

# Adult Social Care in Herefordshire

**Our Local Account  
2017**

**Our vision is to:**

***Enable residents to live safe,  
healthy and independent lives***

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# Introduction

We are pleased to introduce Herefordshire's Local Account for 2017. This Local Account gives details of how Adults and Wellbeing supports Herefordshire residents to live healthy, independent lives for as long as possible.

Whilst the past year has been financially challenging due to a continued reduction in funding, our focus has remained on building on people's strengths to keep people at home and connected to their community wherever possible.

This reports highlights the positive impact of this approach and the new adult social care pathway in delivering better outcomes for people. It also details how we have performed against the national adult social care outcomes framework (ASCOF).

We are always keen to receive feedback about how we are doing and grateful to everyone who has contributed and shared their thoughts over the past year.

We hope you find this year's Local Account helpful in understanding how Herefordshire's adult social care services are performing against other local authorities and how the wider wellbeing agenda is being served.

Thank you for your continued support.



**Stephen Vickers**

Interim director for adults and wellbeing



**Cllr Paul Rone**

Cabinet member for health and wellbeing

# Key facts

## Demography

- The current resident population of Herefordshire is 189,300 people.



189,300

- The very elderly, aged 85+, will more than double from 6,000 to 13,500 over the next 20 years.



13,500

- Rates of limiting long-term illness amongst those aged 65-84 are lower than nationally, and people turning 65 in the county can expect to live longer, both overall and in good health, than those elsewhere.



65-84

# 2 in 5

- Just over half of all residents live in areas classified as rural, with around two in five living in the most rural 'village and dispersed' areas.



- Herefordshire's working age population (16-64) is 112,700. If recent trends in migration were to continue, natural ageing would see this number gradually fall to 108,800 over the next 20 years.



108,000

- The county has an older age structure than England & Wales as a whole, with 24 per cent of the population aged 65 years or above, compared to 18 per cent nationally. This number is expected to increase to 65,000 over the next 20 years.



65,000

- Herefordshire has a lower proportion of younger working age adults compared with England & Wales as a whole, but has a higher proportion of older working age adults (mid-forties to the age of 64).



64

## Carers

- It is estimated that there are 21,300 informal carers living in Herefordshire.



21,300

- Women aged between 55 and 64 are the group most likely to provide informal care.



55-64

- It is estimated that just over 14 per cent of people aged 65 and over living in Herefordshire provide some degree of informal care.

14%



## Older people

- It is estimated that there are approximately 3,200 people aged 65 and over with dementia living in Herefordshire. This number is estimated to increase to 5,500 by 2035.



- Herefordshire has a lower diagnosis rate of dementia than nationally and regionally.

5,500

- It is estimated that there are 4,600 people aged 65 and over with frailty living in the community in Herefordshire. By 2035, this number is estimated to rise by approximately 67%.



67%

- It is estimated that in 2017 nearly 12,200 people aged 65 and over living in Herefordshire will experience a fall. Falling can result in fracture, admission to hospital, disability and admission to residential or nursing home.



12,200

- There were estimated to be 16,600 older people aged 65 and over living alone in Herefordshire in 2017. It is predicted that the number will increase by 47 per cent to 24,300 people by 2035.



24,300

## Learning Difficulties

- There is estimated to be around 3,600 adults with a learning disability in Herefordshire; of which just under 900 were registered as having a learning disability at a GP practice in Herefordshire.



3,600

- The population with LD is not expected to increase dramatically over the next 20 years, although those with more complex needs is.



20

## Care homes & dom care

- There are currently 81 residential and nursing homes registered with the Care Quality Commission in Herefordshire with a total of around 2,050 beds.



2,050

- The need for care home beds is estimated to increase by 250 to 2,300 in over the next five years and by 1,350 to 3,400 beds over the next 20 years.



3,400

- At any time, Herefordshire Council funds some element of domiciliary care for around 800 people. Three-quarters are aged 65+; almost 40 per cent are 85+.



800

## CASE STUDY – David’s Story

David lives in a property which is part of a housing association community and has achieved his goal of maintaining his independence over the past few years with support from his companion, Zena, the housing association and from his neighbours who ‘keep an eye out for him’.

David and Zena have been together for 32 years and have a very supportive family network. Zena supports David with his meals, cleaning, and medication, along with emotional and social support, while David’s sons and daughter visit regularly during the week, as do Zena’s grandchildren.

David has always been a sociable person and his daughter describes him as ‘charming around ladies’. He also enjoys male company but would like to make more friends as one of his friend recently passed away. David used to be a lorry driver and mechanic and enjoyed working with cars and engines, and whilst he no longer feels he can work, he would like to be involved in some capacity with car engines.

When the weather is good, he’s able to go to town on his mobility scooter, but has difficulty in smaller shops and those with stairs. He also likes to visit the local fish and chip shop!

Following a slow decline of David’s independence over the past couple of years, he was assessed by a social worker and referred to the Community Broker to identify different opportunities in the community to meet David’s needs, as part of his Support Plan.

