

Adult Social Care in Herefordshire

Our Local Account 2014/15



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Introduction

We began a conversation last year about the need to change our approach to adult social care. As the financial challenges continue to grow we need to move this conversation forward and discuss collectively how we are going to manage with less money at a time when more people need help.

We have continued to make significant changes over the last year in line with requirements from the Care Act 2014 which you can read about in this Local Account. Our focus has been, and will continue to be, helping people look after themselves better and supporting communities so that we can help people remain independent for longer.

Our aims remain clear: we want to make sure Herefordshire residents:

- have access to information, advice and guidance to help them keep safe, healthy and independent;
- have choice and control with services that are affordable;
- are offered care and support that is integrated across health and social care;
- have access to supportive local communities;
- are able to access good quality services that meet their support needs.

This year's Local Account highlights some of the challenges we have faced and achievements we have made in 2014-15, many of them as a result of the Care Act. The journey continues in 2015-16.



Councillor Patricia Morgan
Cabinet member for health
and wellbeing

Herefordshire – the context

Understanding the challenge

Herefordshire has a population of 186,100 people; 59,900 of these live in Hereford, 9,800 in Ledbury, 11,900 in Leominster and 10,700 in Ross-on-Wye. The rest of the population live in the rural parishes – Herefordshire has the fourth lowest population density in England.

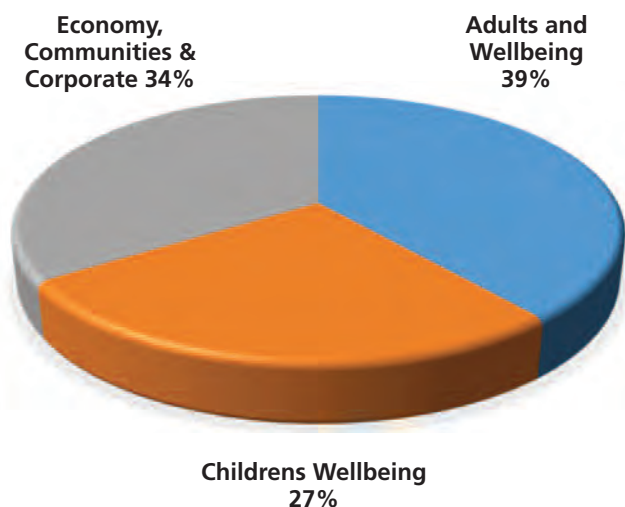
The county has an older age structure than England and Wales averages, with people aged 65 and over constituting 23 per cent of the county's population (42,000 people), in comparison with 19 per cent nationally. It also has a higher proportion of older people compared to similar authorities.

Projections suggest 30 per cent of Herefordshire's population will be aged 65+ in 2031, compared to 23 per cent nationally. This equates to around 50,400 65-84 year-olds (39 per cent more than in 2013), and approximately 11,700 aged 85+.

Council Expenditure

In 2014/15 the councils net expenditure was a little over £145m. Of this, 39% was spent within the Adults & Wellbeing directorate.

Council spending in 2014/15



Nursing care
£10.4m

474 people received nursing care during the year

670 people received residential care during the year

Residential care
£22m

Direct Payments
£0.8m

Personal Budgets
£4.5m

451 people received direct payments during the year

Domiciliary Care
£11.6m

Supported Accommodation
£2.3m

Other Services
£3.2m

Carers
£1m

1804 people received other community based services during the year, including domiciliary care and day care services

How is care provided in Herefordshire

The adult and wellbeing directorate is part of Herefordshire Council. We work with other organisations across the county to support adults who have care and support needs to be as independent as possible and stay safe. These organisations include:

Voluntary and community organisations; organisations such as Herefordshire Carers, Services for Independent Living and Hereford Disability United provide information advice and support services.

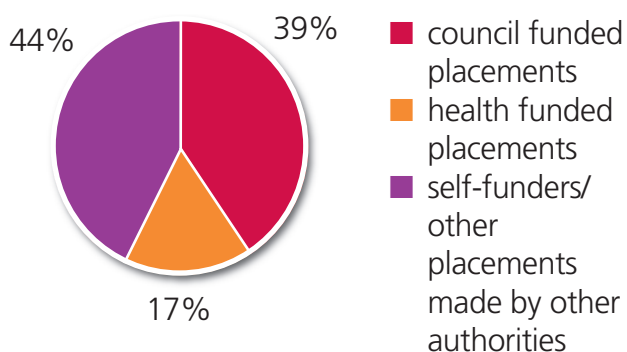
Health service; including hospitals and GPs, who provide the medical treatment for Herefordshire residents.

Domiciliary care (home care) agencies and other service providers; help to support individuals to remain living in their own homes, often meeting personal care needs.

Friends and family; a huge number of people provide informal care to their friends and family, this was estimated to be around 21,000 carers in the 2011 census.

Care homes; provide people with a safe place to live where their care, support and health needs can all be met.

This graph gives an indication of the types of placements made within care homes in Herefordshire. Whilst the council places a large proportion of people in care homes, there is significant demand from self-funders in the county.



Social care in a changing world

The social care system faces unprecedented challenges:

- demographic change;
- dealing with the implications of the economic downturn;
- significant funding challenges (funding for local authorities has reduced by 40% in the last five years);
- new public health responsibilities;
- integration with health by 2017.

We recognise the magnitude of the challenge confronting all of us and realise we won't be able to continue to provide care in the same way that we have historically; we are committed to seeking new, inclusive ways to face these challenges.

Our new approach is founded upon the following priorities:

- to help people take care of themselves better – by asking individuals what they need then helping them make that happen;
- to support communities and help them grow so that they can support people better;
- to change people's expectations so that they can be realistic about what is available, who will provide it and how it will be paid for.

