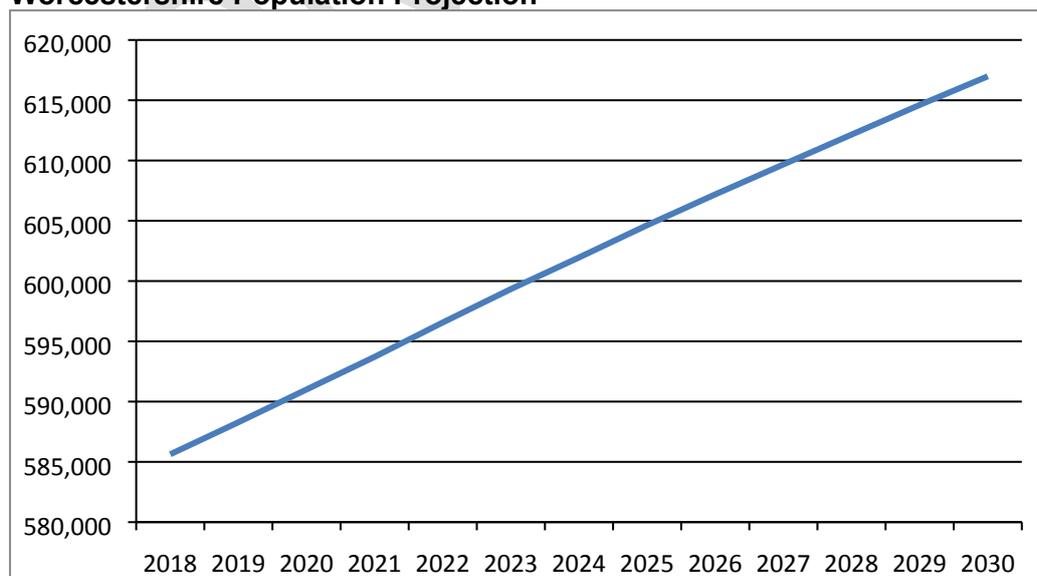
We recognise the invaluable contribution that statutory partners, providers and community/voluntary organisations continue to make in maintaining a sustainable market that provides high quality, cost effective, care and support.

The introduction of The Care Bill in 2014 is designed to ensure that the focus in health and social care is on the overall wellbeing of the individual and that this is at the forefront of any care and support they receive. It emphasises, amongst other things, the need to promote individual wellbeing, taking into account the views, feelings and wishes of the individual about the care and support they receive. This should consider all aspects of their wellbeing including physical and mental health, dignity and respect and control over their daily needs.

As a result of a growing and aging population and financial pressures, Worcestershire County Council we will all need to be innovative in the way we deliver adult social care throughout the County, including working to build new capacity across the voluntary and community sector.

The graph below shows the total population of Worcestershire where the population is projected to increase from 586,000 in 2018 to 617,000 in 2030.

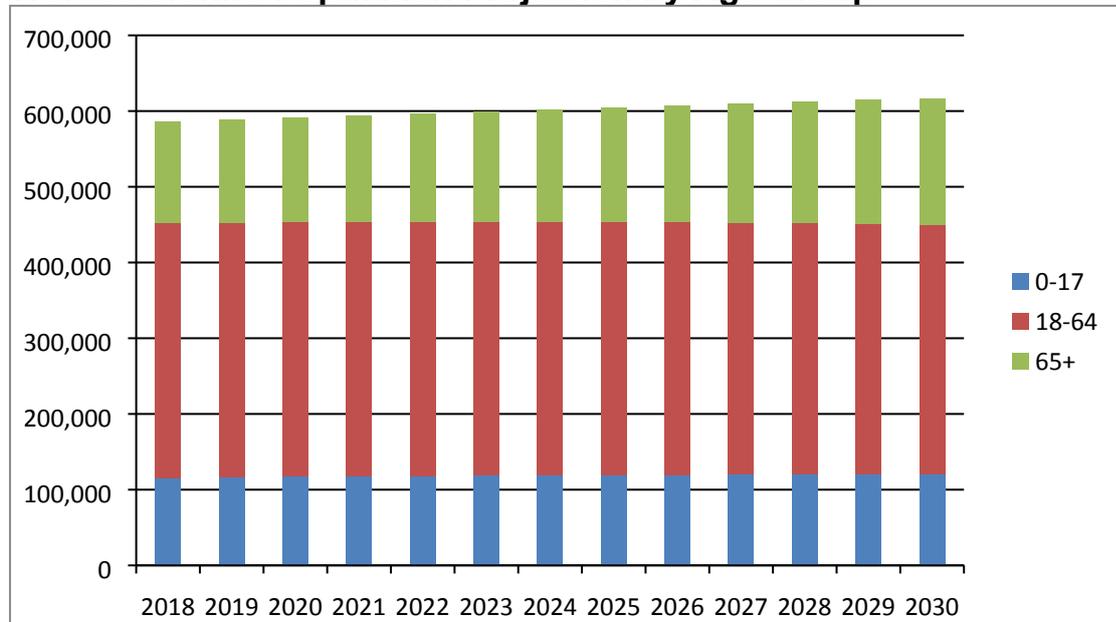
Worcestershire Population Projection



Source: Office for National Statistics, Subnational population projections for England: 2014-based projections

Nearly all of the projected growth in the population is amongst those aged 65 and over, with this group projected to increase by 34,000 or 25% by 2030. The appendix provides further details showing that most of the projected growth is amongst those aged 75 and over, with this group projected to grow by 30,000 or 50% by 2030.

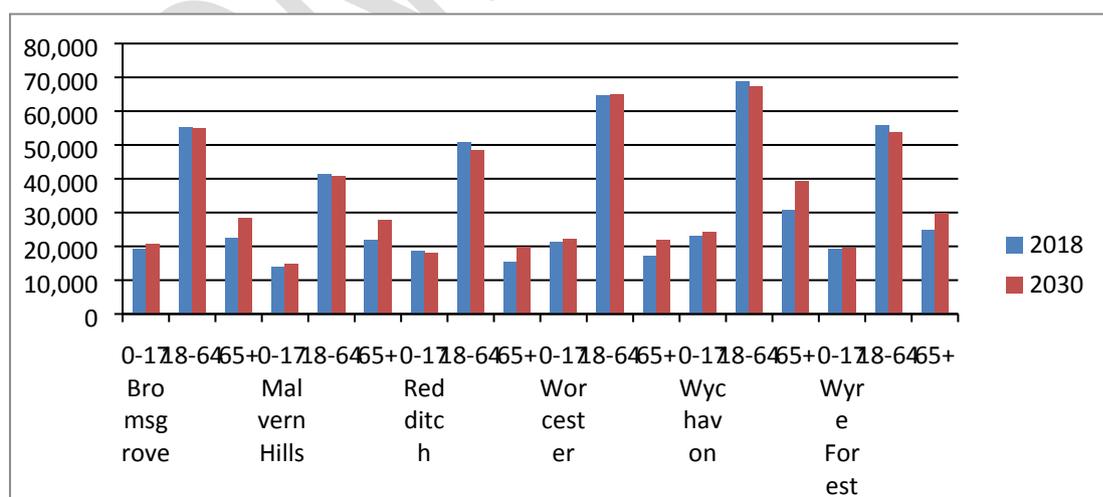
Worcestershire Population Projection by Age Group



Source: Office for National Statistics, Subnational population projections for England: 2014-based projections

In every district the largest projected increases in population are amongst the 65 and over group.

Population Projection by District



Source: Office for National Statistics, Subnational population projections for England: 2014-based projections

Wider context to commissioning in Worcestershire

The Council's aims within Adult Social Care are to achieve long term quality outcomes, manage demand and reduce costs in doing so there are a number of pressures and drivers to consider. These include:

Finance - Although the Government has made several announcements on social care such as the Improved Better Care Fund and the Social Care Precept the sector still faces significant challenges to meet future demand.

Integration and STPs - There remains a drive for greater integration as a route to efficiency and better outcomes in the sector. An example of this is the development of Sustainability and Transformation Plans. STPs are five-year plans covering all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services. Nationally, forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with 1 specifically covering Worcestershire and Herefordshire. The impact for the market is that there will be an increasing need to work with multiple commissioners and get consistency in approach across STP footprints. Providers may also see more integrated services commissioned with tenders looking at both health and care needs.

The Care Act 2014 - this act has significantly impacted on how Adult Social Care operates across Worcestershire and in order to continue to deliver within the cash limit with a particular focus on:

- The full roll out of Three Conversation Model across Adult Social Care social work teams
- Reviewing all packages of care to ensure they are fit for purpose and continue to support the needs of individuals
- Making best use of Occupational Therapists and ensuring they have, where appropriate, input in the delivery of care
- Increasing the use and capacity of in-house services to support discharge from hospital
- Facilitating greater independence for people with a disability in areas such as supported living and day services
- Using new and emerging technology to deliver a Technology Enabled Care approach and further improve outcomes for people
- Continuing with plans to deliver Extra Care housing for older people with a renewed focus on closer working across Health, Housing and Adult Social Care
- Building new capacity across the voluntary and community sector

Supporting the development of the emerging Integrated Care Teams across the Worcestershire

Adult Social Care Provider Workforce

The estimated number of adult social care jobs in the Worcestershire area was 15,500 including 1,200 managerial roles, 800 regulated professionals, 11,500 direct care (including 8,400 care workers), and 2,000 other-non-care providing roles.

Around a quarter (25%) of the workforce in Worcestershire were on zero-hours contracts.

Approximately half (47%) of the workforce worked on a part-time basis, 43% were full-time and the remaining 10% had no fixed hours

The majority (85%) of the workforce in Worcestershire are female and the average age was 44 years old. Those aged 24 and under made up 11% of the workforce and those aged over 55 represented 26%. Given this age profile approximately 3,900 people will be reaching retirement age in the next 10 years.

Care Sector Wages. The sector faces high vacancy and turnover rates and greater competition with other sectors to fill vacancies. Staff that leave usually go on to work in health service, but other sectors including retail are now more attractive due to the national living wage.

Average pay rate of selected job roles by area

	England	Region	Area
Full-time equivalent annual pay			
Social worker	£33,300	£33,200	£30,900
Registered nurse	£27,900	£28,900	£30,100
Hourly pay			
National Living Wage	£7.50	£7.50	£7.50
Senior care worker	£8.66	£8.81	£9.13
Care worker	£7.85	£7.97	£8.09
Support & outreach	£9.11	£9.45	£9.35

Source: Skills for Care (March 2018) - <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/Local-authority-area-summary-reports/West-Midlands/Worcestershire-Summary.pdf>

Within Worcestershire there are areas of high employment e.g. Wychavon this aligned to a dispersed population base make recruitment of care staff more difficult

Brexit and Overseas recruitment – It has been estimated that close to 80,000 workers in the care sector could lose their right to work in the UK following a British exit from the European Union. Providers within Worcestershire have expressed concerns and about the loss of workers from other non-EU countries due to current immigration rules

Managing Delivery of High Quality Services:

Worcestershire County Council is continuing to develop the Quality Assurance model including the profiling of providers financial accounts on a regular basis providing the Council with additional insight into the stability of the marketplace

In some areas Performance will continue to be monitored via electronic workbooks and with additional emphasis being placed on Electronic Care Monitoring (ECM), particularly for Domiciliary Care.

Commissioning and Managing Service Delivery

Adults Services Leaderships Team's key focus is to:

- **Reduce** the number of Older and younger adults whose long term support needs are met by admission to care homes
- **Increase** the number of people whose short term support services enable them to live independently for longer

- **Increase** the number of older people who stay at home following reablement or rehabilitation
- **Sustain** the current performance on delayed transfer of care from hospital

To support delivery on these key areas Worcestershire County Council groups services and activities into four broad areas over which there is strategic commissioning oversight. These are;

- Supporting People with a Learning Disability
- Supporting Older People and People with a Physical Disability or Sensory Impairment at home and in the community
- Supporting Older people and people with a Physical Disability in a Care Home
- Supporting People with Mental Health issues

Worcestershire County Council has recognised that managing across these broad areas can deliver:

- Improved outcomes and quality of care for individuals
- Sustainability of service provision and the market, including excellent, commercially focussed, contract management
- Savings through increased efficiency, understanding of markets and planning of service delivery

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Supporting People with a Learning Disability:

The Council funds around 1,440 adults with a Learning Disability who are eligible for packages of care under the Care Act 2014. The following types of support are commissioned to meet these eligible assessed needs:

- Learning Disability Residential and Nursing Care placements
- Supported Living placements
- Shared Lives placements
- Domiciliary Care
- Learning Disability Day Services
- Learning Disability Replacement Care (Overnight Respite) Services
- Transport

Worcestershire County Council also funds packages of support through Direct Payments, where individuals choose and purchase their own support. Approximately 450 people with learning disabilities currently receive a Direct Payment from the Council.

