



worcestershire
county council

MARKET POSITION STATEMENT
ADULT SOCIAL CARE

2024 – 2029

People Commissioning

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Foreword

Worcestershire is home to more than 600,000 people. It covers 672 square miles within the West Midlands in central England and presents a diverse mix of vibrant urban areas and idyllic rural communities and one of England's historic Cathedral cities at its heart.

Our county is one of the fastest growing local economies in the country; this growth being supported through significant investment in road, rail and digital infrastructure and economic "game changing" sites are on course to provide employment land where it is most needed. Worcestershire enjoys relatively low levels of unemployment and fewer young people not in education, employment or training than many in the region. So, whilst Worcestershire provides a great quality of life for Children and Families, we know we can still do more.

The County Council supports some of the most vulnerable people in society with a revenue budget for social care services for vulnerable adults (financial year 2023/24) of some £156.8m which equates to 39.1% of the County Council overall net budget. People are living longer, with more complex needs, and, we have more children who need our care. This means that managing the transition from childhood to adulthood and developing opportunities for fulfilment and independence as well as caring for older people and the frail is particularly important.

Worcestershire County Council's [Plan for Worcestershire 2022-2027](#) describes our vision for a connected County, where everyone can prosper, be healthy and happy. It is our priority, working with partners, to ensure Worcestershire residents are healthier, live longer, have a better quality of life and remain independent for as long as possible. We aim to achieve this by working collaboratively with partners and communities to enable Worcestershire residents to make responsible choices when planning their lives to achieve the best possible outcomes. We are focussed on enabling individuals to become or remain independent, self-reliant and an integrated part of their local communities.

With a growing number of adults needing care and support and with funding that is struggling to keep pace with price inflation and care demand, we continue to drive a preventative approach that supports people to help themselves, as well as growing communities to support people with care and support from family, friends, volunteers and the whole community.

Success will require a joined-up approach to health, care and well-being that encourages people to take greater responsibility for their own health and plan for their future, so that we can support those who really need it – we saw how this worked well throughout the Covid-19 pandemic and we are building on this to take our services forwards, making the most effective use of resources available across both health and social care as an active partner within the Herefordshire and Worcestershire Integrated Care System. By working together, we can develop and deliver a sustainable, high quality, diverse and cost-effective adult social care marketplace for the citizens of Worcestershire.

Inevitably there will be some people who need long term care services. We will need to be clear about the options available so that people understand who is eligible for support and who will need to pay for it, and work with our partners and providers to ensure that when people do require support, we can offer quality and safe services that meet people's needs that also help people maintain their independence and ability to enjoy life in their local communities as much as possible.

This approach requires changes in the market for care services and this work has already begun with, for example, the launch of the zonal approach to home care via the new independence focussed

domiciliary care contract, the launch of positive days day services and the implementation of a framework for older people’s replacement care, together with the launch of invitations to join a framework for older peoples residential and nursing care that will create opportunities for “first choice” providers in the county. This suite of market position statement documents help us to meet our legal duty to sustain and shape the market at a time when it is adapting to meet the changing health and social care needs of local people alongside a number of financial, workforce recruitment and retention and other key challenges and, importantly, set out what we believe we will need from the market over the next 3 years in order to inform business decisions by providers. They set out details of current services, our understanding of adult social care needs now and, in the future, our commissioning intentions, and how we would like to work with the market.

We will continuously review progress on our journey in the light of the ever-changing national landscape in which we deliver services. We have tried to present information in a way that is accessible and can be updated with changes in commissioning intentions, market opportunities, market feedback and intelligence. We hope that it will become a vital reference point for the adult social care market in Worcestershire.

We welcome your feedback on how useful this information is to your business and any suggestions for how we might continue to improve it. Please forward any comments in this regard via email to asc@worcestershire.gov.uk placing the words **MARKET POSITION STATEMENT 2024 - 2029** in the subject line.

We next plan to update this document in 2028.



Councillor Adrian Hardman
Council member with Responsibility for Adult Social Care



Mr Mark Fitton
Strategic Director, People
Director, Adult Social Services

1. The Strategic Direction in Worcestershire – an overview

The County Council Corporate Plan ([Plan for Worcestershire 2022-2027](#)) covers four key priorities:

- Championing Open for Business
- Supporting Children and Families
- Protecting the Environment
- Promoting Health and Wellbeing

In relation to health and well-being and key to the commissioning of Adult Social Care services, the Council prioritises working with partners, to ensure Worcestershire residents are healthier, live longer, have a better quality of life and remain independent for as long as possible by:

- Promoting healthy and active lifestyles
- Enabling vulnerable people to live as independently and safely as possible with the support of their families, friends and communities.
- Continuing to work with partners to make sure all health and social care services are evidence based, effective, and good value for money.
- Judging progress by:
 - Increase in healthy life expectancy.
 - Increase in the number of active residents (30 mins exercise per day)
 - Increase in the number of people aged 65 or more living independently for longer.
 - Minimising the number of people who need to go into permanent/residential nursing placements.

The People Directorate brings together the services for all aspects of adult social care and communities and is led by a Strategic Director, supported by Assistant Directors and their professional teams. The People Directorate strategy for Adult Social Care is aligned to the Corporate Plan and the [Joint Strategic Needs Assessment \(JSNA\)](#) and provides support to the implementation of other health and care county-wide strategies. It also responds to national requirements and changes in best practices.

The key facets of the Adult Social Care strategy are as follows:

- A single strategy for people and communities, with a clear vision and a focus on outcomes for people;
- Developed and co-produced with people, staff and partners to meet need by maximising the use of our assets, resources and workforce; and
- Provide an offer to people which is clear, simple and easy to access or use and which reduces duplication in buildings, systems, processes, commissioning, service responses to cut waste; by

We will therefore constantly design and implement a series of continuous improvement activities that are people-centred and which shape services to delivery our aspirations within a sustainable, effective market.

For Adult Social Care, we have 3 key priorities:

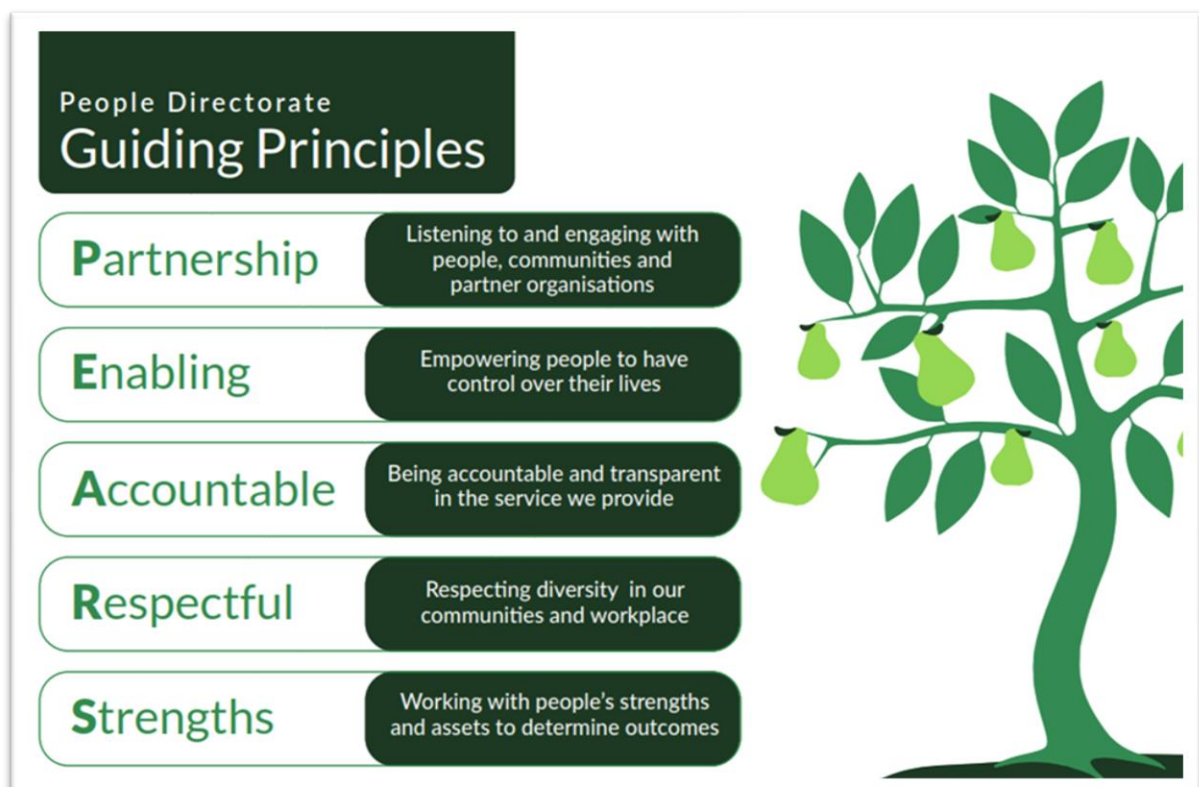
- Right support, right place, right time
 - Offering care and support that is coordinated and enables individuals to live as they want to, being seen as a unique person with skills, strengths and goals.

- Enabling people to make informed choices to manage their health and wellbeing at a time and place that's right for them.
- Working in partnership with local people
 - Working together across Place (Worcestershire) to provide a holistic approach to the health and care needs of our community.
 - People feel connected to their community and their feedback and experience is used to shape and make changes.
- Future-focused
 - Understanding and responding to the many changes and opportunities on the horizon for social care.
 - Working with people and our partners to maintain safe systems of care, making safeguarding personal by concentrating on improving people's lives.

Our vision, as a Directorate, is to put people at the heart of everything we do, allowing us to support individuals to live the lives they choose in a place they call home. This means that we will:

- Do things differently to ensure we are making the best use of our resources.
- Utilise our communities' strengths, capacity, skills and resources to prevent, reduce and delay further needs from arising.
- Continue to improve access and support, whilst ensuring we put people at the forefront of decisions around their care, with a key focus on person-centred care and strengths-based practice.
- Promote inclusion and our understanding of diversity, so that everyone has equal access to care as well as moving towards integrating health and social care to improve the customer journey.

And we will clearly demonstrate our approach via our Guiding Principles in all we do:

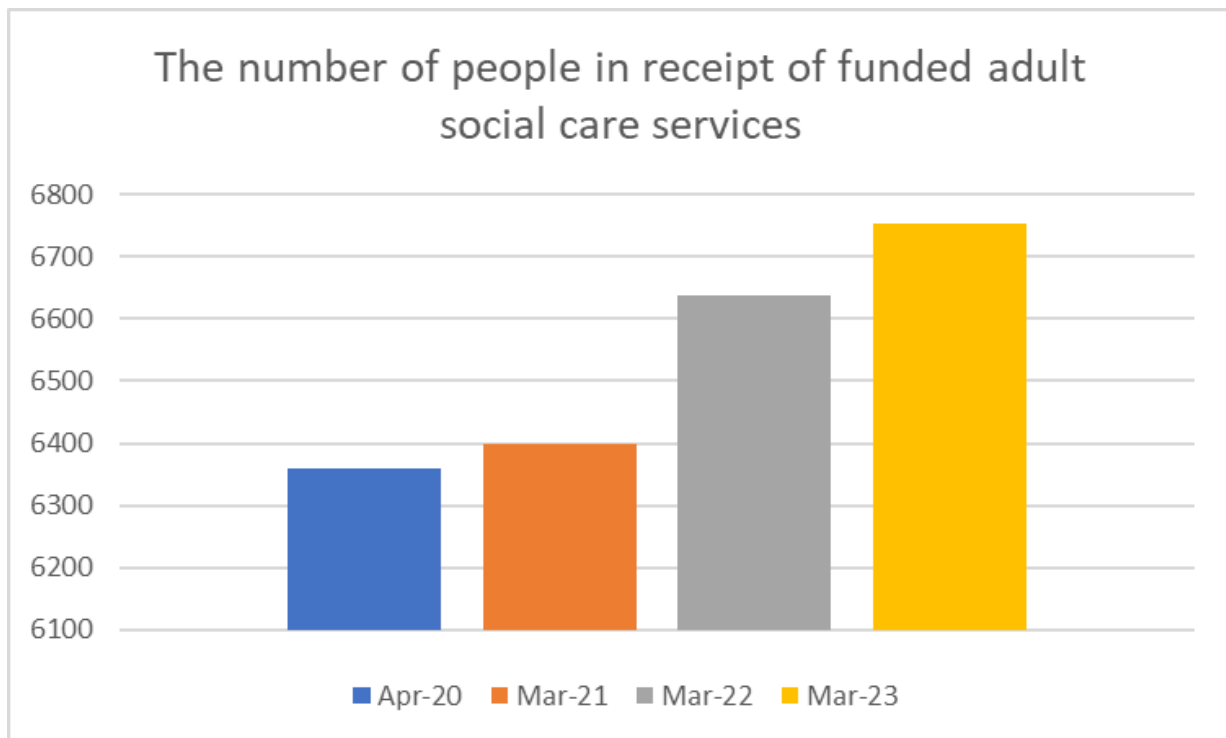


Worcestershire County Council's People Directorate and its partners will co-produce ways of working with citizens to enable them to:

- Be well and stay safe.
- Be independent and connected.
- Be supported.

The number of contacts within adult social care are increasing year on year resulting in more adult residents requiring social care services and it is therefore important to ensure that residents can access the right service for them, at an affordable price, delivered through a sustainable market, and within the financial parameters set.

**The number of clients receiving adult social care services funded by Worcestershire County Council
April 2020 - March 2023**



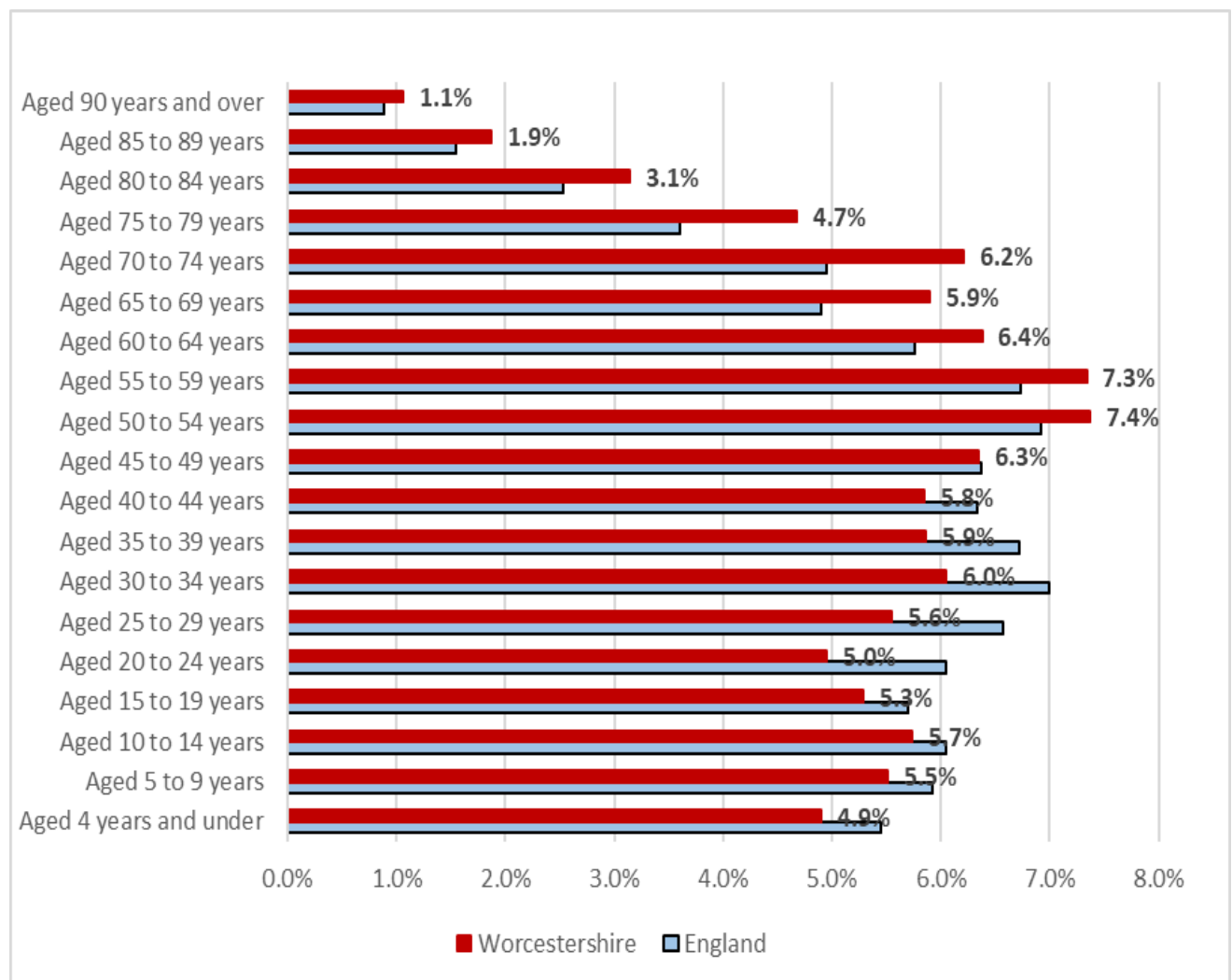
2. Worcestershire demographics

2.1. Our population

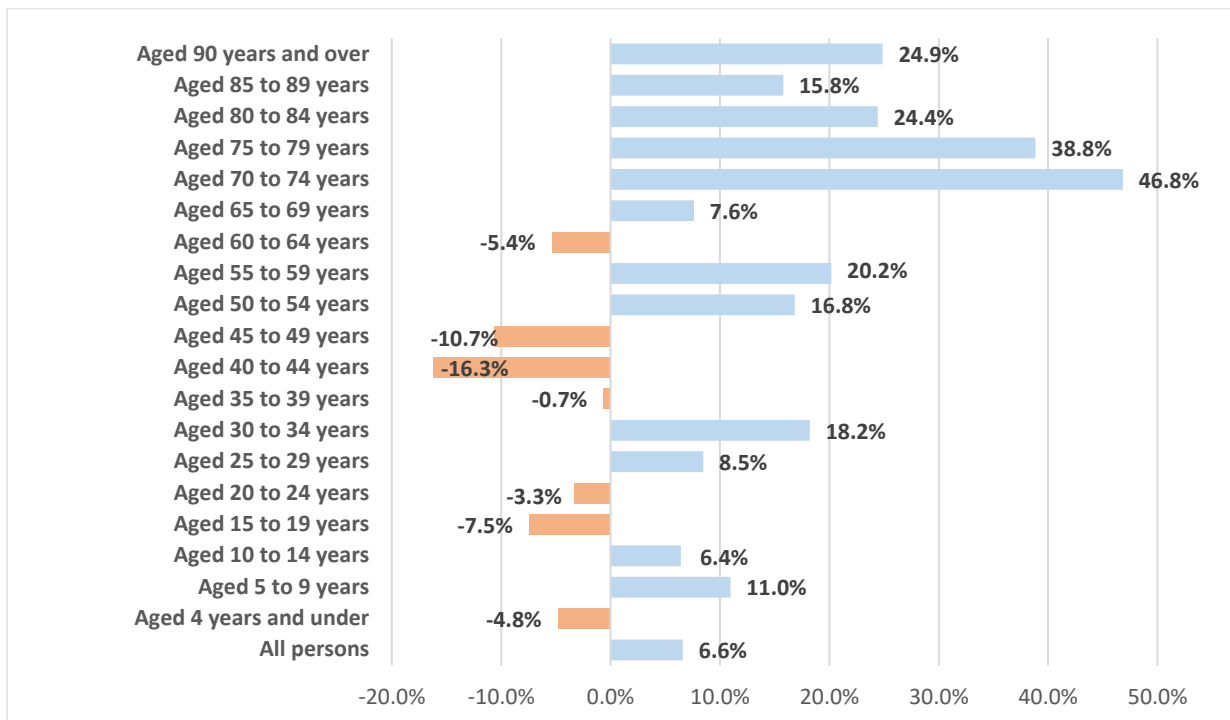
From the 2021 census, we know that in Worcestershire the population has increased by 37,400 since 2011, rising from 566,200, to 603,600. This represents an increase of 6.6%, identical to the national % increase, and slightly higher than the regional (West Midlands) increase which is 6.2% overall. As a proportion of the population in England, this remains unchanged at 1.07%.