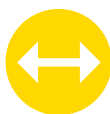
In 2014-15 we began talking to people about this new approach. At the same time, we began to plan for a new information, advice and signposting service to pull together all the rich community-based assets in a new online directory for Herefordshire people.

Challenges identified in our last Local Account

Progress in 2014-15

We aimed to:

What we achieved:



Make it easier for people to have choice and control with a direct payment

Refreshed our direct payments policy
Updated our direct payment fact sheets
Produced easy to read literature



Work closer with health

Signed up to the Better Care Fund and began planning collaboratively to help people avoid going into long term care and/or hospital



Meet all the Care Act requirements

Reviewed and changed our assessment process
Developed an information and advice service to be launched in 2015-16
Refreshed policies



Improve our safeguarding services

Implemented a person-centred approach through Making Safeguarding Personal
Reviewed and launched a new Herefordshire Safeguarding Adults Board



Improve our approach to personalisation and involve people more in service changes or redesign

Improved dialogue between commissioners and people affected by service changes
Making it Real Board developed further
Personalisation lead appointed

Key highlights of the journey so far

April 2008

Herefordshire Council and Herefordshire Primary Care Trust establish a single management structure to become Herefordshire Public Services.

April 2011

Health and social care join forces to form Wye Valley NHS Trust – the first integrated provider of acute, community and social care in England.

2012

National reforms lead to primary care trusts being replaced by clinical commissioning groups.

Sept 2013

The council brings social care back into the council. It also changes the way some of the social care services is provided so that service users can use direct payments to buy these services.

Health services for people with learning disabilities is transferred from Wye Valley NHS Trust to 2gether Foundation Trust.

The council develops a new structure and Adults becomes a single directorate.

Council embarks on a programme of commissioning to bring new providers and a fresh approach to services in the county.

March 2014

The council extends arrangements for 2gether NHS Trust to provide mental health and substance misuse services pending a strategic review in 2014.

Summer 2014

Public health becomes part of the adult and wellbeing directorate in order to align prevention work.

March 2015

The council brings seconded staff from 2gether NHS Trust back into the council to deliver assessment and care management services for mental health clients.

Some of our achievements 2014/15

Care Act 2014

The Care Act brought together existing legislation into a new set of laws to build a health and social care system around people's wellbeing, care needs and improved outcomes. It had a big impact on adult social care in 2014-15 as local authorities prepared to meet the following Care Act requirements:

- easier access to information and advice, and more of it;
- more activities and support for people to choose from and changes to the way care is paid for;
- review of support for carers;
- new national eligibility criteria;
- local safeguarding boards to become statutory;
- making it easier for young adults to move from children's services to adult services.

To prepare for the Care Act implementation on 1st April 2015, we refreshed several key policies (see page 9), revised systems and processes, strengthened our safeguarding board arrangements, developed a new approach to assessments in line with new eligibility standards. We also tendered for a advocacy services and a new community hub and system provider for information and advice. We have trained all our staff to make sure they deliver assessments and services in line with the new regulations.





Making Safeguarding Personal

In January 2015, we implemented the national programme, Making Safeguarding Personal (MSP) in Herefordshire. MSP focuses on person-centred support, helping people at risk of harm to achieve what they want to achieve by:

- talking and listening to people about what they want to happen
- recognising the person as the expert on their own life
- giving people greater choice and control
- working with the individual to achieve the outcomes that they themselves determine
- improving the quality of life, wellbeing and safety of the adult

Safeguarding Board

We have renewed and strengthened the Herefordshire Safeguarding Adults Board by:

- appointing an independent chair of the safeguarding board
- rearranging the remit of the board and its subgroups
- recruiting new members to the board in addition to the statutory members
- developing support to the board through a newly established business unit
- working with West Midlands councils to produce new policies and procedures

Policy Refresh

We have updated and reviewed the following policies:

[Care and Supporting Your Needs Policy](#)

[Charging Policy](#)

[Direct Payments Policy](#)

[Deferred Payments Policy](#)

[Safeguarding Policy](#)

We have also worked on internal policies around supervision and care with recording, and quality assurance, in order to support our social care workforce.

Independent Living Fund (ILF)

The Independent Living Fund came to an end in June 2015. In the build up to this date, all clients in receipt of ILF payments were reviewed by our social care team. Letters were sent out to all recipients explaining the changes that would be taking place and some additional staff were brought in to focus on the task.

Recognising some service users were anxious about the ILF finishing, all were re-assessed and packages of care continue to meet the needs of most individuals.

Barbara's story

- the impact of the Independent Living Fund closing

CASE STUDY

Barbara never really enjoyed games at school: walking had always been difficult for her, but no one seemed to know what the problem was. All came to a head in 1992 when she had a relapse and lost her sense of balance. This resulted in her being unable to drive anymore and she lost her confidence to out anymore because of the dizziness and pain she suffered.

Barbara is one of people in Herefordshire who received financial support from the Independent Living Fund (ILF). She also received some help from the council which she received in the form of a direct payment. She was very worried when she heard the ILF was to close because at the time, the bulk of the funding she was receiving was from the ILF.

Barbara felt her concerns were compounded by the fact that very little information was available from the ILF, and the council too was unsure about how the fund was going to be closed down.



"I had a reassessment in March, then another one in May so that my funding arrangements could be transferred to the local authority," said Barbara. "Luckily, my support plan has been reasonably well protected, so I don't lose out financially. But the last year has been a very worrying time for me and my family: there were lots of rumours about cutting services and reducing your hours. Then there was the worry about the money coming into the local authority and not being ring-fenced so it could be used to pay for roads to be mended instead."

"I am still worried about what will happen next year as the council has not said anything. It is the lack of information that is worrying."

