

**City of York Council**

**All Age Market Position Statement**

**2023-2025**

**Provide person centred and outcome focused care through a sustainable market that is inclusive and well-led**

Abid Mumtaz

## Foreword

I would like to present the City of York council market position statement 2023 – 2025. The purpose of the market position statement is to inform and work with the market to provide services that are in keeping with our priorities. This market position statement is to assist providers in highlighting the numerous sector-specific opportunities available to the market. There are many opportunities for providers to do things differently, such as developing new technologies and altering culture.

We will continue to collaborate to provide long-term, high-quality care and support to residents of the city to ensure that this commitment is carried out in conjunction with individuals, their families, caregivers, as well as other stakeholders and providers of health and social care. The development and publication of this document is the start of a dialogue with the market to ensure residents receive the best possible service that meets the financial constraints of the council.

In order to assist individuals in maintaining their independence, safety, and connection to communities, York has taken an active approach. As a result, reducing residential care and developing community services based on community assets and outcomes rather than tasks are our primary focus. We will also continue to integrate with our health partners whilst focusing on improved prevention and early intervention models. To reduce the dependence on services and develop alternative service and models of care we will continue to collaborate with the voluntary, community and social enterprises, as well as the independent sectors (on a longer-term basis), to ensure that a variety of high-quality services are available to better promote independence and well-being across York.

## Introduction

As we move towards the next phase of improvement, collaboration and integration it is imperative that providers of all age health and care services understand how they can contribute to the delivery of improving outcomes for our population in the City of York.

The rationale for the market position statement is to encourage commissioners, people who use services, carers and provider organisations to work together to explain what care

services and support is needed and why. As the Institute for Public Care says, it is important to understand that a Market Position Statement (MPS) is the start, not the end point of a process of market facilitation' as engagement with the market is essential in being able to shape provision and ensure a variety of services available. The market position statement will play a fundamental role in shaping the market in meeting current and future need. Market shaping is an essential element of commissioning & procurement and forms an important part of what a council must do to help to make sure that there are different types of service and support available. The MPS is meant to help all current and future providers of social care and community healthcare understand the care changes that the Council and health partners anticipate, as well as the potential opportunities for the market to innovate and improve future service delivery.

This market position statement will outline:

1. The support and care services people need and how they need them to be provided.
2. How commissioners want to shape the opportunities that will be available.

## Market shaping

We are obligated by the Care Act (2014) to ensure the care market is sustainable, diverse, and high-quality. We are also obliged to provide contingencies in the event of provider failure. A step to be able to achieve this is through market insight and market shaping. Market shaping means we will collaborate closely with partners to encourage and facilitate the whole market. "Market shaping means the local authority collaborating closely with other relevant partners, including people with care and support needs, carers and families, to encourage and facilitate the whole market in its area for care, support and related services. This includes services arranged and paid for by the state through the authority itself, those services paid by the state through direct payments, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources. Market shaping activity should stimulate a diverse range of appropriate high-quality services (both in terms of the types of services and the types of provider organisation) and ensure the market as a whole remains vibrant and sustainable. (Adult social care market shaping - GOV.UK ([www.gov.uk](http://www.gov.uk)))." The core activities of market shaping includes engaging with stakeholders to understand supply and demand, articulating likely trends that reflect people's changing needs and aspirations, based on evidence and signalling to the market the kinds of services required to meet them. This includes encouraging innovation, investment, and continuous improvement.

## Our priorities

# Our Priorities 2023- 2024



## ASC Vision

We will support people to receive good quality safe services in their own homes through assessment and appropriate support, we will aim to maximise peoples own potential and reduce inequalities across the city.

## Values

We Work Together  
We Improve  
We make a difference

## Partnerships

Through collaboration with partners and the sharing of ideas, assets, skills and knowledge, we will create a future for York that better meets all our needs.

## Communities

We value local communities and will help them to provide care and support to their families, friends, neighbours and colleagues.

## Accountability

We will ensure good governance and links with the ICS, strong performance management that will influence decision making, good financial oversight and control and transparent decision making through key health and social care boards.

## MARKET SUSTAINABILITY

- Commission and provide services were possible jointly with health that are effective, efficient and of good quality
- Build on locality-based delivery ensuring care and support is available to suit the needs of the locality.
- Commission services to support people to live longer healthier lives across all age groups.
- Budget Management

## EARLY INTERVENTION & PREVENTION

- Support residents to access community opportunities at the right time in the right place.
- Ensure we have the right mechanisms in place to safeguard and protect our most vulnerable residents.
- Ensure that all residents have equal access to services they require and challenge areas of inequality.
- Ensure children and young people have a seamless transition into adulthood.

## CO-PRODUCTION

- We will ensure that residents voice is heard and is part of the strategies going forward, building on the social care survey and JSNA.
- People who use services and their carers are fully involved in the design and implementations of future services.

## WORKFORCE

- To develop a workforce development strategy with health partners.
- To strengthen and build upon recruitment and retention policies, working with the Principal Social Worker to develop flexible roles.
- Reduction in the use of agency and building strong high performing teams.
- A review of the current ASC Workforce to be carried out to inform effective use of current delivery.

## What's important



## All Age Commissioning

In York, the all age commissioning strategy is being developed to sit alongside this market position statement. The commissioning function is an enabler that provides a population view and uses collaboration and collective leadership to make better decisions about how to

improve the health of our population in York. The all-age commissioning team aims to shape commissioning activity to encourage a wide range of care and support services to ensure that individuals and their caregivers have a say in how their needs are met and can achieve their goals. In addition, we will try and ensure the care market as a whole continues to thrive and remain stable and financially sustainable within the resources available to the Council.

## Commissioning principles

- Commission quality services that meet high national and local standards, which will be measured through benchmarking.
- Prevent, delay or reduce the need for people to access social care by providing advice, information and services that support people to be as independent as possible.
- For individuals who require support provide ongoing care in the individual's own home (home first) rather than in a residential care facility whenever possible.
- Ensure services are commissioned based on need and evidence of effectiveness.
- Ensure value for money and costs benefits are maximised.
- Deliver positive outcomes for service users by holding providers to account and ensuring outcomes are captured and measured.
- Ensure and encourage an open culture around safeguarding, working in partnership with providers to confirm the best outcome that are in keeping with national safeguarding policy and best practice

## Our model of care

Our goal is to support and assist individuals in remaining as healthy and self-sufficient as possible, enabling them to manage their own health and well-being in their own homes whenever possible. Where care is needed, we want people to have a choice about how their needs are met. The people who are receiving services should be at the centre of everything we and the providers do together. York has moved to an asset-based community development model that empowers individuals and communities to maximise local assets that will help individuals and communities to stay healthy for as long as possible. This model will identify need and match it with community strengths that will empower and be based on what people can do. This bottom-up approach will strengthen communities through the recognition and harnessing of community assets. By assisting individuals and communities to identify and share their strengths, the strategy makes it easier for them to become empowered, allowing them to collaborate on the development of their own social innovations.

This asset-based approach will contribute to our prevention agenda through empowering as well as information and knowledge sharing. Community development as a strand of health promotion is well established and has evidence of having a major positive impact in improving health outcomes and reducing inequalities. Strengthening communities, having a greater role for volunteers and peer roles; collaborations and partnerships; and access to community resources will also contribute to a person-centred prevention agenda. It is also our responsibility to provide high quality, accessible and timely information to our residents to ensure decisions are based on knowledge and to raise awareness of options available to aid decision making.

Within this model the independent sector providers of adult social care play a crucial role and we want to ensure that you receive the information and assistance you require to fulfil your crucial role in the health and social care system. We also want to ensure the sector has a longer-term partnership with the Council and move away from 12-month funding agreements to a more longer-term partnership. Offering longer-term funding agreements to the sector will enable long-term security and planning which will in-turn will ensure the sector is embedded into future working and improve long-term outcomes.

Having good universal information and advice layered with community assets and development and building on targeted prevention and community services as well as assistive technology and equipment will help reduce the dependence on residential care beds. The philosophy of home and community first is a default that will help individuals remain at home and in their community for as long as possible. As a result of this approach, and model of care, we are determined to see a reduction in the number of care beds we currently commission. This reduction is not a reflection on the excellent local provision but a direction of travel that is rooted in a wealth of research that advocates for this approach in improving outcomes.

Outcomes on an individual, service and system level will require capturing through an outcome-based accountability approach. Outcome based accountability is a disciplined way of thinking and taking action that we will use to design and monitor strategies to improve the lives of our population. Accurate and timely data on an individual and service level will help map progress, measure improvements and chart distance travelled. The performance management element of outcome-based accountability will measure the effectiveness of services and interventions and the impact on their client or service-user populations by chosen measures by the commissioner. These measures and this approach will ensure partners & providers are accountable for their elements of the wider health and social care system outcomes.

