

## Market Position Statement

Older People

“ Help us develop  
the right Care and  
Support services for  
adults living  
in Hertfordshire ”

2016

[olderpeoplemps@hertfordshire.gov.uk](mailto:olderpeoplemps@hertfordshire.gov.uk)



East and North Hertfordshire  
Clinical Commissioning Group



Herts Valleys  
Clinical Commissioning Group



# Contents



The updated Market Position statement (MPS) outlines key achievements that have been commissioned and delivered by Hertfordshire County Council in partnership with the Clinical Commissioning Groups (CCGs) and other key stakeholders in 2015. The key stakeholders include: the voluntary and community sector, community health partners and the private sector.

The MPS also examines future market opportunities and commissioning intentions and should be used alongside our strategic documents<sup>123</sup> to provide the necessary information to local, regional and national suppliers to allow them to make informed strategic business decisions.



## 1. The market that we wish to facilitate

Hertfordshire County Council (HCC) together with two of our NHS Clinical Commissioning Groups (CCG) is dedicated to ensuring that we achieve good commissioning outcomes for the services we deliver in a way that is personalised, well led and that we are in a strong position to promote a sustainable and diverse market place. For further details on this please refer to **Commissioning for Better Outcomes.**

We want to engage with new and existing housing and care providers to deliver high quality services for older people in Hertfordshire that are:

### Person centred and outcome focused

- Personalised services developed to meet the needs, wishes and views of older people and their families and carers.
- Developed and shaped together with service users and their families
- Provides a variety of different support to meet different needs

### Inclusive

- Works in an integrated way across the health and social care partnership

### Well Led

- Has a clear and joined-up strategy for what we want to achieve together
- Uses data and intelligence on what works and what older people want and need

### Promotes a diverse and sustainable market

- Works together with service providers
- Effective monitoring to deliver high quality, value for money services
- Values the richness and variety of support that exists for older people, including through the public, voluntary and private sectors.
- Mitigate impacts of the increase of the National Living Wage 16 April 2016.

## Wellbeing, Prevention and Personalisation

We want every service we commission and work with to promote and enhance individuals' wellbeing. The Care Act 2014 establishes this as a principle and gives a broad definition of what wellbeing means.<sup>4</sup> This includes personal dignity, physical and mental health, control over day-to-day life, and ability to participate in work, education and recreation. All services should therefore work holistically with individuals to support their wellbeing as far as possible.

We see prevention as another key principle that sits alongside wellbeing. We want to develop services that promote individual wellbeing by preventing, reducing or delaying the development of need for health and social care, in many cases by intervening early before problems escalate. Key examples include

avoiding hospital admissions, such as through falls prevention or avoiding carer breakdown, often by working in partnership with voluntary and community sector organisations. All services should therefore proactively identify and develop approaches to prevention and early intervention.

We see personalisation of services as key to achieving this. We recognise that individuals often know what is best for their own care and wellbeing. We want to commission services that work proactively with individuals to understand their needs, wants, interests, and ambitions, and that build on individuals' strengths and assets in providing care and support for them. We want to see providers embrace the principles of Think Local, Act Personal (TLAP).<sup>5</sup>



<sup>4</sup><http://www.legislation.gov.uk/ukpga/2014/23/section/1/enacted> and [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315993/Care-Act-2014-Principles.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-2014-Principles.pdf)

<sup>5</sup>[http://www.thinklocalactpersonal.org.uk/\\_library/Resources/Personalisation/TLAP/MakingItReal.pdf](http://www.thinklocalactpersonal.org.uk/_library/Resources/Personalisation/TLAP/MakingItReal.pdf)



## 2. Achievements and Overview of Commissioned Services that deliver support for Older People



During 2015/16

**significant rise** 

in demand for **health and social care services.**

During 2015/16 there has been a significant rise in demand for health and social care services. This challenge has been met by focusing further on integration between health and social care commissioners to deliver services that prevent hospital admission reduce discharge delays, and supports people to return home wherever possible. Together with the two Hertfordshire CCGs, Public Health and Health and Community services we launched the Hertfordshire Ageing Well Strategy 2014-2019<sup>6</sup>.

Over the last few years, the following service areas have been prioritised for improvement:

- **Improved access to care Joint community services** including **joint care planning** and closer alignment with primary care and local networks of **preventative services.**
- **Integrated rapid response** services to reduce emergency admissions to acute hospitals More services providing **seven day care**
- **Bed-based services in community hospitals and care homes,** Fewer people getting '**delayed**' in **hospital** Better local coordination of **end of life services**
- **Improved information sharing**

Over the course of the next year, it is expected that the pace of change and level of ambition for integration across these service areas will increase further. There is also likely to

<sup>6</sup>[www.hertfordshire.gov.uk/docs/pdf/a/aws.pdf](http://www.hertfordshire.gov.uk/docs/pdf/a/aws.pdf)

be variations in the approach to integration between 'locality' areas with different demographic challenges and patterns of service provision.

Our ambition has been demonstrated by the agreement of one of the largest pooled budget for health and social care services in the country (the Better Care Fund), which will be used to finance 'out of hospital services' for older people, and will allow greater co-ordination in the planning and commissioning of services. The Better Care Fund is also used to trial new initiatives and services which are likely to achieve one or more of the objectives above.

## 2.1 Partnerships with CCGs

Together with the East and North Herts CCG, and Herts Valleys

CCG we develop services and support for Older People across the County. Our commissioning strategies are developed in conjunction the East and North Herts CCG Commissioning Intentions<sup>7</sup> and the Herts Valleys 'Your Care Your Future'<sup>8</sup>.

Hertfordshire County Council and Herts Valleys CCG are working in partnership to address the significant challenges facing care delivery in the west of Hertfordshire. As demand for care services continues to increase, the nature of the care market in the west of Hertfordshire means that supply struggles to keep pace. The care market in the Herts Valleys CCG area is extremely challenging. The area has high levels of employment across a number of industries, which is detrimental to efforts to recruit to retain staff within the

care sector. Furthermore, the area is geographically expansive and contains large areas of rurality (especially in Dacorum district) where there have been long-stranding challenges to the provision of homecare. Difficulties in supplying homecare are compounded by the high-demand generated by Watford General Hospital and other bed-based units in and around Herts Valleys CCG area. Addressing these challenges will require continued system-wide partnership working between health and social care organisations. Particularly further partnership working is needed to continue to manage down the number of admissions to hospital by providing resilient community based hospital avoidance services. **Market Opportunities.**

<sup>7</sup><http://www.enhertsccg.nhs.uk/commissioning-intentions-201415>

<sup>8</sup><http://hertsvalleysccg.nhs.uk/news-events/news-2015/818-your-care-your-future-case-for-change>

### 3. Support at Home

**The Lead Provider model is a way of delivering homecare which is responsive to the needs of each district area in Hertfordshire.**

**Each district area has a Lead Provider**, which is expected to deliver the majority of homecare in that locality. Lead Providers are expected to be 'locality shapers', which means they should be developing networks within their district area so that they can develop innovative methods for delivering care and support. These networks should include the County Council, community health services, universal services, and other homecare providers.