Barbara is an active member of the Making it Real Board and will continue to challenge and ask questions to make sure that people are kept informed of changes that affect them in an accessible way. Her role gives people who use services like her a voice and makes sure the council continues to address real issues that matter to Herefordshire residents.

Better Care

The Better Care Fund was established by central government to bring health and social care services together in order to join up services more effectively. In September 2014, Herefordshire Council and the Clinical Commissioning Group submitted plans which after some revisions were approved in February 2015.

These plans focus on three key areas:

- Minimum protection of social care;
- Community health and social care services redesign, and
- Managing the care home market.

Within each of these schemes are a number of planned developments designed to join up health and social care systems. This work is due to deliver improvements in specific areas such as admissions to hospitals, falls-specific admissions to hospitals, delayed transfers of care and reduced permanent admission to residential and nursing homes.

Peer review findings

They said	We did
We needed to consider how personalisation is delivered within Herefordshire, allowing service users in Herefordshire more choice, control and creativity over the services they receive.	We appointed an expert by experience to the post of personalisation lead.
We needed to develop our commissioning activities using co-production; involving service users in the design stage.	Our personalisation lead has worked with the Making It Real Board to involve them more in the development of some of our services. This remains a continuing priority for us.
We needed to refresh our direct payment policy.	A new direct payments policy has been produced which focusses more on achieving outcomes for service users.
We needed to review our pathway to explore the potential of early intervention and reablement.	A new reablement service was launched in July 2014.
We needed to improve the safeguarding board arrangements and operational safeguarding activities.	The board has been strengthened and a new, more person-centred process is now in place for safeguarding adults.
We needed to improve a number of systems, policies and procedures in order to help staff to carry out their roles more easily.	Systems are continually being developed, improving documentation and performance information. We have piloted mobile working in teams allowing staff to work more flexibly. A review of corporate governance arrangements is currently underway.



Jonathan's story continues

An update to Jonathan's story...

CASE STUDY

After seven years of planning, paperwork, persuading and processes, Jonathan Hunt is finally to see his dream of independent living come true.

Jonathan's story is a unique one: he has learning difficulties and mobility problems. He also has severe seizures. In 2013/14's Local Account we reported how Jonathan was using his direct payments to employ personal assistants to support him to enjoy a good quality of life and participate in the activities that he enjoys.

Although enjoying life, Jonathan and his family dreamed of him being able to live independently. Following a generous donation of land to a housing association from a Charitable Trust, plans for a bungalow were drawn up designed specifically to meet Jonathan's needs. It included an adjoining bungalow for his parents so that they could be close by to support him when required.

In 2014/15 this dream became a reality. Part funded by housing association Stonewater and part funded by Jonathan and his family, the first brick was laid and his new custom-designed bungalow began to emerge. At the time of writing, he was choosing colour schemes and kitchen cabinets.

"Jonathan has been saving up over the last few years so that he can furnish his new home – as he spends most of his time on the carpet, it is important we get him a good quality, hard wearing carpet that is comfortable for him to move around on," said his sister Sarah. She continued, "Jonathan always reacts positively to anything sensory like bright colours: colour and texture play a very important part in the design."



The bungalow is open plan with overhead tracking so that Jonathan will be able to access every room and be as independent as he wants to be.

"We can also get different slings and hoists so that he can walk from room to room if he chooses to. Stonewater's contractors have brought the bespoke design to life and Jonathan is very excited about it. He always knows when he is somewhere different – he makes lots of happy noises and claps. I think he will think he's on holiday when he first enters his new home."

Jonathan still enjoys music, going to the pub and visiting the local farm. When he moves into his new home, the council will increase his support so that he can receive 24 hour care in line with his care package. Thanks to the housing association, council and his family all working together on his behalf, he will get a much better quality of life.

How are we doing?

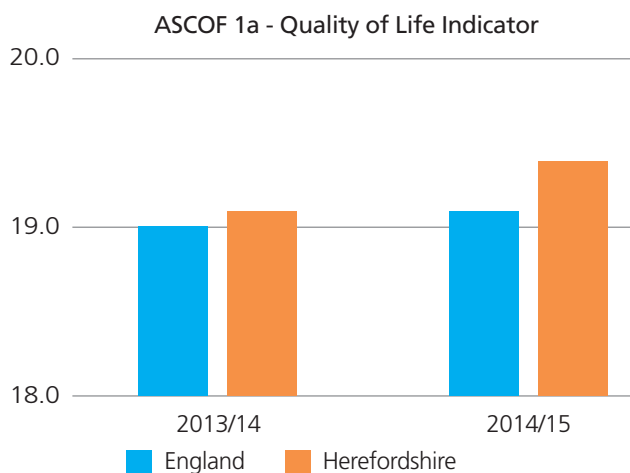
Every year the local authority has a statutory duty to report its performance to the Department of Health. This is done against a set of measures known as the Adult Social Care Outcomes Framework (ASCOF). You can see a summary of our performance against the outcomes on page 23. The following four areas provide more detail.

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

Annual survey

Every year we conduct a survey using a sample of people who use our services. This sample is selected in a way that ensures we get a good cross section of people who use our services, covering a range of needs and ages.

The survey generates an overall social care related quality of life indicator, ASCOF 1A, which amalgamates the responses of individuals to a number of key questions within the survey. This year, our result has improved compared to last year, over and above the average improvement made by English authorities.



Listening to Herefordshire people

We have listened to what people who use services have told us. Working with them and their personal assistants, we have developed a bespoke training programme for personal assistants in Herefordshire. This is an accredited programme enabling personal assistants who complete the course to get a diploma in Health and Social Care.