## **Asset based practice enabled by asset-based commissioning**

Asset based commissioning is an approach that enables individuals and communities by commissioning based on need as well as building on local provision. The approach enables service users to become equal commissioners, co-producers, and also via self-help make best complimentary use of all assets to improve life and community outcomes.

Asset-based practice aims to make more effective and efficient use of the total assets of people, communities and organisations. It does this not by reducing the role of the authority and transferring the burden to people and communities. Instead, it redefines the role of the authority and its relationship to people and communities.

It explicitly recognises the roles that people and communities play in achieving outcomes both as co-producers alongside organisations, and through personal and community self-help. As co-producers, people and communities are involved as equals in day-to-day decision-making. This changes what both practitioners and people and communities do to co-produce outcomes.

The focus is on redesigning services to maximise well-being and sustainability including enabling community and individual self-help. This is a shift from a narrow focus on only improving specific service responses to perceived need within public service resources and silo delivery areas - towards a broader and more sustainable vision and direction. It is necessary and desirable to look much wider than existing public service resources, exploring



a wide range of assets and considering how synergy and alignment can be achieved. Services will be co-produced and delivered in a range of activities to support wellbeing and ensure financial sustainability to the authority.

## Messages to the market

City of York Council wants to work alongside partners and providers to support an innovative, diverse and sustainable market which will meet the care and support needs of our population. We aim to work with the market to:

- Adhering to the home and community first principles
- Reduce the number of residential care beds as adopting a home first approach will improve independence and health outcomes
- Maximising and strengthening community capability and building on and strengthening community assets when providing care solutions.
- Work with the community and voluntary sector on longer basis and move away from 12-month grant funding to possibly 36-month contracting. This will help the sectors plan better for future need as well as left shift to prevention and build on community assets.
- Providers need to clearly understand the prevention techniques, identification and support requirements for individuals with physical and mental health issues and concerns.
- Ensure providers have staff that are suitably competent to deal with more complex needs of service users
- Maximise joint commissioning and working across the ICB particularly in relation to services like homecare and home-based rehabilitation
- Ensure services can deliver against budgets and the financial constraints within the sector
- The workforce skills base needs to be suitable and consistent across the City and be supported by the right levels of leadership
- Encourage the development and making better use of community groups & charitable organisations.
- Support the expansion of digital technology in better meeting need for care and support.
- Work with partners to identify solutions and support the development of new provision and/or expansion of existing provision to address.
- Support providers by providing regular updates on policy and guidance changes, signposting to financial support and grants where available
- Provide high quality services, codesigned with the individual, keeping people safe and providing value for money
- Reduce inequalities, promote fairness and opportunity for all, and support our most vulnerable residents
- Have a 'whole system' mentality and are committed to joining-up the support they provide with that of other partners.
- Are committed to being flexible and innovative in working with all partners to respond to individuals' and communities' changing needs.
- Share our commitment to coproduction and ensuring that the people they support are fully involved in shaping the support they receive.
- Residents receive information and advice in a timely and appropriate manner to make decision making simpler and easier

- Maximise shared lives offer of support to reduce the need and reliance on residential support
- There is an oversupply of residential care and an undersupply of nursing care.
- There is an insufficient capacity for dementia care overall.
- We will develop and implement a contractual framework for our residential care providers
- Empower users to maximise and increase the usage of direct payments

## Key priorities

### Home First Model

We will continue to develop our 'home first' model; to do this we will:

1. Move to a community asset approach of prevention and living well in older age;
2. Contract our commissioning of residential care this will be achieved by commissioning more extra care and domiciliary care and by developing equipment solutions and telecare to maintain people safely in their own homes.
3. Adopt a re-ablement approach wherever possible to maximise and promote independence of people; to do this we plan to work with our domiciliary care providers to identify training needs and support them to work differently. In addition to this we will review the quality of our current re-ablement provision.
4. Find new ways to empower our domiciliary care providers to become 'Trusted Assessors'
5. We will implement the '3 conversations' model to educate our social workers and Trusted Assessors to reduce long term packages of care.

## Locality Working

Move to locality working; aligning all services including primary care, community, reablement, voluntary services and domiciliary care to provide seamless services to our population. This approach will be focussed around people's needs and will better streamline people to appropriate services in their local communities underpinned by our 'home first model'

## Asset based practice

Since 2016 York has been on a journey to becoming an asset-based place. People's strengths, skills and networks are being harnessed to provide self-supporting networks. This, in turn, is creating a deep reservoir of community-based resources people can draw upon to lead healthy, independent and fulfilling lives.

## Residential care

By offering community support and building on community assets City of York council would like to reduce the number of individuals accessing residential care beds as research shows this approach improves health outcomes.

## Person centred

We want to transform the way we deliver social care across all ages, focussing on early intervention and prevention and through co-production putting local people at the heart of commissioning and services.



## Co-production

In service delivery, co-production is highly individualised to the unique needs of users. Co-production depends on the development of a long-term relationship between the provider and the recipient where information and decisions are shared.

## Workforce

In order to help meet the estimated need the Adult Social Care workforce may need to grow by 35% by 2035, according to Skills for Care statistics. In addition, it is necessary to make certain that individuals possess the appropriate training and abilities to continuously enhance and improve outcomes.

## Residential rates

High inflation and increased energy costs is having a detrimental impact on residential care and associated costs. The authority is fully aware of the pressures facing the sector and has commenced a fair cost of care exercise to help address some of the issues with the realisation that not all costs increases are affordable to the council.

## Cost of care

York is currently undertaking a fee setting exercise which is intended to address the variety and span of provider fees. The variance in prices the authority pays in a variety of areas is undesirable and requires capping through appropriate procurement processes.

## Independence

A key priority is to help residents to live as independent as possible by offering a home first and community assets approach. This will ensure that help is targeted to those in the greatest need whilst ensuring residents that require community and home support are able to receive it to remain in their communities and flourish.

## Improving outcomes

We can improve people's health and well-being by focusing on what matters most to them. This method of working with people is known as an outcomes-based accountability approach because it helps people understand and achieve their personal goals. Outcomes will vary from person to person because they're about what matters to that individual. Both personal and service outcomes will be improved by being person centred, realistic, achievable meaningful and evolve as needs and service delivery evolves.

## Embracing digital technology

Maximising technology will help empower the person and, where appropriate, their families and carers to maintain their own independence, manage their own care and support needs, and interact with the council and care services in a way that is convenient and effective for them.

## Value for money

Traditionally value for money was thought of as getting the right quality, in the right quantity, at the right time, from the right supplier at the right price however value for money is not

about achieving the lowest price. It is about achieving the optimum combination of whole life costs and quality.

## Complex needs

We are open to ideas about how partnership working can be used more effectively to improve outcomes for people with complex needs and are eager to investigate new methods for commissioning outcomes for them.

## Integration

In order to improve outcomes for people who use health and social care services, integrated care must be provided. The elimination of care gaps and inefficiencies ought to also be able to provide savings opportunities.

## Information and advice

The York operating model also includes the provision of high-quality information and advice through a range of channels including the development of a new 'citizen wellbeing portal' as a co-produced community-based website for Adults and Families. The [www.livewellyork.co.uk](http://www.livewellyork.co.uk) website can be used to find information and advice, discover hundreds of local groups and activities and find out what events are happening across York.

## Learning disabilities

The vision within the 'All Age Learning Disabilities Strategy', 2019-2024, is; "for every resident of York to enjoy the best possible emotional and mental health and wellbeing throughout the course of their life". The Strategy was coproduced by people with learning disabilities and their families/carers, together with the voluntary sector, education, health and social care 12 focus areas were decided on which would help to improve the lives of people with learning disabilities living in York. Four priority headings:

1. Education / life-long learning and employment
2. Independent living – helping people with a learning disability to have choice and control over their lives and the support they receive.
3. Participating in society –having friends and supportive relationships, and participating in, and contributing to, the local community.
4. Being as healthy as possible

## Mental Health

A sub-group of the Health and Wellbeing Board, the York Mental Health Partnership is charged with delivering the All-Age Mental Health Strategy 2018-2023. It has identified the following priority areas of focus, and has sub-groups taking the work forward in these areas.

- Developing a community approach to mental health and wellbeing - 'Connecting Our City'.
- Mental Health and Housing
- Multiple Complex Needs
- Self-harm and suicide prevention

## Housing

There are just over 90,000 dwellings in York and of these 65% are owner occupied (57% owned outright and 43% with a mortgage), 21% privately rented and 14% social rented. This broadly matches the data for England.

Support to live independently in the right kind of housing can keep people healthy for longer and can reduce the need for home care or residential care. City of York Council's Older Person's Accommodation Programme recognises that housing needs and preferences change with age and people may want or need to make adaptations to how and where they live.