Noting David’s interest in engines, the Community Broker contacted the owner of a number of local garages, who said David would be welcome to visit on a regular basis and they would find somewhere safe for him to park his mobility scooter, make him a cup of tea and talk cars and mechanics.

There was also a suggestion of a men’s community group which meets twice weekly, bringing men aged 50 and over together to share skills and knowledge and to “put the world to rights”. Using their combined skills and knowledge, the club build, grow and repair things for the community hub.

Furthermore, the Community Broker identified potential funding to enable David to purchase a small shed, something which he really misses.

The Community Broker also recommended making a referral for a Safe and Well visit from the local Fire service, to help reduce the risk of fire and look at a range of health and wellbeing issues for David.

The Community Broker was able to recommend other services too; including a Foot Care Service and Deaf Direct.

# Achievements against our objectives

## Prevention and wellbeing

Enabling people to live well within their communities is a key underpinning strategy for the council and brings together the functions across the system including public health, housing, community development and social care as delivery partners to drive this objective.



### Wellbeing Information and Signposting in Herefordshire (WISH)

Extensive mapping of Herefordshire has been undertaken so that WISH now offers a directory of community groups, services and activities available to people across Herefordshire which supports their wellbeing. The website has seen a 20% increase in the number of hits during 2017, indicating that more people are benefiting from the information available. The focus now will be to make WISH the first place that people turn to for information about their communities and to ensure partners, such as GPs, are able to use WISH to signpost people to alternative support options where necessary. We will also be exploring more interactive functionality such as online forums.

### NHS Health Checks

This is a national scheme of check-ups for adults aged 40-74, who might not otherwise feel the need to visit their GP. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. People within this age group, without a pre-existing condition, are invited for a free NHS Health Check every five years. During the past year, 47% of the people who were invited attended their check - this equated to over 5600 people! This is a small improvement on the previous year and represents good performance regionally and nationally. For more information visit, <https://www.nhs.uk/Conditions/nhs-health-check/Pages/NHS-Health-Check.aspx>.



### Healthy Lifestyle Trainer Service

During the year the Healthy Lifestyle Trainers (HLT) supported nearly 500 people with one to one behavioural support and engaged with 450 community activity groups; making contact with over 4500 people. Of those engaged with on an individual basis, 55% achieved their Personalised Health Plan, as well as showing reductions in their Body Mass Index, reduction in alcohol intake and increases in physical activity.

## Substance Misuse Services

The substance misuse service has delivered an intensive improvement programme during 2017. One of the main success measures is the rate of successful completion of treatment for the primary opiate grouping and maintenance of this (through monitoring of re-presentation rates). The target of 8% was challenging, and performance was at times well below this level, but in Q3 17/18 we achieved a rate of 8.3%. This places Herefordshire in the top 25% of services within our comparator grouping (set by Public Health England).

## Public Health Nursing

We have developed a new service model of universal and early help support for children, young people and families, by bringing together the health visiting and school nursing services and developing an integrated 0-25yrs "Public Health Nursing Service". The new service includes the principles for developing accessible children and family support services that will work through multi-agency partnerships to significantly improve the outcomes at early years for children.

As well as ensuring that vital statutory services supporting young children's development are maintained, this new service offers support for children and their families throughout the early years and beyond, providing universal support and care for children and young people up to the age of 19 years (25 years for young people with special educational needs or disabilities).

Wye Valley NHS Trust will start delivering the new service from 1 April 2018.

## Delaying and reducing the need for support

### Homefirst service

Our new Homefirst service brings together two existing services, providing Reablement and Rapid Response. Bringing them together within the council provides greater capacity and control by social care to ensure that this intensive support is available to the right people at the right time to maximise their potential to regain confidence and independence.

The service provides different levels of support based on the individual's needs, mitigating short term crises and reducing the amount of long term support required. Homefirst performs a vital role in supporting the wider health system by helping avoid hospital admission and enabling rapid discharge once people are medically fit to leave hospital.





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## Telecare & Assistive Technology

During the year, we changed the delivery model for assistive technology and telecare services so that anyone can now make a request for a service, for a small weekly charge. As a result, more people, with a wider range of needs are receiving support, in a range of settings using different technologies. The service now receives an average of 100 applications and referrals per month.



## Disabled Facilities Grant (DFGs)

DFGs offer improved outcomes for service users by enabling them to remain in their own home for longer and so delay the need for a residential placement. In 2016/17, Herefordshire's DFG budget increased significantly. As a consequence:

- Occupational Therapy waiting lists reduced from 797 people waiting (01 April 2016) to 178 people waiting at the end of December 2017.
- The number of DFG referrals received per month increased during the course of the year, with a total of 378 referrals received during the year.
- 183 DFGs were approved during the year; the rate of approvals per month doubled during the course of the year.
- The average number of completed DFGs per month trebled during the year, with 178 DFGs in total being completed.