Key partners for each Lead Provider are the spot providers in their district; lead providers and spot providers should work in partnership to deliver the ambition for resilient and high quality homecare. – see section 6 below for market opportunities for spot accreditation.

**The Lead Provider model was implemented across Hertfordshire from the 1st April 2015 with five year contracts.**

#### 3.1 Specialist Care at Home

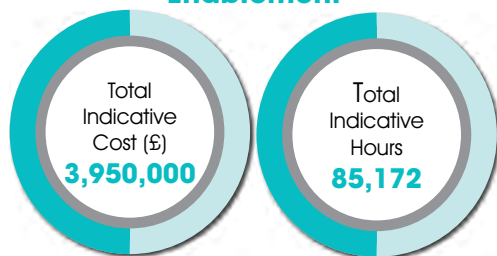
Specialist Care at Home is the provision of more targeted transitional interventions; primarily aimed at supporting people to be discharged from hospital, preventing avoidable hospital admission, and re-enabling people in their own homes.

In partnership with the CCGs during 2015 a number of short term pathways were commissioned and included:

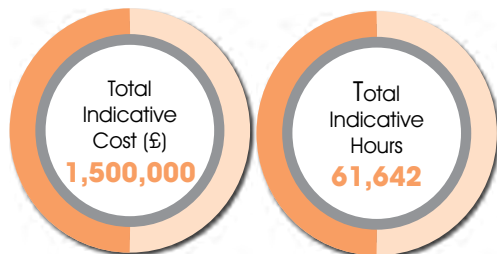


**Table 1** Short Term pathways 2015

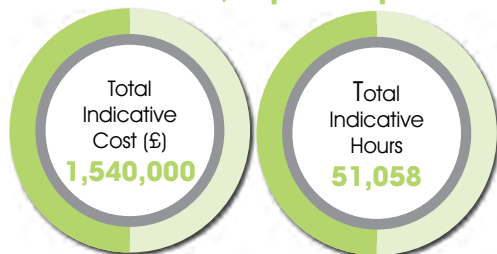
### Enablement



### Home From Hospital



### Home first/Rapid Response



As part of the planning for Specialist Support at Home service commissioners have worked with CCG partners and the wider health system to evaluate outcomes achieved through these services. This planning means that Specialist Care at Home is a more streamlined transitional care service. This service will include the following components:

- Enabling style care (inclusive of the former Enablement and Home from Hospital services)
- Rapid Response (inclusive of Home First and Rapid Response services)
- Delirium Recovery Pathway
- Dementia Rapid Response
- End of Life Care (inclusive of Continuing Healthcare fast track)

**Specialist Care at Home contracts will commence on 20 April 2016 and will be in place for a maximum of five years.**

### 3.2 Preventative Services

Working alongside the development of Support at Home services commissioners have also been promoting **a range of preventative and community based services that reduce social isolation and maintain independent living.** Many of these services are provided by the voluntary and community sector in Hertfordshire.

The voluntary sector offer in Hertfordshire includes Herts Help, home visits carried out by the Herts Healthy Homes programme, a volunteer



based Hospital Discharge scheme and a wide range of other community services that can be accessed without any kind of assessment being undertaken.

#### Current offer

Service	Costs £ Indicative	Annual number of people supported indicative
<b>Home and Hospital Discharge Services</b>	438,000	4500
<b>HertsHelp @ Home</b>	230,000	3840
<b>Herts Healthy Homes</b>	500,000	20000
<b>Community Navigators</b>	250,000	1100

#### Other Supports Include:

<b>Hertfordshire Independent Living Service</b>		Over 1300 meals delivered 7 days per week
<b>Day Services for Older people</b>	£1,100,000	60 Luncheon Clubs

Commissioners in the Community Wellbeing team are currently reviewing these services and are committed to ensuring a range of services continue that meet the needs of people right across Hertfordshire.

3.3 Quality and Monitoring

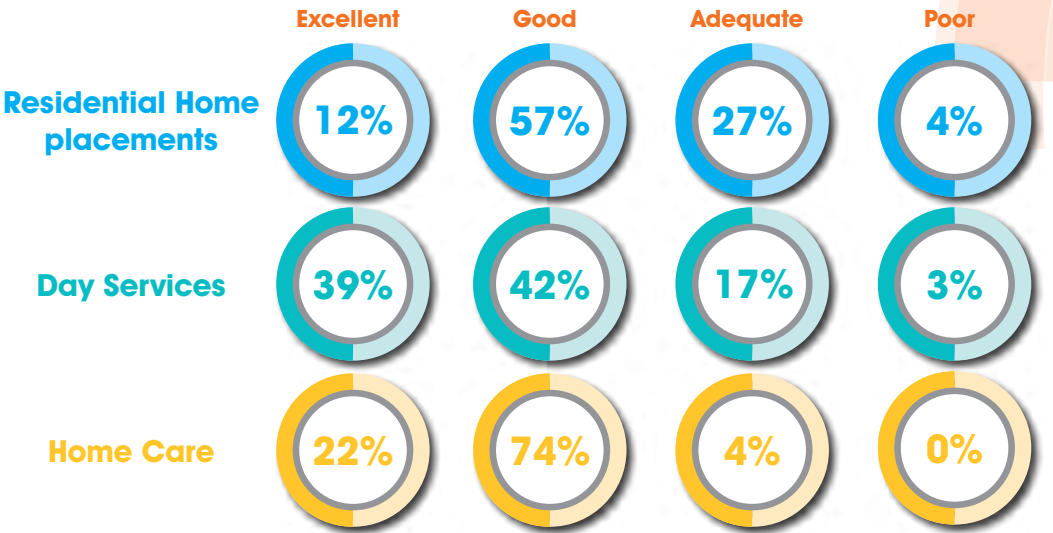
Service safety and quality is extremely important to HCC and its partners. HCC works closely with the CCGs, the Hertfordshire Care Providers Association, the Care Quality Commission and other partners to deliver an ambitious programme of continuous improvement in services for older people.

Hertfordshire County Council have adopted the Association of Directors of Adult Social Services (ADASS) East of England Regional Standard contract for adult social care and housing support services in the East of England; which is a

consistent framework for managing quality across the East of England region. To support effective commissioning we are working on an ongoing programme of service quality monitoring with our partners from the independent, statutory (both health and social care) and the regulatory sectors.