Good quality, safe, secure and affordable housing is essential to a person's health and well-being. There are many examples of housing, health and social care working together to deliver integrated and often bespoke solutions for residents. As highlighted elsewhere in this Market Position report, the council also has a key role in adapting properties of all tenures to meet particular physical and access needs of our residents,

City of York Council's Homelessness & Rough Sleeping Strategy 2018-2023 underpins a primary focus to report on homeless prevention and relief work, main duty decisions and requirements placed on the Local Authority by Ministry of Housing, Communities and Local Government. The council's targets for the homeless service are based upon the local priorities as set out in the Homeless Strategy and government priorities, including targets / key performance indicators around rough sleeping and use of temporary accommodation.

Another of the YMHP's priorities is the development of an improved mental health housing and support pathway that can help ensure that people with mental ill health can access the right type of accommodation, with the right level of support, at the right time.

At present in York we do not have the full range of housing and support options that we need and, as a result, people sometimes stay in hospital longer than they need to, or they are housed in accommodation that doesn't properly meet their needs, or they are placed in accommodation outside of York away from family and friends and support networks, often at significant expense. The biggest gap in our current provision is for people with multiple and complex needs.

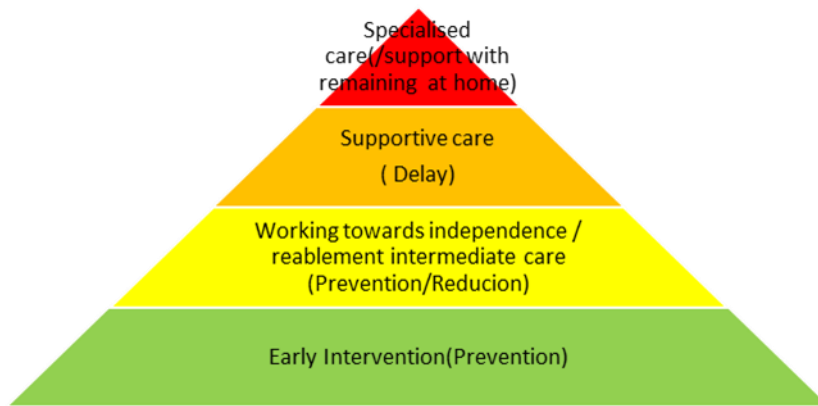
## Carers

The York Carers Strategy (2019 – 2024) has been written by the York Carers Strategy Group comprising of people from health and social care organisations, including the council and healthcare professionals, charities, families and carers themselves. The strategy recognises that carers come from all ages and backgrounds, including parent carers, young adult carer and young carers.

## Prevention

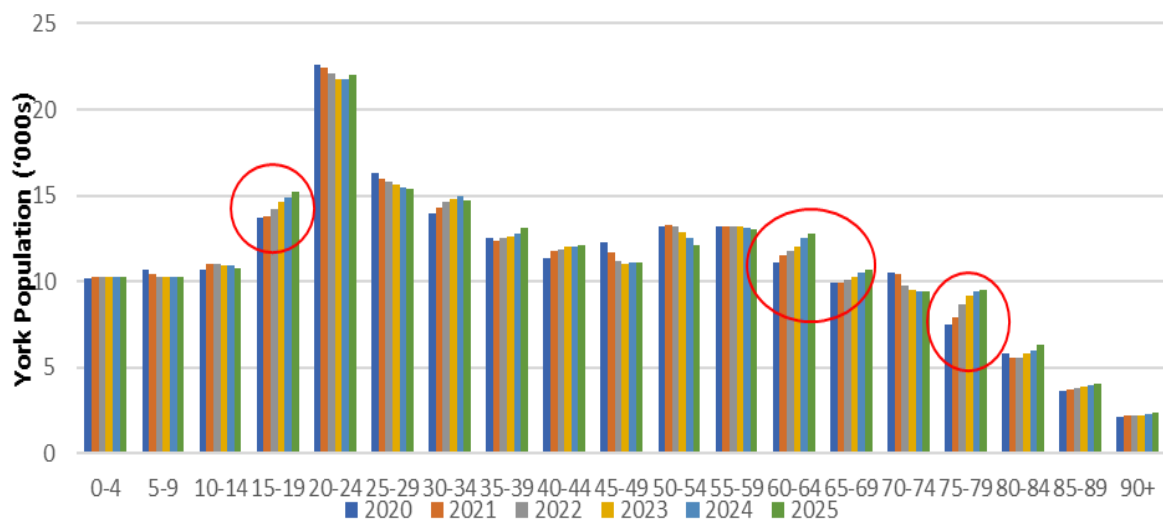
We will continue to develop innovative ways to shift the focus of all our activities towards prevention. Our activities will focus on the skills of local people and communities rather than traditional interventions. This will require new ways of operating within communities, empowering people and facilitating solutions rather than traditional residential services. The model supports the councils vision of supporting people to enjoy healthy, active and independent lives, and creating the conditions for good outcomes to emerge. We have

shifted away from where social care intervenes at a point of crisis in peoples' lives, often risking dependency, towards a model built on early intervention and prevention. Applying an ethos of strength based practice and 'asset based community development' approaches together is enabling a facilitative approach, reflecting collaborative leadership and shared purpose.



## Local Context

### York population projections



York's current population is 202,821 (2021 Census population estimate). Our largest five-year age band, as a proportion of our total population, is the 20-24 year old band, with 15-19 and 25-29 year-old age bands also higher than the average. This reflects the pull of York's further and higher educational institutions. It also means that, as a proportion of the population, there are fewer people in middle age and early age in the city. This is likely to change over the next five years. The differential trends by age are explained by a higher birth rate before the 2008 recession, and the two waves of high birth levels in the post war and early 1960s periods.

Our population is getting older. By 2030, it is estimated that the 65+ population in York will have increased by 13% from its 2023 level and the 85+ population in York will have increased by 18% from 2023; by contrast, there is expected to be a slight reduction (1%) in those aged 0-19 over the same time period, mainly explained by falls in the youngest age bands, and although there is projected to be growth in those aged 15-19 and 20-24, as these will contain young people studying at York's further and higher education institutions, a significant proportion of whom migrate to the city from elsewhere. The Covid-19 pandemic did affect these numbers significantly; evidence from the 2021 Census showed that there are fewer people in these age bands in the city than were expected from previous published population estimates. The University of York have confirmed that they have fewer students in the 18-22 age band than previously. However, changing population age structures happen very slowly, and national estimates suggest they only account for around a 0.4% increase in healthcare use per year (vs. for example the c. 4% grow in impatient demand which we see nationally). This means that myths around the 'ageing population timebomb' need challenging: in reality, the increased need for more health and social care in the city over the next decade will come from increased and earlier onset of chronic disease, rather than ageing per se.