Worcestershire has a higher proportion of older people than the national average, and a lower proportion of children and younger adults. The difference in proportions between Worcestershire and England are particularly prevalent in the 20 to 39 age range, (a significantly lower proportion of the population are within this age group in Worcestershire), and the 65 to 79 age range, where this group forms a significantly high proportion of the county population. Of particular note is the number of people aged 65-plus in Worcestershire at 138,000, almost 23% of all people living in the county. The following information is taken from the 2021 census data.

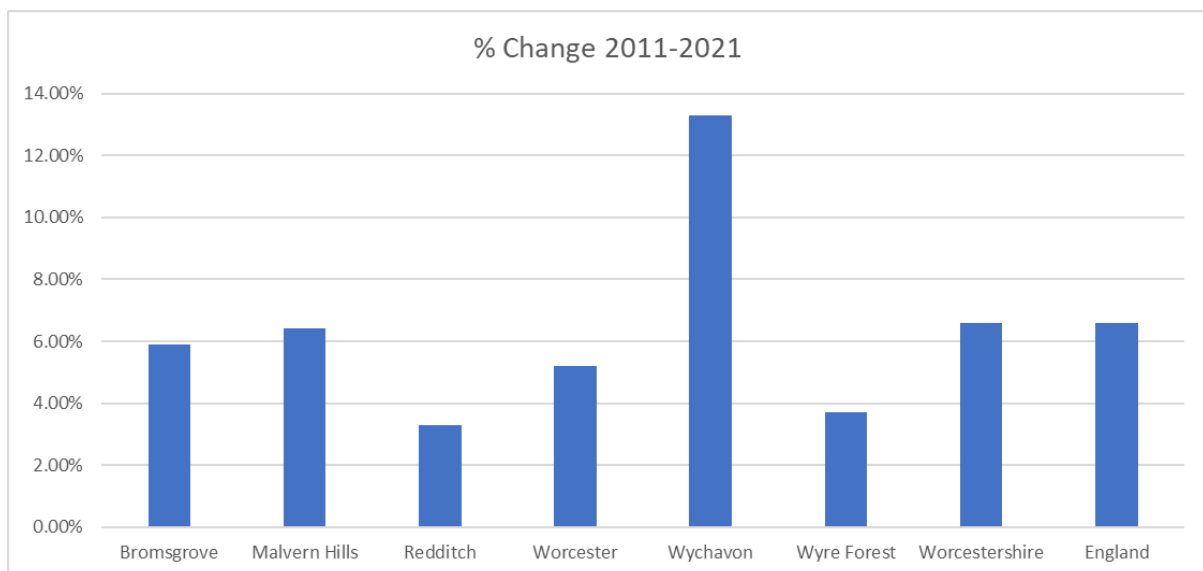
Worcestershire population proportion by 5-year age group, 2021



Proportional Change in population by 5-year age group in Worcestershire 2011-21



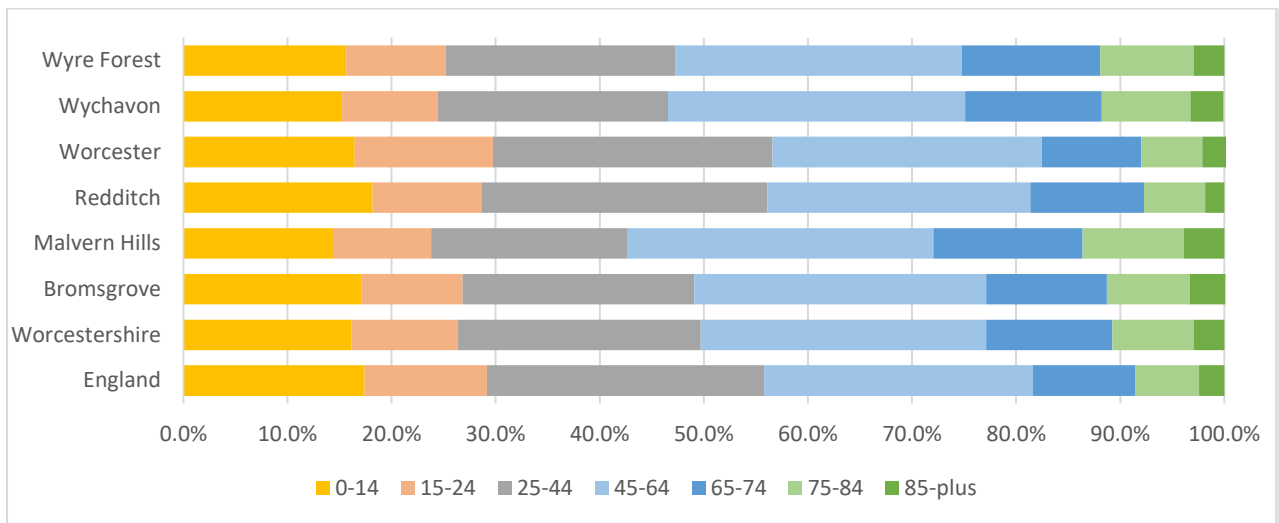
Change in population by district (all age groups), 2011-21



The number of people aged 65-plus in Worcestershire has increased by almost 29,000 since 2011, a rise of almost 27% (compared to a rise of just over 20% nationally). Increases in the 65-plus age group are particularly high in Redditch (over 36%) and Wychavon (almost 32%). The 75-plus population has increased by over 14,400 persons (almost 29%) since 2011.

The proportions of people aged 65-plus are particularly high in Malvern Hills (around 28%) and in Wychavon and Wyre Forest, both at around 25%.

Worcestershire and districts population proportion by broad age group, 2021



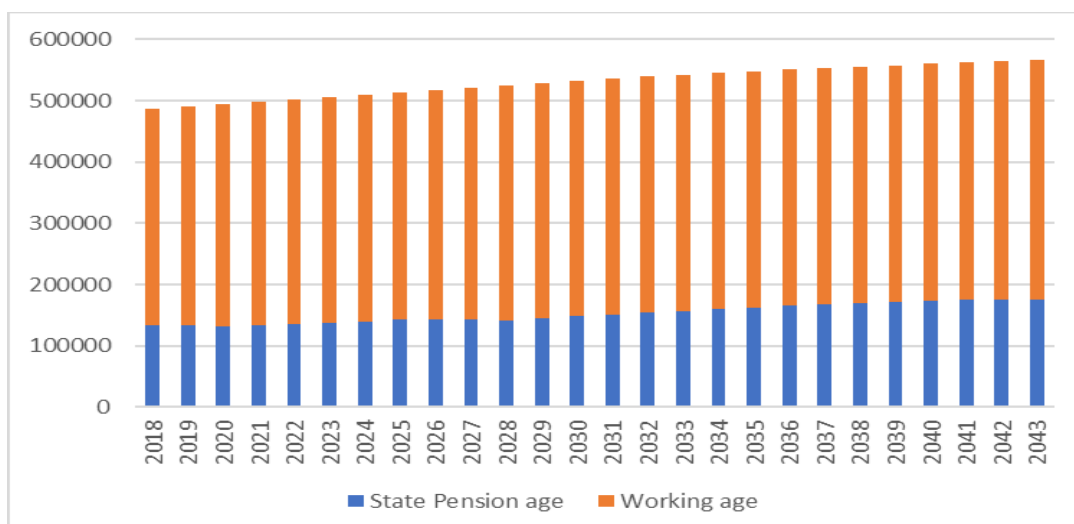
Population projections estimate an increase in Worcestershire residents who are of state pension age in the order of 31.2% and in the working age group of adults, an increase of 10.9% by 2043.

By District, in terms of state pensioners, the greatest impact on change is within Wychavon which is forecast to see an increase of 47% by 2043. Malvern Hills is projected to increase by 38.7% and Worcestershire as a whole, by 31.2%. The lowest rate of increase for the state pension age group is Redditch, at 11.2%. No districts are projected to decrease. Increases in the 85-plus population are projected to be over 40% in Malvern Hills, Redditch, Wychavon and Wyre Forest. This has potentially a significant impact on the future provision of Adult Social care services

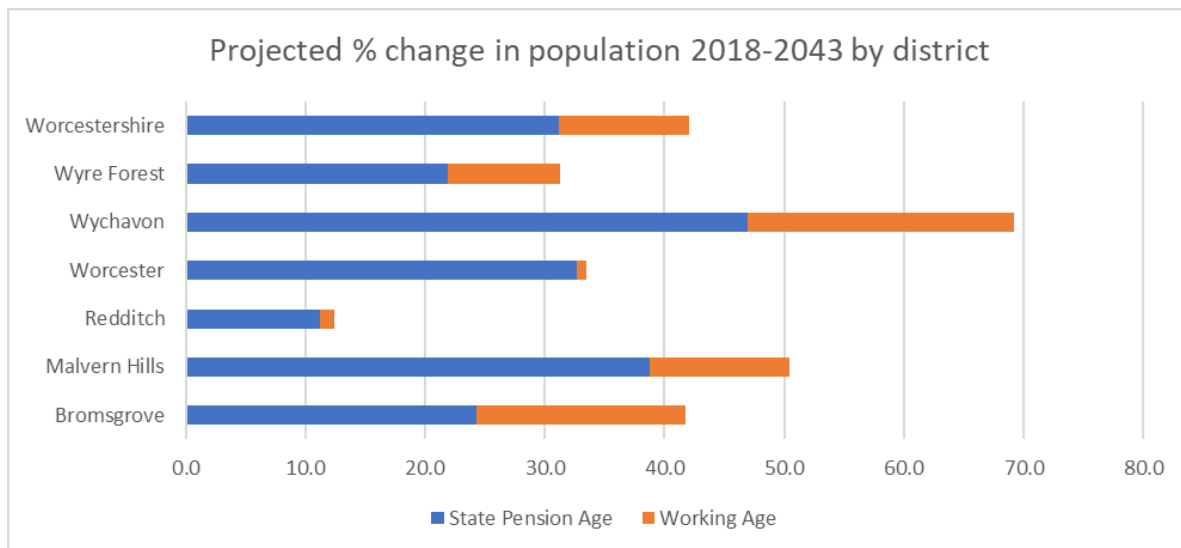
Regarding the working age population, the greatest level of increase projected over this period (2018-2043) is again Wychavon at 22.2%, followed by Bromsgrove at 17.5%. The lowest projected change (increase) is within Worcester at 0.8%, with the projected change for the whole county estimated to increase by 10.9%. No districts are projected to decrease.

Data Source for the following three graphs: Office for National Statistics, Subnational population projections for England

Worcestershire County Population Projection by age group (2018-2043)

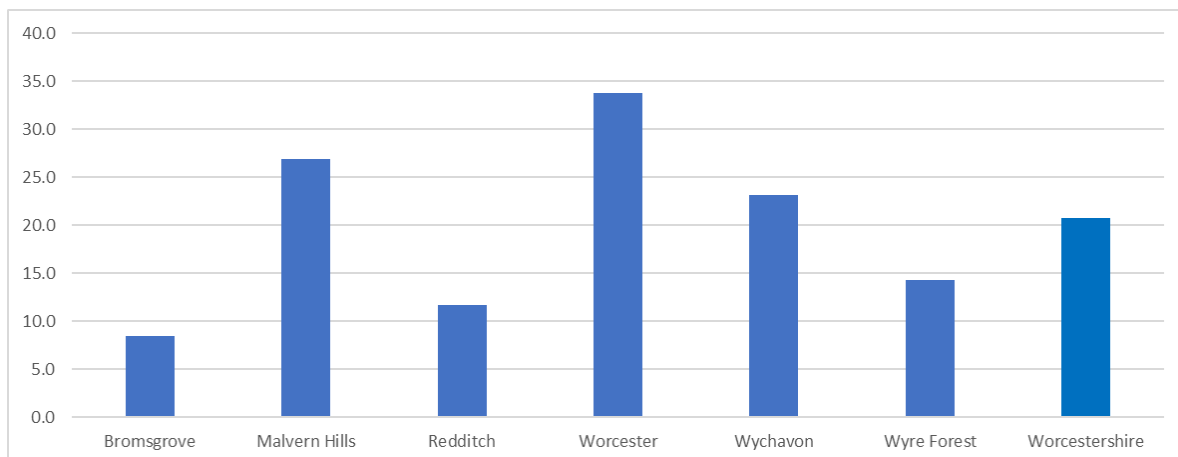


Worcestershire Districts Population Projection by age group (2018-2043)



The projected population changes give rise to a marked impact on old age dependency over the period as shown by the chart over page. The greatest increase in dependency is within Worcester, followed by Malvern Hills

Projected old age dependency (% change 2018-2043) by District



- The ratio of working age to retirement age in Worcestershire currently stands at 2.71 compared to 3.55 nationally. The proportion in Worcestershire was close to the national average in 2001 but has decreased notably since then, in contrast to the picture nationally, where the change in retirement age has resulted in a higher ratio in 2021 than in 2001.
 - The working age to retirement age ratio is particularly low in Malvern Hills, at less than 2.1, and in Wyre Forest and Wychavon, at less than 2.5.
 - The working age to retirement age ratio is notably higher in Worcester at over 3.8 (higher than the national average) and Redditch at just under 3.5 (similar to the national average).
- (See also the illustration over page)

The Council and its partners 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.

2.2 Ethnicity

This dataset from the 2021 census provides estimates that classify usual residents in England and Wales by their country of birth.

Table 1: Country (region) of birth by county and district

Country of birth %	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	Worcestershire	England
UK	95.2	94.2	88.6	87.2	91.8	95	92	82.6
EU14	1.2	1.4	1.1	2.2	1.2	1.1	1.4	2.8
EU 8	0.4	0.8	4.7	2.7	2.6	1.1	2.1	2.1
EU 2	0.1	0.2	1.2	1.9	1.6	0.6	1.0	1.2
All other EU	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2
All other NON-EU	0.3	0.3	0.2	0.5	0.2	0.2	0.3	0.9
Africa	0.8	0.9	0.7	1.2	0.8	0.4	0.8	2.8
Middle East & Asia	1.8	1.3	2.8	3.4	1.0	1.2	1.8	5.7
Americas & Caribbean	0.4	0.5	0.5	0.6	0.4	0.3	0.4	1.4
Antarctica, Oceania & Other	0.2	0.3	0.1	0.2	0.2	0.1	0.2	0.3
British Overseas	0	0	0	0	0	0	0	0
Total population	99,183	79,489	87,037	103,872	132,494	101,607	603,673	56,490,049

EU14 Austria, Belgium, Denmark, Finland, France, Germany, Greece, Republic of Ireland, Italy, Luxembourg, the Netherlands, Portugal, Spain, and Sweden.

EU 8 Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia

EU 2 Andorra, Cyprus, Greece (including Greek Isles), Malta, Spain (including Balearic and Canary Islands), Switzerland and Turkey.

Approximately 92% of people living in Worcestershire were born in the UK compared to the national average of almost 83%. The proportions are slightly lower in Worcester and Redditch districts, at 87% and 89% respectively.

Table 2 (over page) shows a more detailed breakdown of individual countries of birth. Proportions for many countries are small and countries with proportions in Worcestershire or districts that are lower than 0.3% have been omitted. Proportions of more than 2% are highlighted in red, proportions of more than 1% highlighted in blue, and proportions of more than 0.5% are highlighted in yellow so higher percentages can be easily picked out.

- With the exception of those born in England, the country of birth with the highest proportion of population in Worcestershire is Poland, at 1.5%, representing more than 9,200 people in the county.
- Over 4,700 people living in Worcestershire were born in Romania, representing 0.8% of the population.
- People born in India and Pakistan represent 0.5% and 0.4% of the population of Worcestershire respectively. These proportions are both notably lower than the national averages.