## Housing Grants

We have successfully secured a number of housing grants, including:

- A Housing and Technology Grant of £285k, to help develop a greater range of housing options across property type and location, providing assistive technology to maximise choice, enhance safety, security and independence, and encourage better use of care and support resources. This project will install technology in 14 supported living schemes, supporting 81 individuals meet their needs in less intrusive and more cost effective ways
- In the first year of the national Community Led Housing Fund, central government allocated Herefordshire £502k to promote participation in housing development through a range of community led approaches. The fund was committed to community land trusts, co-housing and self-build. There is a focus on building capacity across sectors to support future community led housing, including housing needs surveys, a county-wide hub and project management. Schemes supported include those benefitting homeless people, older people and military veterans. From April 2018, the Community Led Housing Fund will be administered by Homes England
- A further £93k was received from Department of Communities and Local Government to improve the prevention of rough sleeping. This will be used to support two temporary posts; a rough sleeping prevention officer and a part time research post to ensure that prevention work is targeted at the highest risk groups of the Herefordshire population.

## Ensuring people have a positive experience of care and support

### Adult Social Care Pathway

Over the past 2 years, we have worked hard to improve the overall customer experience of adult social care (ASC) by focusing on improved performance and redesigning the customer journey. This work began by reviewing demand across services and aligning our staff more effectively to meet service demands and share workloads more equitably across the 3 locality teams (City, East or West). For clients with more complex needs, cases were aligned to the newly formed County service.

A year-long community mapping exercise was undertaken so that we could fully understand the support that Herefordshire's communities had to offer. This information has been collated and is accessible to the public via WISH. It is also used by our new Community Brokers who help to support individuals connect to these community activities.



In January 2017, we began an “end to end” review of our ASC internal systems and pathways. This led to a fundamental redesign of operating practice and process across the urgent care, short term care and long term care services. The aim of the work was to shift the culture within ASC away from a focus on the things that people are unable to do for themselves, but to build on meeting customer's outcomes by considering their abilities, strengths and assets. As part of this work, all operational staff received intensive training.



The redesign of the pathway has resulted in the following improvements:

- Improved response times and support when customers contact ASC
- Improved access to a wider range of information, advice, signposting and guidance
- Identified clearer and more direct links to commissioned services and voluntary organisation support
- More responsive urgent care pathway
- Improved assessment and review schedules
- Support and care plans that builds on strengths and links customers more effectively to their communities
- Identification of gaps in community services or support
- Improved engagement with GPs and wider health partnership



## Domiciliary care

In January 2017, we engaged with the market to implement a new model for delivering domiciliary care based on securing efficiencies by dividing the county into a series of geographical zones. We were unable to implement the new approach as a procurement process demonstrated the market could not meet the requirements of the new approach.

We decided not to award the contract and instead took a step back to assess market conditions and consider strategies to help shape the market. We therefore extended the current contractual arrangements (Home and Community Support (HACS)) framework until the end of March 2018. A new open framework contract (Care @Home) will come into place from April 2018 to provide a more flexible approach to commissioning formal care. A strategic plan for market management is in development to help tackle some of the issues within this area.

## Unified contract for residential and nursing

A new joint contract between the council and the CCG and residential and nursing care homes was implemented in April 2017. This has introduced common terms and conditions for placements made by both social care and health in Herefordshire. Residents may not notice any difference in their placements, but this has been an important piece of work to ensure a consistent approach to billing, financial contributions and contractual terms and conditions.

## Direct Payments

As a result of our new strategy and implementation of prepaid cards, the take up of direct payments has improved significantly and just under our long term target of 40% (currently 38.3%, or 640 people). This is in the top quartile nationally. The use of prepaid cards is an easier way of receiving payments for customers and also a more efficient way of administering payments for the council.



## Quality of care

The Care Quality Commission (regulator of social care services in England) have assessed 89% of residential and nursing homes in Herefordshire as providing good or outstanding care. This is a higher proportion than in any other part of the West Midlands, other than Worcestershire. This makes us one of the best areas nationally. (93% of residential providers, 80% of nursing care providers). Our domiciliary care providers are also rated highly. 95% of care agencies registered in Herefordshire had a rating of either good or outstanding. (Information correct as at May 2017).

Nonetheless, we have had some instances this year of provider failure. To minimise the risk, we have a quality assurance framework to monitor and assess risk. When we (or the CQC) identify providers at risk, we work with them to achieve the required improvements. Further work will be undertaken in 2018 on the quality assurance framework and also additional resources allocated so that we can provide more proactive support service.

## CASE STUDY – Simon’s Story

Simon is 49 with a learning disability and has received support funded by adult social care to meet his eligible needs for over 20 years.

Due to anxiety and not being able to cope with change, he can become agitated if there are unplanned changes in his routine and therefore needs ongoing support, reassurance and monitoring.

Simon lives with his elderly mother, who has had a stroke in the past, and his brother. Simon’s mother currently provides the support he and his brother need to meet the majority of their care needs. His mother relies on Simon being out of the home four days a week to enable her to continue in her caring role for him and his brother. She has expressed concern for what will happen to him if she is unable to care for him.