The table below outlines the ratings in the specific sectors for the first three quarters of this financial year:

Table 2 Ratings for first three quarters of financial year



\*Note the figures include all client groups

## Our Ambition

80%

Care Homes Rated  
**Good or  
Excellent**

Hertfordshire

67%  
Care  
Homes

100%  
OlderPeople's  
Day Services

96%  
Home Care  
Providers

Rated  
**Good or Excellent**

Our ambition is at least 80% of care homes in Hertfordshire achieve East of England contract standard of "Good" or above.

Currently 67% of care homes in Hertfordshire, 100% of Older People's Day Services and 96% of Home Care providers are currently rated "Good" or "Excellent". This means Hertfordshire is ranked 37 in the Country for the number of "Good" care homes.

### 3.4 Raising the Profile of Working in Care

Hertfordshire, alongside key partners are working together to continue to raise the profile of the care Sector. This is done through the celebration of what it means to deliver good social care in Hertfordshire and in the recognition of the need to develop health & social care qualifications to ensure working in care is a career of choice.

HCC promotes the social care sector through Good Care Week initiatives.

One of our responses to the recruitment crisis in care and to reflect the integration agenda between health and social care, Hertfordshire Care Partners

#### These role titles aim to:-

- change perception of care to the general public
- change the mind-set of staff working in the sector
- enable people looking for a career to recognise the Health & Social Care career pathway

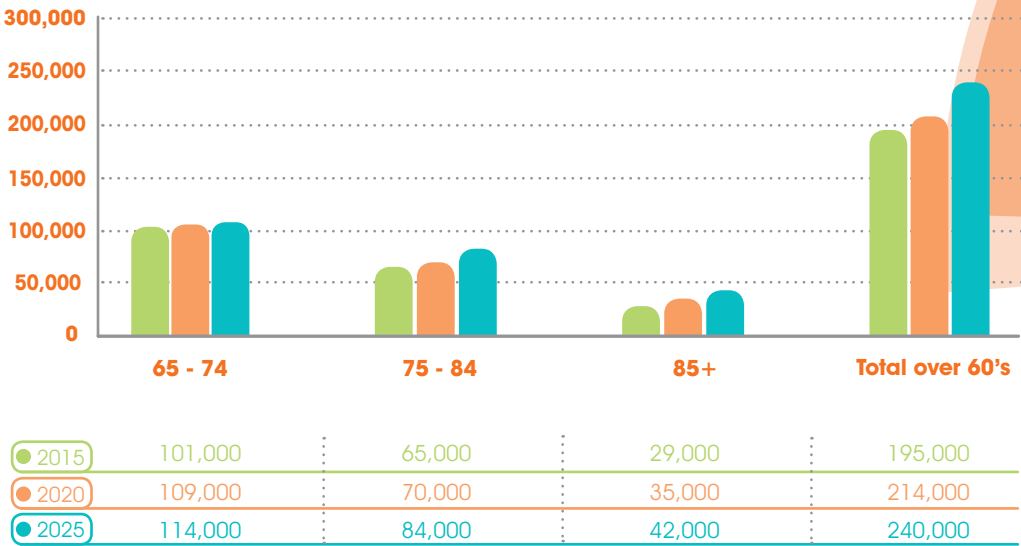
For ease they can all be referred to as Health & Social Care Practitioners or Care Practitioners – the levels can be used internally for demarcation.

4. The evidence base for Commissioning Adult Social Care in the County

It is estimated that there are currently 195,000 people over the age of 65 in Hertfordshire. It is projected that the elderly population in Hertfordshire will increase by 23% over the next 10 years to 240,000. The rate of increase in people over 85 is particularly pronounced as projections estimate an increase of 45% by 2025 (29,000 to 42,000).

4.1 Population and projection of people 65+

Table 3 Hertfordshire older people population projection 2015-2025



Source: 2012-based Subnational population projections (Office for National Statistics)

## 4.2 Population and projection of people 65+ by local area:

District / CCG breakdown of numbers of current and future older people:

**Table 4** Population by Age Band 2011-2021

	age 60 -74		age 75 -84		85+	
	2011	2021	2011	2021	2011	2021
<b>Broxbourne</b>	13,400	14,600	5,500	6,400	1,800	2,900
<b>Dacorum</b>	19,800	23,400	8,200	9,100	3,400	4,600
<b>East Herts</b>	19,600	23,200	8,200	9,100	2,800	4,500
<b>East and North CCG</b>	75,400	88,200	32,000	35,900	12,700	18,700
<b>Hertsmere</b>	13,800	16,200	5,700	6,700	2,700	3,800
<b>Herts Valleys CCG</b>	75,100	86,000	30,600	35,000	13,200	19,000
<b>North Herts</b>	18,600	21,400	7,500	9,200	3,400	4,800
<b>St Albans</b>	18,900	20,600	7,600	8,600	3,200	4,200
<b>Stevenage</b>	10,200	12,500	4,400	4,700	1,600	2,100
<b>Three Rivers</b>	2,700	14,600	5,200	6,100	2,200	4,100
<b>Watford</b>	9,800	11,200	3,900	4,600	1,600	2,300
<b>Welwyn &amp; Hatfield</b>	13,600	16,500	6,400	6,400	3,000	4,300
<b>Hertfordshire</b>	50,500	174,200	61,600	71,100	25,400	36,600

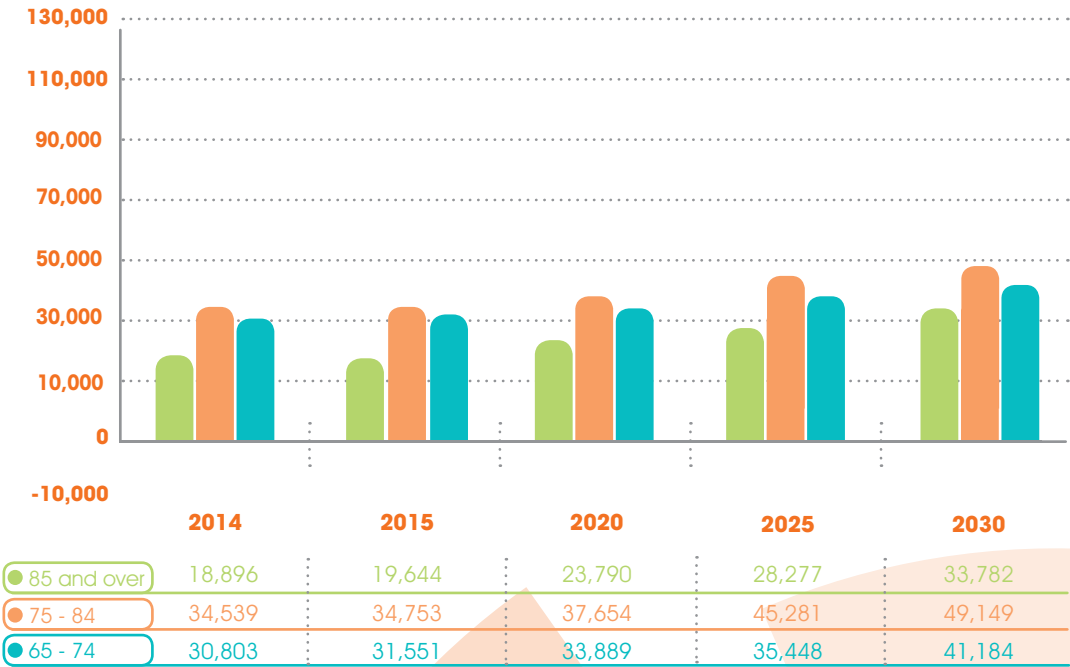
\*based on population projections from POPPI.