Key current and future commissioning priorities for Worcestershire to support people with a Learning Disability include:

- To continue to work with providers to develop Supported Living provision, including provision which meets complex needs, in Worcestershire, in line with the Council's Supported Living Strategy
- Development of additional provision in Worcestershire for 16-25 year olds, including options for developing residential college provision within Worcestershire
- The continued development of a mixed market of day service and replacement care (overnight respite) support.

For example, externally-provided Day Services for people with Learning Disabilities are now commissioned under a revised specification and contract through a DPS (Dynamic Purchasing System) opened up to providers monthly to encourage more choice in the market. The external provision complements a range of Council-provided day service provision, ensuring variety and quality of services in Worcestershire as a whole, based on a mixed market of services available to extend customer choice

The Worcestershire Learning Disability Provider Forum is an opportunity for providers to hear about Worcestershire County Council's commissioning priorities for Learning Disability Services, hear about future opportunities and share best practice. Join up at <https://www.yammer.com/wldpf> (by requesting an invite).

Supporting Older People and People with a Physical Disability at Home and in the Community:

The Council funds 3014 Older People and People with a Physical Disability in community settings (as at July 2018).

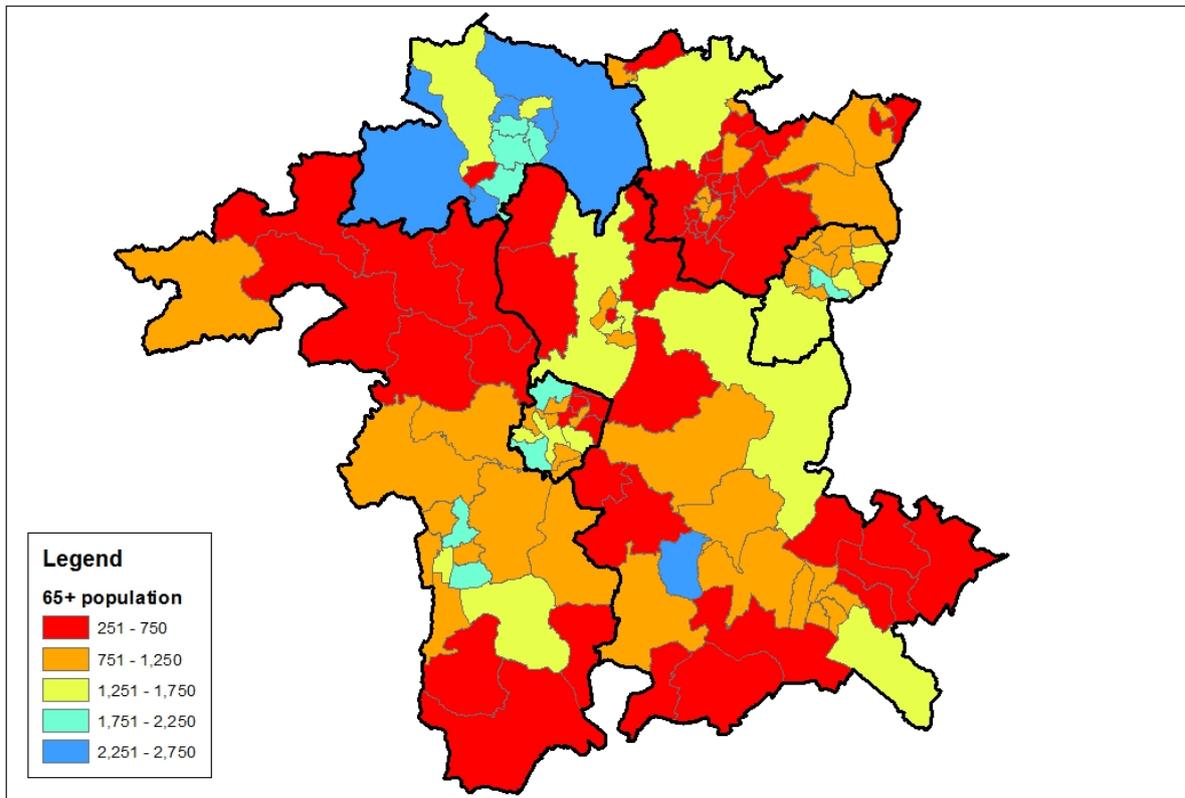
Older People (65+) Population Projections

Area	2018	2019	2020	2023	2028	5 year % change	10 year % change
Bromsgrove	22,264	22,671	22,973	23,964	26,104	8%	17%
Malvern Hills	21,779	22,155	22,480	23,710	26,199	9%	20%
Redditch	15,511	15,911	16,228	17,217	18,517	11%	19%
Worcester	17,372	17,666	17,928	18,746	20,742	8%	19%
Wychavon	31,290	32,040	32,690	34,781	38,878	11%	24%
Wyre Forest	24,900	25,278	25,547	26,410	28,238	6%	13%
Worcestershire	133,116	135,720	137,847	144,828	158,678	9%	19%

Source: Office for National Statistics, 2016-based subnational population projections

Wychavon has the largest population aged 65 and over and is also projected to see the largest percentage increases in this age group.

The map below shows the 65 and over population by ward. To some extent the size of the population reflects the number of wards in a district with Bromsgrove and Wychavon having a much larger number of wards than other districts.



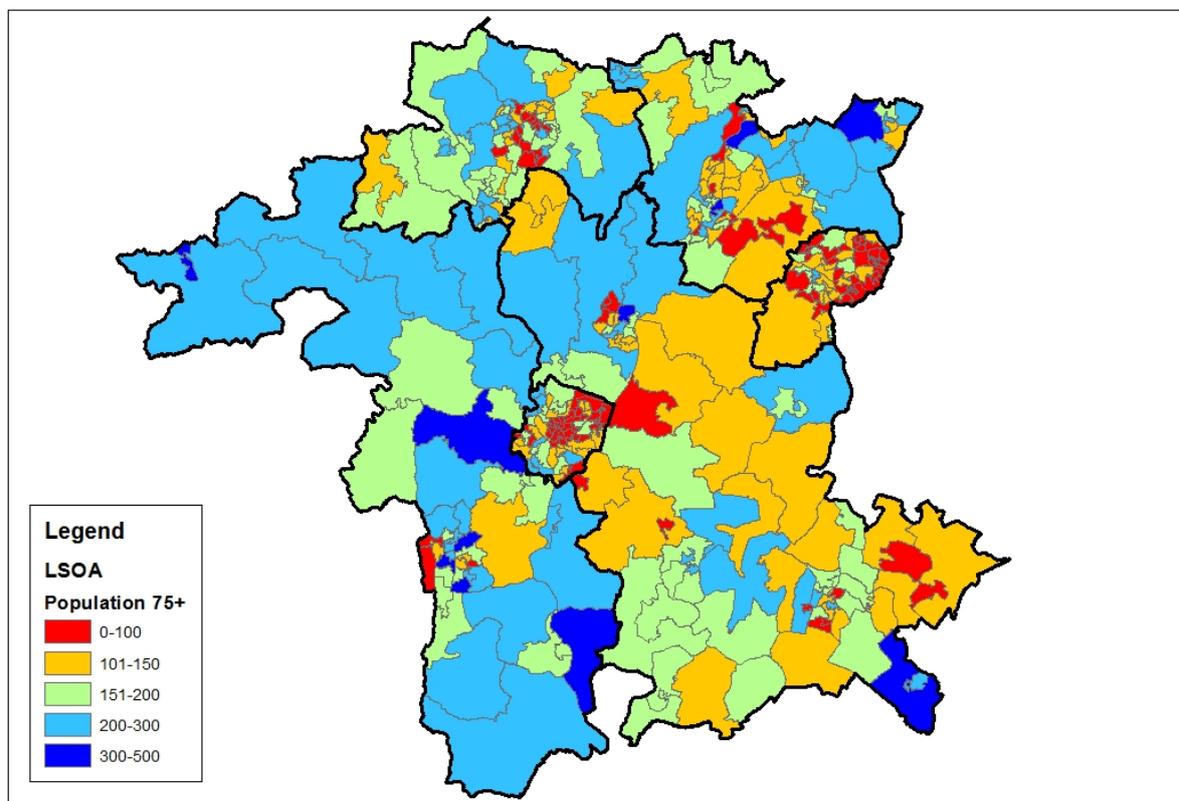
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65+ population by ward

Produced by Market Management and Research (July 18)



The 75 and over population by Lower Super Output Area provides a better indication of the relative concentration of older people as LSOAs have a population of around 1,500.



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Population aged 75+ by LSOA

Produced by Market Management and Research (July 18)



The commissioning activity in Worcestershire to support Older People and People with a Physical Disability at home and in the community includes:

1. Care and Support received within an individual's home e.g. Reablement, Domiciliary care

Homecare is vital for people with care and support needs to remain at home, yet it is the most fragile part of the social care market. Market instability can have a significant impact on the lives and experience of people who use care and support. The homecare provider market in Worcestershire is diverse, with a high number of small and medium enterprises, as well as larger, corporate, providers. The Council has to balance the responsibility to develop and arrange high quality care that gives people choice and control, with the necessity to make significant savings in budgets, whilst maintaining sustainable markets with a sufficient workforce capacity. Likewise, providers have to balance quality, increasing costs, and risks to their financial viability and their ability to recruit and retain suitable workers. This balance is increasingly hard to achieve and the viability of contracts becomes key, along with active engagement between commissioners and providers to develop positive business relationships and the shared aim of delivering good quality, sustainable care.

The intention in Worcestershire is to deliver an Outcomes Based Commissioning approach for Domiciliary Care. We will achieve this by working with a number of trusted, high quality domiciliary care providers to ensure an OBC approach with the implied behaviours and ways of working is delivered consistently across Worcestershire for the benefit of the people who require domiciliary care. The model will also reflect the need to develop even closer business relationships recognising the need to deliver sustainable and high quality care.

Focussing on peoples outcomes and supporting the Three Conversation model, which is being adopted by Adult Social Work teams across Worcestershire in 2018, will allow for scope to review and potentially develop the reablement model within Worcestershire supporting people to remain at home where ever possible.

2. Community-based support at home e.g. voluntary sector services

The Council will continue to work with voluntary sector to ensure that the services they deliver are both innovative and cost effective. Increasingly the Council will work with voluntary sector providers to support them to access to alternative funding streams and identify opportunities to become even less reliant on Council funding.

3. Day Opportunities/Care

There are 11 providers who have contracts with the Council to provide day opportunities for Older People, People with a Physical Disabilities, Sensory Impairment and People living with Dementia.

The day care market is static in terms of numbers of people having fully supported day services.

The Council is working with providers to embrace new and differing models of providing day opportunities and supporting a move away from building based day care services.

4. Housing-based Care and Support e.g. Extra Care

The term 'extra care housing' has become one of the most widely used and adopted as the generic term for purpose designed, self-contained, housing for older and disabled people with care and support.

There are currently 869 Extra Care units within Worcestershire. These are located across the County as per the table below.

North Worcestershire		Total units	Minimum age
Arch Hill	Kidderminster	97	55 years
Berrington Court	Kidderminster	100	55 years
Dorothy Terry House	Redditch	42	55 years
Gilbert Court	Bromsgrove	92	55 years

St. David's	Redditch	54	55 years
Terryspring Court	Redditch	58	55 years
School Gardens	Stourport	60	55 years
South Worcestershire			
Clarence Park	Malvern	101	55 years
Meadow Court	Worcester	57	55 years
Noble House	Worcester	60	55 years
Yates Court	Evesham	95	55 years
Cherry Orchard	Pershore	53	55 years

Worcestershire County Council with its District and Borough Council partners has developed a countywide strategy for extra care housing for older and disabled people. The strategy sets out the framework for the future development of extra care housing in Worcestershire. It covers the period 2012-2026. The report can be found here: http://www.worcestershire.gov.uk/downloads/file/4269/worcestershire_extra_care_housing_strategy

Through the delivery of the strategy it is planned to make extra care housing an increasingly well-known and chosen form of specialist accommodation in every District of the County. It will be available for people who want to buy and for people who want to rent. The local authorities will take a leading role in enabling extra care housing and they will encourage and work with providers from the social, charitable and private sectors to deliver the extra care housing required in Worcestershire.

5. Home Improvements e.g. Integrated Equipment Services and Home Improvement Agencies
6. Technology enabled lives i.e. the use of technology to support people to remain at home

The Council, through its Technology Enabled Lives programme, will provide Assistive Technology options to social workers to enable them to develop a technology first approach when considering peoples care and support needs.

