



Market position statement - adult social care

July 2021 | March 2023

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Foreword

Worcestershire is home to over half a million 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 still need to change, and do more.

The County Council supports some of the most vulnerable people in society, spending approximately 60% of our net revenue budget on social care services for vulnerable children and adults. People are living longer but with more complex needs, and we have more children who need our care.

Worcestershire County Council's vision and Corporate Plan are 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 falling in real terms, we will need 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 have seen how this can work well throughout the Covid-19 and we will aim to build on this to take our services forwards, making the most effective use of resources available across both health and social care. 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.

Inevitably, this approach will require changes in the market for care services. We also recognise that the Governments long awaited reforms of Adult Social Care along with forthcoming regulations post-Covid have the potential to impact our current direction of travel. Nonetheless, 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 20 months 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 review our journey in April 2022 as we learn more of the changing national landscape in which we deliver services, along with the fragile emergence from the pandemic. 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 to Rebecca Wassell, Assistant Director, People Commissioning at rwassell@worcestershire.gov.uk



Councillor Adrian Hardman

Deputy Leader Worcestershire County Council

Council member with Responsibility for Adult Social Care



Ms Paula Furnival

Strategic Director, People

1. The Strategic Direction in Worcestershire – an overview

The **County Council Corporate Plan 2017 - 2022**, “Shaping Worcestershire’s Future”, 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:

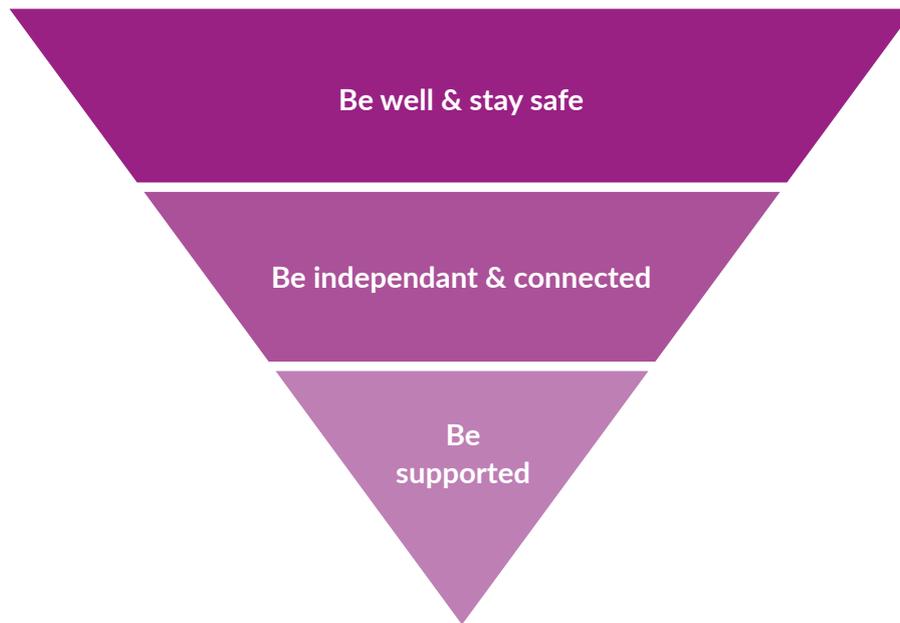
- Promoting healthy and active lifestyles
- Enabling vulnerable people to live as independently and safely as possible with the support of their families, friends and communities
- Continue to work with partners to make sure all health and social care services are evidence based, effective, and good 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, public health and communities and is led by a Strategic Director supported by Assistant Directors and their professional teams. The Directorate strategy is aligned to the Corporate Plan and provides support to the implementation of other county-wide and health and care system-wide strategies. It also responds to national requirements and changes in best practices.

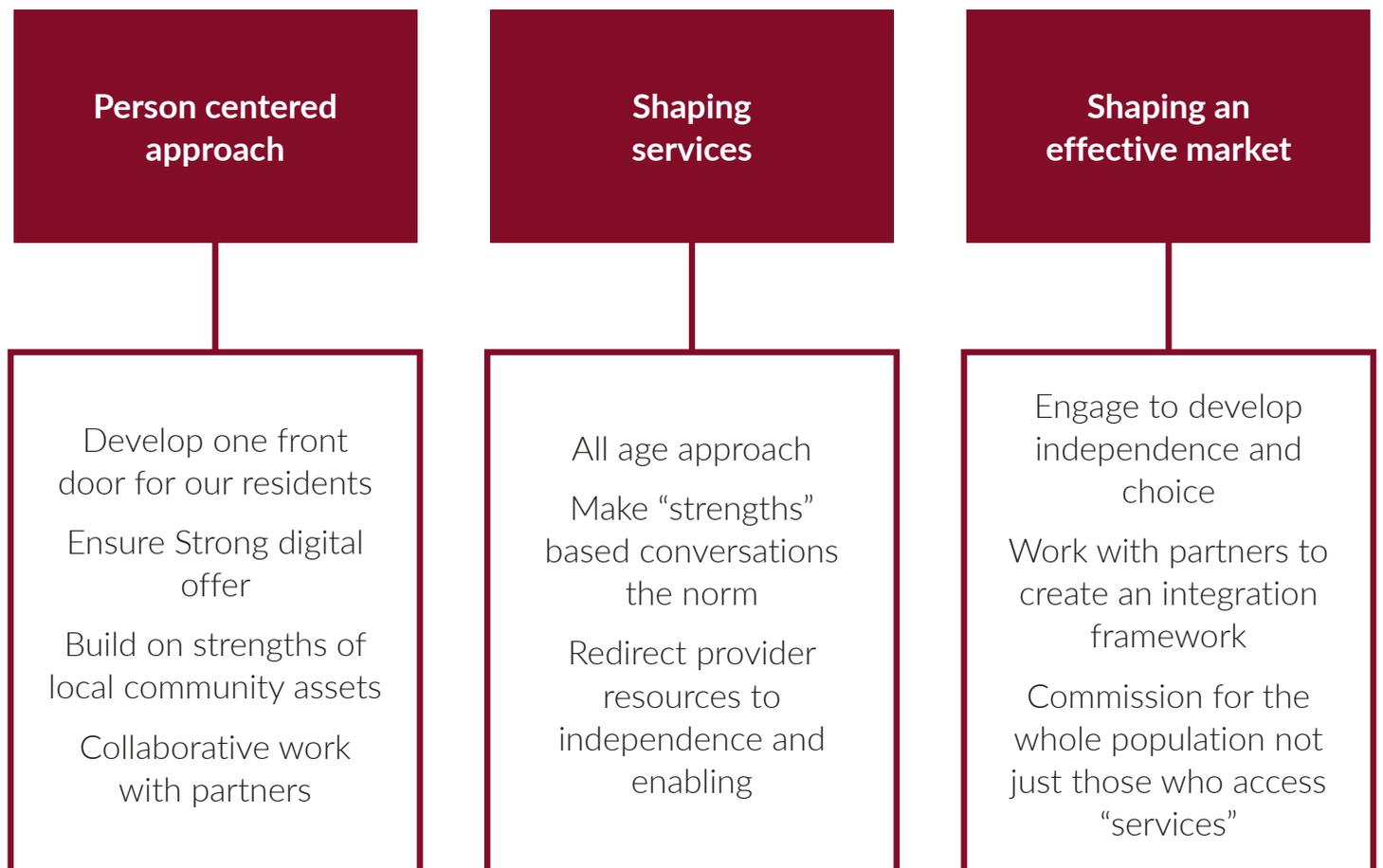
The key facets of the People Directorate strategy are as follows:

- A single strategy for people and communities, with a clear AIM 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 enable 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
- Designing and implementing a series of service redesign workstreams that are people-centred, shape services to delivery aspirations and shape an effective market in which to operate.

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



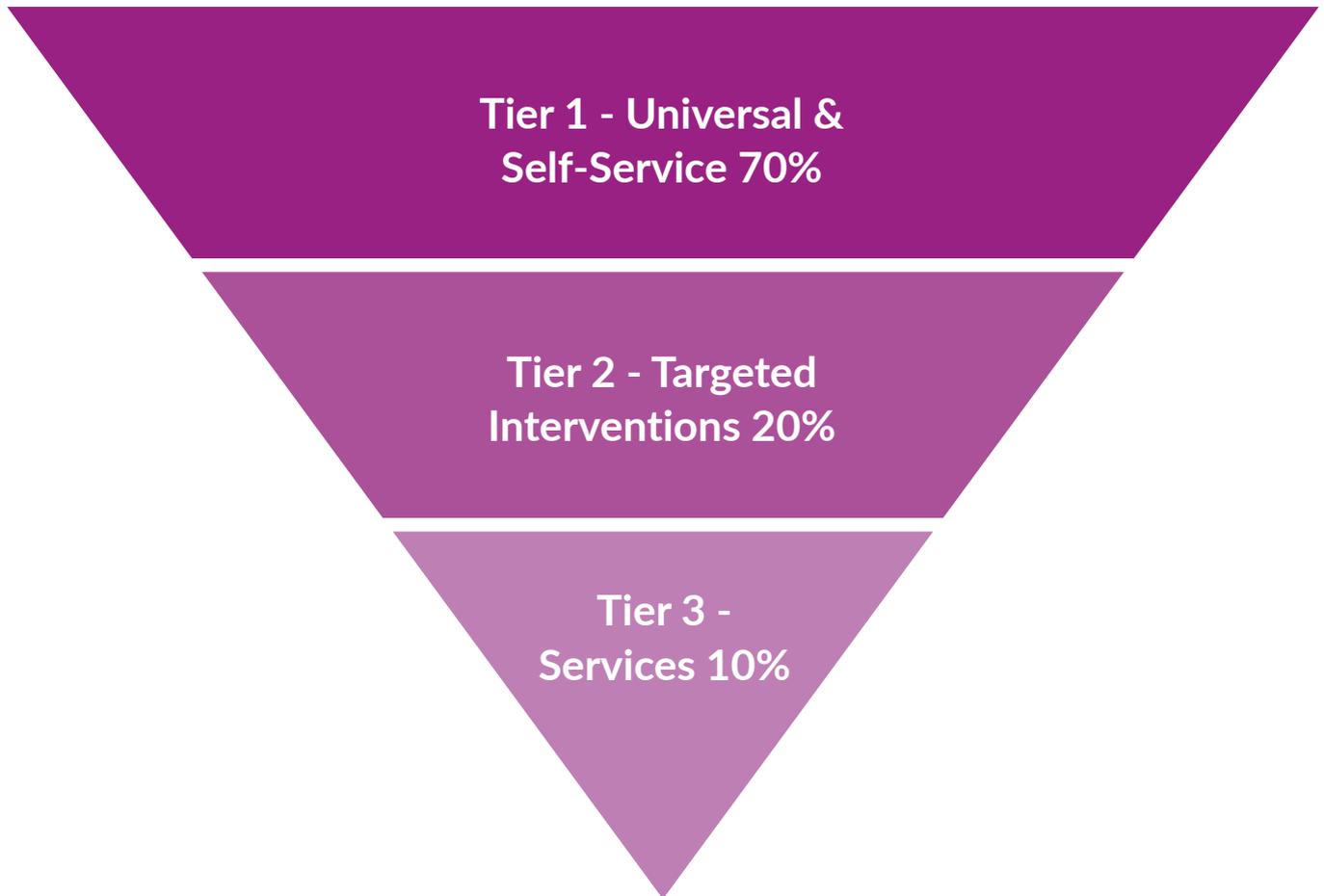
The programme of work designed to deliver the future service design may be visualised as three themes, or pillars of change, namely Developing a Person-Centred Approach, Shaping Services and The programme of work designed to deliver the future service design may be visualised as three themes, or pillars of change, namely Developing a Person-Centred Approach, Shaping Services and Shaping an Effective Market and has been designed to achieve these objectives, which in turn, are directly aligned to the Corporate Plan and **Joint Strategic Needs Assessment**.



Prior to Covid:

- 69% of contacts were resolved at Tier 1,
- 4.9% were resolved at Tier 2, and
- 26% progressed to Tier 3.