Listening to people's concerns

There were 80 complaints received in the adult and wellbeing directorate during 2014/15. The majority of these complaints related to changing care packages and finances, a few were about the attitude of staff and some were housing-related, including the provision of Disabled Facilities Grants, homelessness services and the housing allocations service for Herefordshire (Homepoint). All complaints are taken seriously and responded to; we take a proactive approach to all complaints, learning from them and making sure that problems are not repeated.

David's story

- how direct payments have given him choice and control

CASE STUDY

David and Christine have been married for 28 years. They live in their own home with support from David's personal assistants. Without this support, it would be virtually impossible for them to manage.

"I have a degenerative genetic condition called neurofibromatosis. It started about 35 years ago. At first I was more mobile and able to move around with the help of walking sticks, but as the years have gone on, the increased pressure on my nervous system has resulted in me becoming paralyzed from the neck down. I need help to do most things. My personal assistants and my wife help me with all my personal care including feeding me, getting me washed and dressed and hoisting me into my chair."



However this doesn't stop David from enjoying life. He has a wicked sense of humour and a keen interest in history. There's nothing he doesn't know about Hereford's past and present, and he loves to visit places like Ledbury and Bromyard to attend events and enjoy some of the historic architecture. He particularly loves the black and white village trail.

"I used to go to a day centre for two afternoons and would join in whatever activities were available," said David. "It wasn't the same when the centre stopped being run by the council – it seemed to cost more and I didn't like the activities as much so I stopped going."

"I've now got into the swing of things with my direct payment and I'm thinking of going back to the centre again – I hope they put on pottery and woodwork as these are things I'd like to do."

Most of David's direct payment is used to pay for his two personal assistants. They help him with his personal care and take him out and about to the places he likes to visit. He particularly enjoys going on train journeys, attending music classes and participating in a range of courses put on by the WEA.

Before direct payments, David received some home help, mainly to get him up and dressed, but it wasn't enough and put considerable strain on his wife Christine.

Becoming an employer has presented its own challenges: Christine helps where she can and they have a payroll company to do the accounts. The biggest challenge is recruiting the right people for the job. He's been lucky with one appointment: Jackie has been with him for more than 10 years, but others tend to come and go. David said: *"Getting the right person who can meet your needs and fit in with your family is tricky."*

But overall, it's a thumbs up for direct payments. *"Direct payments have changed my life for the better – it has given me more control and allows me to do the things I want to do."*

2. Delaying and reducing the need for support

Reablement

The council commissioned Herefordshire Housing to deliver a new reablement service in July 2014. The aim of the service is to provide enhanced levels of home care, with the objective of helping people to increase and regain their previous levels of independence, following a bout of ill-health, or a trip or fall. This service is often supported by the provision of equipment or telecare. In the year, nearly 200 people received the reablement service, with 71% needing no on-going, or reduced support, following the short burst of reablement intervention. In addition, 77% of clients aged 65+ remained in their homes for at least 91 days following completion of the reablement service (ASCOF 2B)

Online information

During the year, with the involvement and help of the Making It Real board, we have refreshed and relaunched the adult and wellbeing pages on the council's website. The board's involvement was key to ensuring that the web information is more accessible to people with care and support needs. This will be further developed in 2015-16 as we create a new online information, advice and signposting service for Herefordshire.

Improving healthy lifestyle choices

The council's healthy lifestyle trainer service provides targeted support to help people make healthy lifestyle choices. The service gives people practical support to promote healthy eating, reduce alcohol consumption, increase physical activity, and stop smoking.

In 2014/15, the service worked with 286 individuals, covering a range of needs:

- 45% received support with diet
- 25% received support with physical activity
- 19% received support to stop smoking
- 4% received support to reduce their alcohol consumption

Overall:

- 53% achieved the objectives set out in their personal health plans
- 58% reported a rise in self-efficacy levels after the lifestyle intervention.

In the majority of cases, clients supported were from the most deprived areas of Herefordshire and nearly a third were aged between 18 and 34.

Delaying transfers of care

The number of delayed transfers of care from hospitals often known as bed-blocking, has deteriorated a little during the last year, however this is due to significant pressures on the health service. This is a story replicated across the country, and particularly within the West Midlands.

Residential care

Despite our best efforts to help people continue living independently in their own homes, it is sometimes necessary to place people in Residential and Nursing care homes to keep them safe and provide the required levels of care. In 2014-15, we placed just under 300 people in care homes on a long-term basis, 13 of which were under the age of 65. This is more than in the previous year, but the increased demand within the system and the increasingly complex needs of individuals approaching us for help and support.

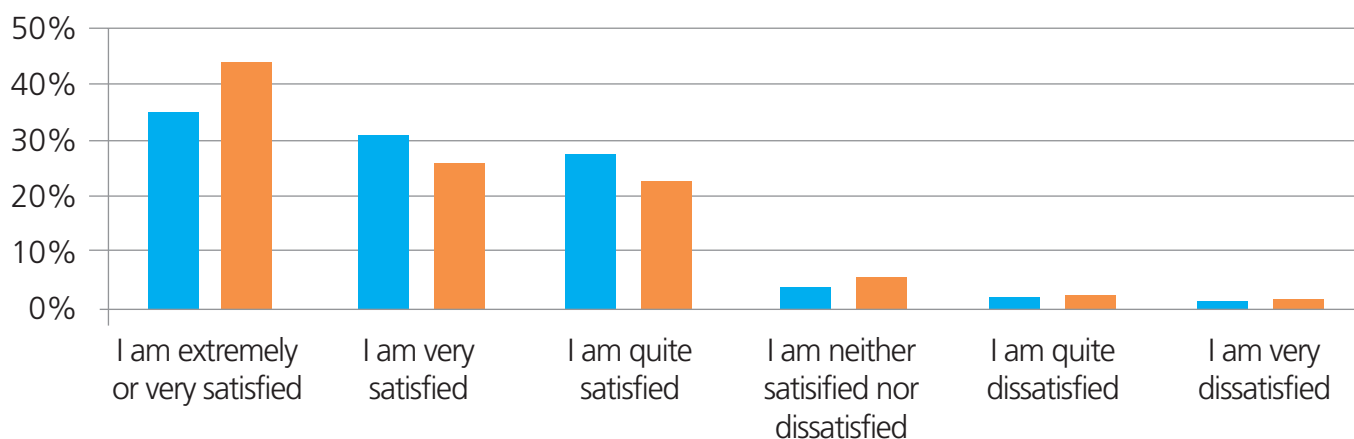
3. Ensuring people have a positive experience of care and support

Results from our annual survey show that we have a larger proportion of respondents are extremely satisfied with the care and support that they received, compared to the previous year.