### 4.3 Population and projection of people 65+ with illness/disability:

Hertfordshire population aged 65 and over with a limiting long term illness whose day-to-day activities are limited (a little to a lot):

**Table 5** Hertfordshire older people population projection 2015-2025

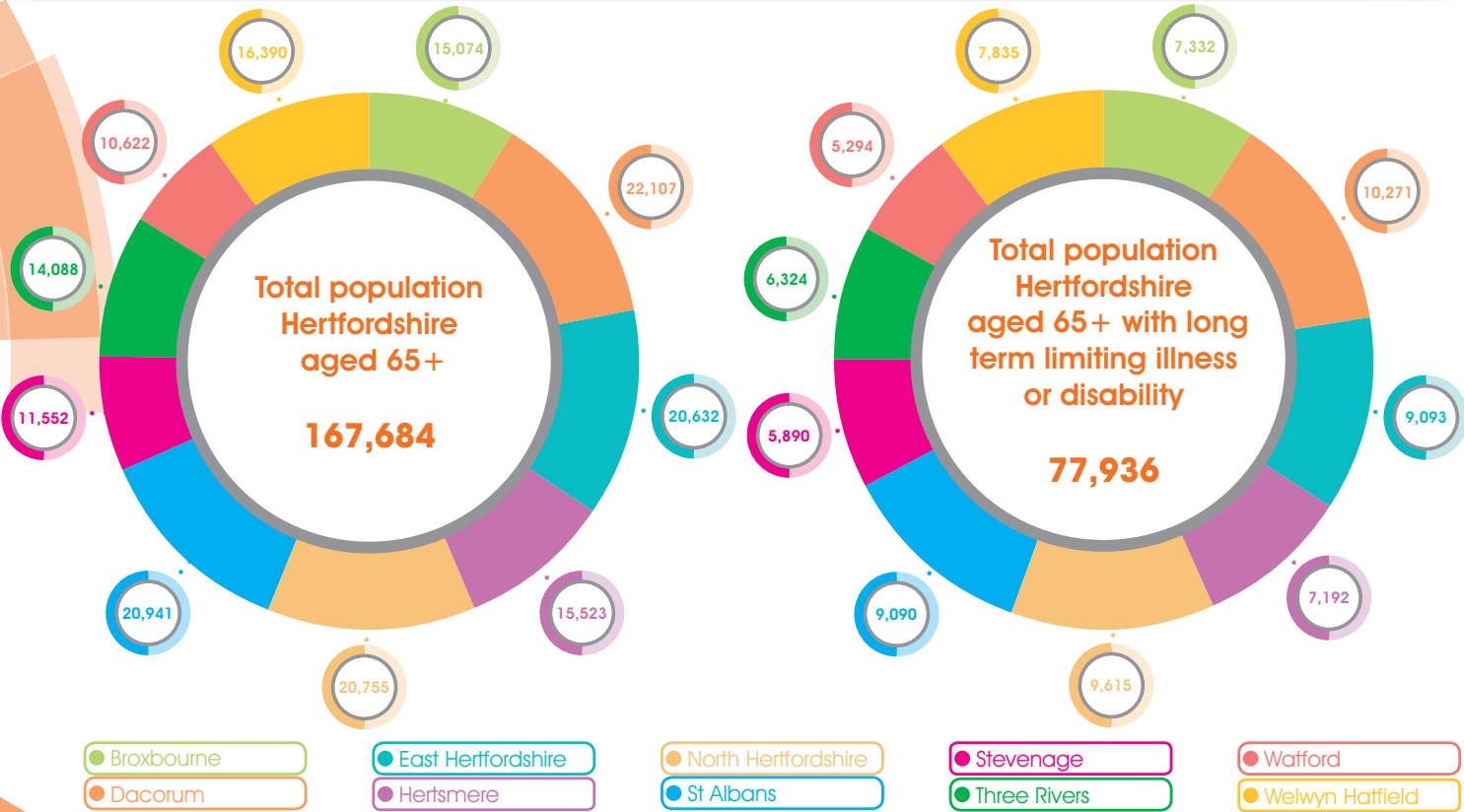


Source: 2012-based Subnational population projections (Office for National Statistics)