Developing the Tier 1 and Tier 2 services will therefore be critical to managing demand and transforming the tiers thus:

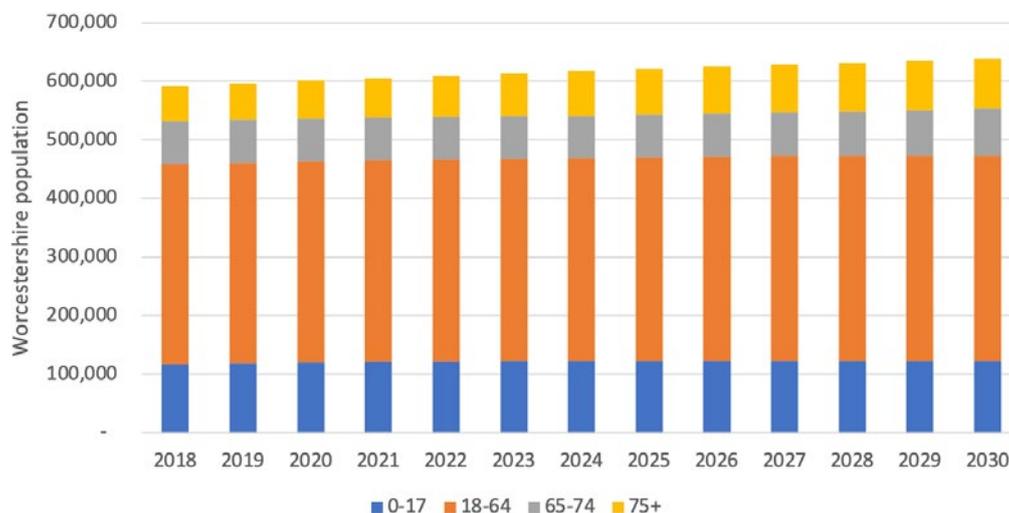


2. Worcestershire demographics

2.1 Our population

Worcestershire has a growing and ageing population. It is projected that the population is set to increase from 592,100 in 2018 to 638,800 in 2030 as illustrated below.

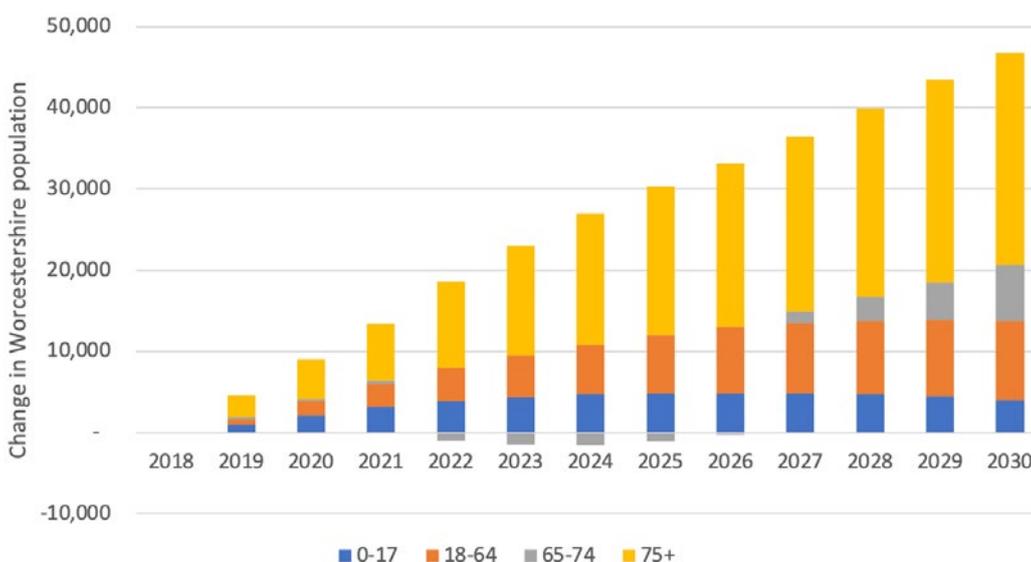
Worcestershire Population Projection by age group



Source: Office for National Statistics, Subnational population projections for England: 2018-based projections

Most of the projected growth in the population is amongst those aged 65 and over, with this group overall projected to increase by 32,900 or 25% by 2030. There is particularly large projected growth for those aged 75 and over, with this group projected to grow by 26,100 or 44% by 2030:

Worcestershire Population Projected Growth by Age Group

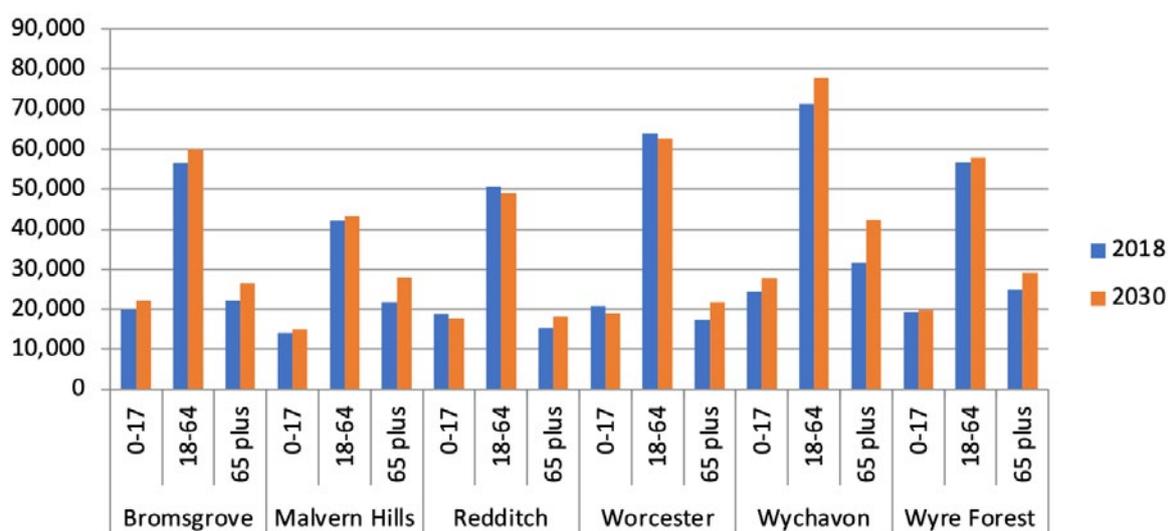


Source: Office for National Statistics, Subnational population projections for England: 2018-based projections

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.

In every district the largest projected increases in population are amongst the 65 and over group as illustrated in the graph below, and Table 1.

Population Projection by District



Source: Office for National Statistics, Subnational population projections for England: 2018-based projections

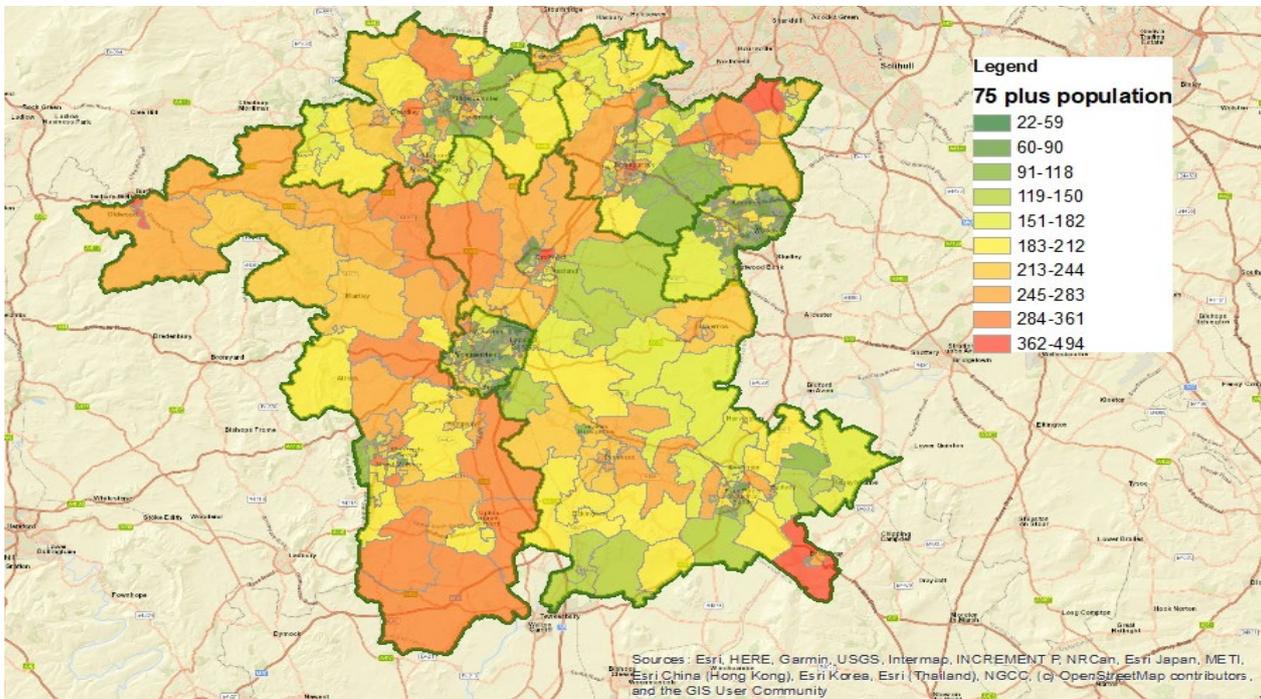
Table 1: Population Projection for people aged over 65 by District

Area	2018	2020	2025	2030	% change 2020-2025	% change 2020-2030
Bromsgrove	22,168	22,836	24,370	26,513	7%	16%
Malvern Hills	21,826	22,685	25,058	28,005	10%	23%
Redditch	15,450	16,054	17,180	18,170	7%	13%
Worcester	17,298	17,957	19,537	21,775	9%	21%
Wychavon	31,544	33,214	37,281	42,339	12%	27%
Wyre Forest	24,814	25,479	26,920	29,229	6%	15%

Source: Office for National Statistics, Subnational population projections for England: 2018-based projections

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

The 75 and over population by Lower Super Output Area provides an indication of the relative concentration of older people across Worcestershire (LSOAs each have a total population of around 1,500). The map over page (page 10) shows ONS 2019 mid-year population estimates.



Source: Worcestershire ONS 2019 mid-year population estimates (Produced by WCC Research Team 2021)

2.2 Ethnicity

From the 2011 census the ethnic mix within the county is largely white British (English, Scottish, Welsh, Northern Irish, British) at 92.4%, compared to 79.8% across England, and 79.2% for the West Midlands.

Table 2: Ethnicity in Worcestershire

Ethnic Group	Worcestershire %	West Midlands %	England %
White: English/Welsh/Scottish/Northern Irish/British	92.4	79.2	79.8
White: Irish	0.6	1.0	1.0
White: Gypsy or Irish Traveller	0.2	0.1	0.1
White: Other White	2.6	2.5	4.6
Mixed/multiple ethnic groups: White and Black Caribbean	0.6	1.2	0.8
Mixed/multiple ethnic groups: White and Black African	0.1	0.2	0.3
Mixed/multiple ethnic groups: White and Asian	0.4	0.6	0.6
Mixed/multiple ethnic groups: Other Mixed	0.2	0.4	0.5
Asian/Asian British: Indian	0.6	3.9	2.6
Asian/Asian British: Pakistani	0.9	4.1	2.1
Asian/Asian British: Bangladeshi	0.2	0.9	0.8
Asian/Asian British: Chinese	0.3	0.6	0.7
Asian/Asian British: Other Asian	0.4	1.3	1.5
Black/African/Caribbean/Black British: African	0.1	1.1	1.8
Black/African/Caribbean/Black British: Caribbean	0.2	1.5	1.1
Black/African/Caribbean/Black British: Other Black	0.1	0.6	0.5
Other ethnic group: Arab	0.0	0.3	0.4
Other ethnic group: Any other ethnic group	0.1	0.6	0.6

Source: Office for National Statistics: Census 2011

2.3 Employment and economic activity

Employment and economic activity rates are higher in Worcestershire than West Midlands and Britain, but there have been large increases in claimant count unemployment since March 2020 in all districts (see Tables 3 and 4)

Table 3: Employment within Worcestershire

	Worcestershire	Worcestershire %	West Midlands %	Britain %
Economically Active†	299,900	81.0	78.0	79.1
In Employment†	289,500	78.0	73.7	75.4
Employees†	248,900	67.7	64.4	65.2
Self Employed†	39,200	10.0	9.2	9.9
Unemployed §	10,400	3.5	5.3	4.6

Source: ONS annual population survey (Jan - Dec 2020)

† - numbers are for those aged 16 and over, % are for those aged 16-64

§ - numbers and % are for those aged 16 and over. % is a proportion of economically active

Table 4: Unemployment levels by District

Area	Claimant Count	Rate	change on last month	change since March 2020	% change since March 2020
Bromsgrove	2,590	4.4%	-65	1,425	122%
Malvern Hills	2,020	4.6%	-65	1,095	118%
Redditch	3,175	6.1%	-40	1,640	107%
Worcester	3,710	5.7%	-60	1,930	108%
Wychavon	3,240	4.3%	-115	1,920	145%
Wyre Forest	3,345	5.7%	-135	1,765	112%
Worcestershire	18,080	5.1%	-485	9,775	118%
West Midlands	266,435	7.3%	-3,050	122,085	85%
England	2,271,355	6.5%	-22,755	1,207,850	114%

Source: ONS Claimant count (April 2021)

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 so during 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.