Overall satisfaction has risen from 65.1% to 66.9% (ASCOF 3A). In addition there were small improvements in respondents saying that they have control over their daily life (ASCOF 1B) and those who use services who feel safe (ASCOF 4A).

How satisfied are you with the care and support you have received?

■ 2013/14
■ 2014/15



Care home monitoring

There are 60 homes providing residential care within Herefordshire (1,011 beds) and 28 homes providing nursing care (1,053 beds). The Care Quality Commission ensures that all care homes maintain a registration which regulates standards of care. To support this work, there is a rolling programme of inspections. At the time of reporting CQC had identified that eight different homes in Herefordshire required improvement.

During 2014/15, 51 homes were visited by our contracts and compliance team. During this time there were no contractual breaches, however we did identify three homes for improvement Plans were developed and implemented to resolve the concerns we had.

As part of the council’s monitoring and review process of homes in the county, surveys are sent out to both residents and staff. Across a range of key questions, 89% of pre-visit respondents answered positively about the level of care they received; this included questions such as whether they were treated with dignity and respect, whether they felt safe and secure and their overall satisfaction. 87% of residential home staff answered positively across a range of questions within their survey; including questions asking whether they were able to make suggestions to improve service delivery, whether there were clear instructions, policies and procedures and whether they believed the service provided good quality care.

In addition, there are 46 domiciliary care agencies registered within Herefordshire. 48% of these were inspected by the Care Quality Commission.

Carers' Survey

Every two years we survey a sample of carers in line with government requirements. Last December, the council surveyed 540 carers to learn more about carers' experiences of life, support and services in Herefordshire. 58% (311) responded, which is slightly higher than those who responded last time we undertook this survey in 2012.

Carers

- from the information gathered we know that:
 - About half of those who responded told us they have been caring for someone for between three and ten years: 7% had been caring for someone for more than 20 years.
 - The majority of carers (70%) provide more than 20 hours of care a week.
 - 38% of carers provide more than 100 hours of care a week.

People who are being cared for

- from the information gathered we know that:
 - 86% are 65 or over and 70% are aged 75+. There has been a big increase in the number of cared for people who have dementia (from 33% to 54%), a small reduction in the numbers of those with a physical disability, and an increase in those who say they have age-related conditions.

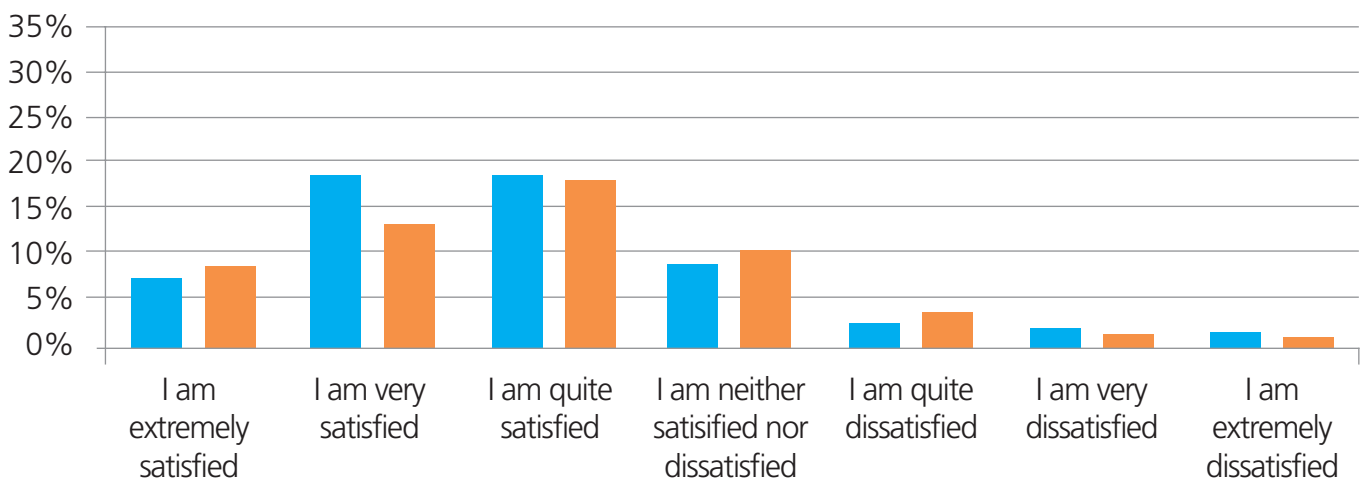
What our carers told us:

- Overall, Herefordshire carers are less satisfied with the services they received in 2014 than they were in 2012 (see graph below).
- 66% of respondents said they had used information and advice to help them as carers in the last 12 months. The majority found the information and advice helpful, although 36% found it difficult to find.
- When asked how much control they have over their daily life, 66% said they couldn't look after themselves well enough.
- Half of those who responded said they have some social contact with people, but not enough.
- Just over half of carers felt that they have some encouragement and support in their caring role, but not enough.