Table 2: Detailed country of birth data, by county and district

	Worcestershire	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	England
Total	603,676	99,180	79,484	87,037	103,866	132,486	101,607	56,490,051
England (%)	89.3	93.0	90.3	86.7	84.2	88.8	92.9	80.3
Poland (%)	1.5	0.2	0.5	3.7	1.9	2.0	0.7	1.3
Wales (%)	1.5	1.2	2.4	0.9	1.7	1.7	1.2	0.8
Scotland (%)	0.9	0.8	1.1	0.7	0.9	1.1	0.7	1.1
Romania (%)	0.8	0.1	0.2	1.1	1.6	0.9	0.6	0.9
Other countries that joined the EU between April 2002 and March (%)	0.7	0.2	0.3	1.0	0.9	1.2	0.3	1.0
India (%)	0.5	0.5	0.2	0.7	0.8	0.2	0.3	1.6
Pakistan (%)	0.4	0.1	0.1	1.4	1.0	0	0.1	1.1
Ireland (%)	0.4	0.5	0.3	0.4	0.3	0.3	0.3	0.6
Germany (%)	0.3	0.3	0.5	0.3	0.4	0.3	0.2	0.4
Northern Ireland (%)	0.3	0.3	0.4	0.3	0.3	0.3	0.2	0.3
South Africa (%)	0.3	0.2	0.4	0.2	0.3	0.4	0.1	0.4
Portugal (incl. Madeira and the Azores) (%)	0.2	0	0.1	0	0.7	0.1	0.1	0.3

Source: Office for National Statistics: Census 2021

Table 3: Proportion of people in households with English as a main language – Worcestershire and districts

	Worcestershire	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	England
All adults in household have English as main language	95.0%	98.0%	97.8%	91.4%	91.2%	94.9%	97.1%	89.3%
At least one but not all adults in household have English as main language	1.8%	1.1%	1.2%	2.9%	3.3%	1.5%	1.2%	4.3%
No adults in household, but at least one person aged 3-15 years has English as main language	0.6%	0.2%	0.3%	1.0%	1.1%	0.8%	0.3%	1.4%
No people in household have English as main language	2.5%	0.6%	0.8%	4.6%	4.5%	2.8%	1.4%	5.0%
Total population	259,932	41,265	34,892	36,378	44,722	57,356	45,320	23,436,085

Source: Office for National Statistics: Census 2021

Table 4: Proficiency in English – Worcestershire and districts

	Worcestershire	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest	England
Main language is English	95.6%	98.5%	98.1%	92.4%	92.2%	95.3%	97.6%	90.8%
Main language not English but can speak English very well	1.8%	0.9%	1.0%	2.8%	2.8%	1.8%	1.0%	4.0%
Main language not English but can speak English well	1.8%	0.4%	0.6%	3.4%	3.4%	2.0%	1.0%	3.3%
Main language not English. Cannot speak English well	0.7%	0.2%	0.2%	1.2%	1.2%	0.8%	0.3%	1.6%
Main language not English. Cannot speak English	0.1%	0	0.1%	0.2%	0.2%	0.1%	0.1%	0.3%
Total population	586,538	96,248	77,730	84,112	100,690	128,895	98,863	54,686,091

Source: Office for National Statistics: Census 2021

In conclusion, from the 2021 Census, high level indicators of ethnicity in the county can be summarised as follows:

- 88.7% of people in Worcestershire were White: English, Welsh, Scottish, Northern Irish or British. This has reduced from 92.4% in 2011.
- The number of people from ethnic minorities in Worcestershire represents 11.3% of the population and is notably lower than the national average of over 26%. The proportion of ethnic minority groups in the county in 2021 has grown from 7.6% in 2011.
- Proportions of ethnic minorities are relatively high in Redditch and Worcester, at almost 18% and just over 17% respectively. Proportions are notably lower in Malvern Hills, at less than 7%. Proportions of ethnic minorities in all districts are lower than the average across the whole of England.
- The population of 'Other White' ethnic group has increased from 2.6% in 2011, to over 4% in 2021. This is now the second largest ethnicity group in the county. It contains many people from Europe including eastern Europe. Proportions in the 'White Other' ethnicity are lower than the national average of just over 6%. Redditch and Worcester both have relatively high proportions of population who are in the 'White Other' ethnic group, both at almost 7%, as well as in Wychavon, at over 5%.

2.3 Employment and economic activity

From the JSNA 2022 summary, we know that:

- The population of Worcestershire is generally healthy, performing consistently better than the national average across several health-related measures. However, there are some pockets of Worcestershire where people's health is not good and the average masks inequality. Social determinants of health may influence health seeking behaviour in deprived populations.
- Worcestershire is, generally, not a deprived county, but 10% of our residents live in the most deprived quintile. Proportions living in 30% most deprived areas are particularly high in Redditch at almost 40%, and Wyre Forest at 35%
- Almost 5% of the Worcestershire population live in the 10% most deprived areas in England, with proportions particularly high in Worcester at almost 12%, and Redditch at over 8%. Almost 21% of the Worcestershire population live in the 30% most deprived areas in England, with proportions particularly high in Redditch at almost 40%, and Wyre Forest at 35%

(See Key indicators, over page)

Key indicators (Source: JSNA)

<p>Well performing indicators</p>	<ul style="list-style-type: none"> •Life expectancy and healthy life expectancy •Under 75 mortality rates for cardiovascular disease, cancer and respiratory disease •The crime rate in Worcestershire is lower than the national average. •The claimant count in Worcestershire is decreasing and is lower than the national and regional rates. •Cancer screening coverage indicators, e.g. for cervical cancer and breast cancer. •Emergency admissions for falls among people 65 -plus is lower than nationally
<p>Emerging focus indicators</p>	<ul style="list-style-type: none"> •Cost of living (fuel poverty, healthy eating) •Inequalities in mental health & wellbeing, and lifestyle risk factors •Changing demographic profile (inc. ageing population, asylum seekers) •Lower use of preventive services by most deprived & ethnic groups •Challenges within the health and care system (inc. waiting lists, emergency department pressures) ••Oral health •Not in education, training or employment •SEND •Affordability of homes
<p>Poor performing indicators</p>	<ul style="list-style-type: none"> •Excess weight in adults & children & associated consequences eg diabetes •Alcohol related admissions •Breastfeeding initiation •Smoking status in pregnancy •School readiness •Hip fractures •Infant mortality •Low dementia diagnosis rate

2.3.1. Deprivation

The 2021 Census classifies households in England and Wales by four dimensions of deprivation: Employment, education, health and disability, and household overcrowding, and these dimensions are based on four selected household characteristics.

- Education - A household is classified as deprived in the education dimension if no one has at least level 2 education and no one aged 16 to 18 years is a full-time student.
- Employment - A household is classified as deprived in the employment dimension if any member, not a full-time student, is either unemployed or disabled.
- Health - A household is classified as deprived in the health dimension if any member is disabled.
- Housing - A household is classified as deprived in the housing dimension if the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.

The data does not allow us to identify which characteristics are deprived and which are not, with only the number of dimensions in which households are deprived available.

In Worcestershire, 0.2% of households are deprived across all 4 dimensions which is similar to the national rate. Proportions are highest at a district level in Redditch.

2.3.2. Economic activity

Employment and economic activity rates are higher in Worcestershire than the West Midlands and Britain as can be seen by the data below (Source: Nomisweb.co.uk):

Table 5: Employment and unemployment data for Worcestershire, the West Midlands and Great Britain (all people) between January 2022 and December 2022

	Worcestershire %	West Midlands %	Great Britain %
Economically active	80.2	77.5	78.5
In employment	77.3	73.8	75.6
Employees	68.3	65.1	65.1
Self-employed	8.6	8.3	9.3
Unemployed (as a proportion of economically active people)	3.7	4.6	3.6

Table 6: Economic inactivity (Jan 2022-Dec 2022) by reason

	Worcestershire %*	West Midlands %*	Great Britain %*
Student	24.2	27.1	26.3
Looking after family/home	15.8	22.3	19.8
Temporarily sick	N/A	2.3	2.2
Long term sick	23.7	24.8	25.8
Discouraged**	N/A	N/A	0.3
Retired	18.5	11.3	13.8
Other	16.3	11.8	11.7
Want a job	15.4	17.3	18.1
Do not want a job	84.6	82.7	81.9
TOTAL	19.8	22.5	21.5

* % is a proportion of those economically inactive, except total, which is a proportion of those aged 16-64

** This is the term used by ONS to describe people not in employment who have not been seeking work within the last 4 weeks and/or are unable to start work within the next 2 weeks.

The high number of retired persons is reflective of the county age profile.

- The proportion of workless households in the county that have at least one person aged 16-64 is 10.7%. This is lower than the West Midlands (14.2%) and the national figure (14.0%)

Table 7: Employment by occupation (Jan 2022-Dec 2022) as a proportion of persons age 16+ in employment

	Worcestershire %	West Midlands %	Great Britain %
Soc 2020 Major Group 1-3: <ul style="list-style-type: none"> Managers, directors, senior officials; Professional occupations; Associate professional occupations 	49.7	47.0	51.6
Soc 2020 Major Group 4-5 <ul style="list-style-type: none"> Administrative and secretarial occupations Skilled trades occupations 	16.8	19.5	18.8
Soc 2020 Major Group 6-7 <ul style="list-style-type: none"> Caring Leisure and other service occupations Sales and customer service occupations 	15.4	13.9	14.5
Soc 2020 Major Group 8-9 <ul style="list-style-type: none"> Process plant and machine operatives Elementary occupations 	18.2	19.6	15.1

Job density in Worcestershire (2021), i.e. the ratio of total jobs to population aged 16-64, including employees, self-employed, government-supported trainees and HM Forces is 0.80. This is comparable to the job density in the West Midlands region (0.81) but lower than the national figure (0.85).

Table 8: Median gross weekly earnings for Worcestershire residents (2022)

	Worcestershire £	West Midlands £	Great Britain £
Full time workers	622.8	613.3	642.2
Full time male workers	670.5	661.0	687.5
Full time female workers	554.1	550.0	584.5

Table 9: Median gross hourly earnings, excluding overtime for Worcestershire residents (2022)

	Worcestershire £	West Midlands £	Great Britain £
Full time workers	15.83	15.41	16.37
Full time male workers	16.31	16.05	16.97
Full time female workers	14.936	14.46	15.49

Out-Of-Work Benefits

- Under Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise.
- As of June 2023, 10,870 Worcestershire residents aged 16-64 are claimants representing 3% of our population. This figure is lower than the regional and national figures of 4.9% and 3.7% respectively. 3.4% of Worcestershire claimants are male and 2.6% are female. Across the West Midlands, the ratio of claimant's male: female is 5.7%:4.2% and nationally, 4.3%:3.1%

Table 10: Claimant count by age - not seasonally adjusted (June 2023)

	Worcestershire %	West Midlands %	Great Britain %
Age 16-17	0.2	0.2	0.2
Age 18-24	4.4	6.6	4.8
Age 25-49	3.5	5.7	4.2
Age 50+	2.1	3.5	2.7

Table 11: Unemployment levels by District

Area	Claimant Count	Rate	Change since July 2022	% change since July 2022
England	1,353,460	3.8	41,855	0.1
West Midlands	182,200	4.9	6,285	0.2
Worcestershire	10,915	3.0	-45	0.0
Bromsgrove	1,500	2.6	-75	-0.1
Malvern Hills	1,170	2.6	-5	0.0
Redditch	2,030	3.8	55	0.1
Worcester	2,385	3.6	90	0.1
Wychavon	1,985	2.5	-50	-0.1
Wyre Forest	1,840	3.1	-60	-0.1

Source: ONS Claimant count (July 2023)

2.3.3. Socio-economic impacts

Fuel Poverty

- Approximately 29,000 households in Worcestershire (11.5%) are living in fuel poverty, this is above the national rate. The issue disproportionately affects older people. Nationally, a fifth of households affected by fuel poverty have household members that are all over 60. If Worcestershire follows this pattern 5,000 households would fall into this category

Loneliness

- Only half (49%) of adult social care users in Worcestershire have as much social contact as they would like (Public Health England estimates)
- In Worcestershire it is estimated that 15,160 males and 28,350 females aged 65 and over are living alone. By 2035 these numbers are expected to rise by 36% for both genders. While there is no direct relationship between living alone and loneliness, it is clearly could be a contributory factor.

Unpaid Care

- It is estimated that in 2019, 20,110 people aged 65 and over were providing unpaid care in Worcestershire, this is forecast to grow by 28% to 25,670 by 2035 (a person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or conditions related to old age).
- Over a third of older people (7,345, 36.5%) in Worcestershire providing unpaid care are doing so for 50 or more hours a week.

2.3.4. Housing & homelessness

The affordability ratio is a measure of the house price to income ratio in an area. It can be used to compare affordability over time and geographies. A larger number reflects a less affordable area. By using a ratio a comparison over time can be made without the need to adjust for inflation. The ratio of median house price to median gross annual residence-based earnings in Worcestershire currently stands at 8.66. this is slightly higher than the national average of 8.28. The affordability ratio comparing median house prices to median residence-based earnings in Worcestershire has increased from 5.58 in 2002 and from 8.04 in 2019. The ratio of lower quartile house price to lower quartile gross annual residence-based earnings in Worcestershire is 8.29, higher than the national average of 7.36. Affordability ratios are particularly high in Wychavon, Malvern Hills and Bromsgrove for both the median and lower quartile ratios. In the financial year 2022-23, 1,654 households in Worcestershire were assessed as homeless, 6.31 per 1,000 total households in the county. At a district level, proportions are particularly high in Worcester (10.29 per 1,000 households) and Redditch (9.00 per 1,000 households).

2.4. Health and social care (from JSNA 2022 report)

The following statistics identify key health issues within the county that may impact on health and care support needs for adults and/or their families and should be considered alongside the projected population demographics.

18% of people in Worcestershire have reported having a long-term illness or disability under the Equality Act in the 2021 Census. This is significantly higher than the national average of 17.3%. Proportions with a long-term illness or disability were particularly high in Wyre Forest (20.1%) and 27 Malvern Hills (19.1%).

- Nearly half of older people in Worcestershire have an illness that affects their daily activities. This equates to 63,000 people currently and numbers are projected to increase by 38% in the next 15 years.
- The numbers are projected to increase by 28%-56% between 2019 and 2035. This increase in numbers is likely to lead to a substantial rise in the demand for social care and health services in future years.

Worcestershire has a higher life expectancy than England for both males and females but has a higher mortality for certain causes of death. Neonatal deaths, breast cancer, strokes (among females) and suicide (among males) all have a higher mortality in Worcestershire compared to the national average.

Falls are often the reason that someone has to leave their own home. There are over 2,300 falls per year in the over 65s in Worcestershire.

Table 12: Projected Numbers of Older People with Key Health Conditions

Condition	2019	2035	% change
Dementia	9560	15330	56%
Depression	11630	15330	32%
Living alone	43500	59180	36%
Limiting Long term illness	62910	66960	38%
Mobility	24780	36310	47%
Hearing loss (moderate or severe)	93310	144810	55%
Visual impairment (75+)	4010	6070	51%
Stroke	3170	4280	35%
Bronchitis/Emphysema	2300	3040	32%
Provision of unpaid care	20110	25670	28%

Drugs & Alcohol

- The age-standardised mortality rate from drug misuse in Worcestershire for 2018-20 was 4.2 per 100,000 population, similar to the national average and is notably higher among males than females.
- Admissions to hospital for alcohol-specific conditions in Worcestershire stand at 473 per 100,000, lower than the national average of 587 per 100,000. Admissions are higher in Redditch (609 per 100,000) and Wyre Forest (570 per 100,000) than other Worcestershire districts.
- The age-standardised mortality rate from drug misuse per 100,000 population in Worcestershire is 4.2, similar to the national average of 5.0. The rate for males is again notably higher than the rate among females.

Smoking Prevalence

- According to the Annual Population Survey smoking prevalence in Worcestershire is 11.1% in 2020 (9% in females, 13.2% in Males). This compares to the national average of 12.1%. Smoking levels are particularly high among those in routine and manual occupation, as well as those who have never worked or a long-term unemployed.
- The proportion of mothers known to be smokers at the time of delivery is 11.5% in Worcestershire, significantly worse than the national average of 9.6%. Smoking attributable hospital admissions for diseases that are wholly or partially attributed to smoking is 1,426 per 100,00 in Worcestershire, similar to the national average.

Adult Obesity and Physical Activity

- Physically active adults, i.e. those aged 19 and over doing at least 150 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days stands at 67.2% of the population, similar to the national average of 65.9%. Proportions are significantly better than the national average in Bromsgrove, but significantly worse than the national average in Redditch.
- Over 64% of adults in Worcestershire are classified as overweight or obese, similar to the national average of 63.5%. The proportion of overweight or obese adults is particularly high in Redditch, at almost 69%. The other districts within Worcestershire have a similar proportion of overweight or obese adults as the national average.

Long Term Conditions

- The percentage of patients with hypertension registered with a Worcestershire GPs is 16.3%. This proportion is increasing and compares to 13.9% nationally. At a district level, levels of hypertension are particularly high in Wyre Forest and Malvern Hills, at over 18%.
- 13,287 people registered with Worcestershire GPs are recorded as having had a stroke or transient ischaemic attack (TIA).
 - The standardised mortality ratio of deaths from stroke for all ages in Worcestershire is 104.5 per 100 over the period 2016-20. This is similar to the national average of 100. Deaths due to stroke are higher than the national average in Malvern Hills, Worcester and Wyre Forest.
- The recorded prevalence of depression in Worcestershire among people aged 18-plus is 14.7%. This is significantly higher than the national average of 12.3%. The proportion with depression in Worcestershire is increasing. Proportions with depression are particularly high in Wyre Forest, at over 18%, Redditch at almost 16%, and Bromsgrove at 15%.
 - Depression in later life can be a major cause of ill health and can have a severe effect on physical and mental wellbeing. Older people are particularly vulnerable to factors that can lead to depression such as bereavement, physical disability and illness and loneliness. Depression is estimated to affect 11,630 people aged over 65 in Worcestershire (2019; POPPI)

Dementia

Dementia will be a significant issue in future years as the population in the oldest age groups grows and this will be reflected in the adult social care services commissioned by the County Council.

- The number of people living with dementia in Worcestershire is forecast to increase by 56% between 2019 and 2035 from 9,560 to 14,905.
- This is a bigger increase than that expected for England (51%).
- The estimated dementia diagnosis rate for those aged 65 and over in 2018 at 59.7% was lower than the England level (67.5%). A timely diagnosis helps people living with dementia, their carers and healthcare staff to plan ahead and work together to improve health and care outcomes.

3 Our commissioning approach

Commissioning is the strategic activity of identifying need, allocating resources and procuring a provider to best meet that need, within available means, by focussing on the things that make a significant difference to our residents.

This is what we mean by **outcome-based** commissioning. Commissioning is about achieving positive outcomes for our residents and communities, based on their needs and aspirations within the resources available. The current economic climate means that we must look at service delivery in different ways, innovate and look for alternative solutions. Through commissioning we can make sure that we use available resources in a variety of ways to improve outcomes in the most efficient, effective and sustainable way.

We support an integrated approach to understanding our residents and communities. This means using the insight we have about our communities to ask questions about what and how we should be commissioning to best meet their needs. This will involve challenging ourselves about how well we know our communities and asking ourselves whether we are using our resources in the most effective ways. Through co-production, we can ensure that our services are better targeted and more likely to achieve good outcomes.

Our residents and communities have changed – and significantly as a result of the Covid pandemic - as have their needs and how they want to engage with public services and get support. Adapting to these changes requires strong, ambitious and visionary leadership from politicians and public sector staff as well as from residents and communities.

We believe it will be important to keep our approach flexible so that it can work at all levels - strategic or operational; covering the whole county, a district or a locality; meeting the needs of different communities or groups of people, a family or an individual.

We are taking an innovative approach to commissioning, finding new ways of seeing old problems and using new solutions. The result will be a shift in the type and efficiency of the services on offer.



This approach uses interdependencies between residents, communities, organisations and service providers and will involve changes in the way we think and work and how we relate to our partners and communities. Commissioning allows us to embed democratic leadership at every stage, involving everyone in setting the strategic direction so that we can rebalance the contribution from public

services, communities and residents to improve lives and the places where we live. It is not about doing more of the same for less, but making the most of what we have to achieve our shared goals.