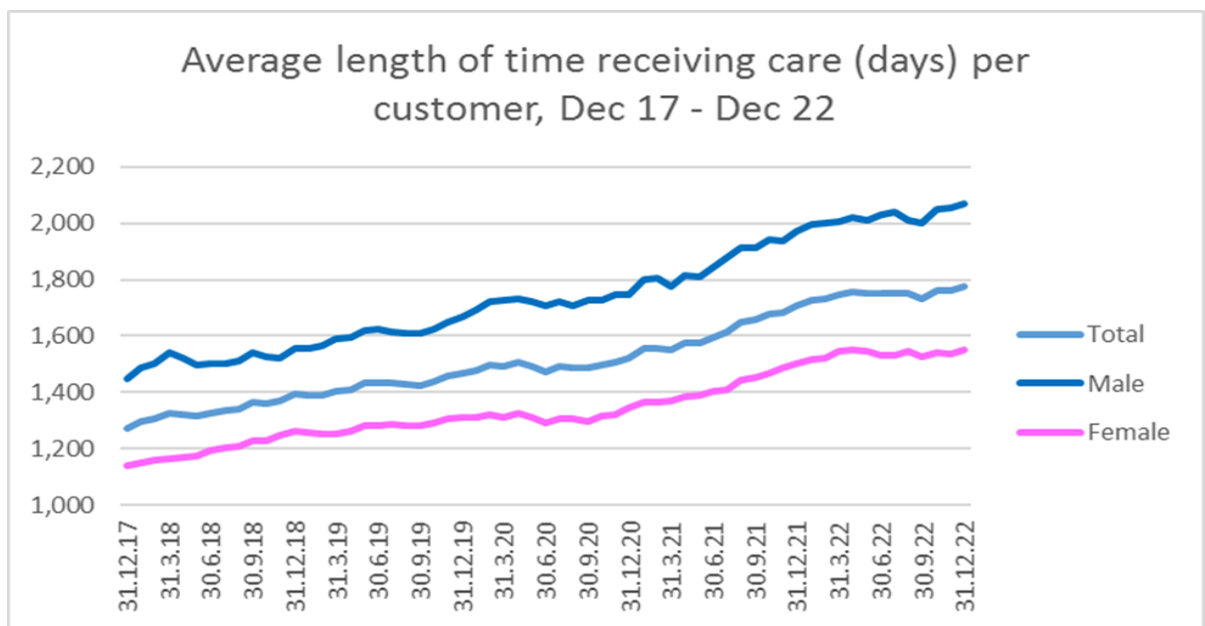
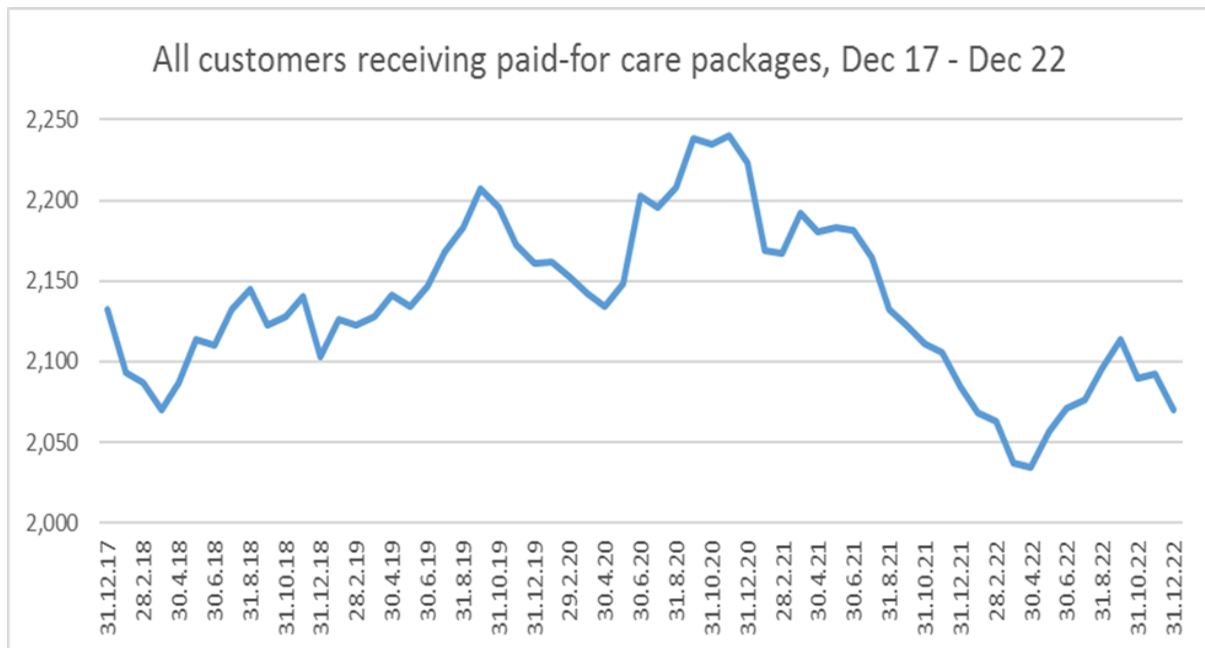
Understanding how the population segments into groups is one of the key tools we want to use as a city to understand future trends in health, as part of a population health management approach. So, for instance, using this type of data in 2018 it was estimated that the population and health projections described above translate (conservatively) into 10% more care packages, 8% rise in caseload for community nursing teams, and a 2.5% increase in GP patient numbers by 2025.

Other work on population health management has looked at the issue of people who live with multiple long-term conditions (multimorbidity):

- 10.7% of the York practice population have multimorbidity; this represents 24,124 people.
- 4.6% have 3+ conditions, 2% have 4+ conditions, 0.8% 5+ conditions, 0.3% 6+ conditions
- 13.8% of the multi-morbid population is under the age of 65
- There is a strong link to deprivation with people from more deprived backgrounds having twice the rate of multimorbidity across all ages
- 2.7% of the population have a physical and mental health comorbidity

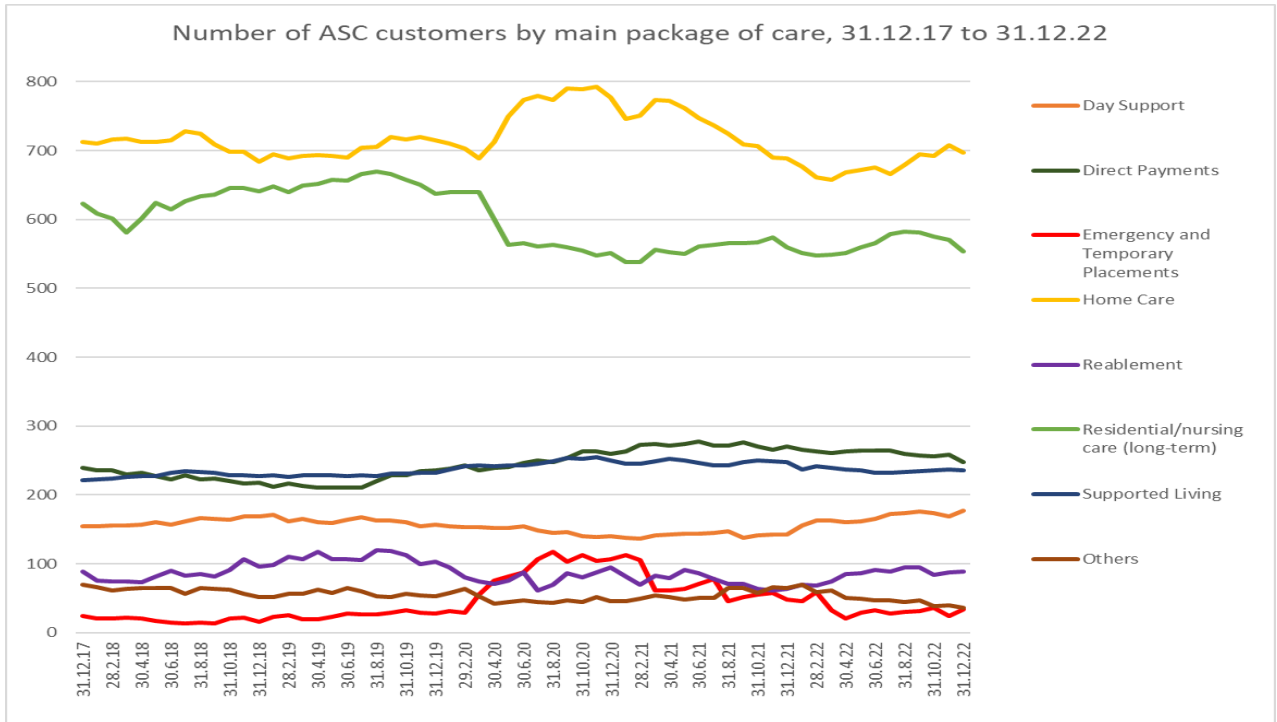
Data collected by hospitals on the combination of diagnosed conditions people who are admitted to hospital have locally is shown in the table below. This data represents patients in the former Vale of York CCG population, which includes York registered patients as well as some patients registered to GP practices in the North Yorkshire and East Riding local authority areas.

The chart below shows the fluctuation of care packages. Although there has been a reduction the length of time receiving care has doubled over the timescale.