Simon enjoys physical activity, staying fit and being busy but requires support to access activities. However, having received support to develop his skills, he was able to train as a Walking for Health Leader and has led the most successful Walking for Health Group in the country for the past ten years. Last year, Simon and his brother won national awards for their different volunteering efforts.

To further support Simon and his mother, a package is in place for three days with one provider and a day with another, both of whom provide him with work experience and support to manage his direct payment. Simon has attended day opportunities for most of his adult life and has worked on many projects, including gardening, recycling, making and selling furniture and a retail skills course.

Simon previously worked as a paid employee at a local café for one day a week, a job he loved, which gave him a great deal of self-worth and confidence. When this job came to an end, he volunteered in another café, but stated at his recent review, that he wasn’t enjoying this as much as his old position, as he’s only allowed to make tea and coffee and there aren’t many customers.

Through the involvement of the council’s Community Connectors, an opportunity was identified to work with Peter, a professional chef that operates from the kitchen at a local residential home. Peter was looking to recruit volunteers and, as a qualified NVQ assessor in catering and customer service, would be supporting them to gain qualifications with a view to progressing into employment. Simon told Peter that he would like to work in his kitchen and learn to cook, so he could cook his mother a meal.

Simon began volunteering and Peter immediately identified the skills Simon was using, which would count towards a qualification. Simon will now spend five days a week working with Peter in the residential home’s kitchen and garden; growing vegetables to cook in the kitchen.

Simon’s new Support Plan gives him the best opportunity to learn skills and qualifications to maximise his ability to gain paid employment, feel like he is contributing to the lives of others and develop the skills he will need to care for himself.

# How are we performing?

Each year, the council submits data on a standard set of performance indicators for submission to central government. This is called the Adult Social Care Outcomes Framework, also known as ASCOF. A full list of these measures, and their final outputs for 2016/17, is provided on page 20, but a number of the key areas of performance have been highlighted within the next few pages.

## Improving the quality of life for people with care and support needs

### Annual Survey & Carers Survey

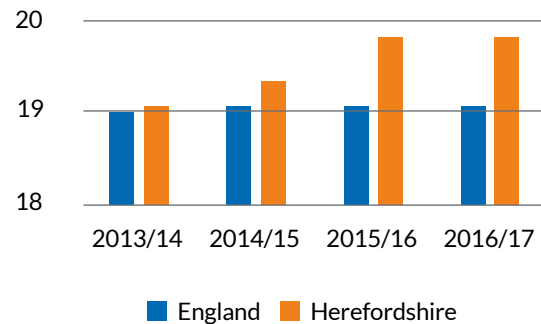
Annually, we undertake a survey, asking a number of standard questions to a random sample of service users. Every council completes the same survey, so we are able to compare our results with others.

One of the main outputs from the survey is a Quality of Life indicator (ASCOF 1A). This is calculated based on the amalgamated results of 6 key questions asked within the survey.

At the time of production last year, whilst we knew our own results, we did not know how these compared with those of other councils across England. We can now report that the survey conducted in January 2016 ranked us as the 5th best in England.

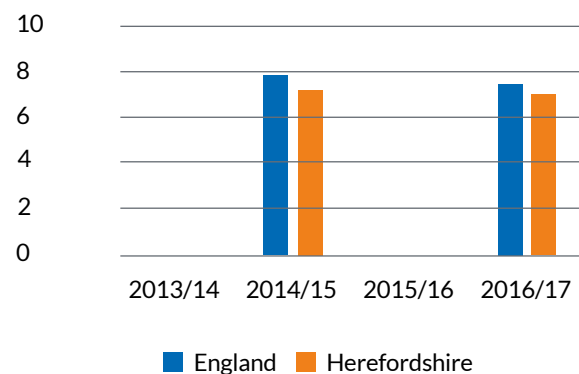
For the survey conducted in January 2017, we maintained consistent performance on the indicator, and we ranked at 7th best nationally. We view maintaining the same result as last year as a real positive given the current challenging climate and would hope that we can continue this into next year.

ASCOF 1A - Quality of Life Indicator



During 2016/17, we also conducted a carers survey – we have a statutory duty to complete this every two years, with similar nationally-defined criteria to the annual survey. As with service users, one of the main results which comes from this survey is the carer related quality of life measure (ASCOF 1D); an amalgam of key questions within the survey. As demonstrated on the graph below, there was a decline in this area for this year's survey compared to the last time we ran it in 2014/15. In order to support carers' needs within Herefordshire, we draft a new strategy, which was adopted in summer 2017.

ASCOF 1D - Quality of Life of Carers



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Several outputs from the carers survey dropped compared to the last survey. This leaves us behind the English average. This includes overall carer satisfaction (ASCOF 3B), proportion of carers feeling included/consulted within decisions made about the person they care for (ASCOF 3C and the proportion of carers with as much social contact as they would like (ASCOF11(2)). The analysis of these results suggests that the carers survey often reflects the wider Health and Care Services within Herefordshire. A new Carers Strategy and the resultant changes to the support offered are expected to help improve these results.