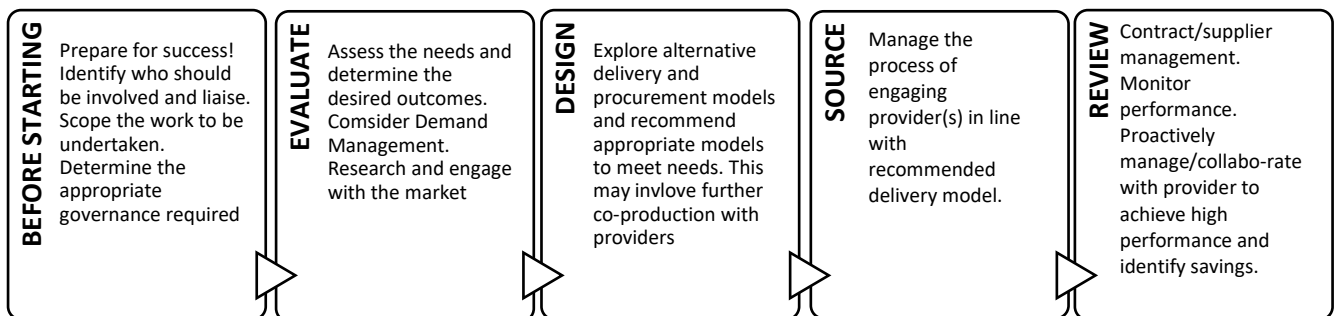
3.1 The importance of partnerships and local leadership

Successful commissioning is dependent on good partnerships and effective “system” leadership to make an impact, avoid duplication of activity and to generate efficiencies.

Leadership, at strategic and local level, can often rest with organisations other than the County Council. We are looking to develop productive working relationships to positively influence how collective resources are best used.

As a democratic organisation, we will ensure the voices of our residents, directly and through their elected members, are heard at every stage. We want to make sure that everyone can contribute and have their say.

Commissioning is therefore undertaken by a multi-disciplinary team working together throughout the four stages of Evaluation, Design, Source and Review.



4 Our commissioning intentions

In line with the People Directorate strategy for Adult Social Care and its 3 key priorities (outlined below)

- Right support, right place, right time
 - Offering care and support that is coordinated and enables individuals to live as they want to, being seen as a unique person with skills, strengths and goals.
 - Enabling people to make informed choices to manage their health and wellbeing at a time and place that's right for them.
- Working in partnership with local people
 - Working together across Place (Worcestershire) to provide a holistic approach to the health and care needs of our community.
 - People feel connected to their community and their feedback and experience is used to shape and make changes.
- Future-focused
 - Understanding and responding to the many changes and opportunities on the horizon for social care.
 - Working with people and our partners to maintain safe systems of care, making safeguarding personal by concentrating on improving people's lives.

Commissioners will work with the market to enable our citizens to

- Be well and stay safe;
- Be independent and connected; and
- Be supported.

Commissioners will develop a person-centred approach to shape services and to shape an effective market.

We set out below a summary of our overarching commissioning intentions for the coming period. Further detail is provided within section 6 of this report.

4.1 Be Well and Stay Safe

4.1.1 The impact of the Covid-19 pandemic

Activity throughout 2020 to 2022 was of course shaped by the Covid pandemic, resulting in much of the work already started to improve commissioned adult social care services ceasing, or at very best, slowing down during this period.

However, the pandemic “pause” has in some areas of work, accelerated the design and development of different ways of working, developed partnerships that previously were barely existent and has reshaped our thinking about what is needed for the future and what may be achieved.

4.1.2. Reducing the pressure on the care system by commissioning targeted prevention services

We have already contributed to the development of access to preventative activities that support the most vulnerable and divert them from higher-level services, enabling people to take control of their own wellbeing and reduce their need to access other services in the future.

The Council has developed an Early Intervention and Prevention strategy which outlines the preventative work in place and in development for adults. There will be clear links to the Councils Health and Wellbeing Strategy which brings greater emphasis to prevention activity being 'everybody's business'. There will be increased focus on encouraging people to be more proactive about their health and wellbeing which will increase independence and reduce or delay the need for care and support services.

4.1.3. Mental Health Services

Our priority is to work with partners to reduce incidence of mental ill-health and the prevalence of common mental ill health conditions.

We have completed a needs assessment and developed an action plan (including the commissioning of new services and re-shaping of the market) to support a Mental Health Recovery Pathway for Social Care. This pathway aims to enable recovery, reduce longer term dependency, and increase focus on community and employment-based activity.

4.2 Be Independent

4.2.1 Maximising independence

Linked to the Adult Front Door service and the system-wide programme of work regarding Reablement and Intermediate Care (the Discharge Pathway), we will re-design the onward care services to ensure that, following accident, illness or other crisis, people have access to a period of recovery before making decisions about long term services and placements. We will also improve and invest in ways to help people get equipment, adaptations and Assistive Technology solutions to enable them to regain and retain their independence and feel safe at home.

The aim is to maximise independence and in doing so, reduce the long-term care costs for individuals and reduce the numbers of people entering long term care homes or having very expensive services at home.

This means that in future, no-one will be admitted to long-term care without us having assessed the opportunity for reablement, technology and equipment under the Home First principle.

The aim is to ensure that we only assess people who appear that they may have a need for services, place a strong focus on safeguarding, positive risk taking and promoting choice and control. We have statutory duties to assess people who may have a need for care and support as well as people with a Safeguarding risk and those who may need protection under the Mental Capacity Act (2005).

Worcestershire County Council is working collaboratively to improve how we do this, with the consequent impact on commissioned services.

- We will consider support at home or housing with support services (supported living, extra care, shared lives) for each person and only use long term residential services where an alternative is not available or appropriate.
- We will support people to make use of local community and mainstream services and encourage our commissioned day services to support people to make use of local networks and services.
- We will promote Direct Payments as a choice to access services.

By doing this we better target the use of resources and ensure that people have a stake in maintaining their independence.

4.2.2. Reduction in the overall number of placements of Older People in residential and nursing care

Worcestershire continues to adopt the strategic approach of council-funded residential and nursing care home placements for Older People i.e. adults aged 65+, being limited to people with the highest level of need, including people with dementia, frailty and complex needs and that people should only be placed in these services when all other options have been exhausted.

The number of long-term placements funded by Worcestershire County Council varied between 2019/2020 to 2022/2023. This was mainly due to the impact of the COVID pandemic, with a significant reduction in placements during 2020/2021/ and 2021/2022. By April 2023 the number of placements was broadly the same as in 2019/20. Accepting the potential for some variations in demand levels over the period, it is predicted that, in general terms, the number of long-term care home placements will not increase in proportion to the projected increase to the population of people over 65 and over 85 within Worcestershire and if the in-year placement numbers continue at the current rate that there will be a reduction in placements overall. However, it is recognised that the proportion of those placements for people living with dementia and other complex needs will increase across all Older People's placements.

Longer term therefore, the total amount of money spent each year on Older People's residential and nursing care home placements will decrease in relative terms, with some of this resource being redirected to support more people in their own homes, either within Extra Care housing or with domiciliary care that can meet their specific needs, but we anticipate the total cost of provision of care for more complex needs will become a higher proportion of that total residential care cost.

To increase the resilience of the care market for 'Care with Nursing', dementia and complex needs care, in the medium- to long-term we propose to enter dialogue with the NHS and with providers and regulators to develop a more resilient, safe, care market for the growing numbers of very frail people with complex needs of all ages.

4.2.3. Increased use of Assistive Technology, equipment and minor adaptations to enable people to live independently

Commissioners are working with the District Councils and the NHS to scope and promote services that enable independent living, providing individuals with access to appropriate and timely adaptations to remain in their own homes.

Commissioners will continue to support the development of new supported living services to meet demand, aiming to ensure that there is a range of services to support individuals to live as independently as possible.

Commissioners will develop strategies to accelerate the availability of 'accommodation with care', for example, Extra Care housing for older people, and supported living for younger people with disabilities.

4.3 Be supported

4.3.1 Supporting people with Complex Needs and at the end of life

This means that we will target social care resources on working with the NHS and others to provide expert care and support to the most frail and vulnerable people in Worcestershire.

- We will collaborate with the NHS to provide care and support in advance of crisis to keep people at home and reduce the need for residential care or hospital admissions.
- We will arrange residential and nursing care for people with the highest levels of need: typically those with frailty, complex needs, multiple long-term conditions and/or dementia, where those needs cannot be met at home.
- We will work with partners to increase the numbers of people supported with end-of-life care at home rather than hospital and to prioritise resources for this.

4.3.2. Learning disabilities and autism

Working collaboratively with partner organisations throughout Worcestershire, we will develop services for people with disabilities that plan to meet needs through the whole of people's lives.

There is a new Learning Disability Strategy for Worcestershire, which has been co-produced by Worcestershire's Learning Disability Partnership Board. The strategy sets out the priorities for the future to improve the lives of people with Learning Disabilities. Commissioners will work with the Partnership Board to implement and monitor the strategy and its action plan. The Strategy can be located here: [Worcestershire's Learning Disability Strategy 2023-2028](#)

The Integrated Care System (ICS) All-age Autism Strategy is under development and due to be published early 2024. This will also set out plans and priorities and be monitored through the multi-agency partnership board.

Commissioners from Adult Social Care and Worcestershire Children First have set up structures to track young people who will transition to adult services in the future. We will continue to strategically plan services to ensure plans are in place for individuals prior to the transfer to adult services.

This will include ensuring we target our resources effectively in order to meet the needs of the small but growing number of people with highly complex needs.

Two new provider frameworks are in place to ensure that our supported living and day services promote independence and reduce long-term dependency where possible; with a focus on people being active in their own communities.

The new complex needs framework is under development and will aim to put just enough support in place for those with complex needs to ensure they live fulfilling lives without unnecessary restriction.

Work is planned to also develop a learning disability and mental health residential care framework.

5 Preparing the market

5.1 Position as at 2023/2024

Work within the adult social care market in the last three years has focussed on maintaining stability in a climate of increasing pressure on resources and rising demand.

Close working relationships established during the COVID-19 pandemic have been maintained and built upon, through the mechanisms of regular provider forums and partnership boards, two-way communication networks for disseminating important information and gathering feedback, and in-depth market engagement to inform tender exercises.

Commissioning exercises completed during the period 2021-2023 include:

- Recommissioning day services for all client groups as part of a new “Positive Days” strategy and a re-designed DPS contract.
- Recommissioning of the “Having a Voice” contract for Adults with Learning Disabilities, building on the significant co-production work, vision and aims of the new Worcestershire Learning Disability Strategy
- Publication of the Supported Living Market Position Statement
- Recommissioning of the Supported Living DPS contract
- Development and procurement of 3 new cluster flat developments creating increased capacity for Mental Health and Vulnerable Adults
- Successful capital bid for a new complex needs development (now going through the planning process)
- Completion of a Social Care Mental Health Needs Assessment and development of an associated action plan
- Commissioned a Framework of Providers for Older People Residential Replacement Care
- Completion of the Independence Focussed Domiciliary Care tender.
- Carers Strategy for Worcestershire and commissioning of the Carers HUB
- A Direct payment support service commissioned and implemented.
- Commissioning and implementation of a support service to develop micro-organisations and to develop a market of small providers and self-employed individuals to offer care services.

5.2 The Government Insights report

The Government published its [local authority market sustainability plans insights report](#) which collates the market sustainability plans submitted by local authorities as part of the grant conditions in respect of the Market Sustainability and Fair Cost of Care grant, issued in 2022. Worcestershire County Councils plans are published on the County Council website under the heading [Cost of Care exercise](#) and were accepted by DHSC. Note, this section draws from the text of the report.

The plans were required to provide

- an assessment of current market sustainability
- anticipated impacts on market sustainability
- strategies for improving market sustainability over the next 1 to 3 years
- the cost of care for the local area and an explanation of how the exercise was carried out, including provider engagement

- a reflection on the data and positions of the local authority between March 2022 and March 2023.

Many of the themes identified by local authorities across the country are similar to those experienced and identified in Worcestershire. As such, this refreshed Market Position Statement incorporates those proposals and the report itself provides opportunity for further market considerations over the next 5 years:

- the ability of their 65 years and over residential nursing care markets and their 18 years and over domiciliary care markets, to deliver enough care and support for their local populations
- the diversity of provision
- provider exits from local markets
- underpayment within the sector and workforce supply

The Department identified the following themes as key to local authorities strategic approaches to improving market sustainability which were, in summary:

- to expand domiciliary care markets and secure greater supply
- to stabilise and adapt their care home markets to the changing needs of local populations by:
 - recognising the need for residential and nursing care that can cater to specialist needs
 - investing in alternatives to standard residential care, to expand provision that supports person-led care and support
- that market sustainability is dependent on a wide range of factors, including:
 - embracing the growing role of technology in delivering care and support
 - identifying the importance of working in closer partnership with health services, especially on discharge commissioning
 - investing in proactive quality management processes to improve and maintain standards of care and support
 - workforce recruitment and retention in both local authority roles and, but most acutely in, frontline social care delivery was highly constrained across all local authorities

5.2.1 Worcestershire's position

Worcestershire County Council concurs with the report statement that:

“High-quality, personalised care and support can only be achieved where there is a vibrant, responsive market of service providers. The role of the local authority is critical to achieving this, both through the actions it takes to commission services directly to meet needs and the broader understanding of, and interactions it undertakes with, the wider market for the benefit of all local people and communities.”

Table 13 details the key risks identified by local authorities nationally along with Worcestershire position in relation to these.

It should be noted that these reports majored on assessment of the 65+ general residential and nursing care and 18+ domiciliary care markets.

Table 13: National local authority concerns as summarised in the DHSC Insights report and the Worcestershire position

Risk Indicators	65+ residential care	65+ nursing care	18+ domiciliary care	Worcestershire position
% expressing concern over limited capacity	24	67	61	Worcestershire has an over capacity in the 65+ bed-based markets. Following actions taken in 2021/2 and 2022/3 the domiciliary care market is stable and the new contractual arrangements are now fully in place although the very rural locations can always present a challenge
% expressing market exit concerns	28	29	28	It is anticipated that there will be some consolidation within each of these markets over the next 3 to 5 years
% expressing diversity of provision concerns	43	N/A	26	With the drive for independence, in line with the views expressed in the 2021 Market Position Statement, it is recognised that the capacity for accommodating more complex care needs (including dementia) in the 65+ bed-based markets will continue to grow. Within domiciliary care, the challenge will be to introduce a greater focus on reablement rather than general care and support.
% expressing concerns with the fair cost of care calculation	56	55	54	Worcestershire accepted the process as set by DHSC but was concerned by the changing data entry requirements for the 65+ bed-based care settings and also the disappointing numbers of providers responding overall which down-graded the analysis statistically
% expressing concerns with workforce supply	93	86	93	Worcestershire concurs that some providers have struggled with retention and recruitment, especially during and immediately post covid and in the most rural locations.

The detail of our future commissioning intentions may be found in section 6 of this document.

5.3 Market considerations

The ‘reshaping’ phase for our market is focussed on the following and is largely in line with other local authority considerations as identified in the Insights report.

- Investment and stability – investing existing resources into the care sector in a more structured way to provide stability of care, but also recognising the role of the social care and health economy in the region and to allow all parties to plan their businesses, including proposals to move to a fixed fee approach.
- Commissioner-led support – a package of support from commissioners across the system that promotes quality improvement. Including ways in which social value will be delivered by the care sector and other partners.
- Efficiency and modernisation – developing integrated systems and processes that are efficient and fit for the future.
- Robust contract management – clear specifications focussed on enablement and that make clear the requirements, with robust and consistent management against these.
- Market shaping – developing mechanisms and specifications that support a stable and sustainable marketplace.

In support of this, commissioning activities that will commence/complete in 2023/24 include:

- Commissioning a Framework of Providers for Long-Term Older People Residential and Nursing Care Homes to include the options of replacement care and further potential for Continuing Health Care or more complex older people's care.
- Commissioning of services to support people back home, this includes the Short Term Enhanced Domiciliary care service, the Wrap Around Service and Extra Care step-down flats.
- Re-commissioning of a service provider for Learning Disability Replacement Care services at Lock Close, Redditch
- Commissioning of Positive Behaviour Support Services for people with complex behavioural needs
- Implementation of the Mental Health Action plan (including commencement of commissioning of specialist services)
- Preparation for the development of a framework for U65 residential care
- Needs assessment to assess the demand for specialist U65 residential services for Autism and Mental Health
- Preparation for the re-procurement of Promoting Independent living services (home improvement agency)

This will mean that in Worcestershire, we will be progressing our journey to establishing a health and social care system where we can balance the budget, and where there is:

- a sustainable price for care based on quality of services.
- an increase in care and support being focused on improving outcomes and increasing independence.
- independent providers incentivised to work within their local communities to promote health and wellbeing and reduce the need for commissioned social care services.
- a systematic approach to promoting what choices are available to people locally, the service they choose and that it is value for money.
- quality processes and procedures that promote active involvement of service users.
- a systematic, transparent and proportionate approach to assessing and managing quality across the health and social care system.
- an increase in the number of independent providers that achieve high standards of care.
- market intelligence that enables us to raise quality standards.
- open, respectful and honest relationships with providers and proactive provider engagement.
- development of systems, processes and relationships that integrate with our health partners, those within the wider Integrated Care System footprint and other commissioners within the Herefordshire/Worcestershire region.
- development of closer links with regional commissioning colleagues across health and social care within the wider West Midlands area, via close working with regional networks.
- development of a performance framework used to regularly assess the effectiveness of services in line with desired outcomes and to ensure changes are made where necessary.
- Work with partners to develop a consistent outcomes framework to monitor the performance of our services.

As the various work programmes go live and become embedded, the successful impact of the commissioning activities may be measured through:

- Partnership with providers – having transformed our relationship with the market by being open and transparent, the Council will have a range of providers who are clear about what is required and who want to work with us to deliver, and further innovate and develop services for the future.
- Integration with health – Commissioners will continue to maximise all opportunities to integrate services and transform the market to enable services to be jointly commissioned, with shared risk and cost as appropriate.

- Reduced reliance on commissioned social care services – Commissioners will have commenced work to innovate and to develop alternatives to more traditional models of care commissioning and delivery which will incentivise providers to enhance the independence of citizens as well as support the development and understanding of, and access to, community-based services.
- Only doing business with the best – the Commissioning unit will have significantly progressed the transformation and incentivisation of service quality improvement, reducing reliance on the team to ‘make quality happen’. As a result, our future aim will be to only do business with Gold and Silver rated providers.
- Employment, skills and independence – commissioners will have actively supported county-wide strategies that as an economic driver for change, ensuring that our citizens are enabled to live healthily and independently in appropriate accommodation, to be supported in achieving life skills and employment.

6 Key Detail – our commissioned services

6.1 Care Quality

Of our registered care providers, in September 2023, the following ratios held a good, or outstanding rating from the care quality commission:

Table 14: Ration of good and outstanding ratings for Worcestershire CQC registered providers (September 2023)

Metric	%
Care homes, good or outstanding	70.4
Care homes safe outstanding or good	69.9
Care homes effective outstanding or good	85.5
Care homes caring outstanding or good	89.8
Care homes responsive outstanding or good	85.5
Care homes well-led outstanding or good	64.0
Community based locations, good or outstanding	75.9
Community based locations safe outstanding or good	75.9
Community based locations effective outstanding or good	81.6
Community based locations caring outstanding or good	82.3
Community based locations responsive outstanding or good	80.9
Community based locations well-led outstanding or good	72.3

The County Council monitors care quality against the contract via the Quality Assurance (QA) team. The team has established processes and monitoring tools in place. There is a risk matrix of all providers which alerts the QA team to monitor a provider. The QA team also works jointly with colleagues from the Integrated Care Board (ICB)/NHS to support nursing homes in improving standards of quality.