We recognise the valuable role of carers within our society and know that as our aging population continues to grow, demand for carer support is set to increase. We have already begun to address some of the issues raised in the survey which you can see on page 21 under our plans and challenges for 2015-16.

Overall satisfaction of carers with support or services received from social services in the last 12 months

■ 2012
■ 2014



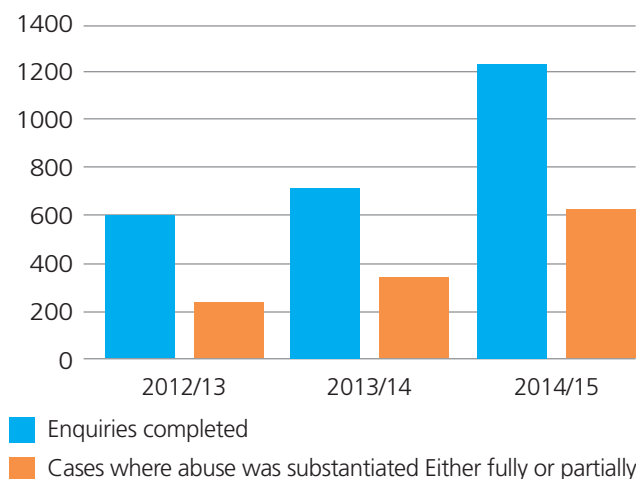
4. Keeping adults safe

Safeguarding vulnerable adults from abuse in Herefordshire is the aim of the Herefordshire Safeguarding Adults Board. In 2014/15 this board has made several changes to ensure compliance with the Care Act, including the appointment of an independent chair.

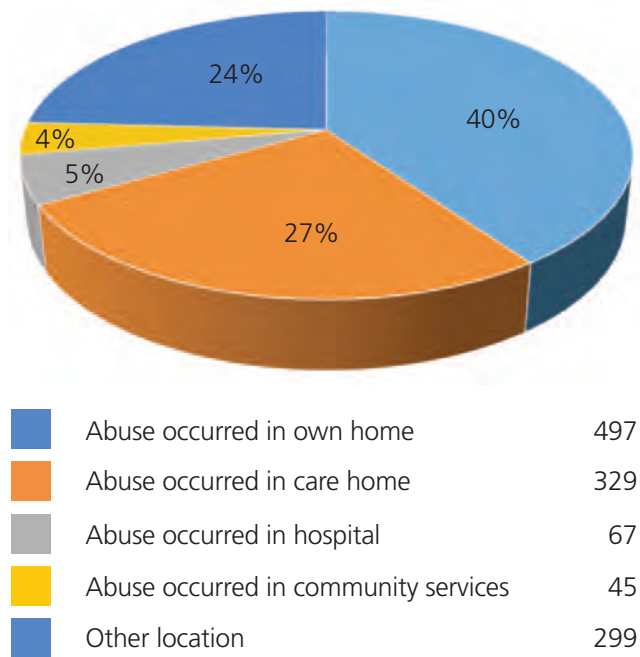
During the year, 1845 concerns were reported to the safeguarding team. A concern is a notification from the public or from professionals suggesting that they were worried about someone, or that there may be abuse. Following verification of the information received, a concern might progress to an enquiry where thresholds of abuse appear to be met. There were 1237 safeguarding enquiries completed last year.

This number is significantly higher than in previous years as we have made real efforts to complete and close a number of older pieces of work in order to cleanse our system, prior to the implementation of our new making safeguarding personal process. The graphs below show the types of abuse recorded in the year and the places where abuse took place.

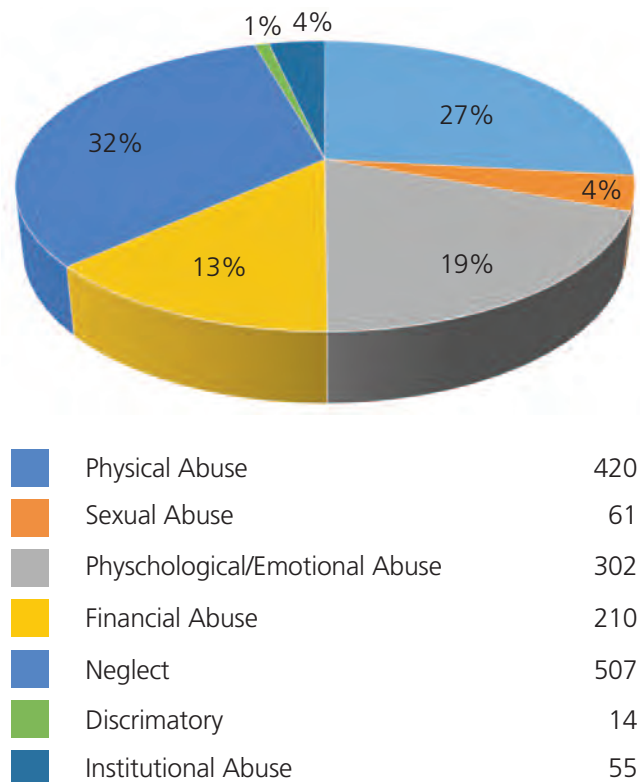
Safeguarding enquiries



Place of Abuse



Type of Abuse



We know that a number of incidents of abuse take place within residential and nursing homes; because of this we work very closely with our care providers in order to keep people safe.

Making Safeguarding Personal

One of the big changes that we have achieved as a result of implementing Making Safeguarding Personal is to improve the way concerns are managed: we are now making decisions on whether a reported incident meets the threshold of abuse in a more timely fashion and only referring the most relevant safeguarding cases to operational teams to investigate. Success of our Making Safeguarding Personal implementation will be assessed by a peer review group in September 2015. The results will be published in next year's Local Account.