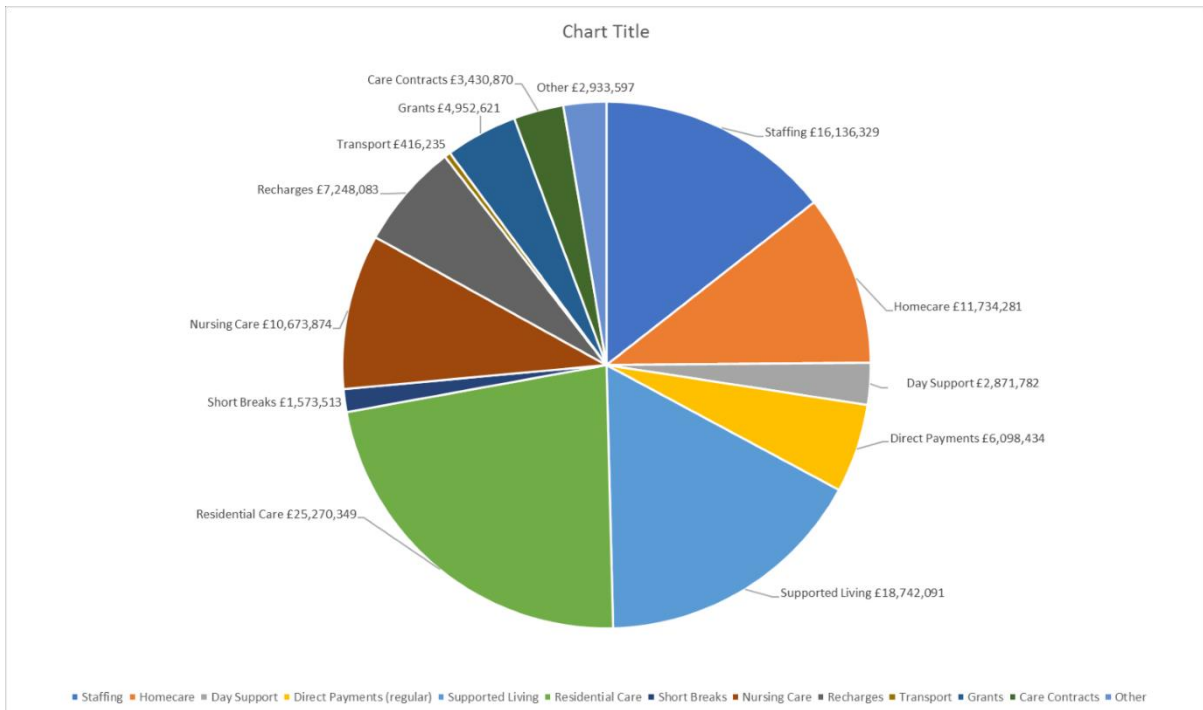
The pandemic has an obvious distortion of the data (chart below) however in the areas of home care and residential care we would like to see the gap between the two areas widening and reduce the reliance on residential services. Seeing this would demonstrate the prevention services and community assets working together and working upstream to reduce the reliance on residential services.





## Financial context

Like many councils across the country, we are still facing increasing pressure on finances. In 2021/22 we spent £112 million on adult social care services, the majority of this spend was on care services purchased from the independent or voluntary sector with the remainder spent on assessment and the provision of our own in-house care services, buildings, transport and running costs, please see chart below.



## Safeguarding

In York, we have been successful in enforcing the Care Act of 2014, but we are firm believers that success lies not only in protecting and supporting individuals but also in preventing abuse from occurring in the first place. The Care Act 2014 sets out six key principles of safeguarding that apply to all sectors and settings, including care and support services. These key principles underpin all our day-to-day operations. It is crucial that providers also work within the statutory framework of the Care Act; working in partnership, cooperating with the local authority and others in respect of safeguarding adults. In order to increase people's well-being and protect them from harm within York, strengthened partnership working will be one of our strategic main components. There is also a need for a collaborative and multiagency approach to support vulnerable adults and children who would have fallen through the gaps of systems and services.

## Children & young people

In York, early years and childcare provision is delivered by the private, voluntary, maintained and independent sectors, who offer a full range of provision across the city. We have 275 registered providers of day care nurseries, pre-school playgroups, school nurseries, a nursery school, childminders, out of school clubs and holiday schemes - offering full day care, sessional care, before and after school and holiday provision.

City of York Council do not commission these services, but we are there to:

- Administer the early education funding to providers for delivery of early education places for two, three and four year olds.
- Ensure that childcare is available, accessible and affordable so that parents have the opportunity to use childcare in their area
- Ensure it is of good quality so that it benefits the child
- Provide parents with a choice of childcare so they can choose the childcare that meets their needs.
- Maintain an overview of childcare sufficiency & quality at citywide and ward level, and undertake an annual assessment (including parent and provider surveys, provider occupancy data, local intelligence, Ofsted quality judgments, and intelligence around planned housing developments)

### Challenges

- Provider delivery models have stayed the same, although some providers are having to reduce the number of places offered due to challenges in recruitment and retention of staff.
- There is some concern around childcare for a small number of children with SEND and for school age children.
- Strategies have been developed to ensure equal access to childcare and early years support for children with special educational needs and/or disability.

Whilst providers in York did see a decrease in childcare usage throughout the first and second lockdowns, with families using fewer hours of childcare, demand has now returned. Whilst over half of parents surveyed reported that they had increased the amount of childcare they were accessing over the last year, from a supply aspect, this varied depending on the sector type. Some sectors have reported an increase in demand, especially for baby places, funded places and ad hoc places. Parental feedback indicated

generally low numbers of unmet need across the city, and this was split across the different age groups and wards.

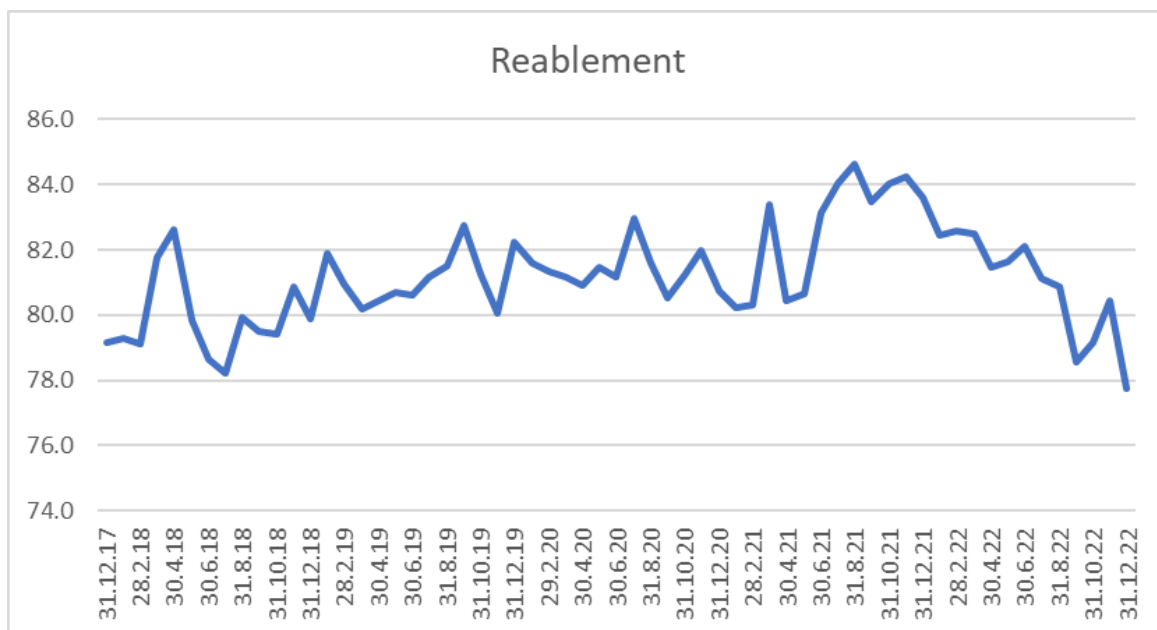
### Message to the market

Our care at home commissioned services have in the past concentrated on supporting families with children with a disability. However, our plan moving forward in 2023-25 is to engage with the market to explore a wider scope of service that extends.

## Adults

The council has moved to a 'strengths-based approach' recognising its traditional social care services focussed too much on deficits and thresholds. Introduced in 2016 a new 'community operating model' has at its core; prevention, early intervention and asset-based community development. This model supports the Council's vision of creating the conditions needed for all people to enjoy healthy, active, independent lives. Shifting away from where social care intervenes at a point of crisis in peoples' lives, often risking dependency, towards a new culture intervening upstream to maximise the individual's support network to self-manage as the first option. This in-turn will reduce the reliance on residential care beds and promote community independence.

We have seen reablement services fluctuate with an increase in demand from mid-2021 to mid-2022 followed by further fluctuation.



The Council's approach is to place ward and neighbourhood level working at the heart of building resilient communities, recognising that local people are best placed to understand and find solutions to the particular needs of their communities. At a ward level the council has increasingly devolved resources for local decision-making, enabling ward members to lead ward teams in delivery of well-informed local priorities.

### Messages to the market

- Work with partners to build community capacity, supporting the growth of social networks and social action, bringing all sectors together in projects that deliver on local priorities.
- Taking a “strengths based” approach, starting from the positive resources and skills found in individuals and communities rather than from problems.
- Ensure people have appropriate advice and information to keep them resilient, independent, happy and healthy.
- Supporting people and communities to find the help they need to maintain their resilience and independence and participate fully in community life.
- Working with partners to intervene early with those at risk of losing their independence or with escalating levels of need.
- Ensure that, where people have longer-term support needs, they also benefit fully from the resources and skills found in their communities and we help them to develop networks and relationships. Where it is necessary to supplement these with services, these are aimed at supporting independence and delivered in a personalised way.