4.4 Population of people 65+ with illness/disability broken down by local area:

**Table 6** Total Population of Hertfordshire Aged 65+ 65+, Long term limiting illness or disability

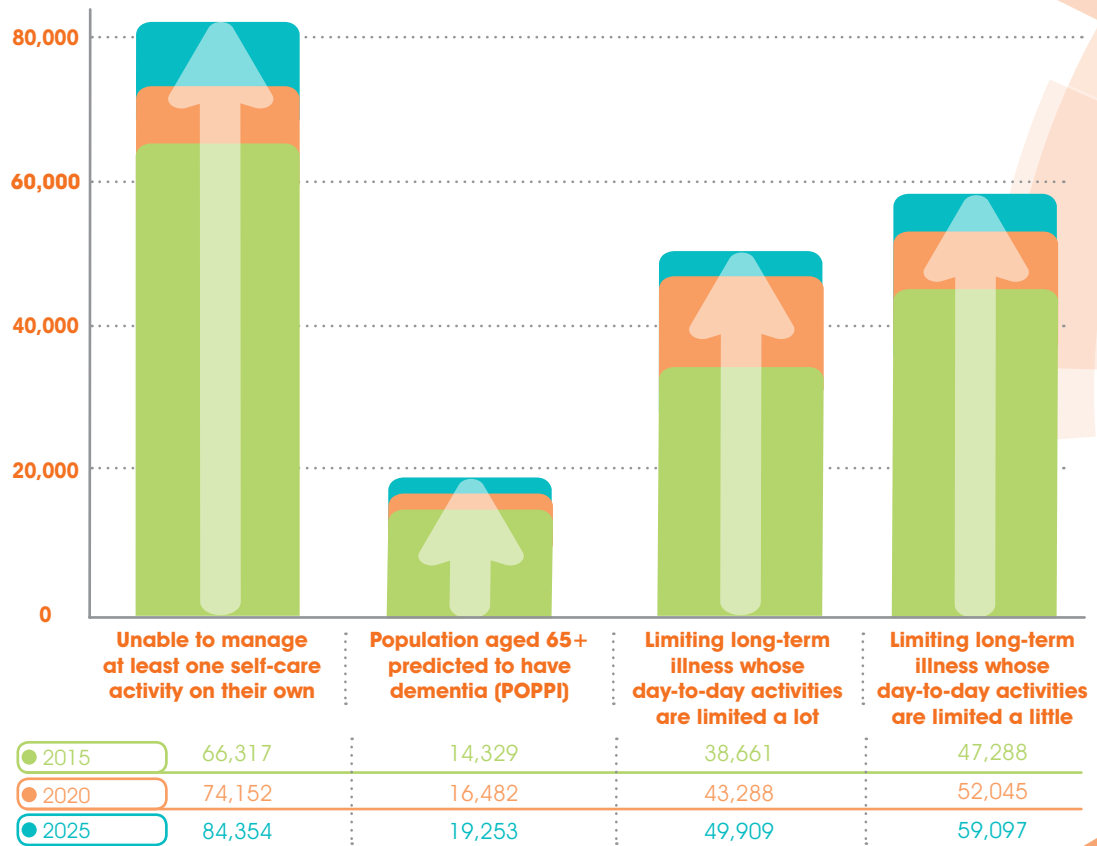


\*Figures taken from the Office for National Statistics (ONS) Census 2011

### 4.5 Changes in demand

The key factors that may influence Health & Social care needs over the next 10 years can be identified from the adjacent chart:

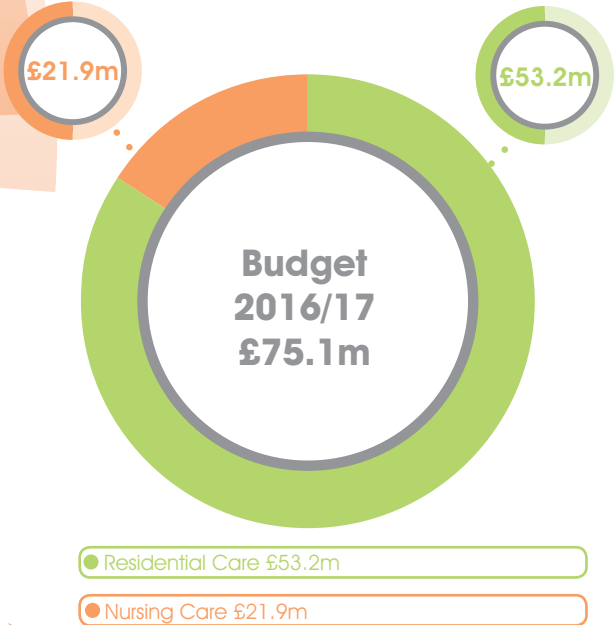
**Table 7** Key factors that may influence potential changes in demand for health and social care in people age 65+ living in Hertfordshire



# 5. Our spend

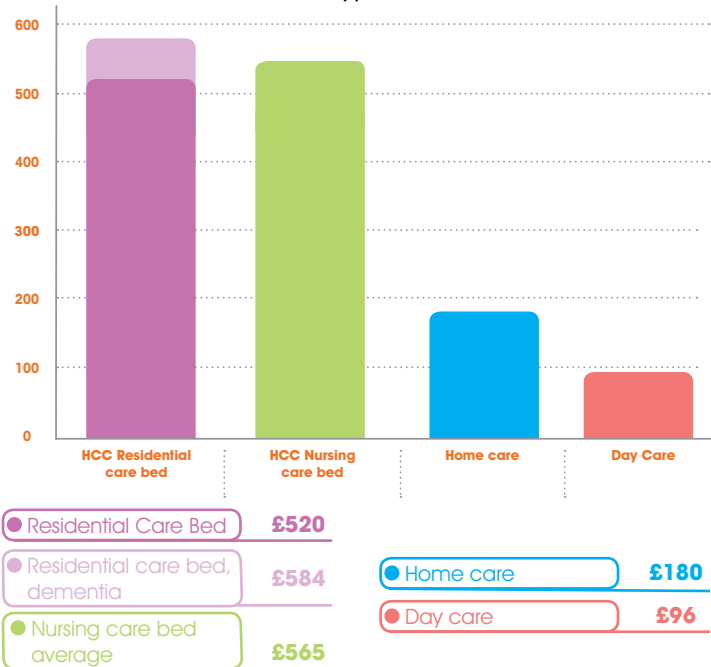
**Table 8** Budget for Residential and Nursing services 2016-17

This chart displays the predicted expenditure by HCC for nursing and residential care placements in 2016/17



**Table 9** Average cost of accomodation for one week £

The table below shows the average costs for one week in various service types:



HCC set prices are reviewed annually, through a process including discussion with the Herts Care Providers Association (HCPA)

## 6. Future Commissioning Intentions & Development Opportunities

### 6.1 Accreditation of Spot Homecare Providers

It is expected that by 2016/17 approximately 40% of the homecare market will be delivered by spot providers.

**Table 10** Population by Age Band 2011-2021

	Lead (hours, weekly)	Leads (%)	Spot (hours, weekly)	Spot (%)	TOTAL
<b>Broxbourne</b>	2137	45.94%	2514	54.06%	4651
<b>Dacorum</b>	1165	37.36%	1953	62.64%	3118
<b>Dacorum Rural</b>	242	29.46%	580	70.54%	822
<b>East and North Herts</b>	819	75.00%	273	25.00%	1092
<b>East Herts</b>	3400	70.39%	1430	29.61%	4830
<b>Hertsmere</b>	939	25.64%	2721	74.36%	3660
<b>North Herts</b>	1703	37.80%	2802	62.20%	4505
<b>St Albans</b>	1345	36.69%	2322	63.31%	3667
<b>Stevenage</b>	1564	40.61%	2287	59.39%	3851
<b>Three Rivers</b>	857	32.81%	1755	67.19%	2612
<b>Watford</b>	1653	58.10%	1192	41.90%	2845
<b>Welwyn &amp; Hatfield</b>	1920	49.66%	1946	50.34%	3865
<b>TOTAL</b>	<b>17742</b>	<b>44.90%</b>	<b>21775</b>	<b>55.10%</b>	<b>39517</b>

Health and Community Services are currently reviewing the spot contract arrangements for homecare in Hertfordshire. Current contracts remain in place up until March 2017.

## Market Opportunity

In Autumn 2016, Health and Community Services will be launching the spot accreditation process which will provide organisations with the opportunity to tender to become an accredited provider.

These contracts will commence in April 2017 and will be in place for a maximum of five years. Successful providers will be guaranteed minimum hours contracts across the Support at Home district areas.