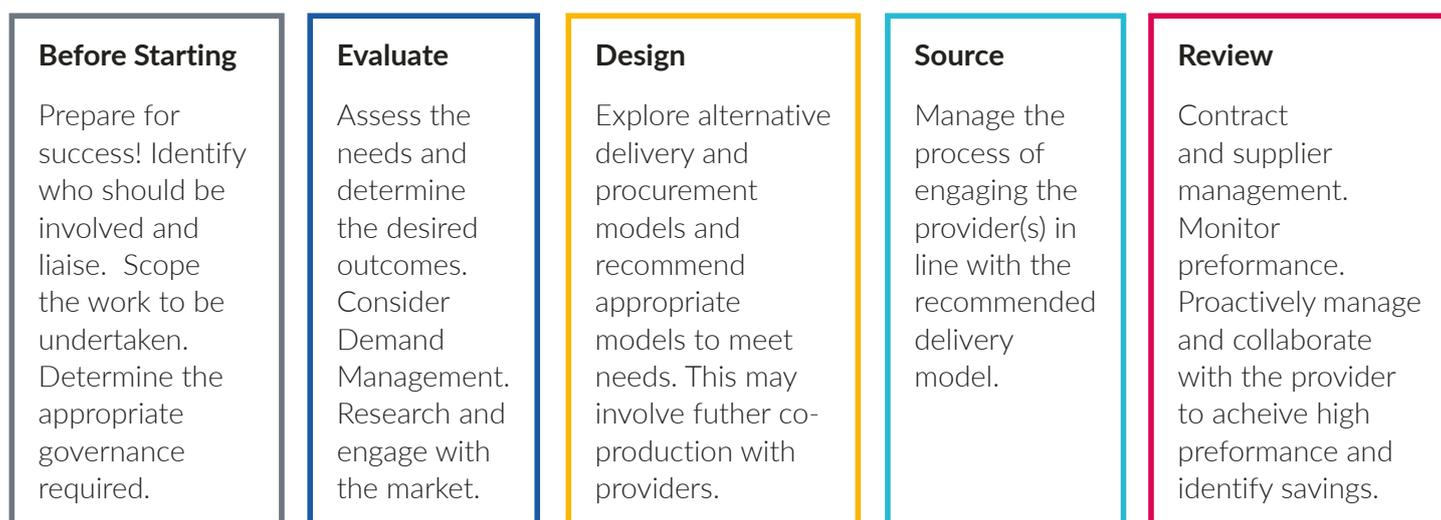
3.1 The importance of partnerships and local leadership

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 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

Managing the impact of the Covid-19 pandemic

Activity throughout 2020/21 has of course been shaped by the Covid, with much of the work already started to improve commissioned adult social care services by necessity, 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.

The impending decision for reporting mortality in care homes through the pandemic via the Care Quality Commission, along with the UK Governments proposed regulation on mandatory coronavirus vaccination in residential care settings and its planned subsequent consultation on the extension of this regulation to home delivered care will undoubtedly continue to prolong the impact of Covid on care services in the immediate and medium term.

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.

Whilst presently focussed on our older populations, we are currently gathering evidence to inform the effectiveness of the programme to determine if it should be extended to a wider population.

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 will explore options to commission mental health services that enable recovery, reduce longer-term dependency and cost, and focus on community and employment-based activity.

We need to identify how we can meet growing needs within the current financial envelope. We propose to develop a Mental Health Recovery Pathway for Social Care and reshape the market to provider the appropriate services to support.

4.2 Be Independent

Maximising independence

Linked to the Here to Help 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 a period of recovery before we make 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. Worcestershire County Council is working collaboratively to improve how we do this, with the consequent impact on commissioned services.

- We will not place people in long term residential care if we can support them at home or in a setting which provides accommodation with care (including Extra Care Housing or Supported Living).
- We will not arrange formal day services where we can support people to make use of local community services and social networks
- We will promote Direct Payments as the first choice
- We will prioritise sufficient capacity to ensure we can always respond to Safeguarding, Mental Health and Best Interest Assessments and to end of life care.

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

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

It is proposed that council-funded residential and nursing care home placements for Older People be limited to people with the highest level of need, including people with dementia, frailty and complex needs. People should only be placed in these services when all other options have been exhausted.

The implication of this would be as follows:

By 2024, there may be fewer placements, but the proportion of those placements for people with dementia and other complex needs will increase across all Older People's placements.

By 2024, 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 and higher quality care market for the growing numbers of very frail people with complex needs of all ages.

It is proposed that the reduction in residential and nursing care home placements should be balanced by an

increased use of more cost-effective 'support at home' services for Older People with lower-level eligible needs. This has yet to be scoped and planned for – an activity to commence during the timescale of this Market Position Strategy, but it is likely to entail an increase in the number of hours of support purchased a year. This will include care in Extra Care Housing, Supported Living, Shared Lives care, and other initiatives as well as traditional domiciliary care.

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

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

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.

Delivering these strategic actions will move the care system to the new model of integrated intermediate care within the next 4 years. This will address the increasing demand upon the system, the financial pressures, and deliver better care for the people of Worcestershire.

Learning disabilities and autism

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

We are continuing to assess how we can best plan to meet the needs of young people as they transition into adults' services, working within the resources available to us. This will mean ensuring we target our resources effectively in order to meet the needs of the small but growing number of people with highly complex needs.

Services will be expected to focus on reducing long term dependency and cost (over a lifetime). We will consider how we can commission these services in future in a collaborative approach with providers in ways that ensure outcomes that promote independence and reduce long-term dependency.

We propose to review the way we deliver services to reduce the use of traditional building-based settings to help people get jobs, and to help more people be supported to be active in the community.

5. Preparing the market

Work commenced in 2020 to reconsider how we commission services through a series of projects and transformation programmes, for example reshaping how we commission domiciliary care. The work continues through 2021 where several strategies are under development, for implementation across the following 2-3 years.

At the start of the year 2021/2, mental health services transitioned into the Council (from the Worcestershire Health and Care Trust), approval was granted for the development of the Herefordshire and Worcestershire Integrated Care System, and a significant piece of work to streamline the discharge pathways commenced both as part of the Integrated Intermediate Care programme and in order to enable the Acute Trust to begin a programme of 'catch up' on elective work, delayed due to the pandemic. These are significant changes to the health and social system across the county and will serve to impact upon our thinking and approach.

In addition, whilst the commissioning unit within the People Directorate has been able to maintain a relatively stable position across the markets as well as commence some transformative work through the recent unprecedented times including the start of a very fragile road to recovery, it is recognised that there is, looking ahead, still a great deal of work to do to reshape services to meet current and future demands and to address significant local drivers.

The 'reshaping' phase of this strategy from mid-2021 to mid-2022 is focussed on:

- 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.
- Incentivising quality – considering development of a quality rating system (Gold, Silver, Bronze) that rewards the best care provision and informs choice.

This will mean that by 2024 in Worcestershire, we will be progressing our journey to establishing a health and social care system where there is:

- 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 quality of 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 the highest standards of care.
- market intelligence that enables us to raise quality standards.
- a balanced budget.
- a sustainable price for care based on quality of services.

- 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 STP footprint and other commissioners within the Herefordshire/Worcestershire region.
- 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.

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 high quality 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 Community and Well-being

6.1.1 Advocacy

Current position

The purposes of the Services are to provide independent advocacy for vulnerable people, who find it difficult to have their say and get what they want and need. They may have substantial difficulty in being involved in their care and support package, may not have a suitable adult to advocate on their behalf, lack capacity, may have their liberties deprived and/or have severe mental health needs. The service supported 2000 people in 2020/21.

Future intentions

There are significant changes planned as a result of the of the Liberty Protection Safeguards bill which is due to be implemented during 2022. The Council intends to work with the current supplier to embed these changes in Worcestershire and then re-commissioning the service in 2022/23.

It is anticipated that additional resources will be required to support the implementation of the Liberty Protection Safeguards, both from the supplier and the Council.

6.1.2 Information and Advice

Current position

The Information and advice service is currently provided by Worcestershire Advice Network. 7,765 clients were helped during the period January – March 2021 this was an increase of just over 22% from previous periods. A further 511 clients were helped with “simple queries” and are not included in the 7,765.

This significant increase can be accounted for by the following:

- Increased availability of different methods of contact for clients
- Increased numbers of volunteers supporting telephone contact

The four Citizens Advice partners continued 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 at local offices and e-mail.

Age UK district partners and two DIAL partners continued to offer a local telephone service to clients throughout the week as well as other methods of contact via their websites.

Future intentions

It is recognised that there are alternative approaches to delivering information and advice, particularly with easier to access to online resources for people. The Council has been considering the approach to delivering information and advice and intends to develop a Here 2 Help offer which will complement and work closely with voluntary care sector partners.

The contract will be commissioned as a part of the community-based services with specific links to the Councils development of the Here 2 Help offer. The Council commenced a market engagement event in February 2020 then had to stop due to COVID. The current Contract is in place until 30th June 2022.

The re-commissioning will ensure the information and advice offer caters for as broad a range of people as is possible. It will also be considered jointly with the information and advice contract for people who are deaf or hard of hearing.

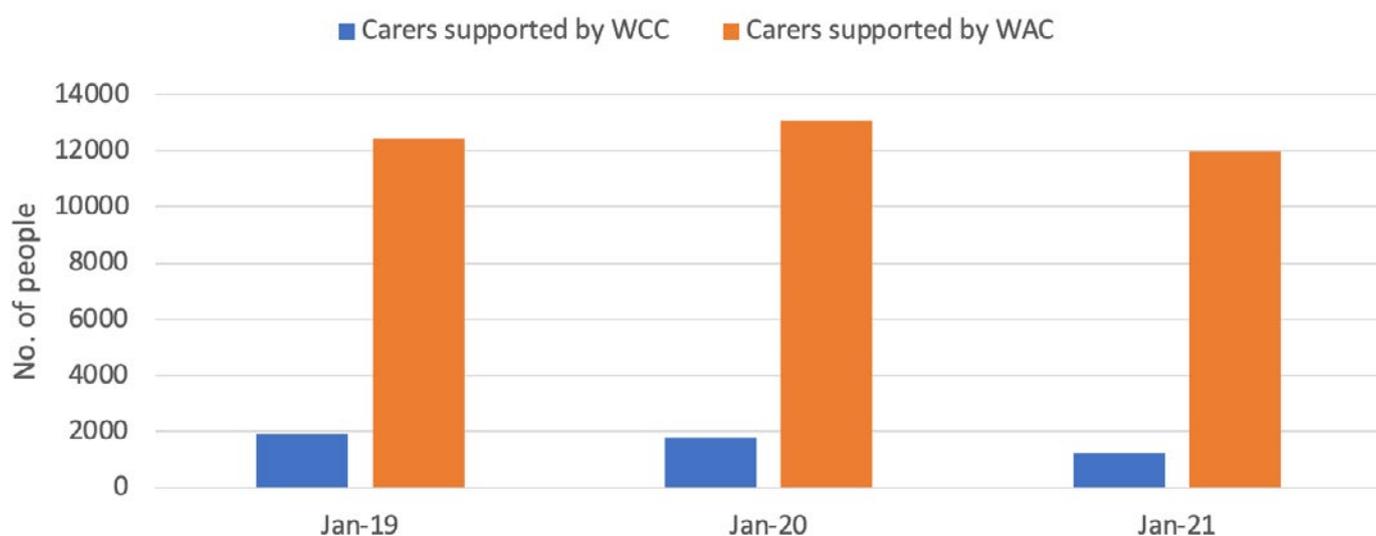
6.1.3 Carers

Current position

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 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 2035¹.

The carer provider market comprises of local organisations who are embedded into local communities and are therefore able to best support the community. In Worcestershire this approach has delivered significant benefits including Implementation of the Integrated Carers Hub for Worcestershire and the creation of the Worcestershire's Carers Partnership which brings organisations together at a strategic level to support carers.