## Direct Payments

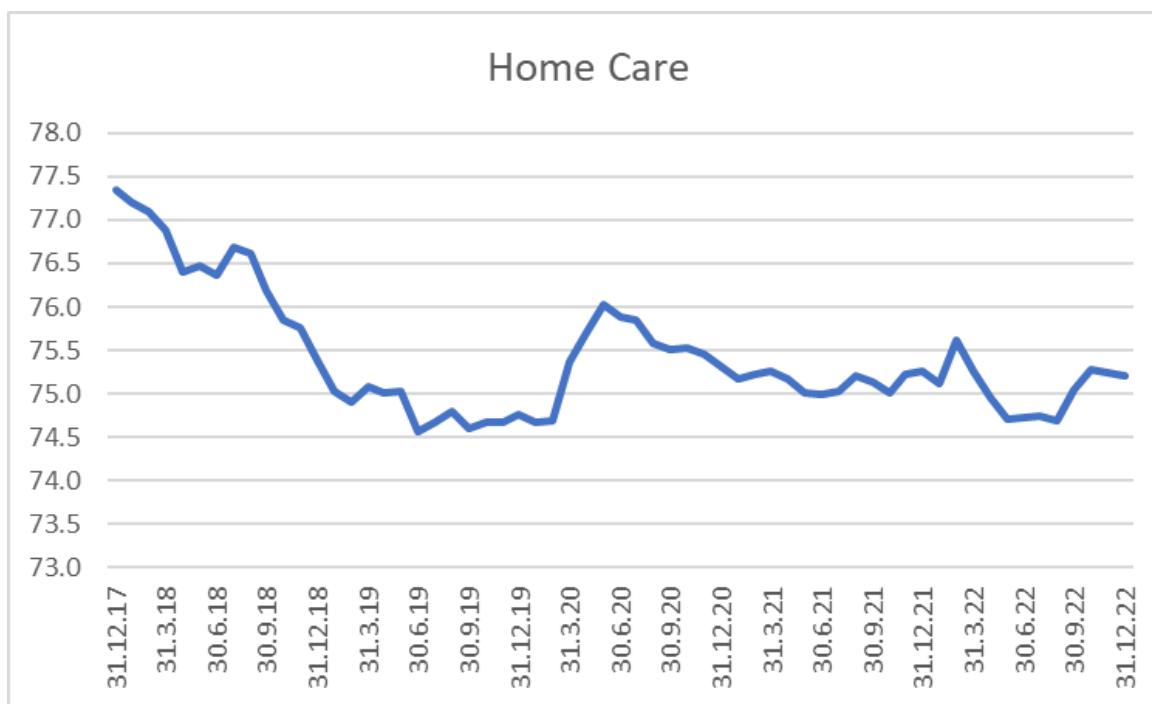
We believe that individuals should have control and choice over the support they receive. Using Direct Payments is one-way adults can experience this. Our plan is to make Direct Payments the first option for any adult who is eligible and has needs that can be met by community-based services.

### Messages to the market

1. Providers need to consider how they can market services to people (the ‘customer base’) rather than solely to the council.
2. Providers will be expected to have plans for how they will involve service users in making choices about the ways in which their support is delivered.
3. The council will support the use of micro providers to provide care and support to people with a direct payment.

## Home care

We have seen a reduction in home care support between 2017 and 2022 of 3% with an increase in the pandemic.



York's goal of enabling individuals to live independently at home necessitates the provision of high-quality home care. These services aim to help adults and older people live independently and for as long as possible in their own homes. These services include everything from basic support to live-in care for those with the most difficult needs. By providing the appropriate support at the appropriate time, homecare services can postpone the requirement for residential care or hospitalisation. Our ambition is to increase the take up of such services and wider community resources which help people to live well at home thus supporting a decrease in the number of people going into residential care when home-based options are still available.

#### Messages to the market

- Providers should continue to consider how they will move to outcomes-based working, offering flexibility and responsiveness to how care is delivered
- Providers must focus on ways to attract and retain employees.
- It is the responsibility of providers to develop a person-centred strategy for achieving the best care outcomes for service users.

#### Reablement

Our current reablement service is externally sourced from the market and current contracts are in place till June 2023. The care and support (intermediate) pathway is currently being redesigned with partners. The reablement service plays a pivotal role in terms of supporting the pathway and reenabling people to return home (Home First) with or without support depending on individual needs.

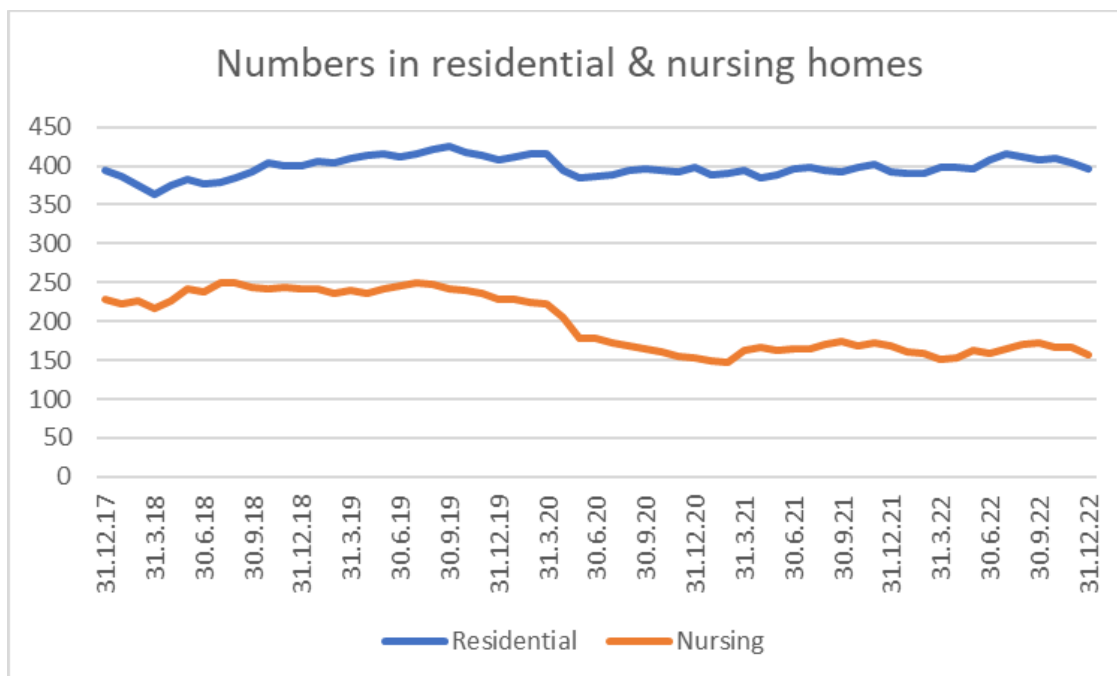
A recommission of this service has begun in terms of gathering the voice of patients/residents, professionals, providers and networks groups across the council and voluntary sector and to explore the options for commissioning the service going forward.

Opportunities are advertised on Yortender and the link is <https://yortender.eu-supply.com/helpdesk.uksupport@eu-supply.com> or phone 0800 840 2050 <https://yortender.eu-supply.com>

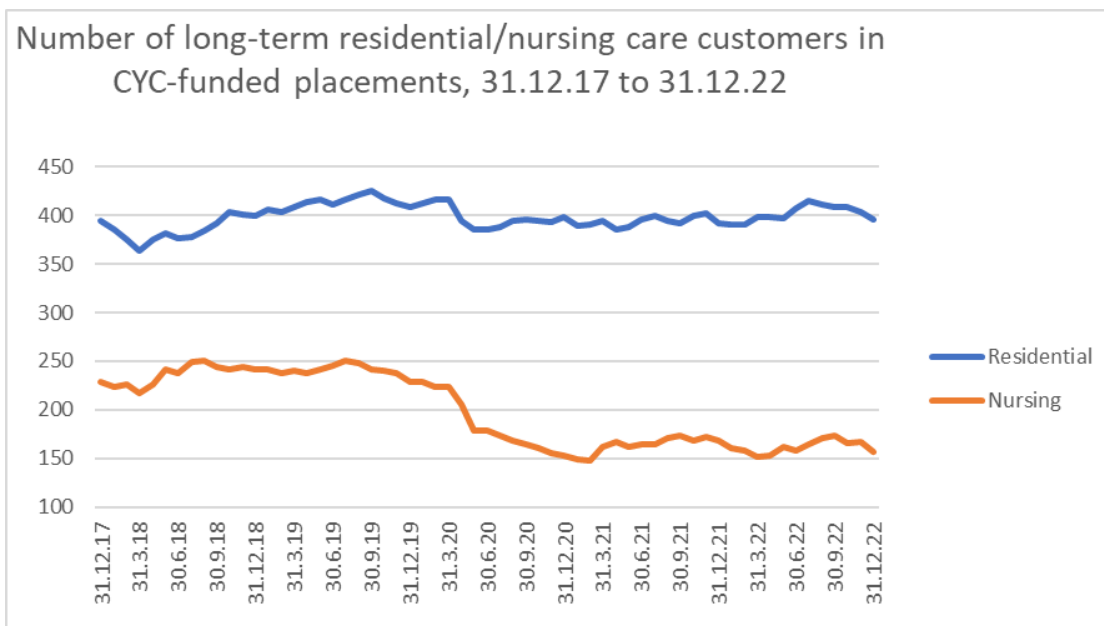
## Residential and nursing care

There are 36 residential and nursing care homes within York. This is made up of 10 residential homes specialising in support for residents who need support for mental health and/or learning disabilities; 26 older people care homes of which 11 provide nursing care. These provide approximately 1208 beds at the current time. It is a priority of the council to reduce the reliance on beds where possible by maximising community assets and care. At approximately £36 million annually, residential and nursing care accounts for 32% of all Adult Care expenditures. As a result, it is essential to control the costs of nursing home and residential care while also ensuring that the market receives a fair price for their services in accordance with our responsibility to maintain a healthy market with a variety of high-quality services to choose from.