**Further detail will be made available through Pre-Procurement Market Engagement Events, taking place in the summer 2016.**

### Providers will need to:

- Demonstrate they can meet the Hertfordshire Care Standard, which includes ensuring that health and care practitioners are paid for travel time and training
- Deliver care visits through minute by minute charging
- Robust Electronic Call Monitoring systems are in place
- Demonstrate/achieved Silver Membership through the HCPA (ensuring a well-trained and well led workforce)
- Move away from 'time and task' orientated care delivery, allowing for more personalised care delivery.

**Health and Community Services will continue to engage with Service Users, carers, partners, stakeholders and existing providers to work with them to raise awareness of the standards necessary to meet the requirements of the Care Act.**

For further information please contact us on:  
**[olderpeoplemps@hertfordshire.gov.uk](mailto:olderpeoplemps@hertfordshire.gov.uk)**



## 6.2 Flexicare

Flexicare housing is the Hertfordshire model of Extra Care housing. It offers Service Users the privacy of their own flat with access to on-site care provision. It aims to provide more support than sheltered housing and more independence than residential care. There are 23 Flexicare schemes in Hertfordshire that range from small (10 bed) to large (108 bed) and include purpose built schemes and converted sheltered housing.

Current flexicare provision in Hertfordshire by District:

**Table 11** Flexicare scheme capacity by District:

	Number of Flexicare Schemes	Overall Flexicare Scheme Capacity*	Service Users with assessed care needs currently supported
<b>Broxbourne</b>	2	64	60
<b>Dacorum</b>	1	76	31
<b>East Herts</b>	3	153	115
<b>Hertsmere</b>	2	134	75
<b>North Herts</b>	6	228	156
<b>St Albans</b>	2	73	32
<b>Stevenage</b>	2	113	69
<b>Three Rivers</b>	0	0	0
<b>Watford</b>	2	67	34
<b>Welwyn &amp; Hatfield</b>	3	207	61
<b>TOTAL</b>	<b>23</b>	<b>1115</b>	<b>633</b>

*\*The overall capacity of schemes includes Service Users with assessed care needs and those who do not currently require care, for example people who were living at schemes when they converted from sheltered housing*

The Housing Learning and Improvement Network's guidance for developing a housing strategy for accommodation with care for older people set an aspirational target of 25 units of extra care (flexicare) per 1,000 people aged over 75. Achieving this target would require the following growth across Hertfordshire:

*Growth required in flexicare units to achieve capacity in line with population (25 per 1,000 people aged 75+):*

	2015	2020	2025	2030
<b>Hertfordshire</b>	669.3	887.8	1281.1	1569.9
<b>By District</b>				
<b>Broxbourne</b>	89.9	108.9	135.5	154.5
<b>Dacorum</b>	155.8	178.6	231.8	273.6
<b>East Herts</b>	64.7	100.8	159.7	197.7
<b>Hertsmere</b>	33.2	59.8	99.7	133.9
<b>North Herts</b>	-2.8	29.5	84.6	122.6
<b>St Albans</b>	149.3	174	215.8	250
<b>Stevenage</b>	8.6	18.1	40.9	61.8
<b>Three Rivers</b>	153.9	172.9	205.2	233.7
<b>Watford</b>	47	58.4	83.1	104
<b>Welwyn &amp; Hatfield</b>	-28.4	-17	13.4	40

## Future Commissioning Intentions

Health and Community Services wants to help enable and develop a range of new flexicare housing options that are based on the most recent research and best practice guidance and that can meet the future housing and care needs of older people in Hertfordshire, including people with dementia, disabilities and mental health needs.

## Market Opportunity

We want to encourage a range of high quality and innovative approaches – including private provision that matches our 'flexicare' service model – that can respond to:

- the economic climate and decline in public grants to subsidise capital costs
- the significant predicted increase in demand due to our ageing population; and
- the gap between current supply and projected demand

Due to the diversity of the population and differences between urban and rural areas, models of flexicare housing will need to be flexible and adaptable, including different sized schemes.

Health & Community Services will seek to work with new and existing providers of flexicare housing – and district and borough partners – to identify viable and suitable approaches to funding the development of new schemes and ensuring their long term viability.

## Market Opportunity

We want to hear from providers who can help develop a balanced market that can offer unit for social rent, private rent and for sale (including shared ownership)

## 6.3 Nursing and Residential

### Residential care homes

**There are 92 residential care homes for older people in Hertfordshire, with 4183 beds.**

**Of these, 2073 beds are purchased by HCC.**

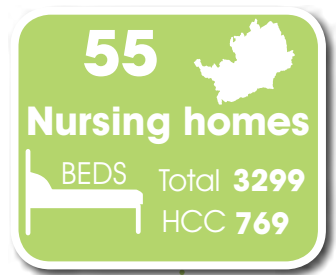
Through integrated commissioning and with the support of the Better Care Fund we expect to delay or avoid long term admissions to residential care services. Of the residential

## Market Opportunity

During 2016/17 we expect to begin a tender process to include the above services and other short stay beds including non-weight bearing, discharge to assess and step down. The opportunities for the market in the east of the County will centre on the reconfiguration of existing capacity with new capacity as needed. In the west we will work with the market to deliver new capacity linked to Herts Valleys CCGs proposed community beds model

care beds currently commissioned 48% are block purchased from HCC owned homes, which are managed by Quantum Care and Runwood Homes.

Our aim is to increasingly use residential care beds to facilitate hospital discharges and allow people to return to their own home through intermediate care and enablement models.



**Table 12** Growth required by 2025 £

District	
Hertfordshire	1499.3
Broxbourne	112.4
Dacorum	468.1
East Herts	81.1
Hertsmere	133.8
North Herts	40.4
St Albans	183.7
Stevenage	60.6
Three Rivers	0
Watford	147.2
Welwyn Hatfield	267.5
By CCG	
E & N Herts CCG	1200.3
HV CCG	270.8

We expect that the growth indicated in tables 19 and 20 will be for beds for health and social care funded service users.

## Nursing homes

**Whilst there are 55 nursing homes in Hertfordshire providing 3299 beds, of these beds 769 are purchased by HCC.**

There is a current shortage of capacity (particularly nursing dementia/older people with complex mental health issues) that is available for health and social care funded placements. We predict a significant gap in supply of nursing beds between 2016 and 2020, with supply for people with dementia/complex mental health issues experiencing the greatest shortage. The capacity issue partly relates to bed numbers, but also relates to affordability of beds that can be accessed. We need to improve access to existing capacity, for example by commissioning services that can make admissions on weekends. To meet this challenge HCC, both CCGs and Hertfordshire Partnership Foundation Trust (HPFT)

are committed to working with the market to explore new models of care. Specifically, we intend to pilot a new model of care in partnership with interested providers, for each CCG area during 2016/17.