### Learning from our complaints

During the year, we received 96 formal complaints, spread across all our service areas.

This is an increase of 18% on the figure reported in the previous year. We take complaints seriously as they offer us an insight as to where our services might not be working as effectively as expected. We have a standard that all complaints are responded to within 10 days, and this was achieved for 92% of the complaints in 2016/17. Of these complaints, 41% were upheld.

The areas where we have received the most complaints were: delays in communication on individual social care cases, queries regarding invoicing for care, housing solutions and delays for home improvements.



### Direct Payments

Following the implementation of a new Direct Payment Strategy; focussing on increased awareness of staff and potential direct payment users, improved processes and administrative processes, there has been a continued growth in the number of people in receipt of direct payments. Performance at the end of March 2017 was 38.3%, or 640 clients, just short of our long term target of 40% - in the top quartile nationally (ranked 17th of 152 authorities).

In addition to driving up the numbers of people using this method of sourcing their care, we have also rolled out pre-paid cards to a greater proportion of users. At the end of March 2017, just over a quarter of DP recipients were receiving payments in this way. This is an easier way of receiving payments for service users, and also a more efficient way of administering payments from a council perspective. We will continue to promote this means of service delivery over the coming year.



## Delaying and reducing the need for long term support

### Delayed Transfers of Care

This year, as in previous years, one of the biggest pressures on operational social work teams has been supporting the hospital to discharge clients safely into appropriate locations, with the right level of support; this might be supporting them into short term residential or nursing care homes or preferably return to their own home with a package of care to support them. Where this transfer is delayed, it is known as a delayed transfer of care (DTOC), sometimes referred to as “bed-blocking”.

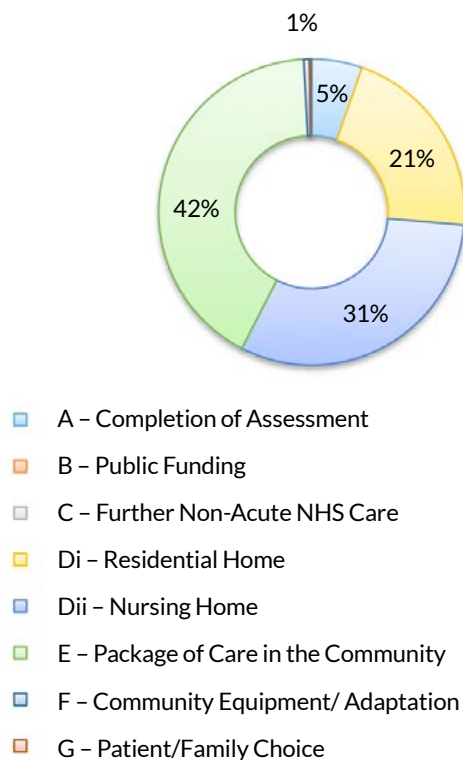
Typically, for Herefordshire Council, this would be clients being transferred from the county, or community hospitals, but it would also include transfers from hospitals outside of our borders, or discharges from Mental Health in-patient locations.

As a result of this pressure, there was an increase in delays attributable to adult social care from 4.5 to 5.4 per 100,000 population and an overall system (including both health and social care attributable delays) increase from 7.7 to 14.8. This has been the focus of a significant amount of work in 2017/18, particularly via the Better Care Fund.



In order to better understand why the delays happen, we record the reason for the delay. The chart below shows the reasons for all delays where adult social care has been identified as the attributable agency or where there is joint responsibility (ASCOF 2Cii). This shows that the main reasons for adult social care delays is where we are trying to get someone from hospital back to their own home with additional support (42%); such as our Rapid Response service, Reablement or Domiciliary Care. In addition, we have delays due to placing people in nursing (31%) and residential (21%) homes, this is typically because we do not have enough capacity for specific types of bed-based care within Herefordshire, which often drives up the price of placements.

Social Care attributable delayed transfers of care



## Reablement through the HomeFirst Servic

In order to support hospital discharges into clients' own homes, one of the services we often use is the Reablement service. This is a short term focussed service which works with the clients, to support them to regain their independence.

Nationally, we monitor performance through two main indicators. The first measures how many people aged over 65 were discharged in to Reablement. Here, we remained constant in 2016/17 compared to the previous year at 1.7%. There was small increase in the number of people going in to the service, but this was offset by a proportionate increase in the number of people going in, and being discharged from hospital.

The second measure is the proportion of over 65s remaining at home 91 days after discharge into reablement services. This dropped a little compared to 2015/16, from 84.7% to 80.6%.

Reablement services are an area we know we need to improve to meet the increased demands from hospitals and we have significant developments being made in the current year; bringing the service in-house and aligning with our existing Rapid Response service.