6.2 Community and Well-being

6.2.1 Advocacy

Current position

This service provides independent advocacy for vulnerable people who find it difficult to have their say, who need support to understand care processes, challenge decisions and be able to make a complaint. The advocacy is provided by an independent organisation that is separate from social care and the NHS, supporting those residents who may have substantial difficulty in being involved in their care and support package, may not have a suitable adult to advocate on their behalf (who is willing and/or able or are not appropriate to act on the individuals and in their best interests), lack capacity, may have their liberties deprived and/or have severe mental health needs. Some people need an Appropriate Adult if detained in police custody. For the period July 2022 – June 2023, the service accepted 1386 referrals. The total number of 'active' cases within this 12-month period totalled 2,491 individuals in receipt of services.

Future commissioning Intentions

The Council is developing an Advocacy Strategy, this will be further co-produced and consulted on in 2023/24. The strategy will inform commissioning intentions. It has also been confirmed that the Liberty

Protection Safeguards (LPS) bill has been delayed and previous re-commissioning was delayed to better understand the impact of LPS. The Council intends therefore to begin work in 2024 to re-commission the Advocacy service in Worcestershire.

6.2.2. Information and Advice

Current position

The Information and advice service is currently provided by [Worcestershire Advice Network](#) (WAN), a partnership of eight local providers. Almost 11,000 clients were helped during the period January – March 2023. The quarterly average has increased from 8716 per quarter from July to March in 2021/22 compared to 10330 during the same period of 2022/23. This significant increase can be accounted for as a result of the impact of the increase in the cost of living and delayed impact of the Covid 19 pandemic.

The four Citizens Advice partners continue to support the people via Adviceline, the national telephone service available from 9am to 5pm Monday to Friday, and other methods of contact such as via their websites, text and ring back, voice messaging, through local outreach/offices and e-mail.

Age UK Worcester and Malvern and Age UK Bromsgrove and Wyre Forest, plus two DIAL partners continued to offer a local telephone service to clients as well as other methods of contact via their websites. Face to face services are also available in some areas.

Throughout the lifetime of the current service, benefits and tax credits have been the most prevalent area for support requests by a considerable margin, with debt and housing being the next two most frequently requested.

The WAN partners have also been involved in the delivery of some of the DWP funded Household Support Fund (HSF) schemes, including support through Post Office cash vouchers for pensioners, people with a disability or carers, and also recruited four part time money management advisors, that are aligned to the energy support scheme funded through HSF and delivered by Act on Energy.

Further information may also be found in the Information and Advice Strategy for Wellbeing, Care and Support.

Future commissioning Intentions

The service is currently being retendered alongside a sensory impairment information and advice service. The new services have been developed to contribute to the fulfilment of the council's Care Act requirements, whilst acknowledging the need to focus on those seldom seen and under-represented residents, ensuring the service is fit for purpose. Stakeholder and resident engagement undertaken in the summer of 2022 which has contributed to the new service specifications. These new services will be in place in the October 2023.

6.2.3. Carers

Current Position.

A carer is someone who provides unpaid support and care to a relative, partner or friend who is ill, frail, disabled or has mental ill-health or substance misuse problems. They may provide emotional support, medical care, personal care, physical care and/or domestic tasks.

Unpaid carers are crucially important to the health and social care system, playing a vital role in supporting family members and friends to live in the community and reducing the impact on NHS and social care services.

It was estimated that in 2019, 20,110 people aged 65 and over were providing unpaid care in Worcestershire. This is forecast to grow by 28% to 25,670 by 2035. The 2021 census results show there are 52,741 individuals self-identifying as a carer. We know this is the 'tip of the iceberg' as many individuals do not recognise that they are a carer. There is an increase in the number of carers providing 20 or more hours of care and 50 or more hours of care and the complexity of the care being provided.

The Council has developed an [All Age Carers Strategy 2021-2026](#) which is monitored through the Worcestershire Carers Partnership (quarterly) and by Worcestershire Health and Wellbeing Board (annually). The commissioning of an Integrated Carers Hub for Worcestershire was completed in 2023 and Worcestershire Association of Carers were identified as the provider for this service. The contract remains in place until 2026. The Integrated Carers Hub will continue to undertake Carers Assessments on behalf of the Council as a delegated duty.

Future commissioning Intentions

The Council and partners will continue to implement the All-Age Carers Strategy focussing on four key outcomes for Carers:

- To feel recognised and valued
- Enabled to have a life of their own
- Supported with their physical and mental health, and wellbeing
- Staying safe

The Council will work alongside the Integrated Carers Hub to deliver a valued service for Carers.

6.2.4. Micro-enterprises

Current position.

The Council is delivering a programme, supported by Community Catalysts to develop the community microenterprise market in Worcestershire. Microenterprises are generally defined as a small business with eight or less (full time equivalent) people. In this context it is likely to be enterprises that provide activities and hobbies and personal assistants (delivering support and personal care tasks). This creates diversity of choice for individuals needing care and support both in the types of organisations delivering care and support and the types of support and activities available. In June 2023, 25 new microenterprises have been delivered. The services which have been developed in Worcestershire can be found here: [Small Good Stuff](#). There are also 20 existing social care related microenterprises supported (to ensure sustainability) or to expand (as of March 2023). The additional capacity will expand the breadth of options for Direct Payment recipients and self-funders.

Future commissioning Intentions

The microenterprise contract is due to cease in March 2024. The Council does not intend to re-commission the contract but commissioners are actively exploring how to embed the ongoing development of the community enterprise market with the business development team so that this may become part of Worcestershire County Council's "business as usual" activity. Support provided to small businesses can be found on the Council's website via these links: ([Support for businesses](#)) and [Community Micro-enterprises](#).

6.2.5. Supported Employment

Current Position

Worcestershire County Council Supported Employment Service was set up in April 2016 and replaced historic work-related schemes for people with Learning Disabilities.

The team employs two members of staff who offer employment related support to people with Learning Disabilities in receipt of Adult Social Care and to Vulnerable Adults with long-term conditions.

Types of Support offered:

- Signposting, information and advice – work activity related.
- Vocational Profiling – conversational assessment to realise skills, gaps, support needs and motivations, suitable goals within the labour market.
- Referral to training and development such as group activity, volunteering, vocational training.
- Support with job search and bespoke job creation
- Support with recruitment and selection interventions e.g. applications, interviews, documentation
- Support with applications and documentation
- Support with interviews
- Support Shadowing Opportunities, Work Interviews and Placements.
- Advice and support on navigating benefits and starting work.
- In Work Support e.g. mentoring, advocacy and reviews at work.
- Support people to access funding to support job opportunities/maintain employment e.g. DWP Access to Work Fund
- Provide organisations and employers with advice and guidance. For example, reasonable adjustments, tailoring job descriptions, referral to Disability Confidence, support with training, setting up systems and mentoring people at work.
- Support with health and wellbeing at work e.g. travel, safety, timekeeping, socialisation, health and working.
- Provide advice, information and interventions to retain people in employment.

The Supported Employment Service has been successful in increasing the percentage of people with a Learning Disability in paid Employment as monitored by the Adult Social Care Outcomes Framework (ASCOF) Indicator 1E as shown in the comparator with our nearest neighbours in the chart over page, based on March 2022 data.

During the pandemic the service has worked to maintain the employment, work activity and health and wellbeing of existing participants. Due to fluctuations in restrictions and positions for employers, the service has been unable to create new placements or engage with new referrals during the pandemic. There are currently 66 individuals with a Learning Disability and in receipt of Adult Social Care in paid employment. The ASCOF indicator shows this is currently 4.8% of our Learning Disability population.



Local Authority ASCOF map

Select a measure, council and grouping to view councils alongside their region or CIPFA nearest neighbours.
For more details of CIPFA see the Guidance page.

[Return to contents](#)

CIPFA Nearest Neighbour

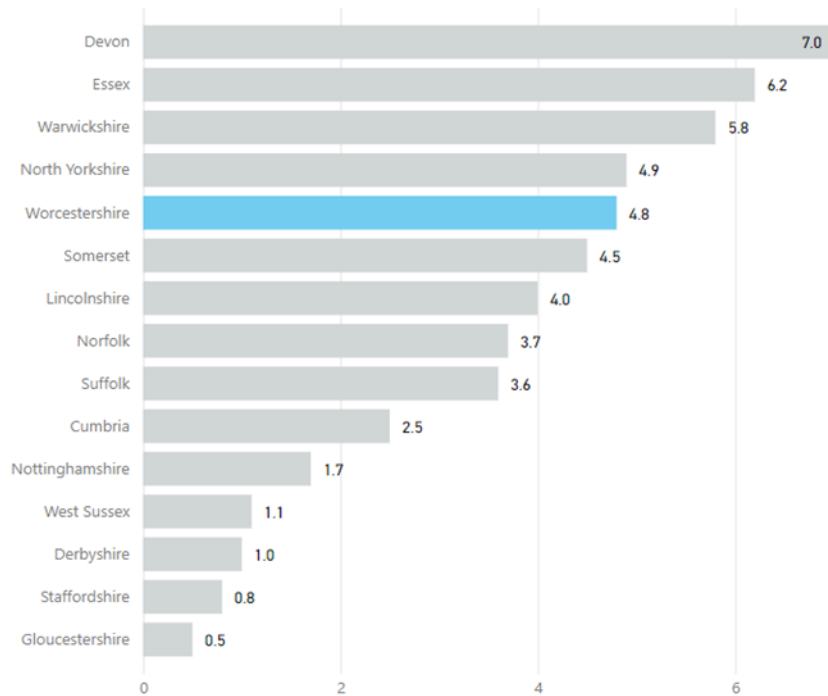
Region

Select an ASCOF measure

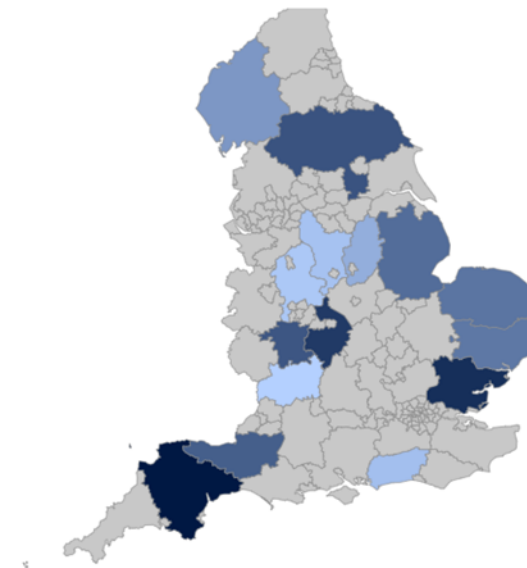
Select a council

1E: Proportion of adults with learning disabilities in paid employment

Worcestershire



Region value	England value
-	4.8



Council name	National rank
Devon	33
Essex	41
Warwickshire	48
North Yorkshire	62
Worcestershire	64
Somerset	69
Lincolnshire	78
Norfolk	85
Suffolk	90
Cumbria	112
Nottinghamshire	130
West Sussex	139
Derbyshire	141
Staffordshire	145
Gloucestershire	147

The result for March 2023 is 4.95% with 68 individuals in employment.

The service is now working to adapt and change to support people to maintain and find work in the new economic climate.

Work has been completed to further integrate the supported employment systems with social work processes; ensuring referrals and support information are collected on the client-based system.

Materials have been produced to publicise the work types and support on offer.

Future commissioning Intentions

The Supported Employment Service aspires to achieve eight new starts in employment per annum and to continue to maintain the existing population in work.

The Supported Employment Service is adapting its delivery plan to include new ways of working and a strengths-based approach to support vulnerable people to get the support they need to access and maintain paid employment.

A communication campaign will further publicise positive outcomes and the support on offer.

6.3. Home First

6.3.1. Promoting Independent living Services

Current position

There are several services commissioned by Social Care, Health and the six District Councils across Worcestershire to support people to remain at home for as long as possible. Worcestershire County Council commissions or directly supports the commissioning of the services below: -

Promoting Independent Living Service/Home Improvement Agency

Worcestershire County Council and the six District Councils commission Millbrook Healthcare to provide the following service elements to support independence at home:

- Information and advice
- Housing options
- Minor adaptations/Handyperson
- Making homes healthier
- Mandatory Disabled Facilities Grants (DFG)
- Occupational Therapy/Trusted Assessor development
- Assistive Technology
- Able to pay customers.

In the first year of the contract the service has achieved the following outcomes:

Table 15: Promoting Independent Living Services – key outcomes

Outcome	2022/23
Facilitate hospital discharge	336
Prevent hospital admission	201
Reduce pressure on informal carers	294
Reduce/delay package of care	397
Reduce/prevent falls	2756
Promote independence	2449
Support to remain in own home	397

Work is underway to re-commission this contract in partnership with the District Councils in 2024.

Independence at Home

The current service is provided by Age UK Herefordshire and Worcestershire and supports people, using a mix of paid staff and volunteers, to remain independent at home after a stay in hospital or following a referral to social work or neighbourhood teams. It is funded jointly by the ICB and Public Health.

From January 2021 to June 2023 there were 1,954 referrals into the service of which:

- 33% were from the Acute Hospital, reablement service and community hospitals.
- 77% of people started to receive a service within 48-hours following a referral.
- 75% of people who accessed the service were aged 70 and over, and 8% were over 90 years of age.
- 73% of people received the service for between 1 and 6 weeks.
- 27% of people received the service for less than a week, and
- 99% of people using the service felt their outcomes were achieved.

The service is due to cease in March 2024. There are no current plans to re-commission the service.

Integrated equipment

Worcestershire County Council and NHS Herefordshire and Worcestershire commission Herefordshire and Worcestershire Health and Care Trust to provide the Worcestershire Community Equipment Service (WCES) for adults. Separate commissioning arrangements are in place for Children’s equipment and for the Wheelchair Service, which the adults service works alongside. WCES has a critical role in supporting a range of services across the Worcestershire Health and Social Care system. Professionals work together to assess and prescribe a range of equipment that:

- Helps to support people in their own home, including End of Life (EoL) care.
- Prevents or delays admission to hospital or residential care.
- Facilitates timely discharge from hospital.

The service encompasses a range of functions including:

- The procurement of an appropriate range of equipment
- The delivery of equipment
- The maintenance and servicing of equipment (contracted to Prism Medical by WCC)

- The collection of equipment
- The decontamination of equipment
- The refurbishment of equipment for reuse
- The storage of equipment.

Each year WCES receives over 35,000 referrals and delivers more than 60,000 items of equipment, with the proportion delivered within three days exceeding 85%.

Wrap Around Service

The service provides people with the opportunity to make decisions about their long-term service needs whilst in their home environment. The service is delivered using live-in carers with the aim of each person receiving the service for between 48 and 72 hours to each person as a minimum. This will allow future care / support requirements to be identified. On occasion the service may be required for a longer time to a maximum of two weeks.

The Council will commission, on behalf of the Health and Social Care system, a Wrap Around Service which is required to be fully operational by April 2024. The service will build on the learning from the pilot and will comprise ten carers.

Extra Care (Step Down service)

The Council has piloted the approach with two providers within Worcestershire in 2023. The intention of the pilot is to explore the opportunity to support people who have been in hospital within an Extra Care scheme providing suitable opportunity to identify their long-term needs and assess whether Extra Care is a suitable long-term option. The learning from the pilot is being used to explore whether there may be further opportunities to develop the approach to include replacement care. This is being considered by a wider range of professionals encompassing health, social care and housing.

Future commissioning Intentions

The strategic vision for Promoting Independent Living Services is for close partnership working between Social Care, Health and District partners to create a marketplace or alliance that enables a seamless pathway for services to support independence at home. Over the next two years partners will work together to identify the most effective way to commission these services to achieve better outcomes for customers.

6.3.2. Domiciliary Care

Current position and Future commissioning Intentions

Between 140 to 150 DPS (Dynamic Purchasing System) providers are used at any one time to deliver Council-funded Domiciliary Care within Worcestershire. The domiciliary care market has increased by 5% (clients) and 2% in hours since September 2023, with the biggest increase in Wychavon, a more rural area of the County. The capacity supplied by the market has ensured most care needs are met quickly with 70% of care packages being sourced within 1 week.

Analysis of the primary support reason for people receiving this service shows that the volume of work in Worcestershire for Domiciliary Care providers is with people who primarily have physical support needs.