- The Council anticipates to use the latest technology to support the delivery of Domiciliary Care, Supported living and Extra Care for older people, people with mental health and learning disabilities.
- Implementation of 'technology first' approach when developing new care packages
- Supporting changes in front line work practices to ensure that social workers have the skills to make informed decisions regarding the use of Assistive Technology aids
- Deliver a pilot during 2019/2020 to understand the better the possibilities of using technology and artificial intelligence. The Council intends to procure an Assistive Technology partner following the pilot.

7. Sensory Impairment

As referred to in Table 5: Projected number of older people with sensory impairments, by 2030 there is predicted to be around 122,000 people in Worcestershire with a hearing loss and/or a visual impairment.

Key current and future commissioning priorities for Worcestershire to support people with a Sensory Impairment include:

- Awareness and Prevention - Worcestershire residents understand the importance of looking after their sight and hearing
- Support for Independence - People living with sensory impairment in Worcestershire are supported to take the maximum possible control over living as independently as possible, while also getting direct assistance when required
- Information and Advice - access to information and advice to manage their health and wellbeing
- Engagement and Participation – ensure people with a sensory impairment are involved in decisions that may affect the way in which they are able to live in Worcestershire

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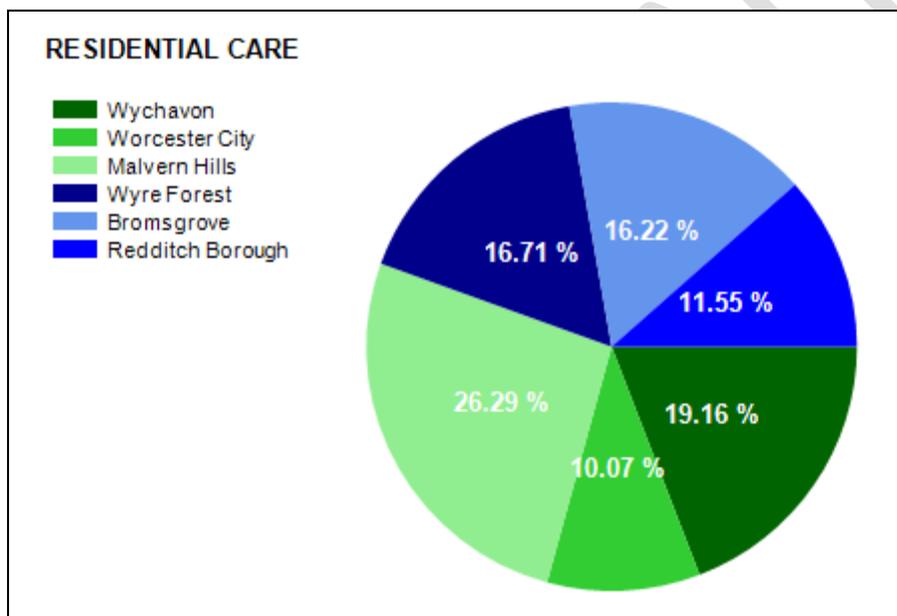
Supporting Older People and People with a Physical Disability in a Care Home

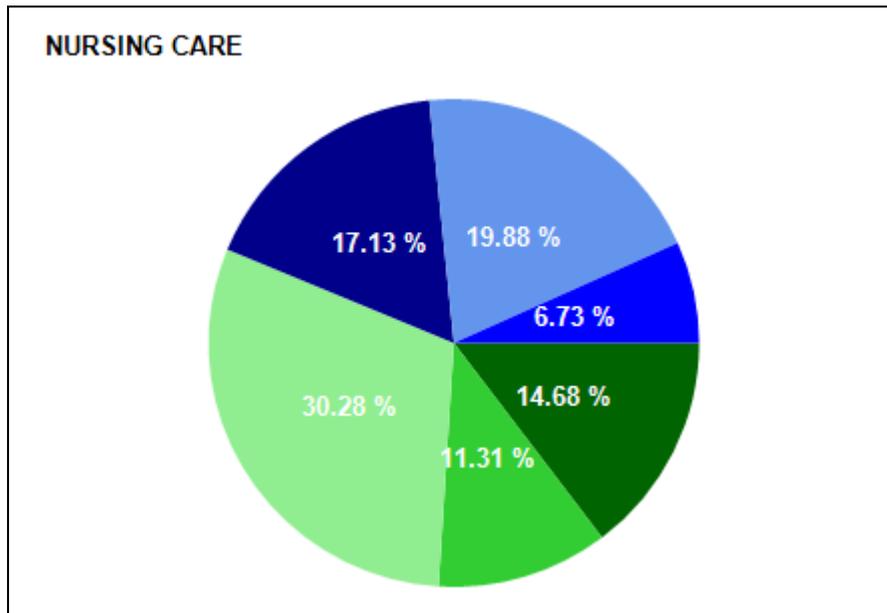
As at 30th June 2018 there were 60 care homes registered with CQC for the provision of long term nursing services for older people within Worcestershire (approximately 2800 beds) and 67 for residential care (approximately 2150 beds). One of the residential homes is owned by the Council.

Worcestershire County Council funds the long term care of 1506 older people in care homes (644 for a nursing service and 862 for a residential service). Over 90% are in care homes within the County. (July 2018)

Between June 2017 and May 2018 (12 months) 734 new long term placements were made by Worcestershire County Council into care homes within the County (327 for nursing and 407 for residential care) – an average of 62 per month.

The distribution of new long term placements over the last 12 months within the County has been:





We are aiming to ensure that the most effective and efficient services are available for our Worcestershire clients by:

- Reducing hospital admissions from Residential and Nursing Care
- Identifying types of service which are difficult to source and considering new commissioning approaches to meet those needs. A current example is the provision of residential care for people who are mobile and exhibit behaviours that challenge as a result of dementia or other conditions.
- Making better use of technology through the Technology Enabled Lives programme
- Using short term interventions, such as Discharge To Assess beds to ensure that an presented need for care home admission upon hospital discharge is the right decision
- Exploring the potential to further develop in-house provision for specialist services
- Looking at different models to meet different needs e.g. block purchase arrangements
- Working closely with partners to contribute to new initiatives such as the implementation of the ReSPECT process, supporting STP-based work to support a consistent approach to End-of-Life care, development of Neighbourhood teams who work closely with local homes and ensure alignment of homes to a named GP etc.
- Contribute to system-wide work to further understand workforce pressures and potential actions.
- Looking at the potential to develop joint contracts with the CCGs

Supporting People with Mental Health issues:

Worcestershire County Council funds around 350 adults with Mental Health issues who are eligible for packages of care under the Care Act 2014 or the Mental Health Act 1983. The following types of support are commissioned to meet these eligible assessed needs:

- Mental Health Residential and Nursing Care placements
- Supported Living placements
- Domiciliary Care

Worcestershire County Council also funds packages of support through Direct Payments, where individuals choose and purchase their own support. Approximately 70 people with mental health issues currently receive a Direct Payment from the Council.

Key current and future commissioning priorities for Worcestershire to support people with Mental Health needs include:

- To continue to work with providers to develop Supported Living provision, including provision which meets complex needs, in Worcestershire, in line with the Council's Supported Living Strategy
- Development of additional residential care provision in Worcestershire for adults with long-term Mental Health issues, providing a recovery-focussed approach to enable people to continue their recovery within community settings.
- Optimise access to Direct Payments for people with mental health issues to enable them to choose and purchase their own support.

Supporting Carers in Worcestershire:

There are around 7 million carers in the UK - around one in ten people. By 2037, the number of carers will increase to around 9 million. The value of unpaid care carers give in the UK is estimated at £132 billion (Carers UK Valuing Carers 2015).

Worcestershire County Council supports carers through the:

- Commissioning and provision of replacement care/overnight short breaks services which enable carers to continue their caring role. We recognise the value that carers provide – for example, in Worcestershire, on average it costs over £500 more per week to support someone with learning disabilities in an external Supported Living or Residential placement than the weekly cost to support someone living at home with a family carers
- Commissioning of the Carers Hub, which is delivered by Worcestershire Association of Carers • In 2017/18 there was a total investment of £1.87m in the Carers Hub by Worcestershire County Council and Health.

In 2017/18 the Carers Hub recorded that there were:

- 12,500 Carers on the carers register
- 3501 Carer Emergency Cards issued
- Training courses on which 281 Carers attended
- 1240 Carers supported through peer support networks
- 2947 Carer referrals of which 1394 were for new Carers

Key current and future commissioning priorities for Worcestershire to support Carers include:

- Further development an strengths based approach when supporting Carers, ensuring carers are connected and stay connected to their support networks and in turn preventing, reducing or delaying the need for other services
- To support the effectiveness of Neighbourhood teams and the Three Conversation Model in Social Work teams through increasing our partnership working with Worcestershire Association of Carers
- Continuation and development of services for people with care and support needs who are supported by family carers, for example replacement care provision and day services.

Appendix 1 – Population Demographics

Table 1: Adult Population by Age and Gender, 2016

Area	Gender	18-44	45-64	65-74	75-84	85+	Total
Bromsgrove	Male	14,254	13,605	5,580	3,209	1,094	37,742
	Female	14,089	13,869	5,840	3,726	2,155	39,679
	Total	28,343	27,474	11,420	6,935	3,249	77,421
Malvern Hills	Male	9,380	11,119	5,496	3,169	1,100	30,264
	Female	9,663	11,519	5,730	3,502	1,938	32,352
	Total	19,043	22,638	11,226	6,671	3,038	62,616
Redditch	Male	14,797	10,824	4,523	1,857	565	32,566
	Female	14,675	11,305	4,463	2,128	1,107	33,678
	Total	29,472	22,129	8,986	3,985	1,672	66,244
Worcester	Male	19,360	12,670	4,380	2,372	731	39,513
	Female	19,585	12,483	4,730	2,985	1,562	41,345
	Total	38,945	25,153	9,110	5,357	2,293	80,858
Wychavon	Male	16,561	17,752	8,263	4,383	1,402	48,361
	Female	16,808	18,548	8,399	4,918	2,560	51,233
	Total	33,369	36,300	16,662	9,301	3,962	99,594
Wyre Forest	Male	14,643	13,412	6,846	3,420	1,038	39,359
	Female	14,559	13,902	7,127	3,906	1,851	41,345
	Total	29,202	27,314	13,973	7,326	2,889	80,704
Worcestershire	Male	88,995	79,382	35,088	18,410	5,930	227,805
	Female	89,379	81,626	36,289	21,165	11,173	239,632
	Total	178,374	161,008	71,377	39,575	17,103	467,437

Source: Office for National Statistics, mid-2016 population estimates

Across all districts the highest percentage growth between 2018 and 2030 is projected to be amongst those aged 75 and over.

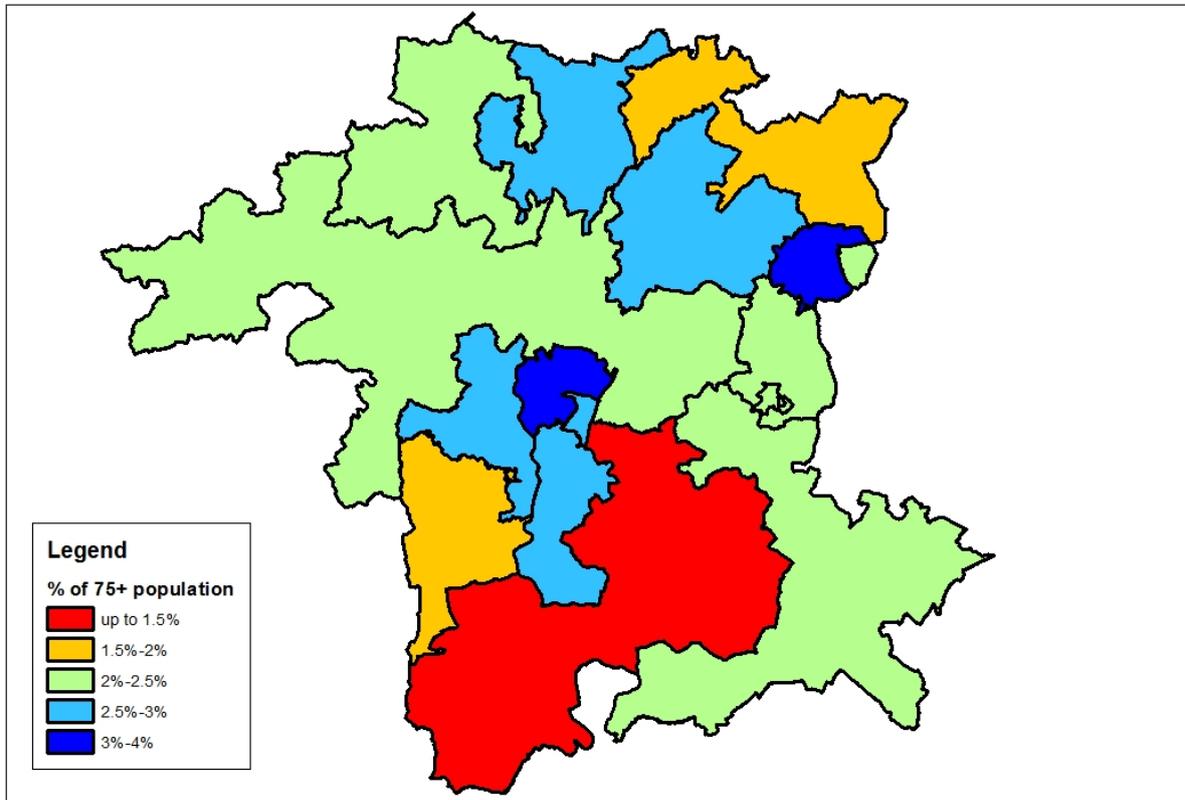
Table 2: Adult Population Projections, 2018-2030