## Residential Admissions

Where possible we want to help people remain in their own homes for as long as possible however there may still come a point at which someone's needs escalate and they require the level of care provided in a care home. Following a very low level of admissions to residential and nursing homes for people aged over 65 in the previous year (2015/16), we saw our proportion of people going into homes increase quite significantly in 2016/17. This places a real challenge on capacity and availability of placements in the market.

For clients under 65, we managed to keep the number of new admissions to a minimum again in 2016/17. Although the rate, as shown in the ASCOF table on page 21 does show a slight rise, this equates to just one extra person.

## Ensuring people have a positive experience of care and support

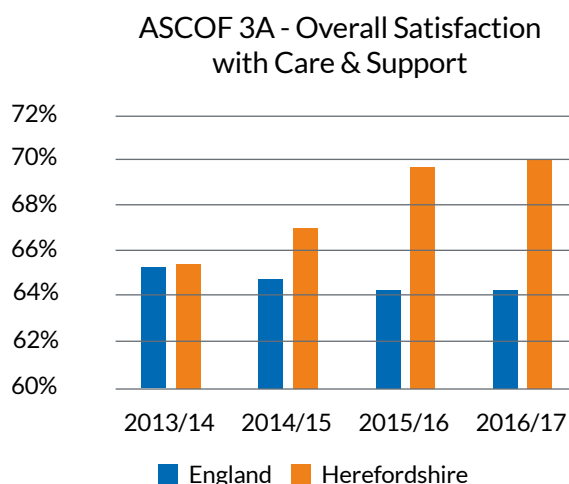
### Annual Survey

In addition to the quality of life metric identified earlier, our annual survey also enables us to measure the overall satisfaction of clients with the care and support received (ASCOF 3A).

For the survey undertaken in January 2016 (2015/16 reporting year) we were ranked 14th best authority - this is clearly good news for Herefordshire residents in receipt of social care.

For the January 2017 survey, performance increased by a very small amount and sits at 70.1%. This improvement is pleasing and continues to put Herefordshire within the top 20% of councils for client satisfaction.

The graph below shows how Herefordshire's performance in this area has steadily improved during the last 4 years, whereas national results have trended downwards.





## Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

### Safeguarding Performance

Annually we report the number of safeguarding concerns raised to us, as well as the types and places of these concerns and the outcome of our investigations. In 2016/17, the council received 1778 concerns of abuse, relating to 1248 individuals; this is an increase of 1%. In terms of age distribution, Herefordshire's statistics in 2016/17 compared very closely to the national averages from 2015/16.

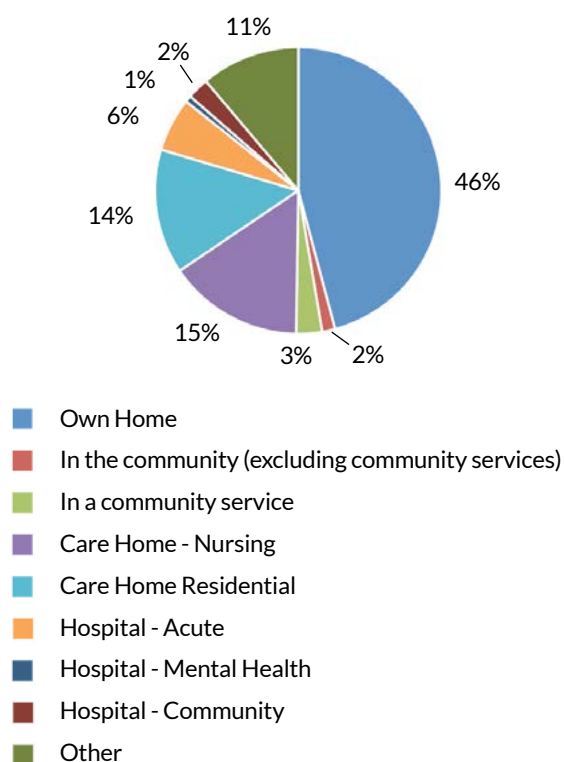
This total number of concerns (per 100,000 population) is high compared to the national average, however this is more a reflection of differences in practices across authorities.

In 26% of occasions, these concerns met the statutory Section 42 criteria for further investigation, this is very similar to our position in 2015/16 – the national average is 42%, again this is due to differences in practices.