Table 16: Change in Client cohorts and hours of care delivered receiving a domiciliary care service September 2022 – September 2023

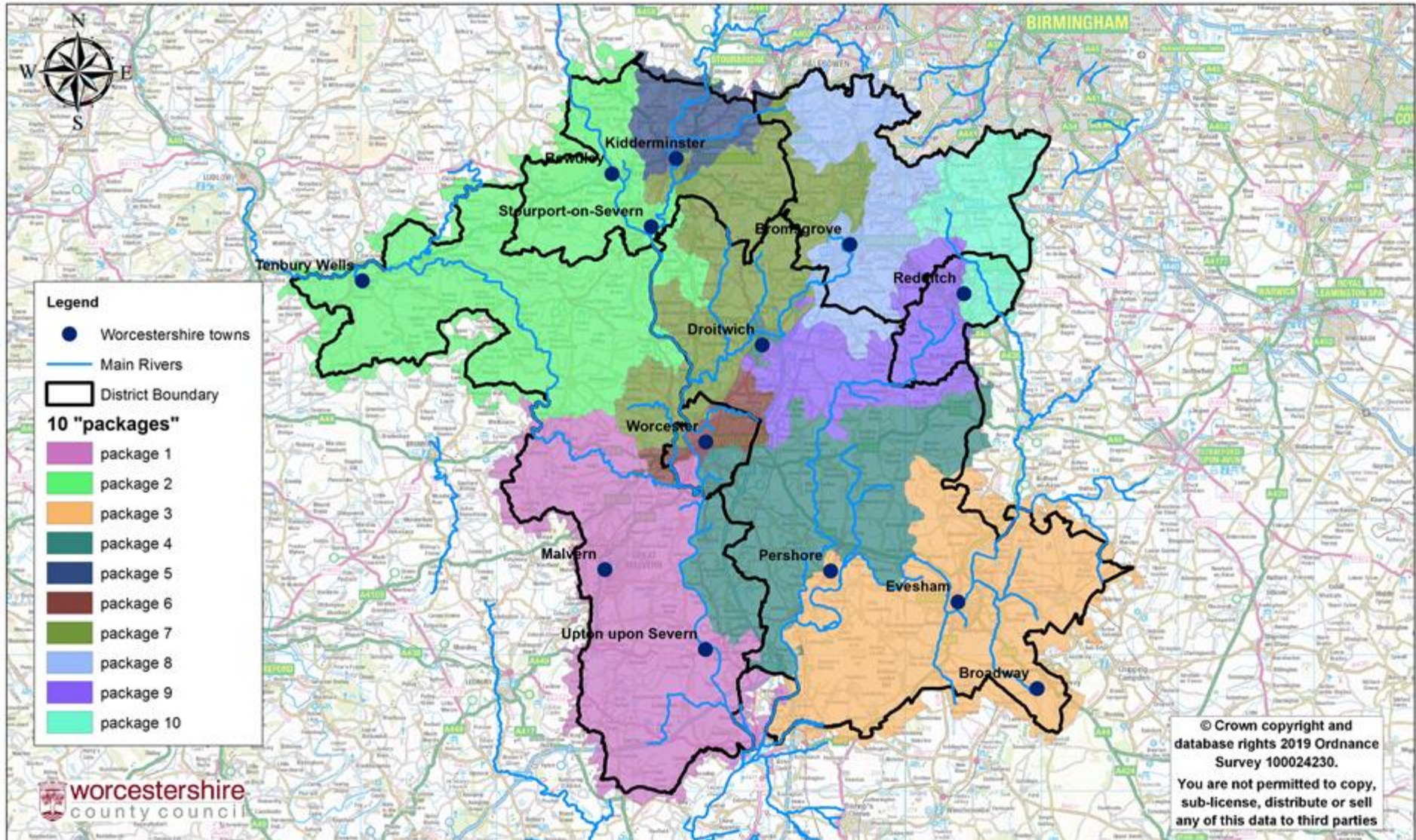
Primary Support Reason	People (2022)	People (2023)	% change
Learning Disabilities	126	128	2%
Mental Health	145	151	4%
Physical Support	1907	2024	6%
Sensory Support	22	30	36%
Social Support	49	40	-18%
Support with Memory and cognition	109	105	-4%
Total	2358	2478	5%

Primary Support Reason	Hours per week (2022)	Hours per week (2023)	% change
Learning Disabilities	2279	2237	-2%
Mental Health	1473	1447	-2%
Physical Support	31322	32083	2%
Sensory Support	272	390	43%
Social Support	478	395	-17%
Support with Memory and cognition	1269	1178	-7%
Total	37093	37730	2%

The Council has completed the recommissioning of Domiciliary Care to shift the focus of delivering domiciliary care away from ‘time and task’ based care to delivery of Independence Focussed Domiciliary Care (IFDC).

The IFDC approach complements the work of the Reablement service and will continue to support people to achieve their outcomes whilst living in their own home. There are 15 providers who will deliver the IFDC service across 10 zones within Worcestershire (see map over page, showing the contractual “packages”, or “zones” that were offered to the market).

Further work is planned in 2024/25 to develop the IFDC approach, ensuring these providers are delivering on their contracts and are linked into the system partners including the Carers Hub, Reablement Service and voluntary agencies to support people to remain at home for as long as possible. The Council will work with the IFDC providers to develop the skills and knowledge of staff, particularly in relation to frailty (physical support) and ensuring even better support to people with memory and cognition issues. The use of Assistive Technology to help deliver the IFDC approach will be a key component.



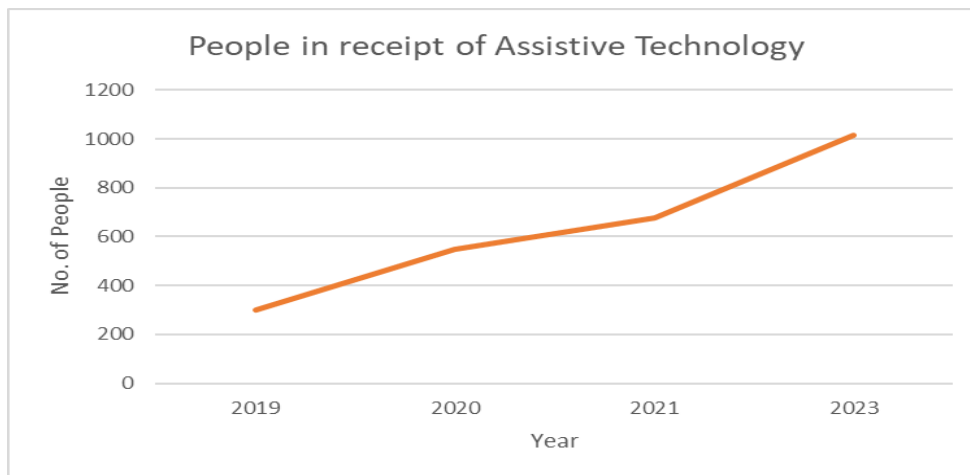
Providers who were unsuccessful as part of the IFDC tender will retain the packages of care already placed with them, but no new Council funded work will be offered to the wider market. People who take a Direct Payment may still be able to choose to use other domiciliary care providers, other than those who have been awarded the IFDC contract.

The Council's care requirements account for around 50% to 60% of the total domiciliary care market. Of people over the age of 65 and who live in Worcestershire 0.54% receive Domiciliary Care. This has increased from 0.51% in March 2020.

6.3.3. Assistive Technology

Current position

The Council has followed a technology enabled care approach since 2019. There are now 1,015 people whom the council support through the use of technology. The Council will develop this approach further during 2021/22 as technology is one of the key tools for social work teams to use in supporting people to remain at home. The Council has seen an increase of over 50% of people in receipt of technology since 2019 (see below).



The Council will refresh its approach with the use of technology, ensuring the least restrictive approach to delivering support to people, and technology will continue to form part of the initial conversation either at the Adult Front Door or with a social worker/social care worker. The technology enabled care approach complements the more traditional models of care delivery. The approach is not restricted to any specific group of people, including carers. The council currently has a relationship with key partners to source, install and monitor the technology. The technology partners are the technology experts and provide advice and support on a day-to-day basis to Adult Social Care teams ensuring the technology used is best in class and person centred.

Future commissioning Intentions

The technology enabled care market appears to be moving toward a platform-based delivery model, where staff source the technology through proprietary websites. The model, whilst efficient, does not support one of the key requirements of the Council: to support people in receipt of services, staff and carers to better understand and develop trust in technology. The Council will want to encourage the providers of technology enabled care to deliver a holistic service offering advice, technology, and support.

The Council intends to commission an Assistive Technology partner in 2024. The partner will be required to, as a minimum:

- Directly support Adult Social Care staff to broaden their understanding of what is possible through technology.
- Support social workers, social care workers, carers and people receiving services to identify the most appropriate and least restrictive technology which will enable them to live their best life.
- Advise people, who may not be social care funded, on which technology is most suitable for them and how to purchase the technology.
- Source the latest, most effective, and cost-efficient technology to support people to remain at home.
- Install, manage, monitor, and, where required, remove the technology, in people's homes.
- Support the development and delivery of the new smart living apartments which are a key component of the Technology Enabled Care Academy.

6.3.4. Reablement

Current position and Future commissioning Intentions

The Council will continue to implement a model and structure which promotes independence for the residents of Worcestershire and avoids the need for long-term care and support. The Short Term Enhanced Domiciliary Care (STED) Service, commissioned in 2023, will support people out of hospital and provide a service to people living in the community. The current contract will be in place until September 2024. The service supports people as part of the 'Home First' approach to remain at home for as long as possible, focussing on people to recover or maintain activities of daily living wherever possible. The service supports around 130 people discharged home from hospital in any one week.

The service is funded by Health and Social Care and is commissioned to support current discharge and community-based requirements.

The STED service sits alongside other work delivered by the Council which includes the Community Reablement service, domiciliary care in prisons and supporting any urgent and unplanned work (service of last resort).

6.4. Shared Lives

Shared Lives is a highly flexible form of housing and support where individuals are supported to live within a family, in the Shared Lives Provider's own home. Providing support within a family setting matched to the individual's needs means that individuals get truly person-centred and bespoke support.

Current Position

Worcestershire County Council operates its own in-house Shared Lives Scheme. The Council employs a team to support a network of self-employed Shared Lives Providers. There are currently 96 individuals supported in the scheme long term. The scheme also provides replacement care for a small but growing number of individuals.

The scheme has introduced an electronic monitoring system to improve recording and streamline processes.

Future commissioning Intentions

Shared Lives fits with our strategic priorities for adult social care and housing as a flexible and economical vehicle for providing incredibly person-centred care. Growth of the scheme is difficult to do quickly as a limited number of people prepared to welcome adults with social care needs into their homes. However, recruitment campaigns continue and commissioners work closely with the in-house provider on plans to expand provision both for long-term support and replacement care.

6.5. Supported Housing

6.5.1. Supported Accommodation

Worcestershire is a two-tier Authority, so the County Council does not have responsibility for housing. However, we work closely with the District Councils and are an active member of the Worcestershire Strategic Housing Group. In supported housing, accommodation is provided alongside support to help people live as independently as possible in the community. This includes:

- older people
- people with a learning disability
- people with a physical disability
- autistic people
- individuals and families at risk of or who have experienced homelessness
- rough sleepers
- people recovering from drug or alcohol dependence
- people with experience of the criminal justice system
- young people with a support need (such as care leavers or teenage parents)
- people with mental ill health
- people fleeing domestic abuse and their children.

These are not always distinct groups; many individuals may have multiple needs.

Current position

Commissioners led a multi-agency production of a supported accommodation needs assessment which will be taken forward by Worcestershire Strategic Housing Group.

6.5.2. Supported living

Supported living enables individuals with a wide range of needs to be independent and supported in their own home. Individuals have their own tenancies (or may become home-owners), with the flexibility to move to a new house, or remain in the same house, but change their support provider if they wish to.

Current Position

Worcestershire County Council commissions Supported Living support via an open Dynamic Purchasing System (DPS). The DPS has been recommissioned in September 2023 with a co-produced updated and

improved outcome focused specification. The new DPS has removed historic zone prices to enable providers to have equitable pricing and recruitment across the county.

Providers on the DPS are expected to have a track record of delivering outcome focussed Supported Living and the housing/tenancies must be provided by a separate registered social landlord. Worcestershire has a well-established market for Supported Living for People with Learning Disabilities, which is now being expanded to support those with Mental Health issues. Commissioners and operational teams work to manage the voids in supported living alongside the market, proactively matching individuals to appropriate service voids. This means the work that comes through the DPS is ordinarily tenders for new services as opposed to individual packages of care. There will be long periods where Supported Living DPS Providers do not receive any offers of work. Providers can apply to the DPS via [Intend](#).

Table 17: Standard hourly rates for the DPS 2023-24

Tier 1 – ordinary support	£18.20
Tier 2 - higher level support	£19.50

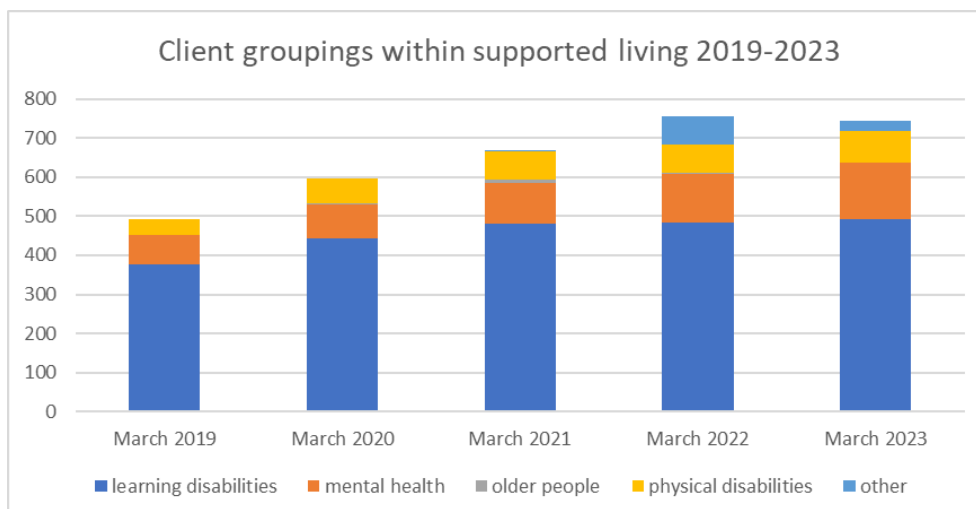
From data collated so far, our hourly rates are comparable with other authorities.

Supported Living packages are purchased differently depending on the type of service. Some are funded in one funding package; others are split into core service and separate 1:1 support.

Table 18: Numbers of people in supported living 2023

Client group	Number of people
Learning Disability	493
Mental Health	147
Physical Disability	80
Older People	1
Young Adults	28
Total	749

The expansion of supported living services 2019-2023 for each client group is highlighted below:



There are currently 11 commissioned cluster flats for under 65s with capacity to support 141 individuals.

Future commissioning Intentions

Worcestershire continues to grow its supported living provision as an independence focussed alternative to residential care.

In development

- There is a gap for complex Autism services with an immediate need for an additional 13 units, due to be delivered before the end of the financial year.
- There is a gap for Emerging Personality Disorder services; commissioning has commenced for an additional 8-12 units to support future needs.
- For individuals coming through transition there will be a need for an additional 8 units of shared accommodation/shared lives provision in 2023/24.

Future commissioning intentions

Our current separate market position statement for supported living assesses demand up to 2025. [Supported Living Market Position Statement 2021 – 2024 \(worcestershire.gov.uk\)](https://www.worcestershire.gov.uk)

Initial demand estimates show that the following additional supported living units will be required by 2028 but a specific Supported Living Market Position Statement will be updated and published in 2024.

Table 19: Future supported living accommodation requirements

Year	Complex Needs Provision (core and cluster)	Mental health higher level support	Cluster Flats	Shared Houses
2023/24	13	8	26	8
2024/25	10	8	16	16
2025/26	5	8	16	15
2026/27	4	8	16	14

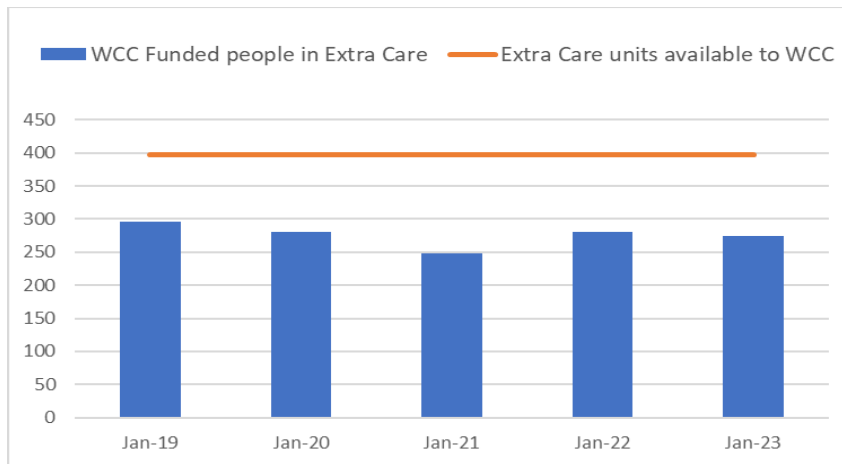
6.5.3. Extra Care

Current position

The term ‘extra care housing’ (ECH) 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 needs.

The Worcestershire ECH Strategy 2012-2026 was developed in 2011/12. The strategy estimated that an additional 4,703 units of ECH would be required across Worcestershire. 3,450 units were suggested as being required for sale (including shared ownership) and 1,253 units were suggested as being required for rent. There are currently 14 schemes (869 ECH units in total) the Council contracts with to deliver ECH services. The Housing Needs Assessment, due in 2023, will provide further insight into the growth required in the ECH settings within Worcestershire.

The Council has nomination rights to 397 units across the ECH schemes and, at the time of producing this report, utilises 73% of this capacity. ECH costs the Council c£3.5m in total of which £0.75m is in Core service funding, ensuring all people within the scheme have access to support, with £2.75m allocated for care costs. Care costs increase or decrease in line with people’s changing care needs.



Future commissioning Intentions

The Council views housing related support, including ECH, as a key component in supporting people to remain at home for as long as possible.

The Council will continue to ensure it is achieving best value in relation to the Core funding, the use of the Council’s nomination rights and the achievement of outcomes for people. This may require some Extra Care providers to deliver services for people with higher needs and who are suitable for Extra Care living.

The Council wants to engage further with providers to ensure there is suitable supply, particularly of units for rent, to meet overall increasing demand. The Council wishes to further understand innovative funding models for the delivery of ECH which minimises the cost to the Council but ensures a sustainable and outcome focussed service. The Council, with health and housing partners, will explore the use of Extra Care in supporting people to be discharged from hospital and also when a short-term stay or replacement care may be required for people who do not require a care home.

The Council will work directly with the care providers who support people with their care needs within an extra care scheme to ensure they have sufficient capacity to support all current and predicted future care needs within the scheme and wherever possible transferring the care delivered by other care providers to the onsite care provider.

The Council will also work with the Extra Care schemes to ensure that the mix of care needs within the scheme remains balanced, including those people who have higher needs, and that all care needs are considered as part of the allocation criteria. For clarity the balance within the scheme is expected to be 30% high needs, 30% medium care needs and 40% low care needs.

The Council, initially for one ECH scheme, will commission the care provider directly. This model will be explored with other ECH schemes. Any opportunities will be advertised by the Council.

6.6. Day Services

Current Services and Position

Day services for adults with care and support needs in Worcestershire are currently provided via a mix of internal (Worcestershire County Council-provided) day services and externally commissioned services. Following the closure of the Council’s in-house “Connect” services in 2021/22, WCC in-house provision now focusses on meeting the needs of adults with Learning Disabilities with more complex needs in four “Resource Centres”.

Externally provided day services are commissioned using a Dynamic Purchasing System (“DPS”) contract, which enables WCC to have contracts with providers of day activities and day opportunities for any type of care and support need (including Learning Disabilities, Physical Disabilities, Dementia and Mental Health).

WCC’s Positive Days contract has been in place since 1st October 2022. The DPS remains open for new applicants, which enables new entrants to the market to provide services to WCC-funded clients once a relatively straightforward application process has been completed. Individual packages are then sourced from contracted providers via WCC’s Brokerage system, as needs arise. Providers who do not wish to apply to the DPS are still able to operate in Worcestershire and provide services to WCC-funded clients, but this has to be via a client’s Direct Payment rather than directly paid by WCC.

In July 2023, there were 43 providers contracted through the “Positive Days – Day Services” DPS contract, and a further 10-15 Worcestershire-based providers known to WCC although not currently contracted. The market consists of a diverse range of small, locally based providers. Providers are all voluntary and community sector organisations, with the majority being registered charities, although there are also some who are established under other voluntary sector regulatory structures e.g. Community Infrastructure Companies.

The current expenditure on external day service provision, across all service user groups, is approximately £3.7 million per annum. The Council’s 2023/24 budget for the provision of internal day opportunities is £3.8 million, of which c£0.6 million relates to central recharges including costs such as HR, Legal and Finance support.