Area	Age	2018	2020	2025	2030	% change 2018 - 2030
Bromsgrove	18-64	55,418	55,322	55,283	54,899	-1%
	65-74	11,736	11,735	11,639	12,816	9%
	75+	10,761	11,596	13,845	15,494	44%
	Total	77,916	78,653	80,767	83,209	7%
Malvern Hills	18-64	41,556	41,532	41,226	40,686	-2%
	65-74	11,475	11,362	11,073	12,249	7%
	75+	10,444	11,306	13,922	15,570	49%
	Total	63,475	64,200	66,222	68,504	8%
Redditch	18-64	50,763	50,161	49,151	48,396	-5%
	65-74	9,579	9,700	9,383	9,519	-1%
	75+	6,019	6,682	8,748	10,274	71%
	Total	66,361	66,544	67,282	68,188	3%
Worcester	18-64	64,659	64,781	64,977	65,039	1%
	65-74	9,382	9,554	9,519	10,609	13%
	75+	7,988	8,436	10,103	11,304	42%
	Total	82,029	82,771	84,599	86,952	6%
Wychavon	18-64	68,737	68,616	68,321	67,242	-2%
	65-74	16,893	16,898	16,561	18,355	9%
	75+	13,984	15,230	18,801	21,087	51%
	Total	99,614	100,744	103,683	106,683	7%
Wyre Forest	18-64	55,805	55,380	54,818	53,810	-4%
	65-74	13,818	13,423	12,223	13,210	-4%
	75+	11,127	12,274	15,220	16,622	49%
	Total	80,750	81,077	82,260	83,642	4%
Worcestershire	18-64	336,939	335,792	333,776	330,073	-2%
	65-74	72,884	72,672	70,399	76,757	5%
	75+	60,322	65,524	80,638	90,350	50%
	Total	470,145	473,988	484,813	497,179	6%

Source: Office for National Statistics, mid-2016 population estimates

Number of domiciliary care packages as a proportion of the 75+ population:

The map below shows the number of domiciliary care packages in each GP cluster area as a proportion of the 75 and over population in each area. Areas with a low proportion of packages relative to the 75 and over population could indicate that a higher proportion of the 75 and over population are self-funders.



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Number of packages as a proportion of the 75+ population

Produced by Market Management and Research (May 18)



The largest increases in older people living alone are projected to be amongst those aged 75 and over, reflecting population growth for this age group.

Table 3: Projected number of older people living alone

Area	2018		2030		% change 2018-2030	
	65-74	75+	65-74	75+	65-74	75+
Bromsgrove	2,940	5,285	3,220	7,626	10%	44%
Malvern Hills	2,910	5,136	3,060	7,538	5%	47%
Redditch	2,400	2,931	2,400	4,892	0%	67%
Worcester	2,360	3,962	2,660	5,543	13%	40%
Wychavon	4,230	6,805	4,620	10,225	9%	50%
Wyre Forest	3,470	5,387	3,320	8,135	4%	51%
Worcestershire	18,270	29,655	19,280	44,081	6%	49%

Source: Projecting Older People Population Information System

CONFIDENTIAL

Worcestershire is relatively affluent overall, but does have pockets of deprivation.

Table 4: Population by level of deprivation

Level of Deprivation	Population	% of population
20% most deprived areas in England	43,271	7%
20-40% most deprived areas in England	97,966	17%
40-60% most deprived areas in England	116,986	20%
20-40% least deprived areas in England	168,990	29%
20% least deprived areas in England	151,380	26%

Source: Health Deprivation and Disability domain of the English Indices of Deprivation 2015

CONFIDENTIAL

Projected increases in people aged 65 and over with sensory impairments are similar across districts reflecting similar rates of population growth in this age group.

Table 5: Projected number of older people with sensory impairments

Area	Impairment	2018	2020	2025	2030	% change 2018-2030
Bromsgrove	hearing loss	13,850	14,509	16,138	18,221	32%
	visual impairment	1,982	2,093	2,361	2,627	33%
Malvern Hills	hearing loss	13,484	14,172	15,932	18,126	34%
	visual impairment	1,928	2,034	2,358	2,605	35%
Redditch	hearing loss	8,976	9,547	10,917	12,351	38%
	visual impairment	1,294	1,361	1,605	1,809	40%
Worcester	hearing loss	10,490	10,965	12,146	13,733	31%
	visual impairment	1,518	1,574	1,784	1,995	31%
Wychavon	hearing loss	18,642	19,654	22,081	25,102	35%
	visual impairment	2,682	2,831	3,274	3,646	36%
Wyre Forest	hearing loss	14,952	15,723	17,348	19,308	29%
	visual impairment	2,149	2,275	2,580	2,797	30%
Worcestershire	hearing loss	80,394	84,570	94,562	106,840	33%
	visual impairment	11,559	12,205	13,936	15,505	34%

People aged 65 and over predicted to have some hearing loss and a moderate or severe visual impairment. Source: Projecting Older People Population Information System

Much of the projected increase in people with dementia is forecast to be amongst those aged 65 and over age, reflecting the population growth projected for this group.

Table 6: Projected number of adults (aged 30+) with dementia

Area	Age	2018	2020	2025	2030	% change 2018 - 2030
Bromsgrove	30-64	27	28	29	28	4%
	65+	1,681	1,781	2,075	2,439	45%
	Total	1,708	1,809	2,104	2,467	44%
Malvern Hills	30-64	23	24	24	23	0%
	65+	1,620	1,708	2,033	2,434	50%
	Total	1,643	1,732	2,057	2,457	50%
Redditch	30-64	22	22	22	21	-5%
	65+	970	1031	1211	1459	50%
	Total	992	1,053	1,233	1,480	49%
Worcester	30-64	25	25	27	25	0%
	65+	1,219	1,306	1,508	1,723	41%
	Total	1,244	1,331	1,535	1,748	41%
Wychavon	30-64	36	37	39	36	0%
	65+	2,167	2,282	2,687	3,207	48%
	Total	2,203	2,319	2,726	3,243	47%
Wyre Forest	30-64	27	27	29	28	4%
	65+	1,649	1,790	2,175	2,520	53%
	Total	1,676	1,817	2,204	2,548	52%
Worcestershire	30-64	161	164	169	163	1%
	65+	9,277	9,867	11,676	13,873	50%
	Total	9,438	10,031	11,845	14,036	49%

Source: Projecting Adult Needs and Service Information and Projecting Older People Population Information System

Projected increases in people aged 65 and over with care and support needs are similar across districts reflecting similar rates of population growth in this age group.

Table 7: Projected number of older people with care and support needs

Area	Need	2018	2020	2025	2030	% change 2018-2030
Bromsgrove	self-care	7,660	8,069	9,044	10,300	34%
	domestic tasks	9,319	9,831	11,045	12,546	35%
Malvern Hills	self-care	7,494	7,818	8,880	10,092	35%
	domestic tasks	9,138	9,556	10,867	12,314	35%
Redditch	self-care	4,837	5,139	5,985	6,692	38%
	domestic tasks	5,871	6,272	7,355	8,212	40%
Worcester	self-care	5,807	6,010	6,726	7,628	31%
	domestic tasks	7,068	7,336	8,234	9,301	32%
Wychavon	self-care	10,173	10,716	12,266	13,910	37%
	domestic tasks	12,403	13,098	15,028	17,000	37%
Wyre Forest	self-care	8,074	8,565	9,579	10,813	34%
	domestic tasks	9,865	10,505	11,769	13,221	34%
Worcestershire	self-care	44,125	46,271	52,493	59,559	35%
	domestic tasks	53,782	56,536	64,303	72,755	35%

People aged 65 and over unable to manage at least one self-care activity or domestic task on their own. Source: Projecting Older People Population Information System

Key service commissioning - timeline

The milestones below illustrate specific commissioning intentions of the Worcestershire County Council.

Area	Key milestones
Domiciliary Care	<ul style="list-style-type: none"> • New DPS implemented – April 2019 • Key OBC partners identified – April 2019 • OBC Implemented – 2019/2020
Technology Enabled Care	<ul style="list-style-type: none"> • Pilot complete – April 2020 • Procurement starts – Sept 2019 • Service starts – April 2020
Support at Home service (Voluntary Sector)	<ul style="list-style-type: none"> • Tender advertised – November 2018 • Service starts – April 2019
Learning Disabilities	
Supported Living	<ul style="list-style-type: none"> • New DPS implemented – April 2019
Replacement Care	<ul style="list-style-type: none"> • Tender advertised – October 2018 • Contract award – December 2018 • New contract start date April 2019
Commissioning of placements for people with complex needs	<ul style="list-style-type: none"> • Market engagement – Autumn 2018 • Tender – Q4 2018/19 • Contract award – Q1 2019/20
Supported living planned developments on WCC land	<ul style="list-style-type: none"> • Droitwich – This specialised supported housing will consist of 2 x 6 bedroom bungalows. <ul style="list-style-type: none"> • tender – Q4 2018/19 • build completed Q4 2019/20 2019/ • Kidderminster - 12 flats complex/challenging behaviours and small nursing home – <ul style="list-style-type: none"> • Q4 2020.
Mental Health	
Dementia post diagnostic support	<ul style="list-style-type: none"> • Tender advertised – September 2018 • New contract start – April 2019

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Promoting Independence:

Our vision for transforming Adult Social Care in Worcestershire



Adult Services Business Plan

2018 - 2022

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Introduction from Cabinet Member with Responsibility for Adult Social Care



This document sets out our priorities for the period April 2018 to March 2021 and follows-on from the vision, set out in our plan for the County, Shaping Worcestershire's Future:

“Worcestershire residents are healthier, live longer, have a better quality of life and remain independent for as long as possible. We will work together with partners and communities to enable Worcestershire residents to make responsible choices, when planning their lives to achieve the best possible outcomes. We will enable individuals to become or remain independent, self-reliant and an integrated part of their local communities.”

In order to help people to achieve these goals we recognise that adult social care has an essential role to play:

- helping people to stay healthy and supported to live in their local community with choice and control;
- providing information and services to help prevent and postpone the need for care and support, and educate people about the choices they may have if they do need care;
- ensuring social care is responsive to residents' needs and is seamless between different parts of the system;
- buying and providing services that are safe and ensuring people are satisfied with the quality of their care and support

However, these ambitious aims are also a corporate responsibility and the needs of people with disabilities, older residents and their carers, who need support, will be central to our decision making about services. These will range from traffic lighting and street landscape design through to working closely with Children's services to join up our services for young adults who are transferring to an adult service.

We will work in partnership with our District, Borough and Parish council colleagues on issues such as community safety, housing, leisure and economic regeneration. We will ensure that the needs of people in need of support are understood and acted on.

Our partnership with health colleagues will be a central part of what we do. We will seek opportunities to make practical changes that provide 'joined up' care or save money so that our whole health and social care system is more sustainable.