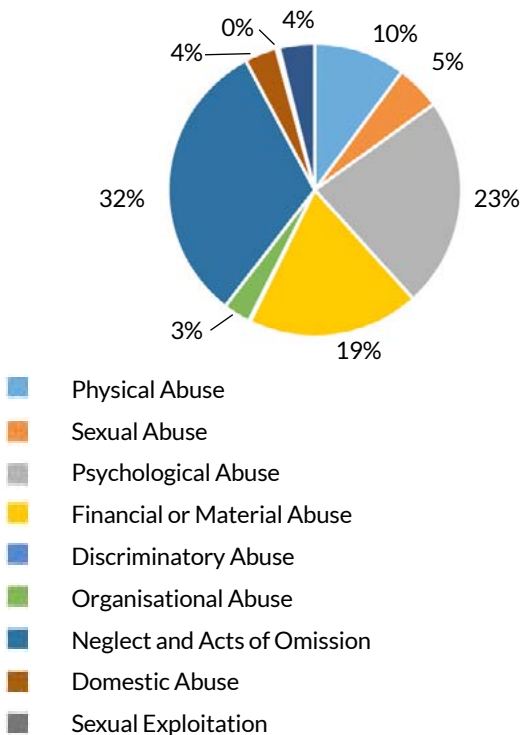
During the 2016/17 reporting year, there were changes to some of the national returns which make comparison with previous years difficult. The information on type of abuse and place of abuse are given here, and are relatively consistent with previous years and national data.



Of completed enquiries, location of abuse



Of completed enquiries, type of abuse



Following the implementation of the Care Act 2014, we now also consider the desired outcomes of all adults involved within the safeguarding process; this is part of the national Making Safeguarding Personal initiative. 2016/17 was our first full year reporting in this area.

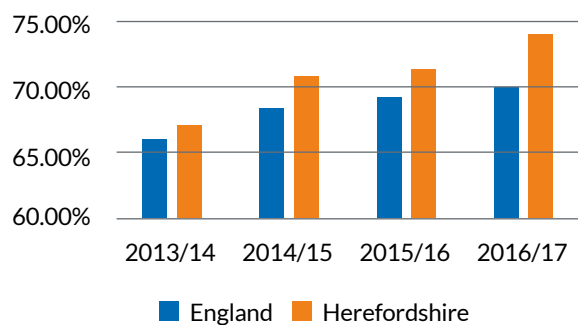
For enquiries completed in 2016/17, we know that outcomes were requested 44% of the time; whilst this might look a little low, we know that as this was the first formal reporting year and that this remained a transitional period in terms of reportable safeguarding episodes. Where outcomes have been requested, in 73% of occasions these outcomes were either fully, or partially met.

Further information can be found in the Herefordshire Safeguarding Adults Annual Report, available here ([https://herefordshiresafeguardingboards.org.uk/media/3423/safeguarding\\_annual\\_report\\_2016-17\\_hfd2173\\_web.pdf](https://herefordshiresafeguardingboards.org.uk/media/3423/safeguarding_annual_report_2016-17_hfd2173_web.pdf))

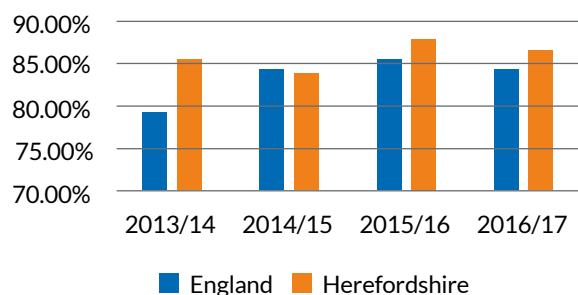
## Annual Survey

In addition the annual survey also measures clients using services that feel safe, and whether the use of services themselves make clients feel safe (ASCOF 4A & 4B). The graphs below shows the trend of these measure over the past 4 years. It is pleasing that the measure of people feeling safe continues to improve at a greater rate than the national picture and that we rank 14th best nationally. This measure is a reflection of the overall safety which people feel within Herefordshire's communities and ASCOF 4B looks to identify the differences that the services commissioned by the council makes to the clients perception of safety within the community. This measure, whilst declining a small amount on the previous year, continues to be above the national average.

ASCOF 4A - Proportion of people who feel safe



ASCOF 4B - Proportion of people that use services, that say those services made them feel safe



## Safeguarding Peer Review

As reported in last year's Local Account, during September 2015 Herefordshire undertook a safeguarding peer review. This is where our council asked a number of safeguarding experts, a carer and those who have experienced safeguarding for themselves, from across the West Midlands to come in and consider our safeguarding processes. The findings were generally positive, however they recommended a number of changes.

In December 2016, the review team came back again to consider how we had progressed against the areas for improvement they had originally identified. They noted that we had made significant progress in almost all aspects. Some areas remain outstanding for further work, in particular strengthening our Board arrangements, but we continue to make good progress in this area.

## Spending and service levels

In 2016/17, the Adults and Wellbeing directorate's gross budget was set at £80,633m, this equated to approximately 45% of spend within the Council's directorates. This money comes from a range of sources including; Council Tax, Business Rates and other council charges, reserves, recurrent and one-off government grants and contributions made by clients towards the cost of their care, amongst other things.

## Spending within Herefordshire Council

■ Adults and Wellbeing ■ Childrens Wellbeing  
■ Economy, Communities and Corporate



Following a year of delivering business as usual as well as trying to manage delivery of significant changes to meet the challenges outlined within this report, the directorate finished with a £442k overspend, a little over half-a-percent variance from the gross budget.