Future intentions

In 2021/22 the Council will be commissioning:

- Adult Carers Hub and strengths-based conversations with carers about their role and support that may enable a balance of their caring role, and
- Young persons and young adults' carers service.

The carer provider market comprises of local organisations who are embedded into local communities and are therefore able to best support the community. In Worcestershire this approach has delivered significant benefits including Implementation of the Integrated Carers Hub for Worcestershire and the creation of the Worcestershire's Carers Partnership which brings organisations together at a strategic level to support carers. In 2020 Worcestershire's current carers provider began working in Herefordshire also providing a full carers service across the STP footprint.

¹ https://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment/2004/other_jsna_publications

6.1.4 Micro-enterprises

Future intentions

The Council will develop microenterprises to diversify the social care market. This approach will be supported by the Microenterprise Catalyst commissioned during 2021. This will in turn expand the options for Direct Payment recipients. Microenterprises are generally defined as a small business employing nine people or fewer. In this context it is likely to be enterprises that provide activities and hobbies and personal assistants delivering support and personal care tasks etc.

The development of microenterprises supports the Councils aim to promote the take up of Direct Payments in adult social care. A conversation about telecare and technology and direct payments are now the first strengths-based conversations we have with all individuals.

There are various key advantages of the microenterprise model as they are a hybrid of a Personal Assistant (PA) and domiciliary care agencies. They tend to be:

- Based in the community for the local community so are place based,
- Highly person centred,
- Cost effective without the costly overhead of larger domiciliary care providers,
- Care delivery times that are more flexible rather than domiciliary care rota's and 'runs', and,
- Greater consistency of caregivers.

We would need to have microenterprises in each geographical area (aligned to the 10 domiciliary care zones, see Domiciliary care section 6.2.2), so this is an active choice for all direct payment recipients. The Council is already aware of issues in some rural areas such as Malvern (Tenbury bordering onto Shropshire and Herefordshire and the borders of Malvern and Gloucestershire) and Wychavon on the borders past Evesham towards Gloucestershire and the Cotswolds.

6.1.5 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 2 members of staff who offer employment related support to people with Learning Disabilities in receipt of Adult Social Care and 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:
- Support with applications and documentation
- Support with interviews
- Support Work Tasters and Work 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

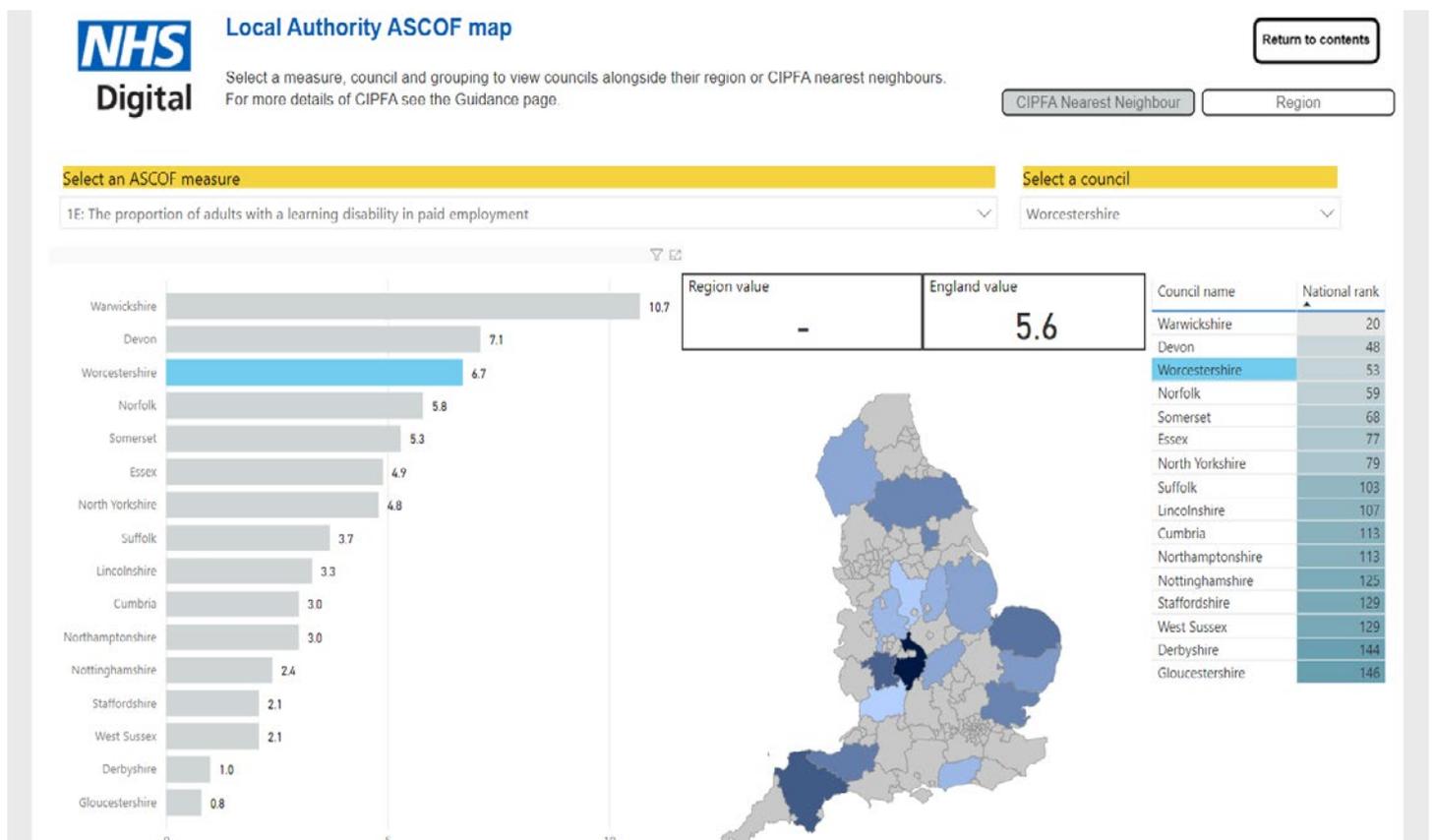
The Supported Employment Service has been successful in increasing the % of people with a Learning Disability in paid Employment as monitored by ASCOF Indicator 1E as shown in the comparator with our nearest neighbours as shown in the chart below, based on March 2020 data.

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 67 individuals with a Learning Disability and in receipt of Adult Social Care in paid employment. The ASCOF indicator shows this is currently 4.99% of our Learning Disability population. The service is now working to adapt and change to support people to maintain and find work in the new economic climate.

Future Intentions

Work is commencing on a Supported Employment needs assessment and a comprehensive review of the employment offer for vulnerable people in Worcestershire.

There are numerous organisations engaged in supporting increasing numbers of people into or back into work. This could potentially result in the environment being even more difficult to access for those with learning disabilities, autism, disabilities, and complex health needs. The Supported Employment Service is adapting its delivery plan to include new ways to support vulnerable people to get the support they need to access and maintain paid employment.



6.2 Home First

6.2.1 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 6 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 5: Promoting Independent Living Services – key outcomes

Outcome	Number of Individuals
Facilitate hospital discharge	6
Prevent hospital admission	1019
Reduce pressure on informal carers	161
Reduce/delay package of care	620
Reduce/prevent falls	1770
Promote independence	193
Support to remain in own home	219

Home from Hospital

The current service is provided by Age UK Herefordshire and Worcestershire and supports people, using 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 Clinical Commissioning Group and Public Health.

From January to March 2021 there were 110 referrals into the service of which 59% were from the Acute Hospital, reablement service and community hospitals. 74% of people started to receive a service within 24-hours following a referral. 75% of people were between the age of 70 and 89, and 10% were over 90 years of age. 60% of people received the service for between 1 and 6 weeks. 40% of people received the service for less than a week, 93% of people using the service felt their outcomes were achieved. The service complements the Councils Here 2 Help offer.

Integrated equipment

Worcestershire County Council and Herefordshire and Worcestershire CCG commission Herefordshire and Worcestershire Health and Care Trust to provide the Worcestershire Community Equipment Service (WCES) (Adults).

Separate commissioning arrangements are in place for Children's equipment and for The Wheelchair Service, which the service works alongside.

WCES has a critical role in supporting other 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 90%.

Future 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 2 years partners will work together to identify the most effective way to commission these services to achieve better outcomes for customers.

6.2.2 Domiciliary Care

Current position and future intentions

During 2021 the Council is recommissioning the Domiciliary Care providers to deliver outcome-based services which will support people to remain at home for longer. The marketplace for the Council will reduce in size from c300 dynamic procurement system (DPS) providers to around 30 preferred providers who will deliver services in 10 domiciliary care zones (see map over page).

Providers who are unsuccessful as part of the tender will retain the packages of care, but no new Council funded work will be offered to the wider market as part of the DPS contract.

There are 140 to 150 DPS providers are used at any one time to deliver Council funded Domiciliary care. The market has increased by 18% in hours during 2020/21 with the biggest increase in Wychavon, a more rural area of the County.

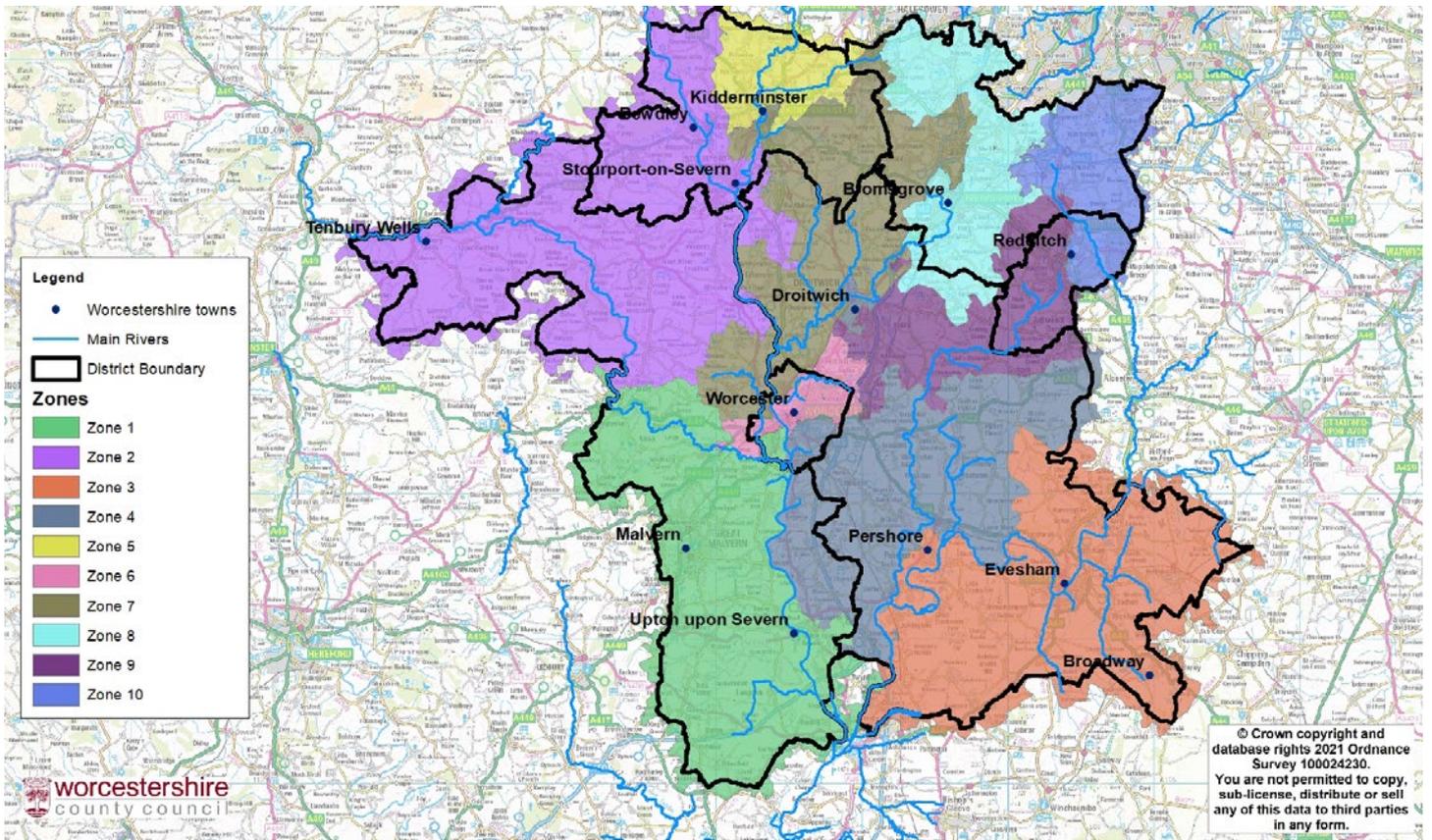


Table 6: Domiciliary Care hours delivered by District

District	March 20	March 21
Bromsgrove	4,190	5,196
Malvern	3,575	4,132
Redditch	4,617	4,890
Worcester	5,118	5,753
Wychavon	5,973	7,651
Wyre Forest	6,215	7,652
NULL	268	114
Total	29,955	35,387

The Councils 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 0.55% receive Domiciliary care, this has increased from 0.51% in March 2020.