	2013/14	2014/15	Quarter 4 14/15
Percentage of cases identified as meeting the safeguarding threshold	50.3%	45.7%	39.6%
Percentage of cases where the threshold decision is made within 2 working days	56.7%	65.0%	71.2%
Percentage of cases closed within 28 days of the decision to refer to safeguarding enquiries	41.4%	33.9%	21.3%

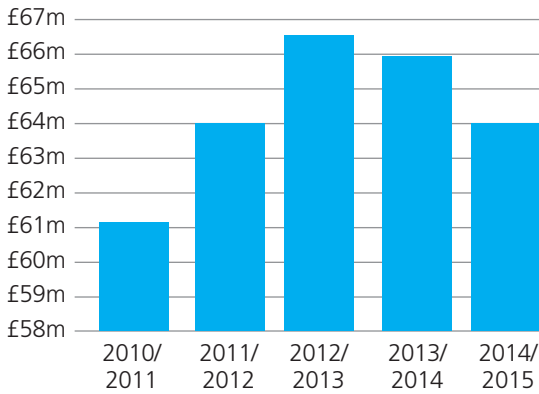


Deprivation of Liberty Standards

Following significant changes to case law around Deprivation of Liberty Safeguards, we have seen a large increase in the number of applications received during the year. In 2014/15, there was a huge increase to 783 applications, from 83 in the previous year. This is consistent with our statistical neighbours, who have seen similar increases. Of the applications raised, 24% applications have been granted, however a significant number were awaiting a decision at the time of reporting because of a shortage of assessors in the area. These safeguards are applications to deprive someone of their liberty in a safe and correct way, in the best interests of the individual.

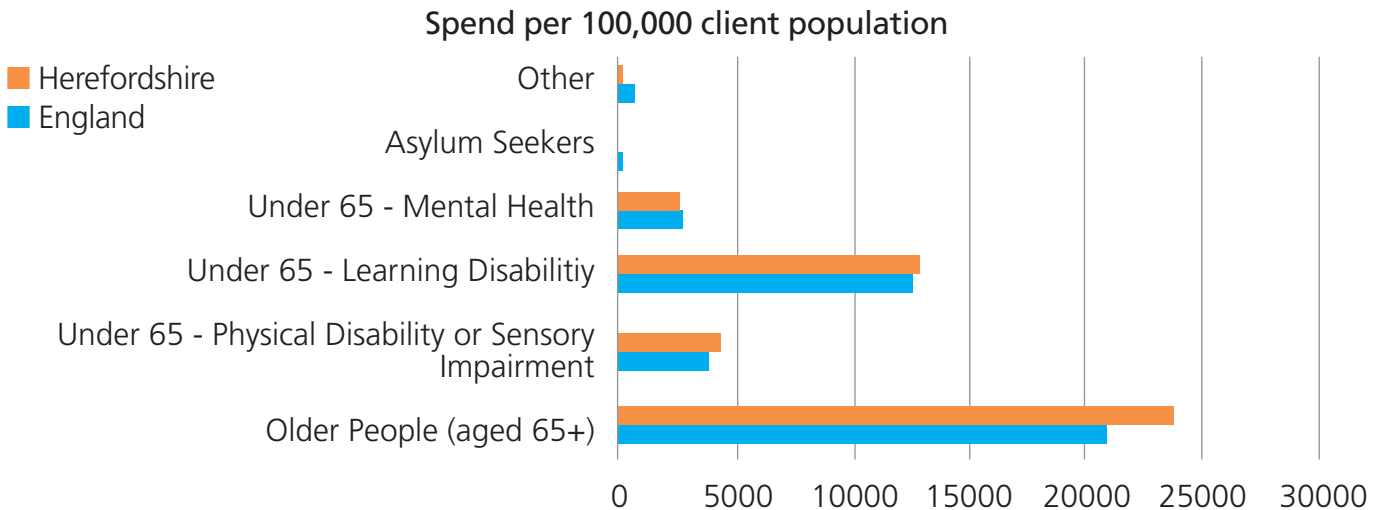
Spending and service levels

The graph below shows the trends on total adult social care spending over the last five years. Recent downward trends in spending reflect the levels of savings required by all local authorities.



In Herefordshire, we commission a range of services to provide residents with the levels of support needed to keep them in the safest and most appropriate placement, based on their needs.

Herefordshire supports a similar proportion of clients to statistically similar neighbours, those who have similar demographics and deprivation to us. However as can be seen from the graph below, based on last year's data, Herefordshire spends more per 100,000 client population in client categories where we support the greatest number of clients, such as older people and learning disabilities.



The table below shows average weekly spend in Herefordshire compared to the English Average. Again, in areas of most common spend, such as residential and nursing for older people and home care, the average weekly costs are higher than the national average. This places pressures on Herefordshire and supports our need to change the way that services are to be provided in the future.

	Herefordshire	England Average
Residential/Nursing Care – Older People	£ 605	£ 537
Residential/Nursing Care – Learning Disabilities	£ 1324	£ 1336
Residential/Nursing Care – Mental Health	£ 712	£ 753
Residential/Nursing Care – Physical Disabilities	£ 914	£ 850
Home Care	£ 256	£ 219
Direct Payments	£ 280	£ 225
Day Care	£ 199	£ 227

• Financial comparisons based on 2013/14 data due to availability of updated comparator information for 2014/15

Our plans and challenges for 2015/16

Reducing the need for long term care by keeping people healthy for longer

People have better lives when they live independently. In addition more people are living longer and there's less money around to pay for care. This means we will not be able to provide services in the way we have done in the past, so we have to work with communities and residents to change our approach to care. We must promote self-help and boost local community support so that we can help the most vulnerable and needy people with the resources we have.