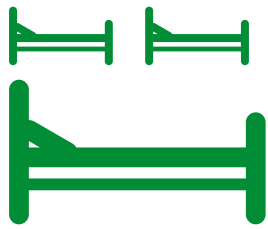
Within the Adults and Wellbeing directorate, 70% of the budget is spent on services relating to individual service users – this include things like paying for peoples support in their own homes through domiciliary care, or support in residential and nursing beds. 16% of the budget is spent on non-client specific services, such as universal services procured by Public Health, or the WISH website, and the remaining 14% is spent on staff.

The authority supports approximately 2475 clients at any stage in the year, or about 3200 individuals during the reporting year. About one third of our clients are aged under 65, and the remaining two thirds are aged over 65. When we analyse this and it's comparison with statistical neighbours we can see that we support more than average clients aged under 65, particularly clients with Learning Disabilities and those with Physical Support needs. We also note that we support less than our comparators for clients aged 65+, again, this could be for a multitude of reasons – one of which will be the high proportion of self-funding clients within Herefordshire.

## During 2016/17...

### Residential care

£21.6m



638

people received residential care during the year

### Nursing care

£9.0m



494

people received nursing care during the year

### Direct payments

£8.3m

722

people received direct payments during the year



### Carers £500K



In total, during 2016/17

189

carers received support in the community



### Domiciliary care

£13.3m

1237 people



### Supported accommodation

£2.1m

86 people



### Other services










£2.6m

283 people

## Adult Social Care Outcomes Framework (ASCOF)

The Adults Social Care Outcomes Framework, or ASCOF, is a national set of indicators that all local authorities must report on to central government.

The table below provides a comparison of these measures against our previous performance in 2015/16 and against the English average, to give an indication of how we compare.

		2015/16		2016/17	Improvement
		England	Hereford	Hereford	
1A	Social care-related quality of life score	19.1	19.8	19.8	
1B	The proportion of people who use services who have control over their daily life	76.6%	80.5%	82.9%	
1C(1A)	The proportion of people who use services who receive self-directed support	86.9%	94.0%	99.0%	
1C(1B)	The proportion of carers who receive self-directed support	77.7%	40.3%	52.4%	
1C(2A)	The proportion of people who use services who receive direct payments	29.7%	32.9%	38.3%	
1C(2B)	The proportion of carers who receive direct payments	67.4%	40.3%	52.4%	
1D	Carer-reported quality of life score	-	-	7.00	
1E	The proportion of adults with a learning disability in paid employment	5.8%	11.3%	2.9%	
1F	The proportion of adults in contact with secondary mental health services in paid employment	6.7%	9.7%		
1G	The proportion of adults with a learning disability who live in their own home or with their family	75.4%	58.0%	58.0%	
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support	58.6%	73.6%		
1I(1)	The proportion of people who use services who reported that they had as much social contact as they would like	45.4%	54.2%	52.5%	
1I(2)	The proportion of carers who reported that they had as much social contact as they would like			23.2%	
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	New Measure		0.454	

		2015/16		2016/17	Improvement
		England	Hereford	Hereford	
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	13.3	10.2	11.1	
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	628.2	416.6	885.8	
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82.7%	84.7%	80.6%	
2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2.9%	1.7%	1.7%	
2C(1)	Delayed transfers of care from hospital, per 100,000	12.1	7.7	14.8	
2C(2)	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	4.7	4.5	5.4	
2D	The outcome of short-term services: sequel to service	75.8%	82.1%	89.2%	
3A	Overall satisfaction of people who use services with their care and support	64.4%	69.7%	70.1%	
3B	Overall satisfaction of carers with social services			25.3%	
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for			70.4%	
3D(1)	The proportion of people who use services who find it easy to find information about support	73.5%	72.2%	74.3%	
3D(2)	The proportion of carers who find it easy to find information about support			69.2%	
4A	The proportion of people who use services who feel safe	69.2%	71.5%	74.1%	
4B	The proportion of people who use services who say that those services have made them feel safe and secure	85.4%	88.0%	86.6%	

\*Please note that the carers survey is only conducted every two years, therefore there are no figures for 2015/16.

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# Useful Information

## Access to adult social care

Adult Social Care enquiries      01432 260 101

[ASCAdviceandReferralTeam@herefordshire.gov.uk](mailto:ASCAdviceandReferralTeam@herefordshire.gov.uk)

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## Wellbeing Information and Signposting for Herefordshire

WISH      01432 383 880

[www.wisherefordshire.gov.uk](http://www.wisherefordshire.gov.uk)

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## Healthwatch Herefordshire

General enquiries      01432 277 044

<http://www.healthwatchherefordshire.co.uk>

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## Care Quality Commission

Independent regulator of all health  
and care services in England      03000 616 161

[www.cqc.org.uk](http://www.cqc.org.uk)

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## Facts and Figures about Herefordshire

<https://factsandfigures.herefordshire.gov.uk>

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## Making It Real

[www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk)

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