The capacity supplied by the market has ensured most care needs are met quickly, but there are increasing signs of stress, particularly rural areas, where providers are finding it challenging to recruit staff.

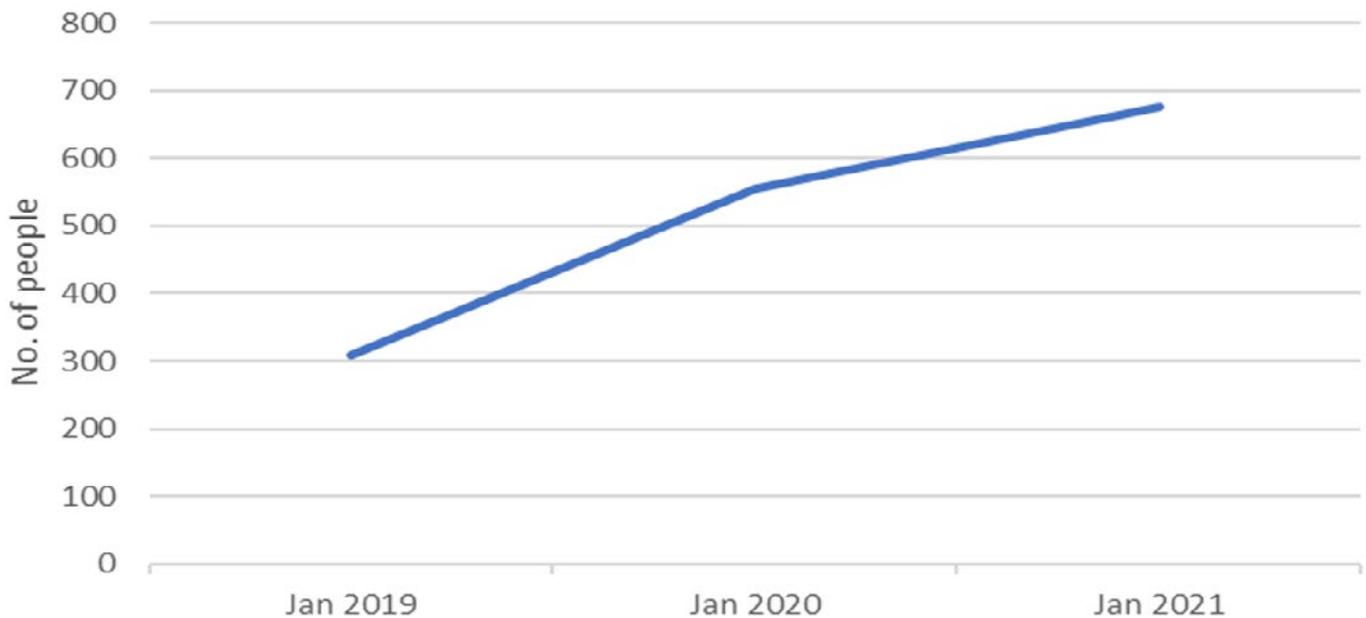
Further work is planned in 2021/22 to understand the demand for live in care and 24/7 Domiciliary care services.

6.2.3 Assistive Technology

Current position

The Council has followed a Technology enabled care approach since 2019 and 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).

People in receipt of Assistive technology



The use of technology, alongside direct payments, will form part of the initial conversation a social worker has with people and their carers. The technology enabled care approach complements the more traditional models of care delivery. The approach is not restricted to any specific group of people. 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 Social work teams ensuring the technology used is best in class and appropriate for the person who needs the support.

Future 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 and that it 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 during 2021/22. The partner will be required to, as a minimum:

- Directly support Social workers to broaden their understanding of what is possible through technology.
- Support social workers, carers and people receiving services to identify the most appropriate 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

6.2.4 Reablement

Current position and future 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 Reablement Service will support people out of hospital and provide a service to people living in the community.

The service will support 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 where- ever possible. The service supports around 70 people home from hospital in any one week and this will increase to around 130 during 2021/22.

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

There are potential suppliers in the market for the service however the Council, with such a critical and high-profile service, will ensure the service is fit for purpose before considering any future commissioning intentions.

The reablement 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)

6.3 Shared Lives

Shared Lives is a highly flexible form of supported living and the Council recruits Shared Lives providers to give individuals the opportunity to live within a family in the 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 123 Shared Lives Providers in 83 households and 100 individuals are currently supported.

Table 7: Shared Lives Providers

Service Year end March 2019

Learning Disabilities	Mental Health	Older People	Other	Physical Disabilities	Total
75	5	12	5	10	107

Service Year end March 2020

Learning Disabilities	Mental Health	Older People	Other	Physical Disabilities	Total
75	5	12	6	10	108

Service Year end March 2021

Learning Disabilities	Mental Health	Older People	Other	Physical Disabilities	Total
69	2	15	7	7	100

Future Intentions

Shared Lives fits with our strategic priorities for adult social care and housing. We are looking at options for growth and diversification of our Shared Lives scheme. We consider that expanding the scheme will mean more individuals can achieve outcomes through Shared Lives as an alternative to other forms of support.

We aim to increase the numbers of individuals supported within Shared Lives by 18 placements in 2021/22. This will be achieved through innovative recruitment of new Providers and marketing of the Scheme.

6.4 Supported Housing

6.4.1 Supported Accommodation

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, and many individuals may have multiple needs.

Current position

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. A task and finish group of the Strategic Housing Group are currently working on a project to produce a Supported Accommodation Plan for Worcestershire. This project will deliver a comprehensive position statement and needs assessment to inform a Worcestershire Plan linked to the Countywide Housing Strategy (currently under development).

6.4.2 Supported living

Supported living enables individuals to have their own tenancies (or become home-owners in some circumstances), 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). 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 and focusses on matching individuals in groups and to existing housing voids. This means the work that comes through the DPS is ordinarily tenders for new services 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 8: Standard hourly rates for the DPS

Zone	Tier 1
Redditch and Bromsgrove	£15.78
Worcester and Droitwich	£16.24
Wyre Forest	£16.35
Evesham, Malvern, Pershore and Tenbury	£16.68
Complex Need Framework Supported Living prices (including MDT)	£19.00

From data collated so far, our hourly rates are comparable with other authorities. For the next DPS one rate for Worcestershire will be considered. Further data will be collected to increase the data sample and continue to assess this data.

Supported Living Packages are purchased differently depending on the type of service. Some are funded in one funding package; others are split into core blocks and individual 1:1 visits. A summary of the costs for each component is included below as of 31 March 2021

Table 9: Supported living placements open on 31 March 2021 (by type of service and cost centre):

Covid-19 Supported Living

COST CENTRE CATEGORY	People	Percentage of Total	£ Annual Cost	Current £/Week
COVID	1	0.15%	£5,701	£335.33
Covid-19 Supported Living	1	0.15%	£5,701	£335.33

Supported Living

COST CENTRE CATEGORY	People	Percentage of Total	£ Annual Cost	Current £/Week
Learning Disability	316	47.73%	£14,186,898	£958.33
Mental Health	92	13.90%	£3,418,802	£840.62
Physical Disability	55	8.31%	£1,074,711	£539.32
Young Adults	4	0.60%	£18,674	£314.92
Supported Living	467	70.54%	£18,699,085	£880.28

Supported Living - Visits

COST CENTRE CATEGORY	People	Percentage of Total	£ Annual Cost	Current £/Week
Learning Disability	298	45.02%	£6,711,540	£564.44
Mental Health	18	2.72%	£114,171	£200.87
Older People	1	0.15%	£146	£510.96
Physical Disability	47	7.10%	£824,471	£483.77
Young Adults	8	1.21%	£205,154	£715.01
Supported Living - Visits	372	56.19%	£7,855,483	£539.75

Supported Living Block

COST CENTRE CATEGORY	People	Percentage of Total	£ Annual Cost	Current £/Week
Learning Disability	96	14.50%	£2,754,522	£591.92
Physical Disability	5	0.76%	£71,489	£426.64
Young Adults	3	0.45%	£80,326	£656.77
Supported Living Block	104	15.71%	£2,906,337	£585.84

Total costs

COST CENTRE CATEGORY	People	£ Annual Cost	Current £/Week
All above services	662	£29,466,605	£1,016.83

There are currently 667 individuals supported in Supported Living Services and 64 providers on the Supported Living DPS. There are currently 187 Supported Living settings with commissioned packages of care.

Table 10: Individuals within Supported Living over the last 3 years, by client group below**March 2019**

Service	Learning Disabilities	Mental Health	Older People	Other	Physical Disabilities	Blank
Total 497	336	77	42	17	22	3

March 2020

Service	Learning Disabilities	Mental Health	Older People	Other	Physical Disabilities
Total 605	398	85	56	34	32

March 2021

Service	Learning Disabilities	Mental Health	Older People	Other	Physical Disabilities
Total 667	430	96	63	39	39

This includes single services with 1:1 support, shared houses, flats with low level support and cluster flats with core on-site provision.

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

We have recently commissioned a Framework of Providers for individuals with Complex Behavioural Needs on our Dynamic Support Register. There are 11 providers on this closed framework who are now stating to develop services. We do not require any providers not on this Framework to set up any services for individuals with complex needs. The Framework contract is in place until January 2022.

Having a Place to Live is Worcestershire's existing Supported Living Strategy 2017/18 – 2019/20 (Online: Worcestershire's Supported Living Strategy 2017 - 2020) refers to housing and support for people with learning disabilities, including people who also have physical disabilities. This strategy has led to an increase in individual supported in Supported Living from 497 in 2019 to 667 in 2021. This had led to a reduction of younger adults using residential care: for Learning Disability from 266 in 2019 to 108 in 2021.

Future Intentions

For 2021 an updated needs assessment has been completed and the scope has been widened out to cover all younger adults: people with learning disabilities, physical disabilities, Mental Health issues, Autism/vulnerable adults. The Supported Living Strategy will be updated in line with this needs assessment during 2021.

Headlines from the Needs Assessment

A desktop assessment has been completed to estimate the number of individuals likely to require new supported living over the next 3 - 4 years and is shown below (Table 11).

Please note these estimates are based on high level assumptions and subject to change. For Learning Disability, assumptions also include filling of voids within existing schemes and continuing our programme of care home de-registration where appropriate.

A Mental Health needs assessment and pathway is being developed in 2021/22 and will inform future commissioning of Mental Health Services. This may lead to commissioning of new or different services.

Table 11: Estimated Shared lives requirements

Year	Client Group	High level / Complex Needs	Cluster Flat	Shared House/Shared Lives
2021	Mental Health	8	15	7
2021	Vulnerable Adults		7	7
2022	Young Adults	1	1	9
2022	Mental Health	8	15	7
2022	Vulnerable Adults		7	7
2022	Learning Disability	13		
2023	Young Adults	3	4	8
2023	Mental Health	8	15	7
2023	Vulnerable Adults		7	7
2024	Mental Health	8	15	7
2024	Vulnerable Adults		7	7
2024	Learning Disability	11		

There are 5 new buildings-based schemes being delivered from 2021-23. Two of these schemes are currently out to tender and two further schemes will be tendered through the Complex Needs Framework in Autumn 2021.

Table 12: Estimated future accommodation requirements

Year	Complex Needs Provision (core and cluster)	Mental health higher level support	Cluster Flats	Shared Houses
2021/22	7			
2022/23		8	23	8
2023/24	4	8	26	8
2024/25		8	22	4

A full Market Position Statement specifically for Supported Living in Worcestershire is being developed and will be available from August 2021.