Interested providers are invited to contact  
**olderpeoplemps@  
hertfordshire.gov.uk**



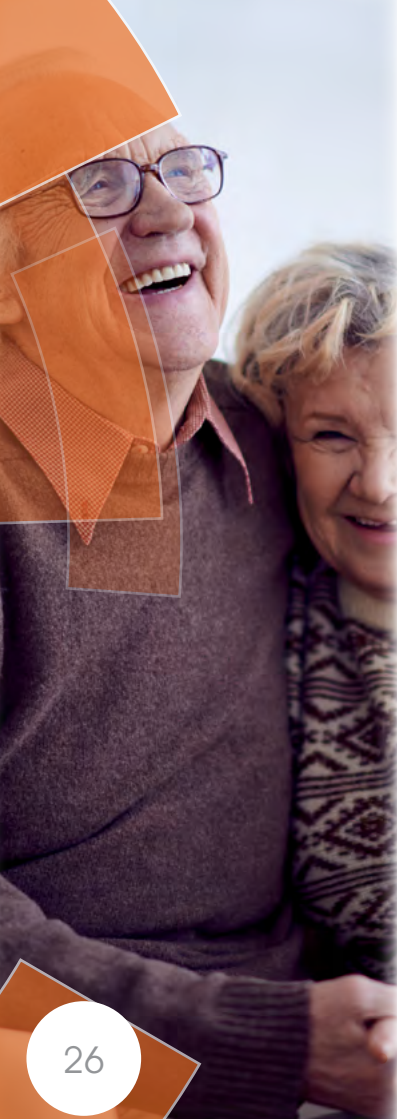
**Table 13** Growth required by 2025 £

<b>District</b>	
<b>Hertfordshire</b>	<b>1191.3</b>
Broxbourne	340.4
Dacorum	156.1
East Herts	0
Hertsmere	86.8
North Herts	278.4
St Albans	0
Stevenage	102.6
Three Rivers	0
Watford	36.2
Welwyn Hatfield	366.5

<b>By CCG</b>	
E & N Herts CCG	622.3
HV CCG	546.8





**Table 14** Growth required in Beds by HCC and HPFT

**District**

Projected HCC funded Nursing Home bed requirements	current 2015	projected 2025	increased 2015-25
Broxbourne	15	20	5
Dacorum	106	141	35
East Herts	91	133	42
Hertsmere	84	112	28
North Herts	110	154	44
St Albans	43	56	13
Stevenage	82	107	25
Three Rivers	47	64	17
Watford	110	148	38
Welwyn Hatfield	81	103	22

**Total split by CCG area**

E & N Herts CCG	379	517	138
HV CCG in county	390	521	131
Hertfordshire HCC Total	769	1038	269
HPFT new requirement	n/a	65	65
<b>Total HCC plus HPFT</b>	<b>769</b>	<b>1103</b>	<b>334</b>

Continuing health care teams in the CCG predict a rise in their demand for beds, but have not yet quantified this.



## 6.4 Vanguard Site

Hertfordshire County Council is working with East and North Herts Clinical Commissioning Group (CCG) the Hertfordshire Care Providers Association on an NHS England Care Homes project. This project is known as a Vanguard project and is designed to provide planned, proactive and preventative support to elderly care home residents with complex care needs.

**We were chosen from 269 other contenders for the project – one of just six in the country – because our approach was considered to be one of the most innovative.**

Research shows that care home residents with complex and long-term conditions are often taken to hospital and sent back the same day. This is not only unsettling for the patient, but adds to the strain on the ambulance service and A&E departments. Hertfordshire is the only vanguard site

that directly channels NHS funding to residential and nursing care homes to invest in staff. This is referred to as the Complex Care Premium (CCP), which has introduced a weekly enhanced rate of £70 per week per bed to support residents with complex conditions. The CCP uses the Better Care Fund to meet the full cost of training and provide backfill costs to providers to enable staff to attend. There currently are 20 accredited CCP homes. Phase two started in January 2016 and will involve a further 10 homes in the East & North Herts CCG area.

Further to the above, **a vacancy management system has been commissioned and a pilot will commence in April 2016. Care homes will record any vacancies on a website hosted by HCPA.**

HCC will use the system to identify potential placements in partnership



with service users, thus increasing the efficient use of capacity in the market. In a second phase likely to be in 2017 the website will be opened to the public to allow them to search and make initial enquiries with homes.

## 6.5 Accommodation boards and planning

In 2015 HCC established dual district Accommodation Boards with our 10 district partners and stock-transfer housing providers. One of the key drivers for the boards is to ensure that the accommodation related priorities of key partners and people with lived experience of care and support needs are addressed in local planning.

Through the establishment of the boards we aim to develop a county wide Accommodation strategy to be launched in autumn 2016 that addresses the following:

- The promotion of independent living and prevention or delay of escalation of need;
- Equity in service access and delivery of the right quality standards and value for money;
- Enabling timely access to the right accommodation.
- Enabling individual choice and control

## 6.6 Short breaks

HCC has commissioned 7 beds across 4 care homes to create nursing respite hubs as centres of excellence, allowing carers to secure future bookings and enabling more flexible options such as shorter stays. This will be evaluated in Summer 2016 and is likely to lead to further opportunities for providers in 2016/17

## Market Opportunity

we are interested to hear from partners who are willing to share their ideas on accommodation models that would help support this client group, please contact on **olderpeoplemps@hertfordshire.gov.uk**

## 6.7 Older Peoples' Day Services

### Statutory

Over the last year Hertfordshire County Council has undertaken a review of day services for Older People which was informed by monitoring visits, workshops and meetings with service users, carers, local teams and providers.

#### Key findings of the review:

- Importance of empowering older people to maintain good quality of life, regardless of their level of need.
- Day care can be provided in alternative ways that meet emotional and wellbeing needs and have a holistic approach.
- Need for more capacity in day services for people with dementia.
- Day services are very important to carers in supporting them to

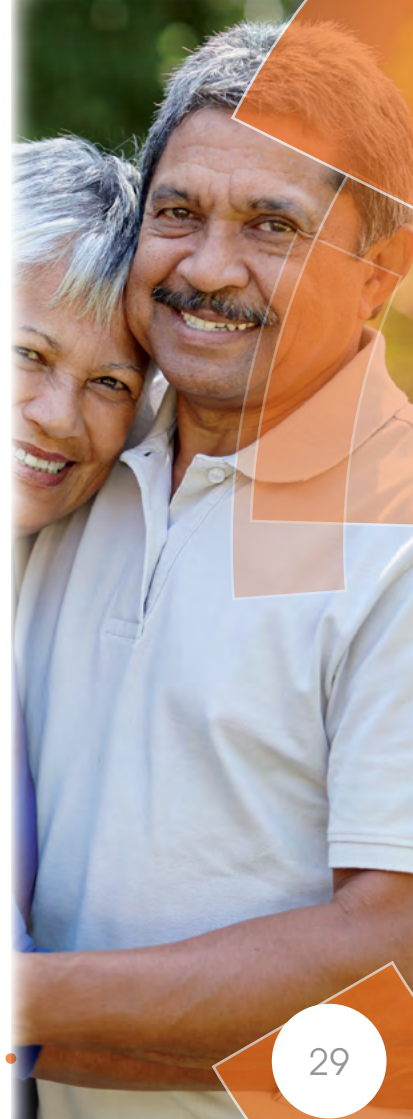
have a break from their caring role, although timings of services can be an issue. Extending the hours at both the beginning and end of the day would support carers better.