There is national recognition about the pressures that social care is working under and Worcestershire is no exception. We celebrate the fact that people are living longer but age may bring frailty. We are also working with more people with disabilities. This brings unprecedented financial pressure to which we need to respond. This will mean:

- maximising the independence of adults in our community, and championing a strengths based approach to meeting needs through the '3 Conversations' model (3CM);
- fully realising the benefits that can be gained by health and social care co-ordinating care around people's needs through more integrated and/or aligned ways of working;
- streamlining customer pathways to improve the experience for service users and to provide more efficient and effective interventions;
- ensuring staff are confident and equipped to deliver vital services, and they feel inspired and positive about the work that they do
- continuing to recognise and support the role of carers.

and, when we do change things we will always seek to involve our service users, their families and our staff

Councillor Adrian Hardman
Cabinet Member with Responsibility for Adults Social Care

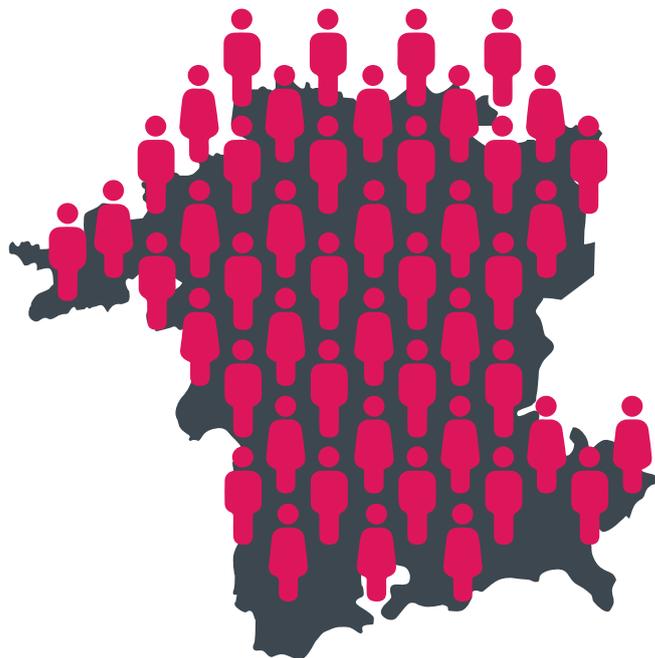
About Worcestershire

Worcestershire is a predominantly rural county (85%) with some urban areas.

The total population of Worcestershire is

583,491

with **71,377** residents aged **65-74** and a further **56,678** aged **75** and over.



(ONS 2016 revised mid-year estimates)

Of the population of Worcestershire living in urban areas, it has a relatively affluent profile overall but does have pockets of deprivation with around 19% of residents living in the top 30% of deprived areas in the country.

In general, the highest rates of income deprivation in older people are in the less affluent parts of the county's urban centres, although there are a few pockets in rural areas.

There are 3 NHS Clinical Commissioning Groups in Worcestershire. These are Redditch and Bromsgrove, Wyre Forest and South Worcestershire. These are overseen by one Accountable Officer who also oversees Herefordshire CCG. We have one Acute NHS Trust and one Community NHS Trust in the County.

Worcestershire County Council has jointly developed the Herefordshire and Worcestershire STP plans and is engaged at all levels of governance from the STP Partnership Board through the Delivery Board and takes a lead for some of the STP programme work streams.

Worcestershire Acute Hospitals NHS Trust provides hospital-based services from three main sites - the Alexandra Hospital in Redditch, Kidderminster Hospital and Treatment Centre, and Worcestershire Royal Hospital in Worcester.

A wide range of services are provided to Worcestershire residents as well as caring for patients from surrounding counties and further afield.

Last year care was provided to more than **238,905 patients** - that is **40%** of the Worcestershire population.

The Acute Hospitals Trust sees 2,293 patients every day. In a year these include 149,964 A&E attendances and 49,740 emergency admissions, significant numbers of whom will require support from Adult Social Care. The Acute Trust employs nearly 6,000 people and has an annual turnover of over £400 million.

The current position of the Acute Trust in relation to the Care Quality Commission (CQC) rating of inadequate is challenging and demands close partnership working to ensure timely discharges from hospital.

Worcestershire Health and Care Trust (WHCT) is the main provider of all age community services. These include health visiting, speech and language and physical and mental health care for children and young people. The Trust provides a range of services for adults and older people, including OT, physio and dementia care and Learning Disability services. WHCT manage 4 Community Hospitals based in Malvern, Evesham, Bromsgrove and Tenbury as well as GP Units in Pershore and Worcester City. WHCT are rated Good by the Care Quality Commission (CQC) employ around 4,000 staff.

The recent development of the new integrated Neighbourhood Teams is aligned with the implementation of Adult Social Care, 3 Conversation Model.

Adult Social Care continues to work closely with all Partners in the ongoing development of the Sustainability Transformation Programme for Herefordshire and Worcestershire.

Around one third of babies born today in the UK are expected to survive to celebrate their 100th birthday and life expectancy in Worcestershire is higher than the national and regional average for both men and women. By 2019-21, male life expectancy in Worcestershire is projected to rise by 2 years to 81.8 years and female life expectancy to rise by 1.5 years to 85 years.

Case Study - Margaret's Story

104-year-old Margaret, who has advanced dementia, was living in a nursing home in Worcestershire which gave notice that it was to stop providing nursing care. Margaret's family was exceptionally upset and worried about the future prospects for her.

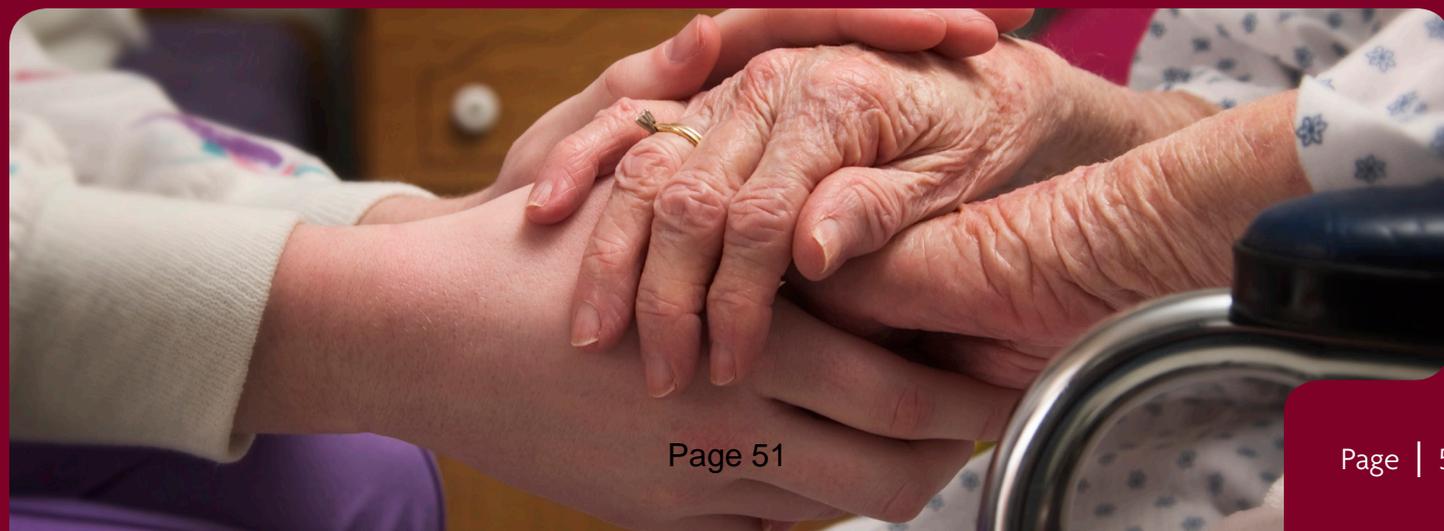
Margaret was not able to communicate her wishes and there was considerable concern that she might not even survive the ambulance journey to a new home.

It was a daunting case to resolve – but social workers, medical professionals and the family worked together to ensure the best outcome possible, putting Margaret's needs first while also being mindful of financial restrictions.

A home deemed suitable was located and a member of Margaret's care team accompanied her on the ambulance journey to her new home and stayed to help settle her in. The two homes also shared Margaret's personal story – including her love of jam sandwiches with no crusts, mashed banana and lots of hugs.

Six months on – and Margaret is thriving. She has moved to a home closer to her family, who visit more frequently – and on one visit she put out her arms to her son for the first time in years.

And the manager of the care home has assured her family they will always have a plentiful supply of jam and bananas for her.



The proportion of older people in Worcestershire is higher than the national average (17.3%). The highest proportion of older people is in Malvern Hills (26.6%), and the lowest proportion is in Worcester (16%) and Redditch (16.2%).

The population of people aged 65 and over in Worcestershire is projected to grow by over a third between 2015 and 2030. This increase will be concentrated in the oldest age groups.

Recorded levels of dementia in Worcestershire are lower than the national average. However a rapid increase in dementia, due to the ageing demographic, is a significant issue for Worcestershire which has a higher proportion of people aged 65+ than the national average.

Latest national estimates of prevalence of common mental disorders (CMD) indicate there has been an increase in depression since 2007.

Prevalence of depression is significantly higher in Worcestershire than in England as a whole, at 9.0% and has increased from the previous year.

The mental and physical health of carers is a major concern: better support is needed for people who care for others, frequently unpaid and to the detriment of their own health and well-being. The 2011 Census demonstrated that the health of carers decreases incrementally with increasing hours of care provided. People caring for 50 or more hours per week are twice as likely to report their general health as “not good”.

There has been an approximate 7% growth in Mental Health patients over the last 3 years - this includes people with complex needs transferring to social care.

The number of people aged over 65 with a limiting long-term illness in Worcestershire is projected to rise over the next 15 years by 41% and the number of older people living alone in Worcestershire is expected to rise by 20% between 2015 and 2030 from 35,450 to 42,550

There are around 2,413 people recorded on GP registers as having a learning disability in Worcestershire.

Approximately 1,440 adults with a learning disability receive long term support from the Council.

Adult Services receives around 27,000 referrals per annum. 1,799 safeguarding concerns were reported in 17/18, with 79 assessed as high risk.

Case Study - Gary's Story

Gary is a 50 year old man with learning difficulties, who lives independently and has a Worcestershire County Council support worker, Christina, who works with Gary and his family to ensure he thrives.

With her encouragement, Gary applied for a work placement at a community café run by community housing provider Bromsgrove District Housing Trust, one of our partners. The link-up has been a huge success – Gary is really popular, a dedicated worker and he now makes the journey independently, by bus. This is Gary's first meaningful work in nearly 30 years – an inspiring example of independence!

You can view a short video telling Gary's story [here](#).



Over 350 Adults with a Learning Disability in Worcestershire live in Supported Living units to support them to be more independent.

Over the last 6 years there have been an average of 46 people, with disabilities, per year assigned for transition to Adult Services through the Young Adults Team, from Children's Services.

2,000 people are receiving nursing or residential care and a further 2,200 people are receiving domiciliary care.

1,200 people receive direct payments.

There are around 7 million carers in the UK. Worcestershire County Council supports carers through the commissioning and provision of overnight short break services and invested, with Health, £1.87m to the carers' hub, delivered by Worcestershire Association of Carers who recorded 12,500 carers registered in the County during 2017/18.

Vision

Recognised as a key Corporate Priority, it is the Council's vision to ensure: *“Worcestershire residents are healthier, live longer, have a better quality of life and remain independent for as long as possible.”*

The aims within our vision will be achieved by working with partners to provide the framework, support and guidance to enable more adults to live healthy, independent lives and be active for as long as possible, while also ensuring we can provide the best support that people need in times of crisis.

Adult Services are on a transformation journey to ensure the best outcomes for Worcestershire's residents, in line with our core social care functions and ensure best value.

Our Core Functions:

- Assess and meet Care Act eligible need and commission and deliver services that meet that need directly or through the independent and voluntary sectors.
- Prevent, reduce and delay the need for care.
- Engage with the market to ensure that they are aware of and can meet current and future needs.
- Ensure a robust safeguarding system to protect vulnerable adults.

Our Purpose and Principles

Our purpose is to ensure that Adult Services provision, across the County Council, NHS and partners, provides the framework, support and guidance to enable more adults to live healthy, independent lives and be active for as long as possible – whilst ensuring we can provide the best support that people need in times of crisis.

This will be underpinned by our principles to ensure we:

- **Promote independence** through prevention, reduction and delay of demand in care
- **Keep people safe** and promote wellbeing
- **Shape and manage** the external market and internal service provision to ensure commissioning of effective and sustainable solutions
- Efficiently use and **manage our resources**
- **Provide advocacy** and support for people's rights, protection and equality
- **Recognise, support and equip our staff** to improving outcomes and quality of life for our residents - through continued best practice, learning and development.



Core Responsibilities for Safeguarding Adults

Social care plays an important role in helping people with care and support needs to live lives free from abuse and neglect.

As part of the duty to promote wellbeing, there is a requirement to protect people from abuse and neglect. This includes preventing abuse and minimising risk, but without taking control away from individuals.