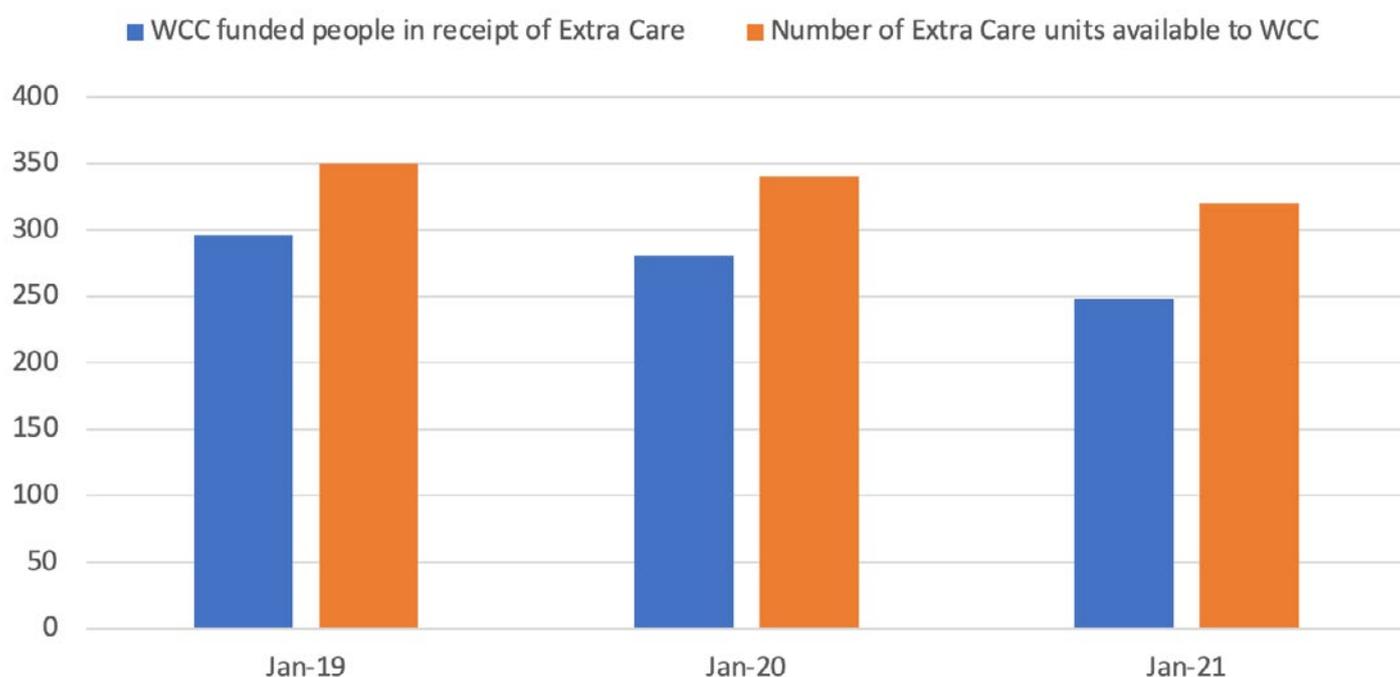
6.4.3 Extra Care

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 are required across Worcestershire. 3,450 units are suggested as being required for sale (including shared ownership) and 1,253 units are suggested as being required for rent. There are currently 13 schemes (869 ECH units) the Councils contracts with to deliver ECH services. The Housing Needs Assessment, due in 2021/22, will provide further insight into the growth required in the ECH settings within Worcestershire.

ECH costs the Council c£3.5m in total of which £0.75m is in Core service funding and £2.75m of care costs. The care costs will increase or decrease because of peoples care needs.



Future 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 and the achievement of outcomes for people.

The Council wants to engage further with providers to ensure there is sufficient 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 will continue to encourage its ECH suppliers to further develop their wellbeing offers ensuring people are supported to remain in the ECH schemes for as long as possible. The Council will be working with the ECH suppliers to remove barriers in the processes which slow down access to ECH.

6.5 Day Services

Current Services and Position

Day services in Worcestershire are currently provided via a mix of internal (Worcestershire County Council-provided) day services and externally commissioned services.

WCC currently commissions day services from the independent sector through two Dynamic Purchasing System (DPS) Contracts:

- People with Learning Disabilities Day Service DPS
- Older People, People with Physical Disabilities, Sensory Impairments and People living with Dementia Day Services DPS

There are no specific day care providers for people with mental health conditions, but some people access the providers through the existing DPS contracts.

In June 2021, there were 46 providers who have DPS contracts with the Council to provide day services, 28 of which are signed up to the Learning Disabilities DPS and 11 signed up to the Older People, People with Physical Disabilities, Sensory Impairments and People living with Dementia DPS. A further 7 providers are on both DPS and offer services to all service user groups.

There are also some individuals whose care packages are purchased using older style contracts who are included in Table 13 below.

Table 13 - Day care service commitments provided by external contracted day services week beginning 5th June 2021

	Learning Disabilities	Older People, People with Physical Disabilities & Sensory Impairments	People with Mental Health conditions	Total
No of individuals	286	107	14	407
Weekly spend	£49,160	£10,913	£1,528	£61,601

There are also currently 187 individuals who attend WCC Learning Disability internal day services.

There are a number of individuals who also access our commissioned providers using a direct payment and we have a small number of providers in the county who offer services to people using a direct payment only. A survey of day services has recently been conducted, as part of COVID-19 management in November 2020, which has enabled commissioners to gather information about the number of people attending services using a direct payment (see Table 14).

Table 14 - People accessing day services using a direct payment

	No. of providers	No. of individuals
Learning Disabilities	28	341
OP/PD/SI	6	43

Note: across both tables the number of people attending will include some people who attend multiple services, and who are therefore counted more than once.

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

opportunities. Services for older people tend to be more building based. Although primarily a service for the individual, day services can and should provide invaluable support for carers.

Geographically our day services are well spread with some localities more vibrant (in terms of number and range of providers) than others. For people with a learning disability, Wyre Forest, Redditch and Worcester/Droitwich have the largest availability of providers. Additional services in Malvern and Evesham/Pershore have developed in recent years; however, Bromsgrove still has a very limited availability of provision. Historically people have often travelled some distance to utilise a provider of their choice. For older people and people with a physical disability, Wyre Forest and Worcester/Droitwich and Malvern have the largest availability of providers. Bromsgrove, Redditch and Evesham/Pershore have a more limited availability of provision. People in these areas often cross the borders to access day services e.g. people from Bromsgrove travelling to Birmingham.

For people with learning disabilities, 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.

We have limited specialist day services for younger people with a physical disability or a sensory impairment, with those needing to access a service often using services that are predominantly for people with learning disabilities

The Council will continue to advertise opportunities to join the Councils dynamic procurement system (DPS) for Day Care during 2021-2022. The DPS can be found here: <https://in-tendorganiser.co.uk/worcestershire/asp/ITLogin.aspx>.

Future Commissioning Intentions

Worcestershire County Council internal day services for people with learning disabilities are currently being reviewed and the conclusions of that review is likely to impact on the commissioning of external day services. WCC commissioners are just commencing a review of our external provision for day care with a view to recommissioning day service provision by October 2022.

The Council wishes to continue to work with providers to embrace new and differing models of providing day opportunities and supporting a move away from a reliance on building-based day care services. Commissioners would like day services to support the delivery of the “3 Conversations Model” by embodying its principles. This will require providers of day services to adopt a strength-based approach, to connect people to their communities and to build on the strengths of local assets.

Commissioners would also like to work with our providers to develop the day service offer in the following ways:

- Greater use of universal services
- Encouraging social inclusion, including making new friends and maintaining relationships, volunteering and being involved with and feeling part of their local community
- Increasing employment opportunities for people of working age
- Less reliance on building-based services
- Increasing the use of Direct Payments
- Learning the positive lessons from the Covid response e.g. the opportunities presented by digital technology
- Developing a reablement model and working towards people being able to access chosen day opportunities and activities more independently
- Ensuring day services are available to meet the entire range of people’s needs who require them
- Addressing gaps in current provision, for example by ensuring there is sufficient geographical spread of day service availability across Worcestershire and developing services for the whole range of needs, including people with physical disabilities and mental health needs.

The current expenditure on external day service provision, across all service user groups, is approximately £3.2 million per annum. The Council's 2020/21 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.

As part of our review of externally commissioned day services we will be engaging with providers in the market to work in partnership to move days services forward in the direction of travel indicated above.

6.6 Accommodation based Care

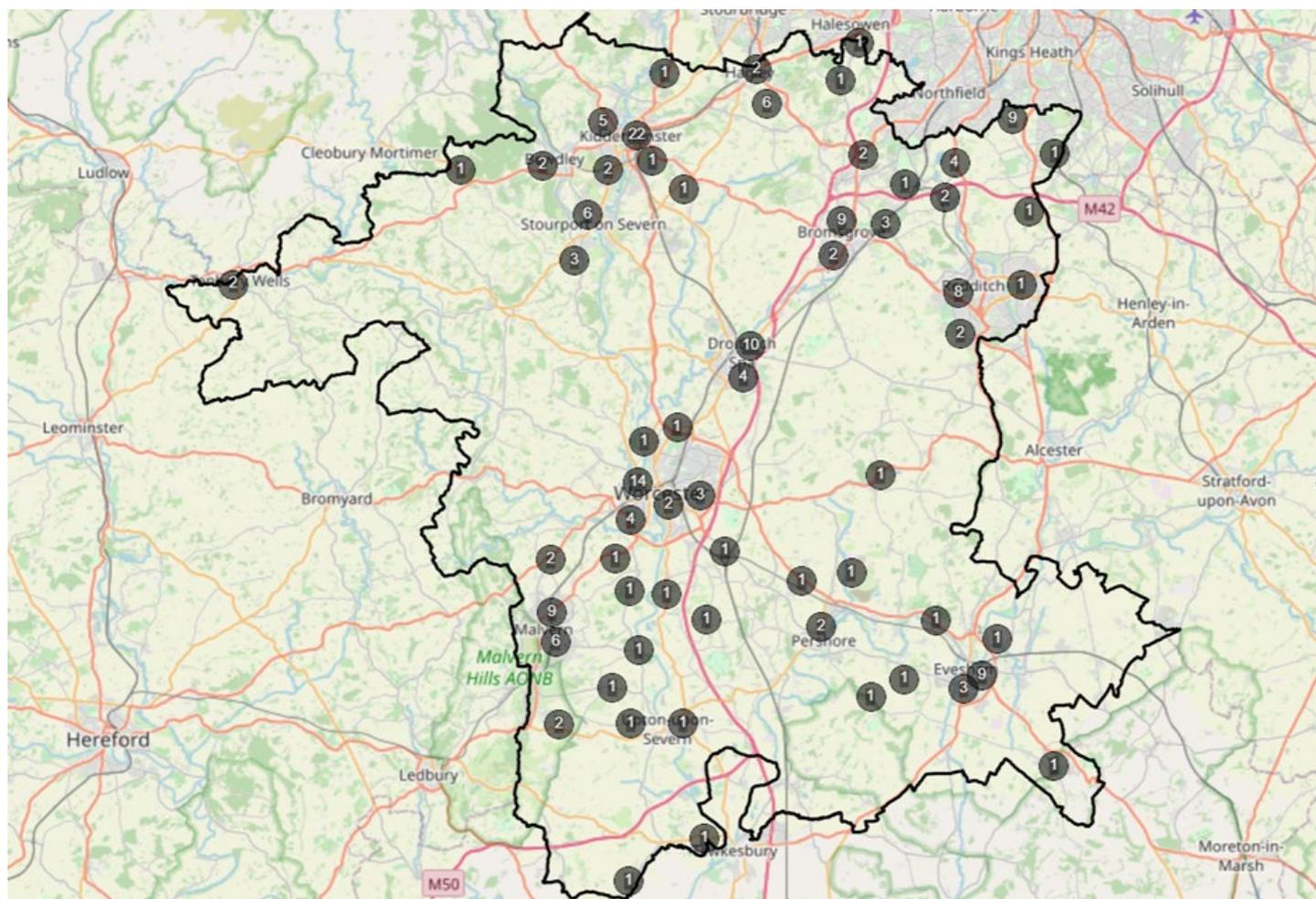
“Care homes” provide accommodation with personal care for people who need extra support in their daily lives and, according to their registration with the regulator (the Care Quality Commission, CQC) may also provide nursing care. There are currently 179 care homes providing these services within the 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 15: Current overall CQC ratings for care homes in Worcestershire

Type	Inadequate	Requires Improvement	Good	Outstanding	Not yet inspected	Grand Total
Nursing	0	14	38	5	7	64
Residential	0	22	88	3	2	115
Total	0	36	126	8	9	179
Percentage		20%	70%	4%	5%	

The following map (below) illustrates the distribution of those homes. However, placements of Worcestershire-funded individuals may also be made in homes outside Worcestershire as indicated in table 16.