#### Established outcomes for future day provision:

- Feel valued and part of the local community.
- Have a range of activities – outside a building based service.
- Be supported to maintain / become as independent as possible.
- To use public transport.
- Have organised things to do at the weekend and some evenings.

#### Future Commissioning Intentions

**The vision for future day services is to move towards an integrated service which caters for citizens in a holistic way, and provides**





**support for carers. The services could include: NHS, Health, Public Health, Social Care, voluntary sector, district councils and present as a “one stop place” for services, clinics, support and information. The ambition is to create “Living Well” centres for Older People.** HCC will be piloting this vision within the existing Q-club day service in Letchworth, developing partnerships with the local voluntary and community sector.

### **Non Statutory**

There are also an additional number of day opportunities, lunch clubs and other activities currently run by the voluntary sector. These are part of the wider Community Wellbeing review and are being looked at in combination with statutory services to ensure we are offering support to people in their own communities. We are taking a co-production approach

in partnership with the National Development Team for inclusion (NDTi), and talking to people about what would improve their lives, which will then enable us to develop a commissioning framework and model that will provide people with a wider choice of things to do during the day and in their leisure time.

### **Future Commissioning Intentions**

#### **Market Opportunity**

The Community Wellbeing team are hoping to tender or start negotiations about new services from 2017 onwards. For more information please contact **olderpeoplemps@Hertfordshire.gov.uk**

The team is clear that this process will be a significant departure from the way services have been designed in the past and they welcome a wide range of views.

## 6.8 Dementia Strategy

Hertfordshire County Council, East and North Hertfordshire Clinical Commissioning Group and Herts Valleys Clinical Commissioning Group are delivering a joint Dementia Strategy<sup>9</sup>. The Strategy explains our joint approach to ensuring that people with dementia and their carers are able to live well in Hertfordshire.

**A pilot project to provide four specialist Carers' health and care practitioners to carers of people with dementia was started around a year ago, funded by both CCG's, with a target of 100 carers per worker. The project is due to be evaluated this year, as qualified nurses were recruited, in order to understand the impact of**

**support provided by medical professionals.**

### Future Commissioning Intentions

Supporting people with dementia in the community is a key strand of our dementia strategy and involves two large tenders this year for community based services and one to one non-clinical support that wraps around the Early Memory Diagnosis And Support Service (EMDASS) pathway. Both of these services currently exist and provide people with dementia and their carers with the information and support they need to stay living independently, as well as a range of activities that they can access locally. However, the recommissioning of them, with an increased budget, will

enable more effective coverage across the whole of Hertfordshire. Recommissioning these services will support the development of links to organisations such as Herts help; which will enable a more strategic approach in responding to the needs of isolated individuals; and to the future development of the services.

In addition to **this increased investment in community based services we continue to support the promotion of Dementia Friendly communities including a small grants process for voluntary and community based organisations to make a positive difference to people with dementia and their carers at a very local level.**



## 6.9 Equipment

There are several key themes that are influencing commissioning activities and future commissioning intentions, focusing on the drive to prevent hospital admissions and support hospital discharges:

- A new Service Level Agreement (SLA) is being developed with Hertfordshire Equipment Service to address the need to respond both to hospital discharge and prevention of admission (with items such as hospital beds), alongside the existing need to provide equipment that allows service users to remain in their own homes.
- The new SLA will ensure that the equipment service is aligned with the demands of health and social care and through flexing to meet the change in

demand same day deliveries and longer opening hours.

- Given the increasing complexity service user need, a review of the current process for authorisation of complex equipment will be carried out, to ensure that these items can be delivered as quickly and efficiently as possible. The review will also look at ensuring there is a consistent approach in the prescribing of equipment across Hertfordshire through new policies and processes.
- The above future commissioning model is being developed and will be implemented in April 2016, with a particular focus on whether lower level, lower cost community equipment

## Future commissioning intentions

The wheelchair service in Hertfordshire is currently going through some changes. East and North Herts CCG is working with Herts Valleys CCG to review and re-design a more integrated and person-centred service for the future. The CCGs are seeking the views of people who currently use the service, their carers, staff and other stakeholders to help inform the future development of wheelchair services across the county.

Please contact:

**[engagement@enhertsccg.nhs.uk](mailto:engagement@enhertsccg.nhs.uk)**



## 6.10 Herts Healthy Homes

The Herts Healthy Homes (HHH) programme has had a qualitative and quantitative impact on the wellbeing of Hertfordshire residents. In 2014/15 467 Hertfordshire residents have benefited from a Herts Healthy Homes service. 186 grants have been awarded totalling £31,950. In addition to this we have awarded over £300k in innovation fund to organisations to help vulnerable people remain living in their own home.

### Future Commissioning Intentions

Future funding for Herts Healthy Homes will decrease by half; therefore it is timely to review current provision and to look at opportunities for collaboration with partners. We are working in partnership with Hertfordshire Fire and Rescue Service (HFRS); as part of a national agenda HFRS will be delivering 'safe and well',

visits (formerly 'home safety' visits) as part of their remit. The HFRS carried out 7,000 home safety visits in 2014.

CWB are working with HFRS to explore how the 'safe and well' visits might work to support the Herts Healthy Homes programme and the prevention agenda in improving health and quality of life for those who are the most vulnerable in Herts communities.



## 7. Self-Funders Market




The self-funder market is a growing market and improvements we are making to our commissioned services in terms of quality and choice should be consistent for all people in Hertfordshire who need care and support services, regardless of whether they are funded by HCC. Due to responsibilities under the Care Act the council are required to have a better understanding of this area of the market. We are working closely with Herts Care Providers Association and their wider membership to help us gain a better understanding and knowledge of, the self-funder market in Hertfordshire.

**We aim to map and calculate the size and value of the self-funder market in 2016/17 and will continue to extend our partnerships with providers to include those not directly commissioned by HCC**, to identify those who may require local authority funding in the coming year as well as to be prepared for the cap on care costs due to be implemented in 2020.

Please visit  
**[www.hertfordshire.gov.uk/hertsmpc](http://www.hertfordshire.gov.uk/hertsmpc)**  
for more information  
on all of the Hertfordshire Market  
Position Statements as well as  
further reading on HCS legislation,  
strategies and drivers.





If you would like to receive this information in a larger font size or would like any help in understanding the information in this document, please contact:

**[olderpeoplemps@Hertfordshire.gov.uk](mailto:olderpeoplemps@Hertfordshire.gov.uk)**