There is a requirement for all safeguarding work to be person-led and outcome focused. This is known as Making Safeguarding Personal and is achieved by consideration of the six key principles:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent
- **Prevention** - It is better to take action before harm occurs
- **Proportionality** - The least intrusive response appropriate to the risk presented
- **Protection** - Support and representation for those in greatest need
- **Partnership** - Local solutions through services working with their communities
- **Accountability** - Accountability and transparency in delivering safeguarding

Worcestershire County Council is the lead agency for Safeguarding Adults and Adult Social Care is an important part of this role, but is not the only service with legal responsibilities. As well as social care, commissioners, voluntary, independent and private sector providers, health services, housing and criminal justice agencies are all important safeguarding partners.

The Care Act 2014 introduced new safeguarding duties for local authorities, including: establishing a Safeguarding Adults Board to oversee and lead adult safeguarding across Worcestershire and undertake Safeguarding Adults Reviews; co-operation with relevant partners; responding to safeguarding concerns and where necessary, making or causing enquiries to be made in order to establish whether action needs to be taken to prevent or stop abuse or neglect; and to arrange for the provision of independent advocacy.

All social care staff are clear about their responsibilities to:

- Promote well-being, provide information and advice and to support people to remain as independent as possible;
- Work in partnership with people and their carers with their consent, with the support of an advocate or in line with the requirements of the Mental Capacity Act 2005;
- Consider whether any restrictions within a person's care plan amount to a deprivation of their liberty and to act accordingly;
- Protect people from abuse and neglect in all that we do;
- Help people at risk of harm or abuse to stay safe and help individuals to recover from abuse and neglect;
- To work closely with partners, particularly the Police and NHS, to promote safe living; and
- Reflect social work values within their work and reflect on learning from statutory reviews and quality assurance activities.

The Director of Adult Social Services is responsible for safeguarding, with lead responsibility delegated to the Quality and Safeguarding Services Manager. Within Worcestershire County Council, the nominated Director of Adult Social Services (DASS) is the Director of Adult Services. The DASS is legally accountable through specific responsibilities under statutory guidance issued by the Department of Health (DoH) to:

- Maintain a clear organisational and operational focus on Safeguarding Adults
- Make sure relevant statutory requirements and other national standards are met:
- Ensure that the Safeguarding Adults policies and procedures are coordinated and effectively implemented.

The key responsibilities of the DASS are:

- Leading commitment to outcomes for people at risk of harm;
- Developing the means to measure whether outcomes are realised so that practitioners and boards know how efficient they are;
- Services and procedures drive engagement with people ensuring their preferred outcomes are discussed
- Staff are competent in working with families and networks and have skills, knowledge and permission to use the full range of legal and social work interventions;
- Engage with local criminal and justice systems to make sure victims get the same access to justice as everyone else;
- Performance of safeguarding services is regularly checked and audited.

The DASS is also responsible for:

- Ensuring that there is a clear organisational focus on safeguarding adults;
- Ensuring that there are clear protocols in place, for dealing with adults identified as being at risk of abuse and/or neglect and that all staff are aware of these;
- Ensuring that the Safeguarding Adults Board is working effectively and a framework of inter-agency arrangements are in place
- Ensuring that staff providing care services exercise a duty of care and that personal dignity is upheld
- Ensuring that a Principal Social Worker is in place to lead and oversee excellent social work practice.

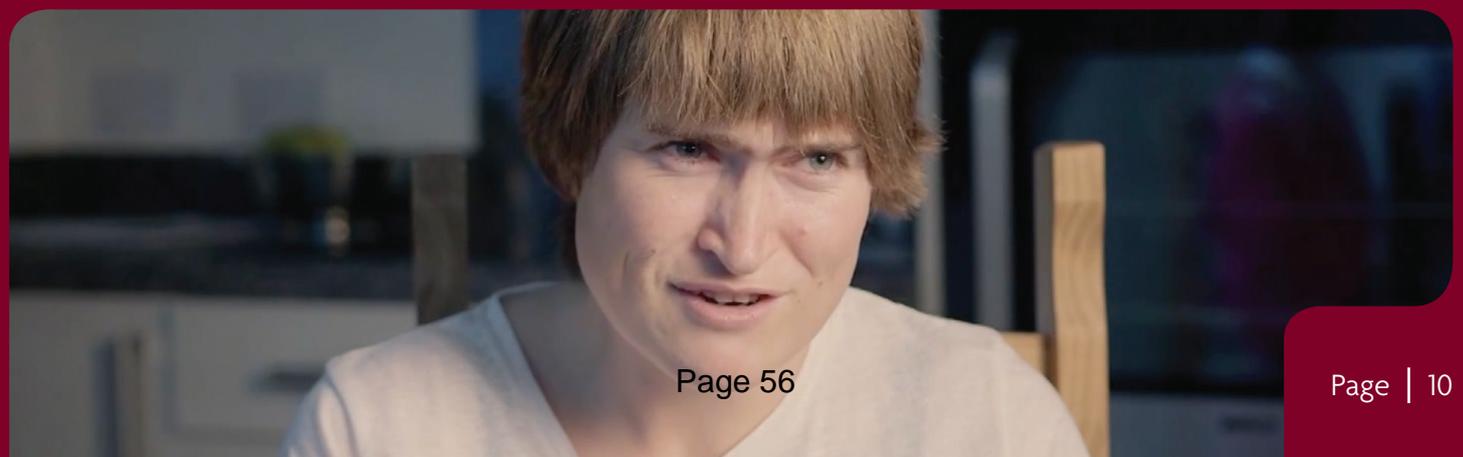
Case Study - Joanne's Story

Joanne is a 27-year-old woman with a learning disability. She lived at home with her parents after returning from residential college and was nervous about living on her own; however, her parents were keen to build on the skills she learned at college.

Joanne is now living in her own flat, part of a cluster of flats. She said: "I felt a little nervous but once I moved in I felt very confident and enjoy cooking my own meals with staff helping me. The staff are friendly and helpful; if there are any problems I can ask for help."

Her parents were also anxious about the move, but say they have seen her thriving in her new home. "Joanne is a lot more confident. Her dad saw a huge change in her in just the first few days. We hope she has a home for life."

Supported living is the term used to describe how people with disabilities are enabled to live independently in their own homes. This can be from as little as a few hours per week to help people with shopping and paying bills, to providing a number of hours each day with access to support at night. Support is tailored to the needs of the individual and should enable people to be as independent as possible whilst ensuring that they are safe.



How we are organised

Our workforce remains a high priority for management both across the Council and within Adult Services. Currently there are approximately 1200 staff in Adult Services. The Council’s operating model is designed to support the most efficient delivery model focussing on prevention and independence and is regularly reviewed to ensure it remains fit for purpose and aligned to strategic objectives. A revised organisational design for Adult Services will be endorsed during the Autumn 2018 and be implemented during April 2019.

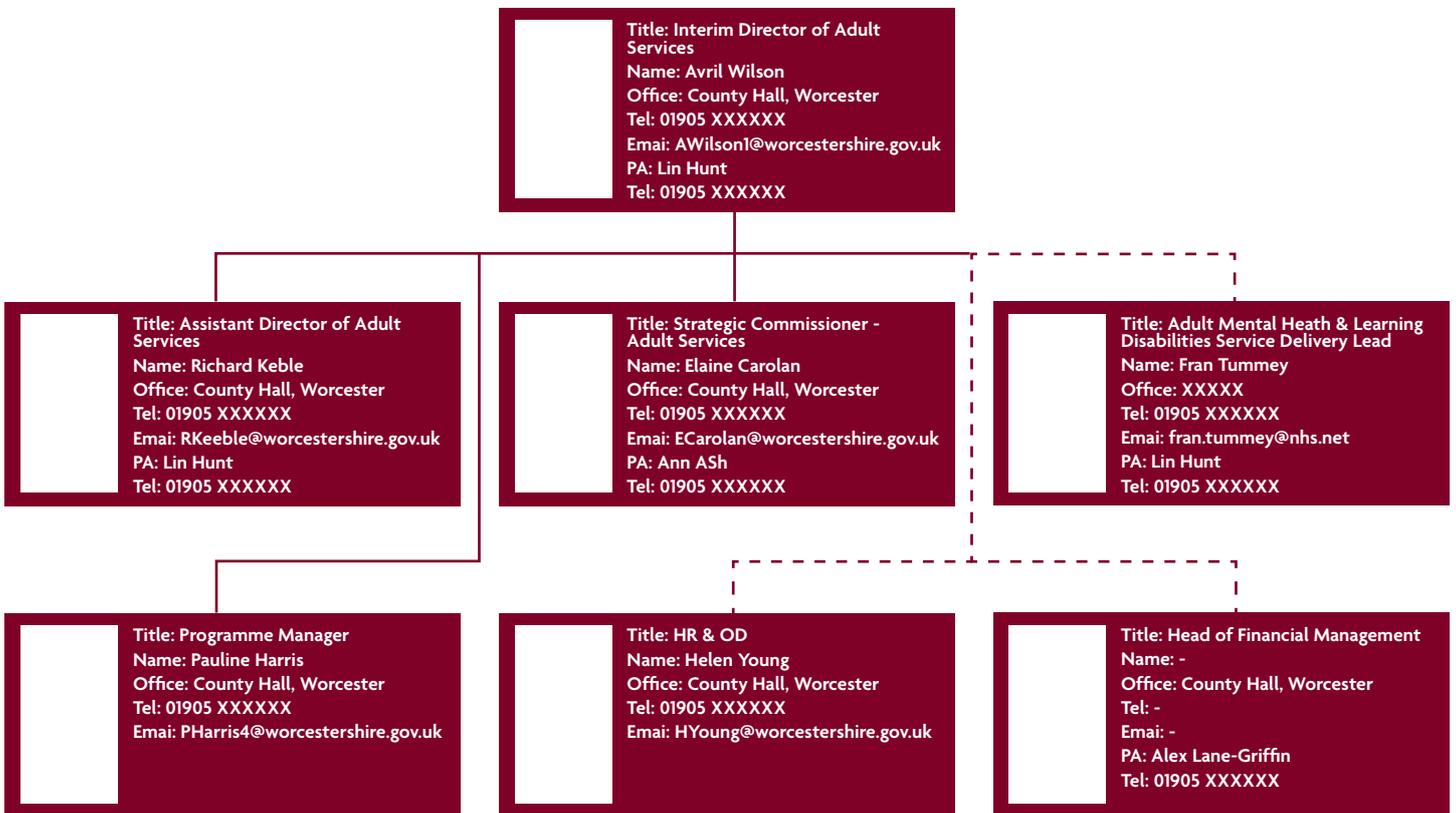
We employ a number of staff in Integrated Mental Health and Learning Disability services that are currently managed by the Health and Care Trust. Additionally, a number of health professionals are employed in our Recovery Services (specifically nurses). One of the key priorities for 2018/19 is to review the organisational design of provider and commissioned services to ensure the best possible outcomes for Worcestershire’s residents within an affordable financial envelope.

In addition to Older People Social Work teams being provided by the County Council, other in house provision includes:

- Young Adults Team
- Residential Homes
- Home Care
- Replacement Care
- Day Opportunities
- Supported Living
- Shared Lives

The Directorate’s review of provider services will be completed in October 2018 and recommendations will be delivered by the new financial year.

The Directorate is led by the Director of Adult Services and the Directorate Leadership Team.



Employee Engagement and Development

Our employees are our most valuable resource and without their genuine engagement in supporting the delivery of our priorities and plans it would be impossible for us to deliver the services that our service users, their families and carers deserve. Ensuring that we have a highly skilled, well-motivated and empowered team of the right people, in the right place, at the right time is essential.

Corporately we have developed a suite of management and leadership competencies, under eight key areas. During the last year all managers have undertaken formal training to understand and develop their competence in each area; with individual priorities for development identified where appropriate. There are four levels of competency which are aligned to the Council's layers of management.

The appointment of a Principal Social Worker, a shared post, between the Council and University of Worcester and the establishment of our Social Work Academy both recognise the vital role social workers play in improving outcomes and the quality of life of our residents. They also ensure continued best practice and continued learning.

WORCESTERSHIRE SOCIAL WORK ACADEMY



The Social Work Academy is a professional hub providing a clear framework for professional development, ensuring Social Workers can thrive and achieve the highest quality practice. It provides access to relevant professional development and resources to: enhance skills; increase knowledge and equip Social Workers to progress their career.

Routines into
Social Work

Carer
Pathways

Career
Progression

Continuing
Professional
Development

Research and
Resources

News and
Updates

Workforce metrics continue to focus on sickness absence, agency spend and vacancy rates. Sickness absence rates remain higher than we would like. We are looking to put in place a number of interventions to address both short term and long term sickness absence. A management plan is being developed to target focussed attention in those areas of concern.