Although the total accessing nursing care has fallen the numbers accessing residential care has remained constant. The added issue is the length of stay for both areas as we have seen length of stay increase considerably.







CQC ratings for residential and nursing home provision: -

25 Good

7 Requires Improvement

3 outstanding

1 not yet inspected (Rawcliffe manor)

### Messages to the market

- The trend toward better integration of health and social care services offers an opportunity to examine ways in which they can seamlessly meet needs.
- The development of high-quality, individualised services that are adaptable, responsive, and give people choice and control over how their care and support are provided will be one of our primary commissioning intentions.
- The Council will only purchase placements in care homes for individuals who are unable to live safely at home and primarily for those with nursing and/or specialist needs, such as advanced dementia.
- We can expect an increase in demand for specialist care home beds as over the next decade it is expected that the average age of people entering these services will increase, and it is likely that 50% of residents aged over 85 will be living with dementia. As a result, there will likely be a higher demand for specialist care home beds. Providers will need to develop services that can accommodate the increased acuity and frailty of this specialist care.
- In York there is an oversupply of residential care and an undersupply of nursing care (this was exacerbated by two providers who de-registered for nursing during 2022).
- We will develop and implement a contractual framework for our residential care providers

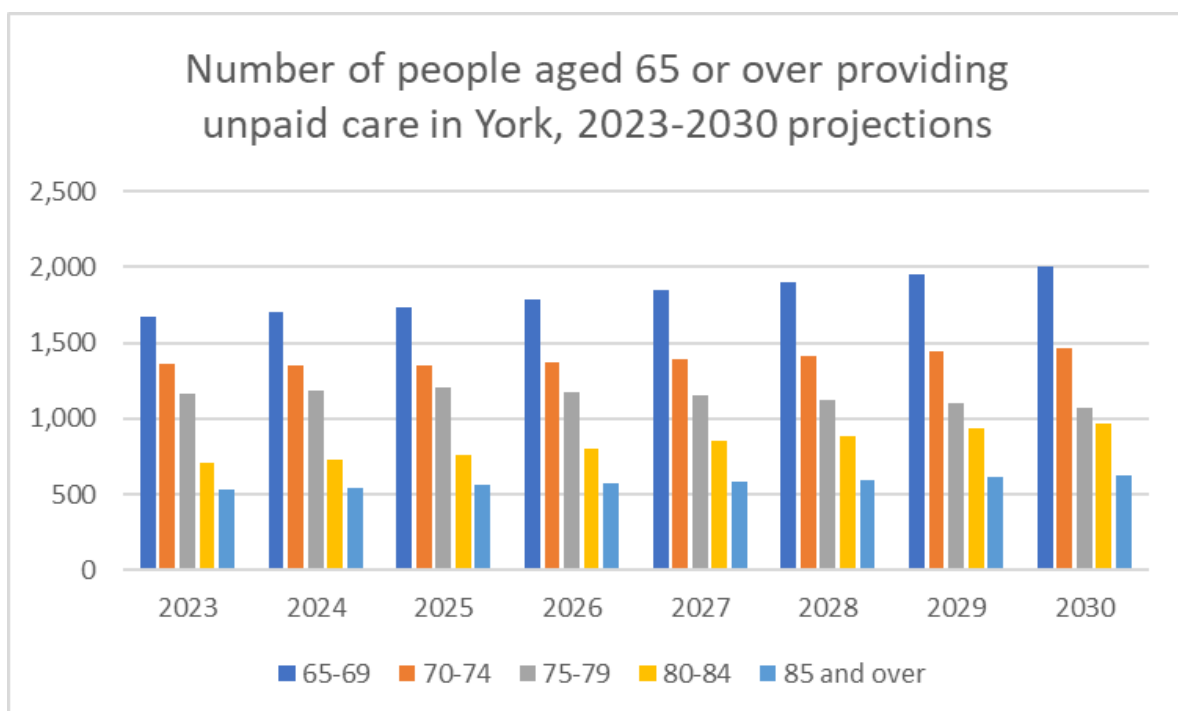
## Carers

Results from research carried out prior to the publication of the York Carers Strategy found there are around 19,000 adult carers in York (11,000 female and 8,000 male) however this figure doesn't include young carers and is therefore likely to be much higher.

The survey of adult carers in the city that fed into the strategy found:

- 46% of adult carers in York say that caring had caused financial difficulties for them.
- 94% of adult carers in York say that their health had been affected by their caring role.
- 46% of adult carers in York do not think they are able to look after themselves properly in terms of eating and sleeping well.
- 65% of adult carers in York do not have as much social contact with people as they would like.
- 40% are providing more than 100 hours unpaid care per week.
- Most adult carers in York are looking after more than one person.

We are also expecting to see an increase in unpaid carers aged 65 and over by 11% (chart below).



Carers tell us they would find it easier to get the help they needed if local services such as health, education and social care for children and adults, all worked together. Lots of carers

are struggling to look after their loved ones, especially people caring for a loved one with dementia, mental health, drug or alcohol issues. Many carers feel that they can't live a life of their own, make friends or socialise. They feel as if they have no choice other than to provide care. Carers have told us they are sometimes ignored by professionals, that their voices are not listened to and their views are not acted on. Carers have told us that there aren't enough opportunities to take a break.

The vision contained in the York Carers Strategy is to create a carer friendly city. One where all carers in York will be able to say the following things:

1. "I know who to turn to for help"
2. "I can cope"
3. "I can live a life of my own"
4. "My voice is heard – my views make a difference"

We need to reach out to the many hidden carers in York and plug them into the excellent support that already exists. We need to give carers the confidence to come forward and ask for help and for that help to be provided at the right time and in the right place, any gaps in support need to be filled.

### Messages to the market

- Carers support services must have an ability to reach out to isolated and hidden carers.
- They must support carers to manage caring for someone and lead a good quality of life.
- Service must be committed to supporting carers to maintain their own health and wellbeing and to feel confident in their caring role. It should appropriately promote carers assessments of need as a positive means of assessing needs and identifying sources of support.

### Mental health

The percentage of working age adults with a common mental health disorder in York is 19% and a psychotic disorder is 0.7%. The table below shows a stable those across the disorders examined and across the timescale being relatively stable.

*Number of working age adults with mental health disorders in York, 2023-2030 projections*

	2023	2024	2025	2026	2027	2028	2029	2030
Common mental disorder	25,299	25,276	25,320	25,313	25,306	25,299	25,292	25,286
Borderline personality disorder	3,213	3,210	3,216	3,215	3,214	3,214	3,213	3,212
Antisocial personality disorder	4,509	4,508	4,522	4,525	4,528	4,531	4,534	4,535

Psychotic disorder	939	938	940	940	940	940	940	940
Two or more psychiatric disorders	9,652	9,644	9,665	9,665	9,664	9,664	9,663	9,663

York has Developed a community approach to mental health and wellbeing - 'Connecting Our City'. This programme of work runs under the banner of 'Connecting Our City' because it's all about connecting people, connecting groups, connecting organisations, and connecting different projects and initiatives.

The initial focus was on developing this community approach to mental health and wellbeing in the 8 council wards to the North of the city (Northern Quarter Project) but it is now a city-wide programme. Key work streams include:

- Pathway to recovery – a multi-disciplinary approach to supporting people to return home from Foss Park hospital by helping plug them into social and community networks that can help them maintain their mental health and wellbeing. Peer support and peer carer support is a key part of this.
- Work to improve the physical health of people with Severe Mental Illness (SMI), again by connecting them to community groups and activities that can help support both their physical and mental health.
- 'Community Conversations'. Working with local business owners and community group leaders who are willing to be trained in mental health awareness and suicide awareness. The idea is that the training, mentoring and support will help develop people's confidence to have positive conversations with others around health and well-being, and be able to sign post people to the right support.

As these three examples show, this approach is completely in line with the strengths based, Asset Based Community Development (ABCD), 'people helping people' approaches described above in the Prevention section.