Table 20: Day care service commitments provided by external contracted day services week beginning 31st March 2023

	Learning Disabilities	Older People, People with Physical Disabilities & Sensory Impairments	People with Mental Health conditions	Total
No of people	365	128	14	507
Weekly spend	£64,480	£13,490	£1,137	£79,107

There are also currently 94 individuals who attend WCC Learning Disability internal day services (Resource Centres).

These services provide individuals with a diverse range of daytime activities in the county from which to choose. The different types of service include community-based activities, catering opportunities and craft-based activities, as well as many services offering outdoor activities, such as farming, horticultural and grounds maintenance. Some services are specifically aimed at providing vocational experience and development, as well as volunteering opportunities. Services for older

people and adults with profound and multiple disabilities tend to be more building based, although the Positive Days contract encourages and supports maximising access to the community and the promotion of increased independence for all, irrespective of levels of support need, and this approach has been welcomed and embraced by the provider market.

Although primarily a service for the individual, day services can and should provide invaluable support for family carers, enabling carers to take a break from their caring role and/or access their own employment or other activities during the day.

Geographically, Worcestershire's day services are well spread, although with some localities more vibrant (in terms of number and range of providers) than others. Additional services in Malvern and Evesham/Pershore have developed in recent years; however, Bromsgrove still has a more limited availability of provision, although this has developed somewhat over the last 12-18 months, following the closure of the Council-provided Connect services.

There is a good range of day service providers in Worcestershire for people with mild to moderate support needs but relatively limited provision for people with more profound and multiple disabilities and those with behaviours which may challenge services. There are only two external services identified which specialise in working with people with profound and multiple disabilities. One is based in Worcester and another in Droitwich resulting in significant journeys for some of their clients from around the county. A small number of our external providers provide a service to some people with behaviours that challenge services, but we no longer have a provider who specialises in this area. WCC's in-house Resource Centres currently fill the gaps in the market for people with higher levels of need.

Future Commissioning Intentions

The Council will continue to advertise opportunities to join the Positive Days Dynamic Purchasing System contract, which remains open for new applicants and can be found here: <https://intendorganiser.co.uk/worcestershire.aspx/ITLogin.aspx> .

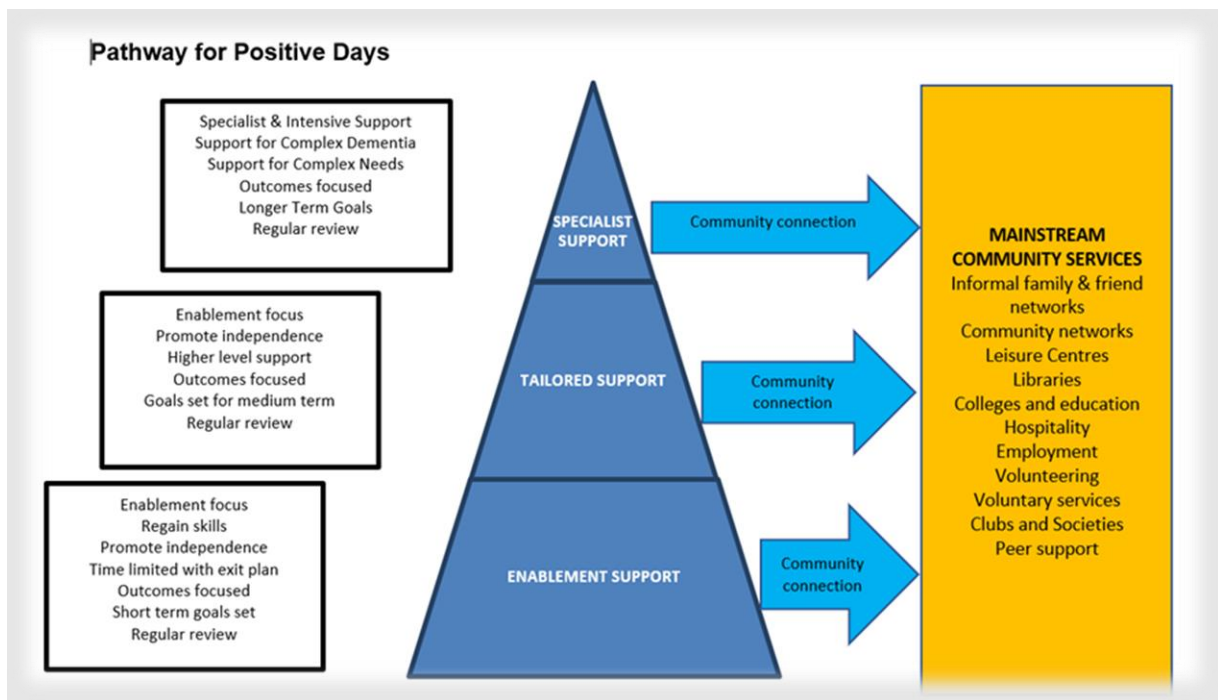
The Positive Days strategy is based on the WCC vision that all individuals should live in an inclusive society where mainstream opportunities like leisure, entertainment, pursuing hobbies, developing skills, volunteering and employment are accessible to all, irrespective of their care and support needs. Everyone should have the opportunity to feel part of their community and to lead a meaningful and purposeful life in the way that they choose to do so. Some people will require varying levels of support to lead the life they want to live. We believe our day Service Providers have a key role here and we want to work in partnership with our commissioned providers to deliver this vision in the future.

In line with the key priorities for Adult Social Care, Worcestershire County Council has implemented a shift in the delivery of Day Services for all client groups, based on the above overarching aims, on feedback as well as national and local priorities and good practice evidence. The proposal is to move away from approaches of predominantly providing building-based day care towards supports driven by the aims outlined above.

We want individuals to live as independently as they can, build resilience and skills, enjoy good standards of health and wellbeing, and have access to mainstream services and activities within their local communities. Day services can help people to have a fulfilling life, enable development of new skills, gain employment, pursue interests, make friends, gain relationships, peer support, and make a positive contribution to the community. Day services can be provided through building-based

services and increasingly in alternative ways such as people commissioning a Personal Assistant (PA) using a direct payment, supported employment and volunteering opportunities. People also access a variety of community activities such as lunch clubs and activity-based clubs and services. It is our vision that in the future more people will access the available community options to be able to lead fulfilling and purposeful days, taking a full part in the community where they live.

Whilst it is recognised that building-based Day Services may be an appropriate mechanism to deliver Day Services for some, less intensive, community-based provision or enablement and reablement may be better suited to others, supporting them to maximise their independence and effectively meet their outcomes. The model of day opportunity we want to see develop is described below.



Mainstream Community Services

People will be encouraged to recognise their existing strengths and support networks and be supported or signposted to access community support options to maintain their wellbeing and prevent a deterioration in their health and wellbeing that may lead to longer-term or more intensive support needs. This includes the routine use of community resources such as leisure services, libraries, colleges, and open access groups to provide activities and social contacts for people within a community setting. It could also include mainstream support into work or volunteering. Any of the support levels can and should be trying to maximise people's use of the mainstream, but additional support may be required to do so depending on people's individual support needs.

Enablement Support (Level 1)

At the point of entry to the day service, there would be a focus on what people want to achieve (outcomes) and help for them to achieve their personal aspirations. The enablement phase would be time limited (for example up to 12 weeks) and focussed on regaining skills, promoting independence, and helping people connect to their communities. If a person is eligible for Adult Social Care this phase could help them plan and utilise their personal care budget to meet their

desired outcomes and look at potential for pooled budgets. This stage could form part of a transition from or between services and would be suitable for people with lower-level support needs. Outcomes would include/supporting skill development to achieve specific goals.

Tailored Support (Level 2)

Some people may need a little longer to regain skills and feel confident and need a higher level of support to achieve their outcomes. In this level there would be a focus on enabling people to regain their independence, supporting them to connect to their communities over a longer period. This could involve a programme of support within a day centre environment which aims to enable people to achieve greater independence over a longer time. As for Level 1, but longer term. Outcomes would include increased connectivity and inclusion in community, increased independence.

Specialist Support (Level 3)

A focus on developing specialist intensive support for people with complex needs. This would involve long term support with a focus on an individual's health and wellbeing and can contribute to hospital avoidance for those who might otherwise see a deterioration in their physical or mental health. Individuals would be supported to be able to access the community like everyone else, but this service may also involve an element of building-based support. This level would be suitable for people with more complex specialist needs for example people living with complex dementia, people with behaviours which challenge services and those with profound and multiple disabilities. Outcomes include maximising health and wellbeing, as well as carer respite.

Community Connections

It is expected that at all levels people are supported to be part of their community.

6.7. Residential and Nursing Care Home Provision

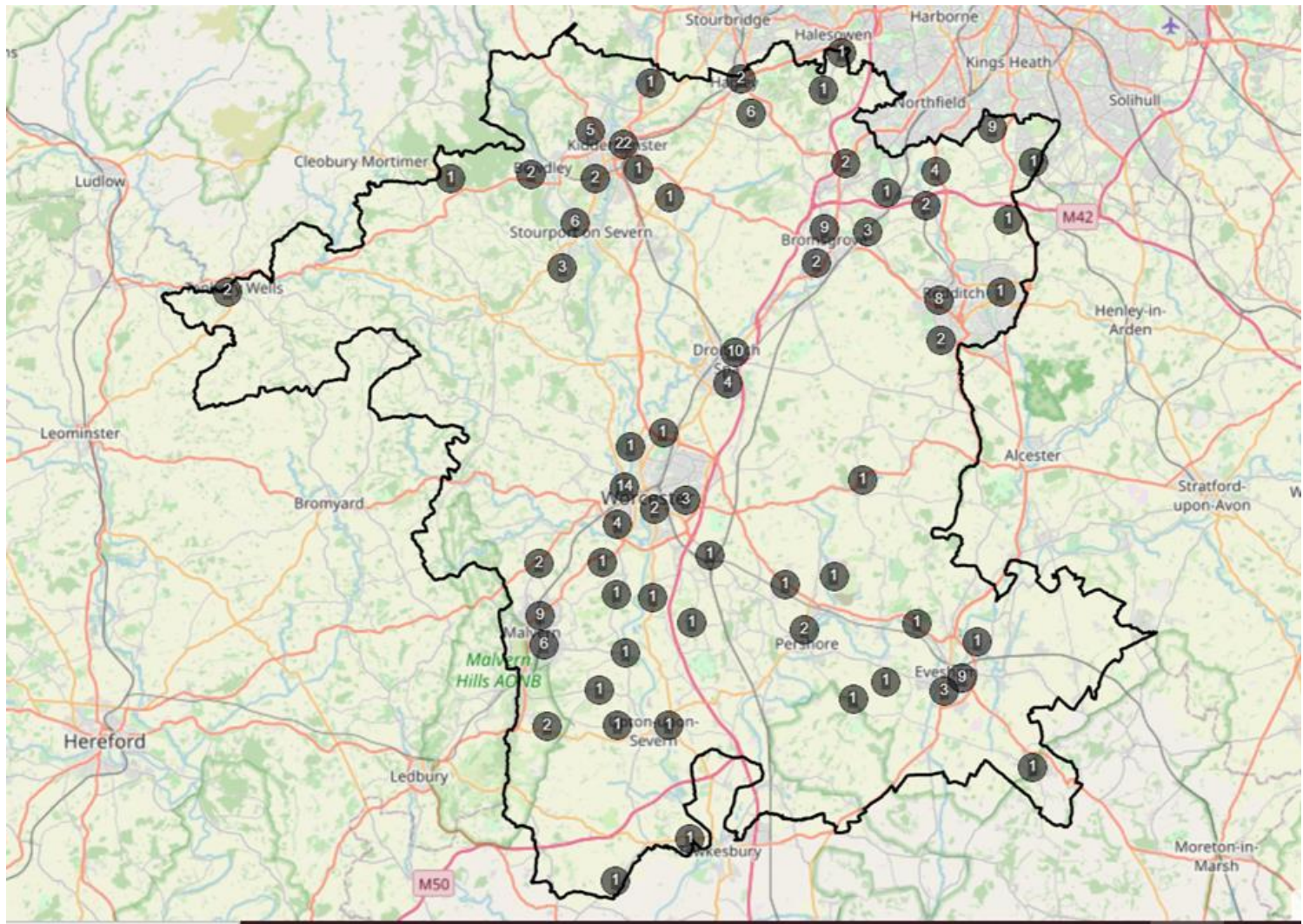
“Care homes” provide accommodation with personal care for people who need extra support in their daily lives and, according to their registration with the regulator (the Care Quality Commission, CQC) may also provide nursing care. There are currently 179 care homes providing these services within the boundaries of Worcestershire County Council although this varies constantly with new registrations and temporary / permanent home closures.

Care homes are inspected by the regulator and awarded ratings for 5 “key questions” and an “Overall” rating.

Table 21: Current overall CQC ratings for care homes in Worcestershire (Autumn 2023)

	Inadequate	Requires Improvement	Good	Outstanding	Not yet inspected
Nursing	0	21	36	4	1
Residential	1	19	85	4	4
Total	1	40	121	8	5
Percentage	0.6%	22.4%	68%	5%	3%

The following map (over page) illustrates the distribution of those homes. However, placements of Worcestershire-funded individuals may also be made in homes outside Worcestershire as indicated in Table 22.



6.7.1. Bed-based care benchmarking data and activity

Table 22: Long term (permanent) Residential and Nursing Bed nights by district + those in post hospital beds (step down, DTA)

Long Term Nursing bed nights in-County by year:

	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
2020/21	31,940	63,300	17,619	23,140	38,821	39,002
2021/22	35,481	67,972	20,148	26,255	43,060	46,605
2022/23	34,869	59,396	17,742	29,833	44,313	43,788

Long Term Nursing bed nights out of County by year:

2018/19	28,815
2019/20	30,813
2020/21	26,698
2021/22	26,391
2022/23	24,895

Long Term Nursing total bed nights by year

2018/19	272,024
2019/20	289,578
2020/21	240,520
2021/22	265,912
2022/23	254,836

Long Term Residential bed nights in-County by year:

	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
2018/19	56,849	95,699	31,807	52,913	59,283	88,687
2019/20	62,520	94,004	32,761	54,884	58,916	90,341
2020/21	64,338	86,328	31,920	50,321	53,415	83,344
2021/22	61,955	84,957	31,764	49,110	58,262	85,589
2022/23	59,066	88,177	30,471	49,570	61,092	86,247

Long Term Residential bed nights out of County by year:

2018/19	80,418
2019/20	78,417
2020/21	71,250
2021/22	68,137
2022/23	68,285

Long Term Residential total bed nights by year

2018/19	465,656
2019/20	471,843
2020/21	440,916
2021/22	439,774
2022/23	442,908

Post Hospital Care Home bed nights in-County by year:

	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
2018/19	3,717	5,972	1,460	2,115	2,664	2,367
2019/20	6,103	5,594	872	2,443	2,908	3,244
2020/21	8,928	9,787	4,944	13,735	11,659	11,760
2021/22	1,549	3,115	1,094	3,011	3,439	3,120
2022/23	1,604	2,342	167	761	953	888

Post Hospital Care Home bed nights out of County by year:

2018/19	14
2019/20	123
2020/21	1,755
2021/22	183
2022/23	0

Post Hospital Care Home total bed nights by year

2018/19	18,309
2019/20	21,287
2020/21	62,568
2021/22	15,511
2022/23	6,715

Overall total long term (permanent) Residential and Nursing Bed nights by year

2018/19	755,989
2019/20	782,708
2020/21	744,004
2021/22	721,197
2022/23	704,459

Data produced by NHS Digital provides an insight into Adult Social Care Activity and Finance in Worcestershire as a comparator with others. These are illustrated on the following two pages:

Adult Social Care Activity and Finance: Comparator Report

Final data for the selected reporting period

Unit costs for clients accessing nursing long term care, by age band (£ per week)

This data relates to T52 of the reference tables. For data quality information specific to this data, please view the related reference table.

Select a year

2021-22

Select a grouping

CIPFA

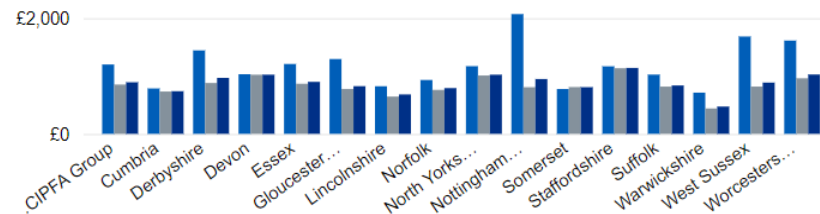
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- Wolverhampton
- Worcestershire
- York

Unit costs for long term nursing care by CASSR(s) and age group

Age Band ● 18 to 64 ● 65 and Over ● Total



CASSR Name	18 to 64	65 and Over	Total
Essex	£1,207	£866	£898
Gloucestershire	£1,293	£776	£824
Lincolnshire	£822	£644	£681
Norfolk	£931	£760	£790
North Yorkshire	£1,169	£1,009	£1,022
Nottinghamshire	£2,069	£806	£948
Somerset	£775	£808	£806
Staffordshire	£1,167	£1,134	£1,139
Suffolk	£1,024	£816	£836
Warwickshire	£712	£438	£471
West Sussex	£1,682	£817	£885
Worcestershire	£1,612	£960	£1,025

Unit costs for long term nursing care by region and age group

Age Band ● 18 to 64 ● 65 and Over ● Total



Region Name	18 to 64	65 and Over	Total
England	£1,132.12	£810.10	£849.32
East Midlands	£1,254.33	£744.70	£822.08
East of England	£1,150.38	£794.93	£836.06
London	£1,018.75	£742.52	£777.40
North East	£973.89	£732.46	£769.98
North West	£1,106.92	£741.84	£794.73
South East	£1,225.84	£928.70	£953.80
South West	£1,205.38	£870.39	£896.78
West Midlands	£1,080.60	£813.72	£847.19
Yorkshire and The Humber	£1,256.53	£808.03	£885.71

Source: ASC-FR Collection, Unit Costs
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Adult Social Care Activity and Finance: Comparator Report

Final data for the selected reporting period

Unit costs for clients accessing residential long term care, by age band (£ per week)

This data relates to T52 of the reference tables. For data quality information specific to this data, please view the related reference table.