6.6.1 Adult Social Care benchmarking data and activity

Table 16: 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:

Year	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
2018/19	42,580	65,307	20,932	29,009	44,494	40,887
2019/20	42,195	71,423	19,109	29,381	49,520	47,174
2020/21	31,940	62,349	17,619	22,830	38,922	39,033

Long Term Nursing bed nights out of County by year:

Year	Total
2018/19	28,815
2019/20	31,059
2020/21	27,370

Long Term Nursing total bed nights by year:

Year	Total
2018/19	272,024
2019/20	289,861
2020/21	240,063

Long Term Residential bed nights in-County by year:

Year	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
2018/19	53,973	90,186	28,876	41,658	55,246	89,835
2019/20	57,929	84,885	29,156	38,274	52,733	88,991
2020/21	60,024	77,539	28,628	38,124	46,108	80,112

Long Term Residential bed nights out of County by year:

Year	Total
2018/19	80,418
2019/20	78,205
2020/21	71,233

Long Term Nursing total bed nights by year:

Year	Total
2018/19	440,192
2019/20	430,173
2020/21	401,768

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

Year	Bromsgrove	Malvern Hills	Redditch	Worcester	Wychavon	Wyre Forest
2018/19	3,717	5,972	1,460	2,115	2,664	2,369
2019/20	6,083	5,594	872	2,443	2,904	3,233
2020/21	8,926	9,795	4,944	13,722	11,542	11,750

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

Year	Total
2018/19	14
2019/20	123
2020/21	1,853

Post Hospital Care Home total bed nights by year:

Year	Total
2018/19	18,311
2019/20	21,252
2020/21	62,532

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

Year	Total
2018/19	730,527
2019/20	741,286
2020/21	704,363

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 reporting period 1 April 2019 to 31 March 2020

Unit costs for clients accessing nursing long term care, by age band, 2019-20 (£ 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 grouping

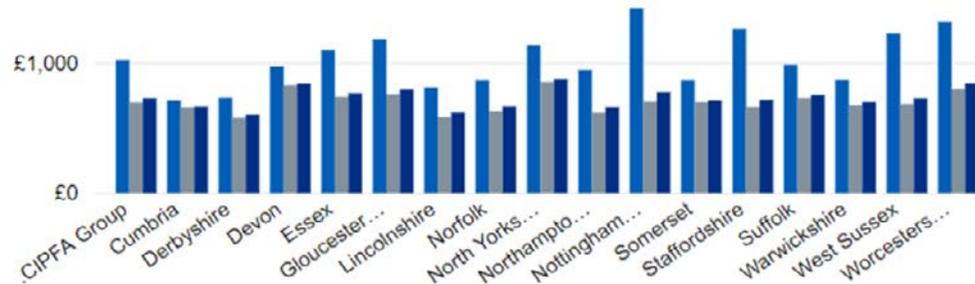
CIPFA

Select an organisation

- Tower Hamlets
- Trafford
- Wakefield
- Walsall
- Waltham Forest
- Wandsworth
- Warrington
- Warwickshire
- West Berkshire
- West Sussex
- Westminster
- Wigan
- Wiltshire
- Windsor and Maidenhead
- Wirral
- Wokingham
- Wolverhampton
- Worcestershire
- York

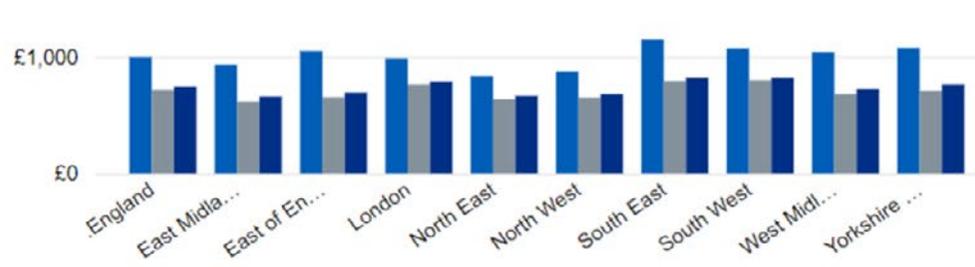
Unit costs for long term nursing care by CASSR(s) and age group

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



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

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



Y E

CASSR Name	18 to 64	65 and Over	Total
Gloucestershire	£1,179	£759	£791
Lincolnshire	£809	£581	£616
Norfolk	£863	£627	£660
North Yorkshire	£1,129	£851	£871
Northamptonshire	£943	£615	£656
Nottinghamshire	£1,415	£700	£773
Somerset	£863	£696	£707
Staffordshire	£1,254	£657	£713
Suffolk	£983	£727	£752
Warwickshire	£865	£672	£697
West Sussex	£1,222	£682	£726
Worcestershire	£1,314	£794	£839

Region Name	18 to 64	65 and Over	Total
.England	£996.13	£714.97	£746.04
East Midlands	£932.67	£615.06	£658.97
East of England	£1,046.54	£653.97	£695.11
London	£985.96	£761.70	£788.04
North East	£836.24	£637.85	£664.77
North West	£877.04	£651.20	£682.37
South East	£1,146.03	£793.17	£820.01
South West	£1,072.22	£799.10	£819.01
West Midlands	£1,038.57	£682.61	£720.64
Yorkshire and The Humber	£1,077.02	£707.70	£761.61

Source: ASC-FR Collection 2019-20, Unit Costs

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Adult Social Care Activity and Finance: Comparator Report

Final data for the reporting period 1 April 2019 to 31 March 2020

Unit costs for clients accessing residential long term care, by age band, 2019-20 (£ 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 grouping

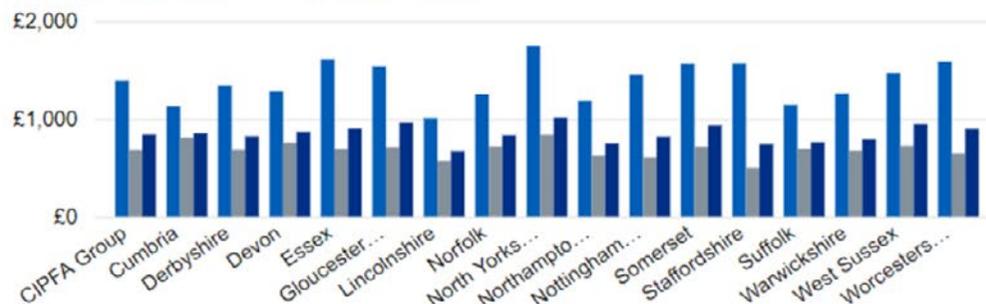
CIPFA

Select an organisation

- Tower Hamlets
- Trafford
- Wakefield
- Walsall
- Waltham Forest
- Wandsworth
- Warrington
- Warwickshire
- West Berkshire
- West Sussex
- Westminster
- Wigan
- Wiltshire
- Windsor and Maidenhead
- Wirral
- Wokingham
- Wolverhampton
- Worcestershire
- York

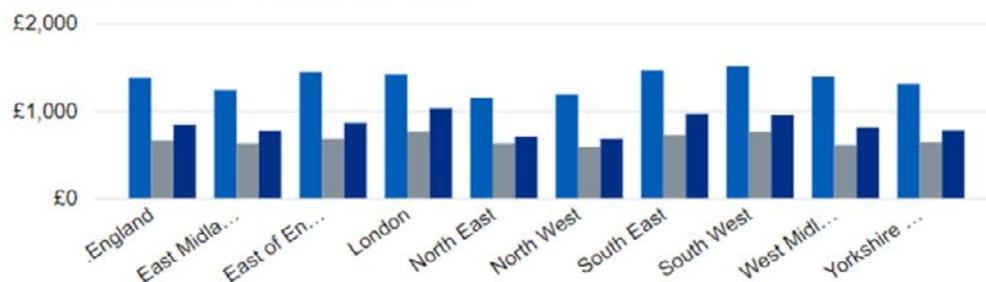
Unit costs for long term residential care by CASSR(s) and age group

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



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

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



CASSR Name	18 to 64	65 and Over	Total
Gloucestershire	£1,539	£711	£958
Lincolnshire	£1,005	£568	£668
Norfolk	£1,252	£718	£832
North Yorkshire	£1,743	£837	£1,009
Northamptonshire	£1,180	£623	£748
Nottinghamshire	£1,451	£607	£820
Somerset	£1,563	£715	£936
Staffordshire	£1,565	£499	£739
Suffolk	£1,146	£689	£762
Warwickshire	£1,258	£672	£789
West Sussex	£1,463	£722	£947
Worcestershire	£1,587	£650	£897

Region Name	18 to 64	65 and Over	Total
.England	£1,372.55	£662.30	£840.53
East Midlands	£1,235.62	£624.32	£775.22
East of England	£1,437.06	£679.63	£860.49
London	£1,415.13	£762.62	£1,031.35
North East	£1,147.91	£624.33	£704.46
North West	£1,182.30	£586.49	£679.52
South East	£1,464.12	£724.02	£966.89
South West	£1,507.63	£758.77	£952.14
West Midlands	£1,387.42	£608.62	£806.76
Yorkshire and The Humber	£1,304.04	£639.25	£779.84

Source: ASC-FR Collection 2019-20, Unit Costs

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6.6.2 Residential Care and Nursing Care for older adults

Current Position

Residential care refers to long term care given to people in a residential setting. In June 2021 there were 1224 social care funded older adults living in residential and nursing care:

Table 17: Older peoples residential and nursing care volume

Client group	Number of individuals in Nursing Care	Number of individuals in residential care
Older people	536	688

The number of older people in long-term residential and nursing care in Worcestershire is lower than the average regionally at 629.1 (compared to 640.1 for the West Midlands) but higher than nationally and in comparator authorities, as shown in the table below

Table 18: ASCOF 19/20 results: 2A2 Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

	Comparators	England	West Midlands
WCC Rank	12	93	9
CASSR Count	16	151	14
Result / Average	553.7	584.0	640.1
Min	203.0	60.9	382.8
Max	864.0	1724.1	1563.9

Table 19: The Social Care and Finance Activity - Comparator Report for 2019/20

This shows that Worcestershire's average costs for residential care for older adults are higher than the regional average but lower nationally and higher than both comparators for nursing.

	Worcestershire	West Midlands	England
Weekly cost for older adults Residential Care	£650	£609	£662
Weekly cost for older adults nursing care	£794	£683	£715

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

Indicative unit costs for current placements give an average of £920.98 for nursing placements and £633.29 for residential placements.

Future Intentions

The current market position has been significantly impacted upon by COVID-19 and there is a high level of capacity within the market. To some extent, the high level of vacancies is influencing fee levels quoted by providers when the Council's Brokerage Team seek placements on a long-term basis. It is the intention of Commissioners to observe these trends, undertake stakeholder consultation to understand the influences from all parties and consider how best to commission placements in future.

A gap in provision in the County has been identified in the meantime. This is the provision of care for individuals with complex needs and behaviours which challenge etc. They may or may not be living with dementia, but 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 which is a poor outcome for them and their families but 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.

6.6.3 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 620 social care funded individuals in a Younger Adult category living in residential and nursing care (see Table 20)

Table 20: Younger Adults volume

Client group	Number of individuals in Nursing Care	Number of individuals in residential care
Learning Disability	14	238
Mental Health	94	193
PD	39	38
Other	1	3

These numbers are further broken down by client group and cost in the tables 21, 22 and 23 below: -

Table 21: Learning Disability Residential and Nursing volume and mean cost per week

	Nursing Care (Spot Purchased)	Residential Care (Block Purchased or In-house)	Residential Care (Block Purchased or In-house)	Residential Care (Block Purchased or In-house)	Residential Care (Spot Purchased)
Placements	14	4	10	3	221
North Worcester Short Breaks			£1,256		
North Worcs Residential		£1,667	£1,248	£1,330	£1,765
North Worcester Nursing	£1,347				
South Worcester Residential			£1,256		£1,577
South Worcester Nursing	£1,717				

Table 22: Mental Health Residential and Nursing volume

	Placements	Mean £pw
Nursing Care (Spot Purchased)	94	£1,298.84
Residential Block	7	£555.28
Residential Care (Block Purchased or In-house)	5	£697.24
Residential Care (Spot Purchased)	181	£1,011.67

Table 23: Physical Disability Residential and Nursing volume

	Placements	Mean £pw
Nursing Care (Spot Purchased)	39	£1,099.45
Residential Block	2	£555.28
Residential Care (Spot Purchased)	36	£1,272.15

Residential and Nursing Care provision 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 at 15.5, as shown in the table below.