The 'Connecting Our City' programme also includes community mental health transformation work which involves linking mental health services in both primary and secondary care much more closely with all of the great community groups and activities that exist in the city and that can play such a big part in supporting people's mental health and wellbeing.

Another priority is the development of an improved mental health housing and support pathway that can help ensure that people with mental ill health can access the right type of accommodation, with the right level of support, at the right time. At present in York, we do not have the full range of housing and support options that we need and, as a result, people sometimes stay in hospital longer than they need to, or they are housed in accommodation that doesn't properly meet their needs, or they are placed in accommodation outside of York away from family and friends and support networks, often at significant expense. The biggest gap in our current provision is for people with multiple and complex needs.

### Messages to the market

When we come to commission services and support it means that we will be looking to work with providers who:

- Have a ‘whole system’ mentality and are committed to joining-up the support they provide with that of other partners.
- Are committed to being flexible and innovative in working with all partners to respond to individuals’ and communities’ changing needs.
- Share our commitment to coproduction and ensuring that the people they support are fully involved in shaping the support they receive.
- We do not have the full range of housing and support options that we need

## Learning disabilities

Over the next seven years it is predicted that the number of individuals with learning disabilities will increase by 3% with 18-24 seeing the largest increase by 11% with some age groups seeing a reduction.

*Number of adults with Learning Disabilities in York, 2023-2030 projections*

	2023	2024	2025	2026	2027	2028	2029	2030
18-24	860	867	886	903	920	937	954	972
25-34	737	730	717	708	699	690	681	670
35-44	597	600	610	614	618	622	626	632
45-54	554	545	534	532	530	528	526	522
55-64	568	575	577	570	563	556	549	543
65-74	425	427	431	441	451	461	471	482
75-84	302	310	318	321	324	327	330	333
85 and over	120	122	126	130	134	138	142	144

We want to ensure that people with learning disabilities remain as independent as they can for as long as possible and that they have choice and control over how they are supported to live their lives. Our vision continues to focus on enabling people with learning disabilities and their families / carers to contribute to the building of resilient communities for positive health and wellbeing. This is equally as important as young people with disabilities prepare for adulthood.

The All-Age Learning Disabilities Strategy, 2019-2024, was coproduced with key priorities identified as: education / life-long learning and employment, independent living – helping people with a learning disability to have choice and control over their lives and the support they receive, participating in society –having friends and supportive relationships, and participating in, and contributing to, the local community, and being as healthy as possible.

Maintaining good health and leading fulfilling lives can be difficult for people with learning disabilities. People with Learning Disabilities have a lower average life expectancy than the general population, and co-occurring conditions like mental illness and physical disabilities are common among them. We have been able to develop our vision to provide individuals with complex needs with greater choice, control, and quality of life thanks to the introduction of integrated health and social care budgets. More and more people are being given the ability to direct their personal budgets and take charge of how their needs are met.

### Messages to the market

- Transforming Care - there are a small number of people with a learning disability and/or autism who require additional support because of mental ill health or behaviours that challenge who may require a hospital admission. The aim of the Transforming Care Programme is to ensure that people are discharged back into the community at the earliest opportunity with the right accommodation and support.
- There is a new Pre-Placement Agreement for the provision of support for people with disabilities to live in their community which starts from 1<sup>st</sup> April 2021 which providers are welcome to join throughout its duration.
- Require community-based solutions, to allow people to remain at home whilst receiving support.
- Support people with learning disabilities to access meaningful and paid employment

## Dementia

York is expecting to see a 13% increase in the number of individuals with Dementia between 2023 and 2030 which is an increase from 3143 in 2023 to 3636 in 2030.

*Number of adults with dementia in York, 2023-2030 projections*

	2023	2024	2025	2026	2027	2028	2029	2030
30-39	2	2	2	2	2	2	2	2
40-49	5	5	5	5	5	5	5	5
50-59	26	25	24	24	23	23	22	22
60-64	19	20	20	19	18	18	17	16
65-69	169	172	177	182	187	192	197	202
70-74	286	286	283	288	293	298	303	308
75-79	547	559	565	554	543	532	521	510
80-84	644	666	688	728	768	808	848	887
85-89	726	726	726	743	760	777	794	812
90 and over	719	719	754	778	802	826	850	872



Our vision is that people with dementia, their families & carers, are supported to live life to their full potential. We want the people of York to be able to say:

- I can live a life of my own
- I live in a dementia friendly community
- I know who/where to turn to for information, advice and support
- I know I have access to a timely and accurate diagnosis, delivered in an appropriate way
- I have access to the right support that enables me to live well at home for as long as possible
- My voice is heard and makes a difference
- I know that when the time comes, I can die with dignity, in the place of my choice

### Messages to the market

- Ensure accessible information, advice and guidance is readily available
- Ensure services offer flexible support to the person living with dementia
- Instigate a framework for dementia training to ensure all people receive training relevant to their role so that the workforce has the right skills, behaviours and values
- Build a sustainable network of peer-led groups across the York area
- Ensure that people with dementia have access to a range of affordable, flexible activities that reflect their interests and needs
- There is also an insufficient capacity for residential dementia care.

### Advocacy

The largest change to future advocacy provision relates to new Liberty Protection Safeguards (LPS) legislation implementation. This has been delayed with a revised implementation date to be announced. The new LPS legislation will replace the current Deprivation of Liberty Safeguards (DoLS) legislation.

This is likely to have a significant impact on the landscape of advocacy provision. The government has confirmed that the current DoLS system will run alongside the LPS for up to a year in order to enable those subject to DoLS to be transferred to LPS in a managed way

The key changes associated with the introduction of LPS include:

- Enhanced rights to advocacy and periodic checks on the care or treatment arrangements for those most in need,
- Greater prominence given to issues of the person's human rights, and of whether a deprivation of their liberty is necessary and proportionate, at the stage at which arrangements are being devised,
- Extending protections to all care settings such as supported living and domestic settings,
- Widening the scope to cover 16- and 17-year-olds and planned moves between settings,
- Cutting unnecessary duplication by taking into account previous assessments, enabling authorisations to cover more than one setting and allowing renewals for those with long-term conditions,

- Extending who is responsible for giving authorisations from councils to the NHS if in a hospital or NHS health care setting; and
- Introducing a simplified version of the best interests assessment which emphasises that, in all cases, arrangements must be necessary and proportionate before they can be authorised.

### Message to the market

Providers should be aware of and prepare for the implementation of Liberty Protection Safeguards, recognising and implementing the findings and results of the national consultation.

## Housing

Current data on the population of York suggests that the number of York residents aged 60+ will increase from 49,340 in 2019 to 58,300 in 2029. This increase of 8,960 represents a 19.6% increase in this population over the next ten years. Over the next twenty years this population is predicted to rise by 26.2% to 62,300. The 75+ age group is expected to increase from 18,500 in 2019 to 23,600, this is an increase of 5,100 or 21% of this population. One of the largest increases can be found in the 85+ age group which is predicted to grow by 31% from 5,500 to 7,100 between 2019 and 2029. Consequently, it can be reasonably assumed that demand for age-appropriate accommodation to meet the needs of the York's ageing population will continue to rapidly increase over the next decade and beyond.

The Council receives around 230 homeless representation per quarter with around 13% having mental health problems, 11% have ill health or a disability and 7% that have a history of drug and alcohol dependency.

The Council's "Accommodation Plan for Adults with Learning Disabilities" sets out the Council's approach to delivering accommodation for Adults with Learning Disabilities. The overarching aim of which is to ensure those adults remain as independent as they can be for as long as possible. The plan projects a future need of approximately 67 customers that will need alternative accommodation in the next five years. The recommendations and challenges within the Plan include:

- To create an accessible and transparent pathway to supported accommodation;
- To develop an accommodation board to improve transparency and joint working;
- To develop information for adults with learning disabilities and their families/carers about independent living and accommodation options; and
- Review approach to accommodation and ageing well with learning disabilities

### Messages to the market

In the years to come, there will likely be a greater demand for specialised housing options due to the aging population, rising rates of disability, and worsening health conditions among the elderly.

In light of the anticipated population growth over the next ten years, it is necessary to take measures to reduce the demand for housing.

There is a need for additional specialist accommodation including additional and appropriate accommodation for families with young disabled children, young adults with learning disabilities & adults with long term mental health conditions.

The importance of assistive technology and home adaptations to enable people to remain living in their own home for as long as possible.

While age-friendly apartments and bungalows should be the primary focus, other options like independent living programs and the provision of additional care should also be available.

The availability of additional extra care and units will relieve the need for residential care

There is a need for additional appropriate accommodation for those living with disabilities.

Develop accommodation to support our mental health pathway

The Council projects a future need of approximately 67 adults with learning disabilities that will need alternative accommodation in the next five years.