A dedicated Social Work recruitment team has been established to focus on improving the candidate experience. A recent drive and focussed campaign for Social Care recruitment has been extremely successful.

The Leadership team is working with front line staff to develop an action plan that responds to the key areas highlighted during the staff survey conducted in early 2018.

In April 2018 the Council launched a new recruitment campaign Leave the Big City Behind You. The campaign encourages people to move away from the larger congested conurbations to either find a new life in Worcestershire, or to commute to the county to work here at the Council.

WHAT DO YOU PREFER?



Leave the Big City Behind You has been launched on Facebook, Twitter, LinkedIn and Instagram. In the first 24 hours the campaign was seen by over 20,000 people. Here is the film that has stimulated most comment and conversation so far.

Key Strengths and Achievements

Performing Well:

- ✓ Vast majority of Adult Social Care Outcome Framework Indicators are on or above national average.
- ✓ Quality of In House Services rated as good by CQC.
- ✓ Internal quality assurance of market is robust and effective with Worcestershire being rated as one of the best in the Country by CQC.
- ✓ DToC performance continuously improving and within target for consultant beds

Partnership and Engagement:

- ✓ Strategic relationships with NHS are strong
- ✓ Cross Council and partner working strong - shared posts that support all ages.
- ✓ Provider relationships open and robust - Adult Services Commissioners successfully completed consultation in relation to fee proposals for 2018/19 for care homes, domiciliary care, supported living and extra care services in Worcestershire.
- ✓ Carer engagement is strong and productive and Worcestershire Carers Strategy outlines how joint working with Health, Social Care and voluntary and community sector and carers has developed support services in the community and provided by professionals.
- ✓ Adult Learning Disability Strategy outlines how we work in partnership with the Learning Disability Partnership Board to progress priorities for people with a Learning Disability in Worcestershire.

Partnership and Engagement:

- ✓ Comprehensive Change and Savings Programme with focus on financial challenges and understanding of service area pressures.
- ✓ Roll out of 3 Conversations Model as a vehicle for engagement, demand management and innovation – focus on understanding the positive difference it makes for the people we support.
- ✓ Key focus on promoting independence, through Supported Housing and Extra Care and Care Package Reviews and the use of Assistive Technology.
- ✓ Domiciliary Care Commissioning focused on better outcomes for service users and value for money.
- ✓ Sustainability and Transformation Plan, Accountable Care Organisation and alignment with Neighbourhood Teams

Benchmarking and Comparator Data

As a learning organisation - Worcestershire County Council and Adult Services welcome and encourage external peer support and challenge.

During 2017, Adult Services invited the Association of Directors of Adults Social Services (ADASS) to complete a peer challenge recognising:

- Need to inform new Cabinet Member with Responsibility
- Move to strengths based requires different thinking
- We need to recruit and retain the best workforce
- Financial challenge and the need to ensure the best use of resources
- Many new managers in post

The peer team returned in February 2018 and reported clear and considerable changes and actions had taken place, highlighting the team's focus, energy and attention to detail.

Progress against several themes emerged from the review:

- **Increased focus on financial challenges** and improved understanding of service areas most pressured.
- **Further development of transformation plans** and resourcing of programme team enabling more clarity and certainty of direction and delivery
- **Roll out of 3 Conversations Model** as a vehicle for engagement, demand management and innovation – and our focus on understanding the positive difference it makes for the people we support stood out strongly
- Work completed to reassure ourselves of **appropriate standards of governance, policies and practice to keep adults in Worcestershire safe.**

The vast majority of Adult Social Care Outcomes Framework Indicators are on or above the national average. A robust performance management framework is in place with monthly reviews at Senior and Directorate Leadership Teams. A Summary of ASCOF Indicators and comparison with England Results are included overleaf.

Adult Services Leadership Team's key focus is to:

- **Reduce** the number of older and younger adults whose long term support needs are met by admission to care homes.
- **Increase** the number of customers whose short term support services enable them to live independently for longer
- **Increase** the number of older people who stay at home following reablement or rehabilitation
- **Sustain** the current performance on delayed transfers of care from hospital
- **Prevent**, reduce or delay the need for care

2016-17	Worcestershire				England		
	WCC	Rank	CASSR	Results	Rank	CASSR	Results
1C1B The proportion of carers who receive self-directed support	100	1	16	73.2	1	150	83.1
1C2B The proportion of carers who receive direct payments	100	1	16	68.9	1	150	74.3
3D1 The proportion of people who use services who find it easy to find information about support	82.3	1	16	74.4	5	151	73.5
3A Overall satisfaction of people who use services with their care and support	71.5	1	16	66.5	10	151	64.7
1J Adjusted Social care-related quality of life – impact of Adult Social Care services	0.44	4	16	0.42	14	151	0.40
1B The proportion of people who use services who have control over their daily life	81.6	2	16	79.1	20	151	77.7
1A Social care-related quality of life score	19.6	4	16	19.3	22	151	19.1
1I1 The proportion of people who use services who reported that they had as much social contact as they would like	49.7	3	16	47.2	26	151	45.4
4B The proportion of people who use services who say that those services have made them feel safe and secure	91.4	4	16	88.1	29	151	86.4
3D2 The proportion of carers who find it easy to find information about support	69.2	2	16	64.4	29	151	64.2
1D Carer-reported quality of life score	8	5	16	7.7	32	151	7.7
1I2 The proportion of carers who reported that they had as much social contact as they would like	38.4	5	16	34.0	41	151	35.5
3C The proportion of carers who report that they have been included or consulted in discussion about the person they care for	72.8	7	16	71.1	48	151	70.6
4A The proportion of people who use services who feel safe	71.6	8	16	71.7	50	151	70.1

1E The proportion of adults with a learning disability in paid employment	6.8	6	16	5.7	51	151	5.7
1C2A The proportion of people who use services who receive direct payments	30.4	10	16	33.7	52	151	28.3
1C1A The proportion of people who use services who receive self-directed support	95.7	6	16	88.4	71	151	89.4
3B Overall satisfaction of carers with social services	39	7	16	38.7	68	151	39
1G The proportion of adults with a learning disability who live in their own home or with their family	78.1	7	16	76.8	70	151	76.2
2B2 The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2.7	5	16	2.3	79	151	2.7
2A2 Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	642	13	16	552.2	85	151	610.7
2A1 Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	13.3	10	16	12.0	90	151	12.8
2D The outcome of short-term services: No ongoing support required afterwards	71.8	13	16	81.2	103	151	77.8
2B1 The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	78.3	13	16	81.6	116	151	82.5
2C1 Delayed transfers of care from hospital, per 100,000 population	18.2	12	16	16.9	120	151	14.9
2C2 Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	9.6	11	16	7.5	127	151	6.3

Stakeholder Engagement and Consultation

Strategic relationships with the NHS are strong with lots of examples of good practice. These include the integrated approach to Mental Health and Learning Disability teams, social workers working in Neighbourhood Teams with GP Practices, whole system support to facilitate discharge from Acute Hospitals.

Cross Council and partner working is also strong, evidenced by shared posts that support all ages, and we have member, management, staff and partner commitment to the 3 Conversations Model.

Provider relationships are open and robust and Adult Services Commissioners have successfully completed consultation in relation to fee proposals for 2018/19 for care homes, domiciliary care, supported living and extra care services in Worcestershire.

Carer engagement is strong and productive and Worcestershire Carers Strategy outlines how joint working with Health, Social Care and voluntary and community sector and carers has developed support services in the community and provided by professionals.

Our Adult Learning Disability Strategy outlines how the Learning Disability Partnership Board and subgroups ensure:

- Action plans are in place
- Big issues will be escalated
- Focus and progress on cross cutting themes that affect everyone with a learning disability
- Voices of people with learning disabilities and family carers are heard
- Continued joint working with Worcestershire's People's Parliament

Market Position Statement

We are committed to the co-production of services with a wide range of stakeholders, with a particular focus on the needs of service users and carers and the role of the voluntary and community sector

In order to commission and deliver high quality, cost effective services, Adult Services are engaged in the following initiatives:

- Development of an Outcomes Based domiciliary care approach across Worcestershire. This could dramatically change the landscape of the Domiciliary Care Market in Worcestershire reducing the number of providers who will then pick up guaranteed volumes of work. This will challenge the traditional approach to the delivery of homecare and providers will need to change and adapt to a more flexible form of service delivery. The 'traditional' approach are for those organisations who have large overheads e.g. big offices, large back office staff and adopt traditional ways of recruiting which don't tie into the more modern world.
- Development of a technology enabled care approach. This is for people who receive care in a community setting and those who receive care in a residential or nursing setting.
- Reviewing how equipment is used to support people at home
- Working with providers to develop Supported Living provision, including provision which meets complex needs, in Worcestershire, in line with the Council's Supported Living Strategy.
- Develop provision in Worcestershire for 16-25 year olds, including potential options for residential college provision.
- Develop a mixed market of day service and overnight short breaks (replacement care) support. For example, externally-provided Day Services for people with Learning Disabilities are commissioned under a revised specification and contract through a DPS (Dynamic Purchasing System) opened up to providers monthly to encourage more choice in the market.
- Ensuring best use of the Continuing Health Care funding
- Continuing the development and utilisation of Extra Care with Housing Providers
- Commissioning of discharge to assess beds in Care Homes

- A move towards developing in-house provision for specialist services
- The commissioning of Block Purchased beds

The Adult Services' Market Position Statement is aimed at providing a clear picture of the environment in which Adult Social Care for older people and people with a disability is provided in Worcestershire. It sets out the wider context in which we commission services, the main policy drivers that affect us and the key objectives we wish to achieve. We hope that this document will further inform on-going dialogue and meaningful relationships with stakeholders.

Adult Services is committed to stimulating, shaping and sustaining a diverse, active market where innovation is encouraged and rewarded, while poor practice is highlighted and actively discouraged. We are dedicated to ensuring that services are delivered in a way that is personalised, with a strong focus on individual choice and control that takes account of issues of diversity and equality.

We recognise the invaluable contribution that statutory partners, providers and community/voluntary organisations continue to make in maintaining a sustainable market that provides high quality, cost effective, care and support.

The introduction of The Care Act in 2014 was designed to ensure that the focus in health and social care is on the overall wellbeing of the individual and that this is at the forefront of any care and support they receive. It emphasises, amongst other things, the need to promote individual wellbeing, taking into account the views, feelings and wishes of the individual about the care and support they receive. This should consider all aspects of their wellbeing including their physical and mental health, dignity and respect and control over their daily needs.

As a result of a growing and aging population and financial pressures, Worcestershire County Council will need to be innovative in the way we deliver adult social care throughout the County, including working to build new capacity across the voluntary and community sector.

Services and activities have been grouped into three broad areas over which there is strategic commissioning oversight. These are;

- Supporting People with a Learning Disability
- Supporting Older People and People with a Physical Disability or Sensory Impairment at home and in the community
- Supporting Older people and people with a Physical Disability in a Care Home

Worcestershire County Council has recognised that managing across these broad areas can deliver:

- Improved outcomes and quality of care for individuals
- Sustainability of service provision and the market, including excellent, commercially focussed, contract management
- Savings through increased efficiency, understanding of markets and planning of service delivery

The Market Position Statement highlights the key current and future commissioning priorities for Adults Social Care in Worcestershire.

Key Risks and Assumptions

This section of the plan sets out the risks that apply across Adults Services – the key risks facing Adults Services in Worcestershire relate to projected Demand and Growth in the context of reducing resources and ensuring Market Sustainability in light of current and forecast pressures including; National Living Wage, etc.

The Directorate recognise its significant areas of risk are as follows, and they review mitigation, against these risks regularly through Directorate Performance Board.

Risk	Mitigation
The pace on current projects and/or identification and realisation of new projects does not deliver reductions in demand and/or spend that enable a balanced budget at year end.	<ul style="list-style-type: none"> ■ Funding secured for dedicated programme team ■ Formal project management and governance approach – with early risk identification and mitigation ■ Monthly performance board – covering change, budget, savings and performance
Current forecast demographic and/or seasonal changes in demand, built in to Adult Services budget are exceeded and results in higher than forecast spend.	<ul style="list-style-type: none"> ■ Comprehensive growth and demand forecasts developed for consideration as part of 2019/20 budget setting
Current processes do not support early visibility and indication of potential issues in forecasting change in demand, activity and or spend through correlation of decision making with financial, performance and activity reporting mechanisms.	<ul style="list-style-type: none"> ■ Revised approach to activity, performance financial reporting developed go live September 2018 to ensure early identification and forecasting of changing trends.
Forecast reduction in convergence of demand into service delivery, through the three conversation model approach is not achieved and/or sustained when the current pilot is rolled out across all Locality Teams.	<ul style="list-style-type: none"> ■ Monthly reporting and focus on convergence and comparisons on baseline position to ensure early identification of issues and required mitigations.
Leadership and management capacity is insufficient to deliver the scale and pace of change required to deliver a balanced budget, alongside statutory responsibilities.	<ul style="list-style-type: none"> ■ Increased capacity within programme team ■ Specialist support engaged in key areas e.g. Provider Services Strategy ■ Corporate support secured for further support e.g. BCF Funding Review

Action Plan

This action plan sets out the key statutory, service development and transformational activities for Adult Services for the next 3 – 5 years.