Table 24: ASCOF 19/20 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	9	96	9
CASSR Count	16	151	14
Result / Average	14.7	14.6	15.2
Min	5.1	1.7	7.4
Max	29.4	229.5	33.0

Table 25: The Social Care and Finance Activity - Comparator Report for 2019/20 shows that Worcestershire's average costs for residential and nursing care for younger adults are also higher than the National and regional averages.

	Worcestershire	West Midlands	England
Weekly cost for 18-64 Residential Care	£1587	£1387	£1373
Weekly cost for 18-64 nursing care	£1314	£1039	£966

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 Intentions

Our ambition is to reduce the numbers of individuals within residential care and enable those who can live more independently to access appropriate housing and support. The Supported Living Strategy (referenced above) has led to a 21% reduction (over the last 3 years) of individuals with learning disabilities living in residential care through carefully planned moves and a programme of de-registrations. The wider remit of the Supported Living Project going forward aims to continue to reduce the numbers of individuals inappropriately placed in residential care across the under 65 cohort: including people with Mental Health issues, people with physical disabilities (including acquired brain injury), vulnerable adults (including people with Autistic Spectrum Conditions) and continuing the work for people with Learning Disabilities.

We do not plan to commission any further residential care homes to cater for these client groups in Worcestershire with the following exceptions: -

- We have recently commissioned a Complex Needs Framework for individuals with complex needs on our Dynamic Support Register (this is a closed framework) and have the ability to commission residential with onsite MDT or nurse-led MDT alongside CCG Commissioners from the framework. We do not require any providers not on the framework to set up services.
- We have commenced a needs assessment and pathway planning project for Social Care funded Mental Health services. This may result in a need for new or different services. We anticipate completing the project in 2022.

6.7 Replacement care and respite services

6.7.1 Replacement care (all sectors)

Current Services and Position

As part of its duties under the Care Act 2014, the Council must meet the care and support needs of adults and the support needs of carers who are assessed as eligible under the Act's eligibility criteria. Eligible needs can be met by the provision of replacement care.

Replacement care, also known as "respite from caring" or "short breaks", is the support provided to an individual due to a carer having a break from their usual caring role. It allows carers the opportunity to re-charge, maintain their employment status, preserve their psychological wellbeing and spend time with other members of the family. Similarly, the people they care for also receive a stable environment, an opportunity to socialise and the development of their skills, interests and relationships. There has been a tendency to interpret replacement care as a service provided in a block of one or two weeks. However, the length of replacement care can be:

- a few hours
- during the day
- during the night
- over a weekend
- for a few days
- for an extended period of 1, 2 or several weeks

The Care Quality Commission advocates that the distinctive feature of a replacement service is that the break should be a positive experience for a person and their carer by providing a break from their usual routines in order to improve the quality of their lives and support their relationships. Almost all replacement care should be planned well in advance and recorded in care and support plans. However emergency replacement care is sometimes needed because of illness of a carer or the breakdown of a relationship. Replacement services should be designed to accommodate such unplanned needs.

The value of replacement services for people with support needs and their families/carers is significant. People need breaks in different ways at different times and for different periods. Early and regular interventions are required to sustain families in their role as long term carers. Carers are key partners of the local authority and NHS in providing care to people who are unable to look after themselves due to illness, disability or frailty. Without this care many people would be at risk, their quality of life would be poor, or they may require admission to permanent care of some kind. Carers UK have estimated that unpaid carers save £132bn nationally each year (Carers UK Valuing Carers 2015).

6.7.2 Replacement care (learning disabilities)

For people with Learning Disabilities, most of the replacement care is currently provided through either in-house or block-contracted provision, with 33 Learning Disability beds across five schemes. 296 Replacement Care nights are also provided through the Shared Lives scheme. Currently WCC spends £2.8m per annum on Replacement Care for people with a Learning Disability, plus approximately £0.4m on emergency replacement care.

Table 26: The number of adults with learning disabilities in receipt of commissioned replacement care from 2019 to 2021.

	March 2019	March 2020	March 2021
Emergency replacement care	5	3	3
Planned replacement care	163	175	165

Future Commissioning Intentions

It is recognised that current provision, focussed on bed-based respite, is not always flexible enough to meet needs and at times is difficult to access. While overnight replacement care will still be required to meet the needs of people with higher level needs (especially in an emergency situation), feedback from people who use services and their carers has indicated that a wider range of options in addition to bed-based services would be beneficial. When individuals were asked what was important to them, one of the key things they said was “having more choices about Replacement Care”.

The Councils’ future intentions are:

- To make sure that the way people get replacement care is fair and consistent
- To modernise and increase the range of replacement care that is available
- To make sure that we make the best use of the money that we have available

Commissioners are planning to engage with the market over the coming months, to identify opportunities for collaboration to develop Worcestershire’s replacement care services to meet future needs. This will include both planned and emergency replacement care and explore the range of options available to meet need and maximise choice for individuals and their families.

6.7.3 Replacement care (other working age)

Current Services and Position

There is no designated physical disabilities provision for Replacement Care, although it is recognised that there are a growing number of children and young adults with physical disabilities who may require provision which is more tailored to meet their needs.

Similarly, there are no designated Replacement Care arrangements for people with mental health issues.

Table 27: The number of other adults of working age in receipt of commissioned replacement care from 2019 to 2021.

	March 2019	March 2020	March 2021
Emergency replacement care	2	3	3
Planned replacement care	2	10	10

Future Commissioning Intentions

The intentions of Commissioners in respect of replacement care services for people with learning disabilities (described above) will be extended to those for working age adults with either physical disabilities or mental health issues. Of particular relevance will be the numbers of the former who are known to be moving into adult services from children’s services within the next few years.

6.7.4 Replacement care (people over 65 years of age)

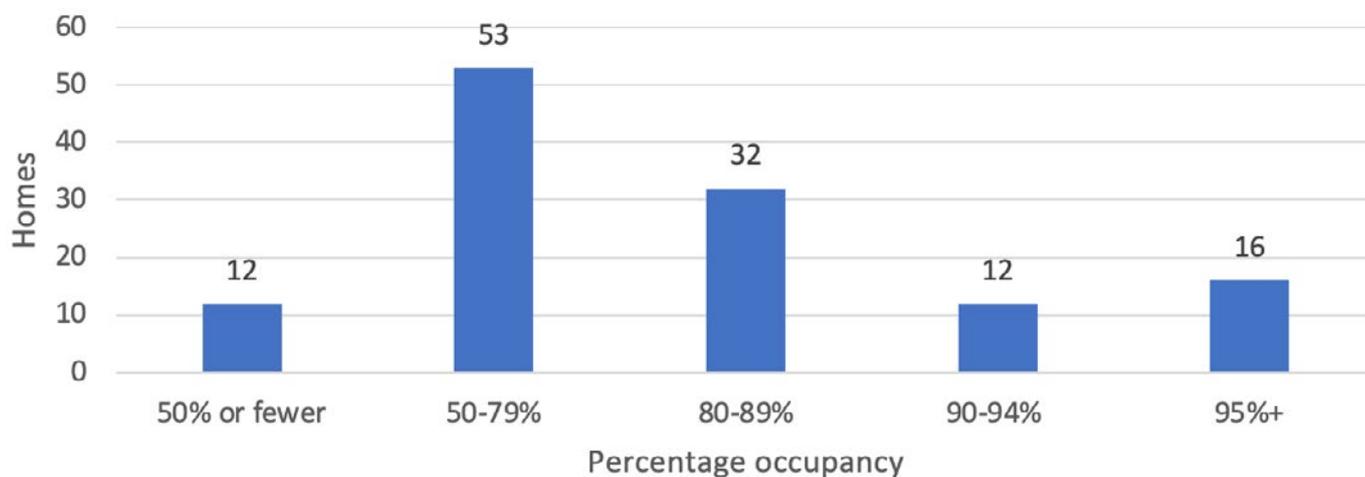
Current Services and Position

Planned replacement care for older people is generally provided via block-contracted arrangements with 8 homes across Worcestershire and comprises two types: general care and dementia care. Both are for residential care only i.e., not care with nursing. Where gaps in bookings allow, emergency replacement care may also be provided through these residential contracts.

Otherwise, replacement care is provided via spot purchased arrangements with homes able to meet the individual’s needs for a pre-planned period (enabling an unpaid carer to have a break) ,or at short notice during an emergency, in a vacant room. Most homes are understandably reluctant to reserve a room for advance spot-

purchased replacement care in view of the lack of income for unused periods. The number of homes able to do this is therefore low and this drives up the price. Hence block-purchasing is normally viewed as the only reliable and (assuming high levels of occupancy) cost-efficient method of being able to pre-book planned replacement care. It has to be acknowledged, however, that the relatively low occupancy of homes for older people across Worcestershire (currently around 74%) may impact upon the approach of providers.

Occupancy Worcestershire Older Peoples Homes May 2021



The 2021/22 budget for replacement care for older people is £107,199 for nursing and £830,657 for residential (emergency and planned combined).

Table 28: The number of older adults in receipt of commissioned replacement care from 2019 to 2021.

	March 2019	March 2020	March 2021
Emergency replacement care	24	24	32
Planned replacement care	207	201	153

Future Commissioning Intentions

As indicated in the data for planned replacement care above, the use of this type of service declined significantly during 20/21 because of the COVID-19 pandemic and continues to be very low. Commissioners are exploring the reasons for this trend, but it is reasonable to assume that this correlates with the overall reduction of admissions to homes due to reticence to move into services where the individual lives closely with others. At the same time, many homes experienced periods when admissions were not enabled due to outbreaks. However, there may be other factors which have influenced the trend.

At the same time, 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.

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.

6.8 Transport

Current Services and 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 the provision of transport where those needs cannot be met in a different way.

There are currently 220 adults in receipt of transport commissioned by Worcestershire County Council. The large majority (91%) of these adults have Learning Disability support needs. Current needs and expenditure are summarised in the Table 29 below:

Table 29: Demand for transport services

Service user group	Number in receipt of assisted transport at April 2021	2020/21 spend
Older People	3	£16,000
Physical Disabilities	14	£26,000
Learning Disabilities	201	£1,576,000
Other (Vulnerable Adult/Mental Health)	2	£4,000
Total	220	

Assessed transport needs which cannot be met by an individual and their family (for example through public transport or their own mobility vehicle) are currently met by a variety of different types of provision, as follows:

- Transport commissioned and provided by Worcestershire County Council's Transport, Operations and Highways 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 and Highways 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.

As demonstrated in the table above, the largest spend on commissioned transport is for adults with Learning Disabilities who make up over 96% of the total budget.

In addition to the budget in the table above, a small amount of transport is commissioned by the Adult Services Commissioning Unit from WCC's contracted day service providers, as part of the DPS contracts for day services. This totals approximately £97,000 per annum, as at March 2021.

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.

Future Commissioning Intentions

The Strategy for Worcestershire People and Communities outlines an overall aim to co-produce ways of working with citizens to enable them to:

- Be Well and Stay Safe
- Be Independent and Connected
- Be Supported

The priority is “to ensure Worcestershire residents are healthier, live longer, have a better quality of life and remain independent for as long as possible.”

The strategy proposes:

- A person-centred approach which builds on strengths of local community assets
- Shaping services to redirect resources to independence and enabling clients to lead a more fulfilling and quality of life.
- Shaping of an effective market which facilitates engagement to develop independence and choice.

As part of its duties under the Care Act 2014, Worcestershire County Council (“WCC”) funds transport provision for adults who are eligible for care and support, where this has been assessed as necessary to access services, for example day or replacement care services.

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 People 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.

6.9 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. The Councils aspiration is to increase the take up of direct payments from 24% (currently, which is 1,024 Direct Payment recipients) to 27% (2021/22) and 35% in 2022/23.

Trend in take up of direct payments 2019-2021



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

The council will be commissioning a Direct Payment and employment hub, a Managed account and Payroll service, a Microenterprise Catalyst and Pre-Payment account service in June 2021. These services will provide capability for the Council to increase the use of Direct payments across all groups of people the Council supports.

The Council recognises there is currently a limited microenterprise market and an underdeveloped personal assistant market, an area in which the Microenterprise catalyst will support. The approach may result in a move away from place/centre-based day opportunities as it is hard to accommodate individual interests in such a setting.

The Council will support the approach by ensuring there is a skilled and knowledgeable workforce of social care workers 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 Here2Help and shared where-ever required ensuring people are making best use of providers in their area.