Select a year

2021-22

Select a grouping

CIPFA

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- Wolverhampton
- Worcestershire
- York

Unit costs for long term residential care by CASSR(s) and age group

Age Band ● 18 to 64 ● 65 and Over ● Total

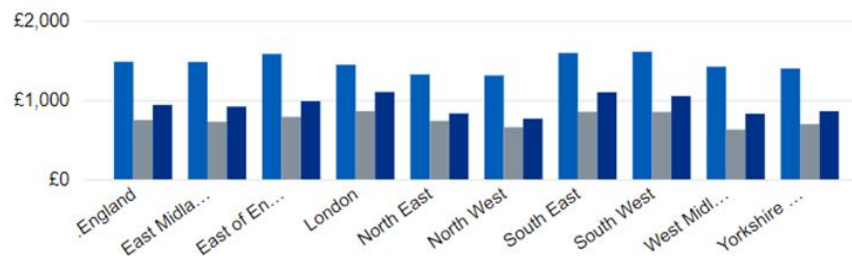


CASSR Name 18 to 64 65 and Over Total

Essex	£1,813	£793	£1,047
Gloucestershire	£1,644	£808	£1,053
Lincolnshire	£1,116	£625	£744
Norfolk	£1,243	£830	£937
North Yorkshire	£1,696	£820	£1,003
Nottinghamshire	£1,622	£635	£907
Somerset	£1,678	£803	£1,056
Staffordshire	£1,255	£841	£988
Suffolk	£1,298	£794	£872
Warwickshire	£951	£259	£341
West Sussex	£1,687	£812	£1,085
Worcestershire	£1,882	£790	£1,068

Unit costs for long term residential care by region and age group

Age Band ● 18 to 64 ● 65 and Over ● Total



Region Name 18 to 64 65 and Over Total

England	£1,481.26	£747.42	£937.99
East Midlands	£1,478.77	£725.98	£916.75
East of England	£1,580.31	£787.18	£985.27
London	£1,443.03	£859.77	£1,101.00
North East	£1,322.72	£736.61	£830.09
North West	£1,309.49	£657.54	£765.31
South East	£1,592.72	£851.55	£1,097.52
South West	£1,607.45	£849.06	£1,049.73
West Midlands	£1,419.34	£627.05	£827.45
Yorkshire and The Humber	£1,396.04	£695.99	£859.32

Source: ASC-FR Collection, Unit Costs
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6.7.2. Residential Care and Nursing Care for older people

Current Position

Residential care refers to long term care given to people in a residential setting. In August 2023 there were 1,376 social care funded older adults living in residential and nursing care:

Table 23: Older peoples residential and nursing care volume (January 2024)

Number of individuals in Nursing Care	Number of individuals in residential care	TOTAL
718	1086	1718

During 2021/22, the number of older people admitted to long-term residential and nursing care in Worcestershire was higher than the average for other authorities/regions at 532.6 (compared to 607.9 for the West Midlands and 560.8 nationally).

Table 24: ASCOF 21/22 results: 2A2 Long-term support needs of adults aged 65 and over met by admission to residential and nursing care homes, per 100,000 population.

	Comparators	England	West Midlands
WCC Rank	7	72	4
CASSR Count	15	151	14
Result / Average	520.20	560.80	607.9
Min	349.30	84.3	358.10
Max	764	1514.2	1043.3

Note: WCC – Worcestershire County Council;
CASSR – Councils with Adult Social Care Responsibility

Worcestershire’s average costs for residential and nursing care for older adults (aged 65+) are higher than the regional and national average (see Table 25).

Table 25: The Social Care and Finance Activity - Comparator Report for 2022/3

Weekly Care Costs	Worcestershire	West Midlands	England
Older adults Residential Care	£768.49	£665.61	£733
Older adults nursing care	£855.13	£810.81	£859.00

The potential for authorities to vary in their approach to submitting this data, however, must be acknowledged.

Indicative unit costs (October 2023) for current placements give an average of £920.98 for nursing placements and £633.29 for residential placements. As of 31st March 2023 on average Worcestershire was paying £768 for OP residential placements, and £855 for Nursing placements.

Future commissioning Intentions

The current market position has been significantly impacted upon by COVID-19 and there is a high level of capacity within the market. The established approach to purchasing care home placements is one of spot purchase with the rates determined by the market. This results in a range of rates within the market with a variation of cost between historical and more recent placements for the same type of care provision. To address this and to focus on working with providers who want to accept council funded placements, a framework of accredited providers is being developed and will be mobilised in early 2024 with the intention to stabilise rates and agree rate levels.

A further gap in provision in the County has been identified as the provision of care for individuals with complex needs and behaviours which challenge and require 1:1 specialist care. This may or may not include people living with dementia, a service is required to care for individuals who exhibit behaviours that challenge (physical aggression, verbal aggression and sexually disinhibited), compulsive behaviours (eating, drinking, hoarding). Appropriate placements for these individuals can currently take time to source as they are usually provided by specialist providers and this is a poor outcome for them and their families and also impacts upon hospital discharge arrangements and the overall flow of individuals through the health and care system. It is the intention of Commissioners to consider increasing access to such services but, as the same time, ensuring that they are of the quality required.

6.7.3. Residential Care and Nursing Care for under 65s

For under 65s residential care and nursing care can range from large 24-hour individual packages of care to shared care with sleep-in support. Nursing care means that there are registered nurses providing part of the care package within the setting.

Current Position

In June 2021 there were social care funded individuals in a Younger Adult category living in residential and nursing care (see Table 20)

Table 26: Younger Adults volume

Client group	Individuals in Nursing Care	Individuals in residential care
Learning Disability	22	229
Mental Health	80	199
Physical Disability	50	41
Total	152	469

Residential and Nursing Care provision for the under 65 age group is commissioned via a framework contract to which new providers can be added if required.

Numbers of Adults in Worcestershire aged 18-64 in long-term residential and nursing are slightly higher than the average regionally and nationally, as shown in Table 26.

Table 27: ASCOF 21/22 results: 2A1 long term support needs of younger adults aged 18-64 met by admission to residential and nursing care per 100,000 population

	Comparators	England	West Midlands
WCC Rank	11	106	9
CASSR Count	15	151	14
Result / Average	15.3	13.9	15.2
Min	9	0	3.8
Max	26.9	157.5	35.1

Source: ASCOF NHS Digital powerbi (RArgent)

Table 28: Social Care Comparator rates

Weekly Care Costs	Worcestershire	West Midlands	England
18-64 Residential Care	£1,882	£1,419	£1,481
18-64 Nursing care	£1,612	£1,081	£1,132

There are variances in the way the unit cost is calculated from authority to authority and we do know that the Worcestershire Supported Living Strategy has meant that more people who would have been in lower cost residential placements are now in Supported Living. However, further work is required to understand the Worcestershire cost base for residential and nursing for the 18-64 client group.

Future commissioning Intentions

There is an emerging need for additional short-term recovery focussed residential capacity for people with mental health needs. Commissioners are undertaking needs assessment work to ascertain the level of capacity required.

Our supported living agenda means that the need for long-term residential for the under 65 cohort has been reducing. However, the ageing population and increasing complexity of our learning-disabled population means that the existing level of capacity is required. Affordability is an issue due to low capacity for specific areas of needs: mainly autism or forensic services. Commissioners aim to review whether more locally commissioned residential care for these service areas would support increased affordability and quality.

6.8. Replacement care and respite services

6.8.1. Replacement care (all sectors)

Current Position

Replacement care is the support provided to an individual due to a family carer having a break from their usual caring role. It was previously known as "respite" from caring or "short breaks" for carers. The change in terminology is in line with the Care Act 2014.

Replacement care supports family carers to fulfil their caring commitments without putting themselves under unnecessary pressure or stress, and usually involves overnight care for one or more nights. These can be planned breaks or short notice in emergency situations.

Under the Care Act, local authorities must have regard to the wellbeing principle, as it may be the case that the carer needs a break from caring responsibilities to look after their own physical/mental health and emotional wellbeing, social and economic wellbeing and to spend time with other members of the family and personal relationships. Analysis evidences the financial value of family carer support to the public purse, with family carer packages of care for Learning Disabilities for example typically costing about 50% of the average cost of support in other settings (Residential Care, Supported Living etc.).

Planned replacement care is identified in an individual's needs assessment and support plan for people who are eligible for Council-funded services under the Care Act. The support plan sets out the number of nights of replacement care required for that individual per year, which can then be taken at times which are best suited to the individual and their carer/s, in arrangement with the care provider. For example, an individual may choose to have replacement care one weekend per month, or alternatively a longer break/holiday could be planned, or a combination of these.

Emergency replacement care is also offered, where for example a family carer may need to go into hospital at short notice, or in some cases where needs of an individual have escalated to a point where family carer support is no longer sustainable in the long-term and where replacement care is offered pending longer-term plans being put in place.

To meet Care Act-eligible needs, the Council has two main types of replacement care offer – an offer for Older People and an offer for adults with Learning Disabilities. This report gives an overview of the current offers for both of these groups, along with a description of the future direction of travel, based on recent needs analysis of current and future needs.

There is also a limited requirement for replacement care for other service user groups, specifically Mental Health and Physical Disabilities, which is met by the use of existing provision (for example in the Council’s in-house provision) or spot-purchased if required.

6.8.2. Replacement care (learning disabilities and other working age)

To meet the replacement care needs of adults with Learning Disabilities, the majority of provision is commissioned on a block/fixed price basis, either from in-house (Council) providers or from external providers. This type of provision amounts to 33 beds for use throughout the year, mainly on a planned basis.

In addition, a small number of people attend different provisions, either through a “spot purchase” contract, through a direct payment, or through the Council’s Shared Lives scheme (Shared Lives carers are professional carers who support adults with support needs in the carer’s own family home). Most Shared Lives replacement care referrals are for people who themselves live in Shared Lives, supporting the resilience of the Shared Lives carers as well as supporting the individual to remain as independent as possible living in the community.

There is no designated physical disabilities or mental health provision for Replacement Care, but specific needs are met either through the Council’s existing offers or through spot-purchased placements or direct payments.

Table 29: The number of adults with learning disabilities in receipt of commissioned replacement care from 2021 to 2023.

Care type	March 2021	March 2022	March 2023
Emergency replacement care	3	1	4
Planned replacement care	173	161	162

Table 30: The number of other adults of working age in receipt of commissioned replacement care from 2021 to 2023.

Care type	March 2021	March 2022	March 2023
Emergency replacement care	3	5	7
Planned replacement care	10	9	9

Future commissioning Intentions

Recent commissioning needs analysis work has highlighted a number of areas for development which can be summarised as follows:

- For general needs provision, analysis has demonstrated that the current net number of beds contracted and provided in-house is sufficient to meet both current need and future need, taking into account individuals entering adulthood who will need services and those leaving services. However, there may be a review needed of the way current provision is organised, particularly as there is evidence of lower occupancy levels in some units.
- There is currently a shortage of provision for people with complex needs and particularly individuals whose behaviour may challenge services. Options are currently being explored to address this gap, including whether in-house services could adapt to meet these needs, and the feasibility of proactive market development followed by an external commissioning exercise, which could either be on a spot-purchase or block basis.

There is also some evidence that, although additional beds are not required overall, there is a need for a greater proportion of accessible beds, which can be accessed by individuals with physical support needs.

The current block provision meets both planned and emergency replacement care needs. There is some evidence that the use of beds for emergencies is restricting the availability of beds for planned replacement care, leading in some cases to short-notice cancellations. This situation has also been exacerbated by recent staff shortages in some provisions, partly due to ongoing COVID-19 impacts, although these are being addressed and rectified by the relevant operational managers. Commissioners therefore intend to review options for emergency provision, and whether needs could be met in a different way (e.g. with dedicated beds).

6.8.3. Replacement care (people over 65 years of age)

Current Position

Planned replacement care for older people is currently sourced via a dynamic purchasing framework agreement and comprises of two types: general care and dementia care.

To ensure that replacement care is available for people with nursing needs and to have all contractual arrangements for older people within one framework agreement, replacement care will be included in the Dynamic Purchasing System Framework for Older People Nursing and Residential Care Home Placements due to be mobilised early 2024.

The 2021/22 budget for replacement care for older people is £170,060 for nursing and £524,640 for residential (emergency and planned combined).

Table 31: The number of older adults in receipt of commissioned replacement care from 2021 to 2023.

Care type	March 2021	March 2022	March 2023
Emergency replacement care	32	30	26
Planned replacement care	21	27	9

Future commissioning Intentions

The Council's strategic approach outlined in section 4.2 above will increase the number of people with care and support needs who are supported in the community rather than in long term bed-based care. This may increase demand for planned replacement care to provide breaks for unpaid carers and this potential influence will also be factored into modelling around demand and budget forecast. Provision of care home replacement care for older people will be part of a framework agreement. The Council will also consider the use of Extra Care for replacement care purposes, this would offer an excellent opportunity for people to understand what is on offer within an Extra Care scheme ahead of considering any longer-term accommodation-based options.

We will consider this in detail in the short / medium term. We will undertake market / stakeholder engagement to assess the way forward and work collaboratively with providers to develop the type of responsive and accessible replacement care, which is cost-effective and meets the needs of individuals and their carers, going forward.

This might include different types of replacement care i.e., not bed based.

6.9. Transport

Current Position

Worcestershire County Council has a duty under the Care Act 2014 to assess adults' social care needs and a duty to meet the identified eligible needs. As part of the assessment and support planning process, the assessor must ensure that the adult is able to access facilities and services in the local community to meet assessed needs. This includes making suitable arrangements for transport training to provide maximum independence and benefit, or, if the assessed transport needs cannot be met by an individual and their family (for example through public transport or their own mobility vehicle) they may be met by a variety of different types of provision, as follows:

- Transport commissioned and provided by Worcestershire County Council's Transport Operations Department
- Transport commissioned from contracted day services as part of the Dynamic Purchasing System contracts for Day Opportunities
- Transport arranged directly by the adult in receipt of care and support (or their representative) using a Direct Payment

The Transport Operations Department commissions a range of assisted transport in the form of specially adapted mini-buses and taxis, as well as providing some services through the in-house Fleet Service.

There are currently 256 adults in receipt of commissioned transport. The largest spend on commissioned transport is for adults with Learning Disabilities who make up over 92% of the total cohort. Provision of transport is used either for transport from an individual's home to their day service (and return journey), from day service to replacement care or from home to replacement care. Day service provision is on a weekly basis whereas replacement care provision is more ad hoc to meet the needs of that type of service.

Table 32: Individuals in receipt of commissioned transport in May 2023:

Type of need	No. in receipt of WCC Transport Operations Team commissioned transport	No. in receipt of transport commissioned via day services	Total
Learning Disabilities	124	113	237
Other (Vulnerable Adult/ Mental Health/ Older People/ Physical Disabilities)	9	10	19
Total	133	123	256

Future Commissioning Intentions

In line with the Council's strategy and Care Act duties, the overriding principle of Worcestershire's Transport Policy is that the decision to provide transport is based on promoting an adult's independence and wellbeing, taking into account needs, risks and outcomes. Therefore, when assessing transport needs, universal services within an individual's community will always be considered as the first option. Adults will be encouraged to use the resources around them to meet their travel requirements and staff will be proactive in promoting the range of options available. Where it is determined that an adult requires funded support from the Council, the provision of funding through a Direct Payment should be the first option offered, before consideration of a commissioned transport option if a direct payment is not appropriate.

Future strategic alignment will be achieved by the development and application of transport policy and provision in a manner which as far as possible enables adults in receipt of social care to regain and maintain independence whilst meeting Care Act duties and enabling clients to be well and stay safe.

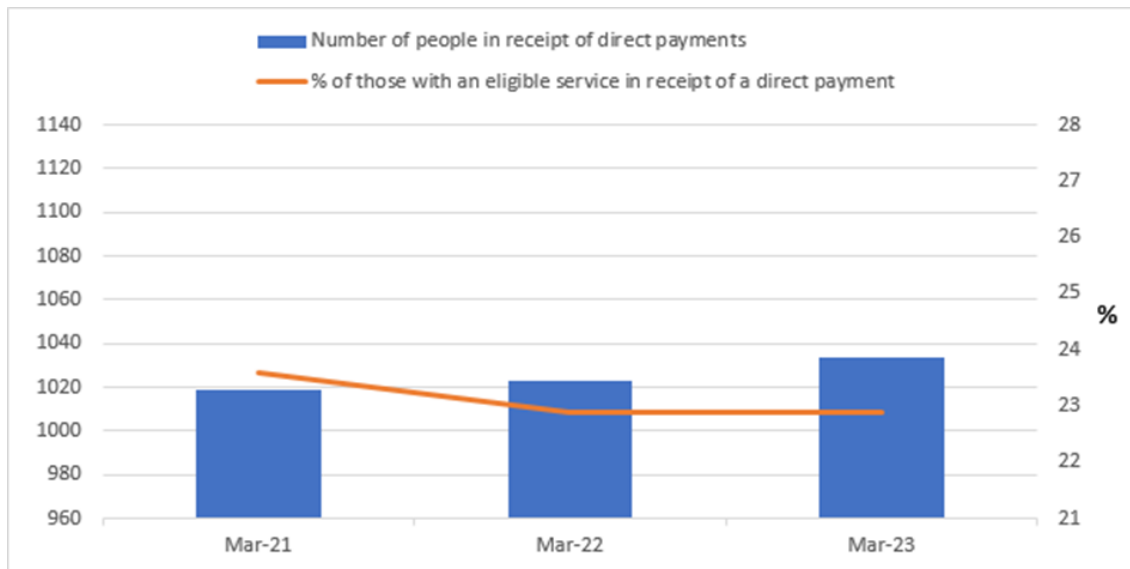
We know that the cohort of young people with disabilities transitioning into adult services is likely to increase during the next ten years. Adults with disabilities make up the large majority of transport provided by WCC, and this is therefore likely to represent a growth in need.

Use of Direct Payments for transport provision is currently relatively limited, compared with WCC-commissioned provision. We aim to increase Direct Payment take-up for transport and explore a wider range of options for transport with clients, as part of support planning and review, in line with the aims of the Adult Social Care Strategy. We want to grow different and innovative provision options, including community transport, assistive technology, independent travel training and the development of micro-enterprises and the Personal Assistant market.

6.10. Direct payments

There is much documented evidence that direct payments provide greater individual and carer satisfaction, sense of wellbeing and outcomes. Individuals have greater choice and control of their care by choosing and purchasing from the wider market, without the restrictions of only being able to choose or be selected a provider(s) from the Councils contracted list of providers.

Trend in take up of direct payments 2021 - 2023



To change the 'DP offer' will require a change to the care market e.g. more self-employed personal assistants and microenterprises.

To support people who are in receipt of a direct payment the Council contracts a single provider to deliver the Direct Payment and employment hub, a managed account support service and a payroll service. The contract for these services ceases in September 2024. The Council will determine how best to deliver the direct payment support in the future, either as a single contract or as separate contracts.

The County Council has invested in growing the capability within the micro enterprise and sole trader market with 28 community micro enterprises starting and a further 6 near to going live (autumn 2023). The aim is that 40% to 50% of the capacity of these business should be supporting Adult Social Care funded people. To enable this the Council will review its direct payment approach creating a more efficient process by which a direct payment is identified, created signed off and delivered. The approach may result in a move away from the Council using Domiciliary Care or day care providers to deliver low level support and place/centre-based day opportunities as it is difficult to accommodate individual interests in such settings.

The Council will support the approach by ensuring there is a skilled and knowledgeable workforce of social care workers who will work on a strengths-based approach and who are able to promote direct payments as part of the first conversation with individuals. A managed list of community assets will also be held by the Adult Front Door and shared wherever required ensuring people are making best use of micro enterprises and self-employed providers in their area.