Some of the key activities planned for the next 12 months to meet these challenges are:



Meeting increased demand from carers

We are planning to launch a new health and wellbeing service for carers that is able to provide support for more people and is designed to give carers choice and control. It's not just about providing respite or sitting services, although carers may choose to spend their allocation on these if they wish. It's about looking after carers' health and wellbeing so that they can enjoy their life, be happy and stay healthy and continue to provide support

It is hoped to have the new service up and running by the end of the 2015.



Direct payments and pre-paid card promotion

Pre-paid cards give people more choice and control over how they choose and pay for their care and support. They also take away the monthly monitoring requirements which make life much easier for everyone. In the autumn of 2015 we will be bringing in a new pre-paid card system and encourage existing customers to make the switch. New customers will automatically be offered a direct payment card if they are eligible for help with care and support.



Improving access to quality information

We are commissioning a wellbeing, information and signposting hub, WISH, to provide comprehensive information on wellbeing and social care. This will include an online directory of activities and services available in local communities. People will be able to access this service either by phone, face to face or online. The new service will be up and running in the autumn 2015.

Online self-assessments

We are developing online tools as part of the implementation of the new health and wellbeing website for Herefordshire (above). These tools will help people better understand their needs, direct them to personalised information and services that might help them and indicate if they may be eligible for support from the council.

Keeping people safe

We will be continuing to embed and fine tune our new processes throughout the year and in September 2015, we will be inviting in a Peer Review to assess our safeguarding performance. This will bring in a number of Experts by Experience and senior managers from other authorities within the West Midlands to view our processes and performance and provide us with challenges and areas for further improvement.



Boosting the marketplace

We will be producing a market position statement in the autumn 2015 which gives local organisations and providers valuable information about the future of the county. As well as demographics, this identifies future needs and demands and forms the foundation for our relationship with the care and support market. It sets out our ambitions for working with providers to encourage the development of a diverse range of care and support options.

Health and wellbeing strategy

With our partners we will talk to residents, organisations and health professionals to further define how we will meet the identified health and wellbeing priorities. We will produce a health and wellbeing strategy action plan setting out how these priorities will be addressed. The aim will be to keep people healthy and well and out of long term care.

Better Care

To work collectively to deliver against the three schemes agreed in our Better Care plans:

- Minimum protection of social care
- Community health and social care services redesign
- Managing the care home market

Throughout 2015, we will be working with communities to help them become more sustainable. We want them to be able to support people to remain within their communities, rather than these individuals becoming dependent on social care services. Ideas under development include, but are not limited to, the set up and running of “pop up” clinics within the community (e.g. GP’s, village halls, pubs, etc.), improving the availability of information on community groups, and awareness and education of available support and prevention services.

Adult Social Care Outcomes Framework - The national set of measures that all local authorities have to report on.

The table below compares the performance of Herefordshire, this year and last year, with the English average for last year.

Updated English averages will be available later in the year.

	2013/14		2014/15	
	England	Hereford	Hereford	Improvement
Social care quality of life	19	19.1	19.4	
Proportion of people who use services who have control over their daily life	76.8%	77.3%	77.9%	
Proportion of people using social care services who receive self-directed support, and those receiving direct payments	61.9%	62.1%	87.3%	
Proportion of people using social care services who receive a direct payment	19.1%	14.9%	24.6%	
Carer reported quality of life	-	-	7.6	
Proportion of adults with a learning disability in paid employment	6.7%	4.5%	6.0%	
Proportion of adults in contact with secondary mental health services in paid employment	7.0%	7.1%	10.4%	
Proportion of adults with a learning disability who live in their own home or with their family	74.9%	77.0%	60.2%	
Proportion of adults in contact with secondary mental health services living independently, with or without support	60.8%	50.5%	76.0%	
Proportion of people who use services, and their carers, who reported that they had as much social care contact as they wanted	44.5%	46.0%	46.3%	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 18-64	14.4	20.4	13.0	
Permanent admissions to residential and nursing care homes, per 100,000 population, aged 65+	650.6	607.5	655.3	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	82.5%	83.3%	77.0%	
Delayed transfers of care from hospital per 100,000	9.6	5.7	7.8	
Delayed transfers of care from hospital which are attributable to adult social care, per 100,000	3.1	3.1	4.1	
Overall satisfaction of people who use services with their care and support	64.8%	65.1%	67.0%	
Overall satisfaction of carers with social services	-	-	38.6%	
The proportion of carers who reported that that have been included or consulted in discussions about the person they care for	-	-	71.1%	
The proportion of people who use services and carers who find it easy to find information about support	74.5%	73.20%	75.4%	
The proportion of people who use services who feel safe	66.0%	67.10%	71.0%	
The proportion of people who use services who say that those services have made them feel safe and secure	79.1%	85.5%	83.9%	

- Carers survey are only calculated bi-annually, therefore three measures were not calculated in 2013/14.

Further information

Useful information

1. Access to adult social care

Adult social care enquiries: 01432 260101

ASCAdviceandReferralTeam@herefordshire.gcsx.gov.uk

2. WISH

www.WISHerefordshire.org.uk

3. Healthwatch Herefordshire

01432 364481

www.healthwatchherefordshire.co.uk

4. Care Quality Commission

The independent regulator of all health and social care services in England.

03000 616161

www.cqc.org.uk

Further reading

1. Facts and figures about Herefordshire

www.factsandfigures.herefordshire.gov.uk

2. Making it Real

www.thinklocalactpersonal.org.uk/

3. Spotlight on adult and wellbeing

www.herefordshire.gov.uk/subscribe

Sign up to receive an email alert every time we publish a new edition of Spotlight on adult and wellbeing, our regular newsletter for people interested in adult social care

www.herefordshire.gov.uk