Outcome	Activity Type	Key Actions	How will this be measured	Owner	Timescales
Increase the number of over 65's living independently for longer	Transformational – Corporate Priority	Roll out of 3CM strengths based model across all older adults social work teams	Monthly activity reporting on number of older people in care homes.	Assistant Director	Oct 2018 – 3CM Live in all older adults social work teams.
Minimise the number of people who need to go into permanent or residential nursing placements	Transformational – Corporate Priority	Secure an outcomes based commissioning approach with domiciliary care providers Invest in technology to support people living at home longer. Increase social worker capacity in Acute Settings to facilitate appropriate transfers of care.	Tracking against baseline of number of older adults entering the service who are converted into care home packages. Contractual performance measurement with providers based on outcomes.		Roll out of assistive technology enabling approach – October 2018 to December 2019. Outcomes based commissioning rolled out for domiciliary care – April 2019. New organisational design for Acute social workers live -January 2019
Ensure intensive support and capacity is available for those in the greatest need/ in crisis	Statutory – Corporate Priority	Ensure performance on percentage of user defined outcomes are achieved. Review of current arrangements to provide rapid response, out of hours and hospital social work support.	Monthly reporting of safeguarding performance through Corporate Balanced Score Card. Monthly performance reporting on delayed transfers of care.	Assistant Director	Ongoing Completed by December 2018

Outcome	Activity Type	Key Actions	How will this be measured	Owner	Timescales
Ensure cross system approach to preventing the need for social and/or acute health care care	Transformational	Co-location and aligned working with Neighbourhood Teams	Monthly performance reporting through Alliance Boards	Assistant Director	Go Live June 2018
Reduce and sustain the reduction in Delayed Transfers of Care (DToC)	Service Development	Increase social work capacity in acute hospital settings. Review and re-commission Step Down Unit Coordinated management of Pathway 1 discharge into the community.	Monthly performance reporting on delayed transfers of care	Assistant Director	Go Live January 2019. Complete 1 April 2019 Go Live July 2018
Ensure the care market in Worcestershire remains good quality, value for money and focused on better outcomes for our residents	Service Development	Procurement and implementation of the key services as identified in the Market Position Statement: <ul style="list-style-type: none"> ■ Key service commissioning timeline ■ Development of 3-5 and 5-10 year commissioning strategy ■ Development of a regional commissioning strategy 	Adult Services Performance Board and Corporate Commercial and Commissioning Board – monthly reviews. Regional Commissioning Network	Strategic Commissioner	Delivery through 2019/20 April 2019 2019/20
Ensure our provider services are fit for purpose	Service Development Transformation	Complete full review of Provider Services and Develop Strategy and Action Plan for Change	Monthly reporting through Adult Services Performance Board	Assistant Director	October 2018

Outcome	Activity Type	Key Actions	How will this be measured	Owner	Timescales
Ensure we have a highly skilled, well- motivated and empowered team of the right people, in the right place, at the right time is essential.	Service Development	Develop workforce plan. Complete action plan from staff survey key topics. Increased focus on managing attendance Introduction of more robust Performance Management	Monthly reporting through Adult Services Performance Board	Director, HR & OD Business Partner & Directorate Leadership Team	Ongoing through 2019
Meet all of our statutory and Safeguarding obligations	Statutory	Achieve average or above performance on ASCOF indicators. Achieve CWC Good rating for all regulated services	Monthly reporting through Adult Services Performance Board	Director and Directorate Leadership Team	Ongoing
Ensure we deliver within allocated budget and resource allocations	Statutory Transformational	Refresh & robustly manage cross Directorate Savings/ Change Programme. Clearly define Growth and Inflation budget increase requirements. Introduce added and robust focus to spend across all teams. Introduce cross activity, performance, budget and savings dashboard and reporting.	Monthly reporting through Adult Services Performance Board.	Director, Head of Finance, Programme Manager, Assistant Director and Strategic Commissioner	Ongoing September 2018 August 2018 September 2018

Outcome	Activity Type	Key Actions	How will this be measured	Owner	Timescales
Ensure Adult Services Organisational Design is fit for purpose and provides best value and aligned to Core Functions	Transformational	Develop and promote Adult Services Core Offer and complete a full review and organisational re-design of Adult Services in line with this offer.	Monthly reporting through Adult Services Performance Board.	Director, Assistant Director and Strategic Commissioner	September 2018 – review completed. April 2019 – new organisational design live.
Increase awareness and understanding of the issues faced by adult social care.	Service Development	Develop and deliver the Adult Services Marketing and Communications Plan	Monthly review with Director of Adult Services	Director, Assistant Director, Strategic Commissioner and Programme manager	Marketing and Communications Plan Completed – August 2018. Launch with 70th birth celebrations September 2018. Ongoing actions over the next 12 months.

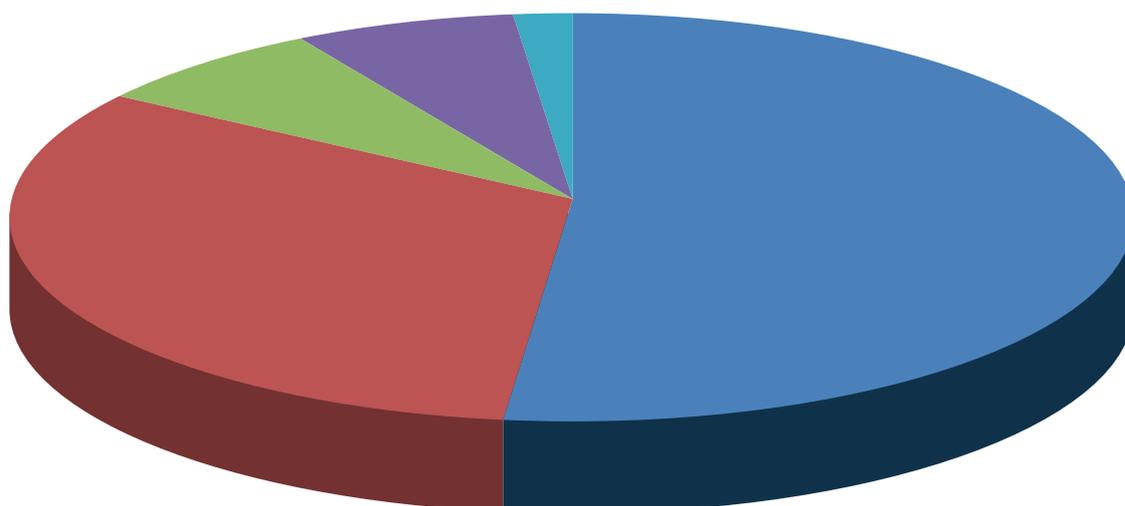
Financial Resources Overview

The following table sets out the Council's 2018/19 Adult Social Care budget:

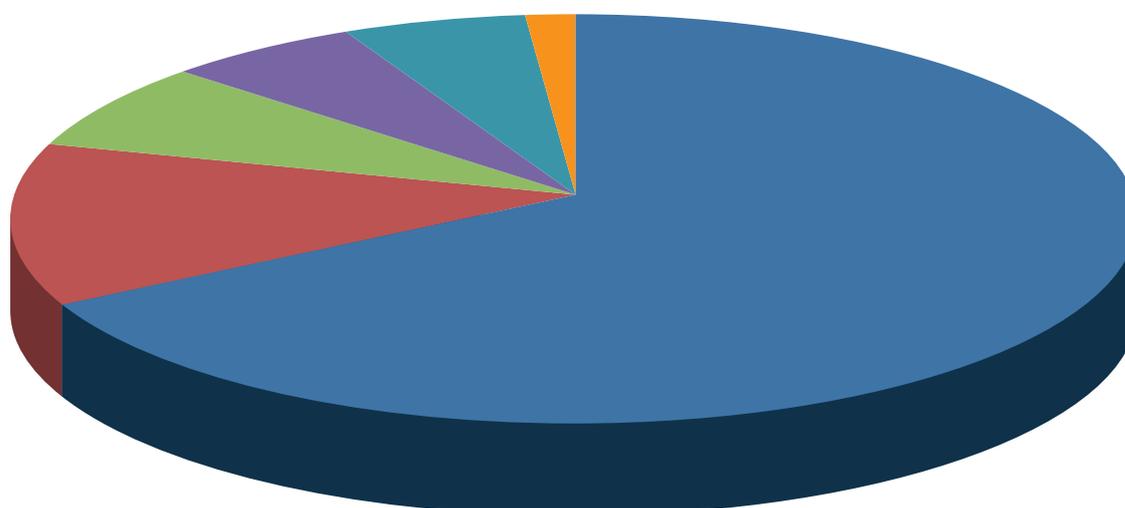
Spend Relating to:	£m
Older People	97.036
Adults with a Learning Disability	60.083
Adults with a Physical Disability	14.144
Mental Health Services	13.080
Other Services	3.348
Total	187.691

Spend Relating to:	£m
Grant, Council Tax, Business Rates	125.396
Client Contributions	23.875
Health Contributions	13.527
Improved Better Care Fund	11.124
Better Care Fund	10.937
Other Service Income	2.832
Total	187.691

2018 / 19 Spend



2018 / 19 Funding



This budget includes the cost of Social Work Teams to assess and support people, the cost of in-house services including residential and day care, a range of specialist advice and support services and the provision of a range of packages of care and support including approximately:

Older Peoples Services:

1,370

people in Residential or Nursing Care

1,820

people receiving care packages at home or in Extra Care

270

people receiving a direct payment to purchase their own care

People with a Physical Disability:

70

people in Residential or Nursing Care

270

people receiving home care packages

40

people supported to live independently

420

people receiving a direct payment to purchase their own care.

People with a Learning Disability:

320

people in Residential or Nursing Care

180

people receiving home care packages

450

people supported to live independently

440

people receiving a direct payment to purchase their own care.

Mental Health Services:

122

people in Residential or Nursing Care

90

people receiving home care packages

70

people supported to live independently

60

people receiving a direct payment to purchase their own care.

The Adult Services Budget is facing a number of significant financial challenges over the next few years due to:

Increasing numbers of people requiring care due to:

- An ageing population,
- People who previously funded their own care, becoming eligible for care due to depleting resources, and
- Younger people with disabilities becoming eligible for Council funding as they turn 18 or later in life as their own parents become infirm.

And increasing cost due to:

- Increased frailty of older people needing more intensive care,
- People with more profound disabilities surviving longer into adulthood and needing more intensive care as they get older, and
- Market forces factors that affect the ability of providers to offer care packages and placements at the Council's standard rates – including from 2016/17 the rise in national minimum wage.

The Service is already working to transform the way it works in terms of direct service provision, commissioning within the marketplace, working with partners and a new social work operating model. However, the Council faces the need for ongoing increased investment in enabling communities and individuals to stay well and remain independent.

Despite all these challenges, the service has been relatively successful in limiting the rise in numbers of older people who need Council funded care through a range of measures including:

- The introduction of an asset based social work model (the Three Conversation Model),
- Moving away from 'bed based' solutions with the development of Extra Care Housing and Supported Living,
- Providing significant support to carers in Worcestershire through Worcestershire Association of Carers, and
- The introduction of a much more robust system of challenge in Continuing Health Care cases where we believe the individual should be health funded.

The operational responses outlined above will not, however, manage demand in the longer term. The Council's overall financial position means that developing a sustainable offer based on individual and community resilience driving better social and health outcomes will be difficult in terms of investment in the short term, but critical in the longer term.

Governance

This Business Plan has been approved by the Director of Adult Services, following engagement with the Directorate Leadership Team; Cabinet Member with Responsibility for Adults Social Care; Director of Public Health and Worcestershire's Strategic Leadership Team.

This Business Plan will remain a dynamic document and will be formally reviewed annually, with the first review being quarter four of 2018/19 financial year.

The Director will review progress through bi-monthly reviews at Directorate Leadership Team.

The Director of Adult Services is accountable for the actions outlined in this Business Plan and the Assistant Director and Strategic Commissioner, supported by the Head of Finance, Programme Manager and HR and OD Business Partner are responsible for delivery against these actions.

Progress will be monitored through monthly one to ones with Leadership Team officers and the Director.

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