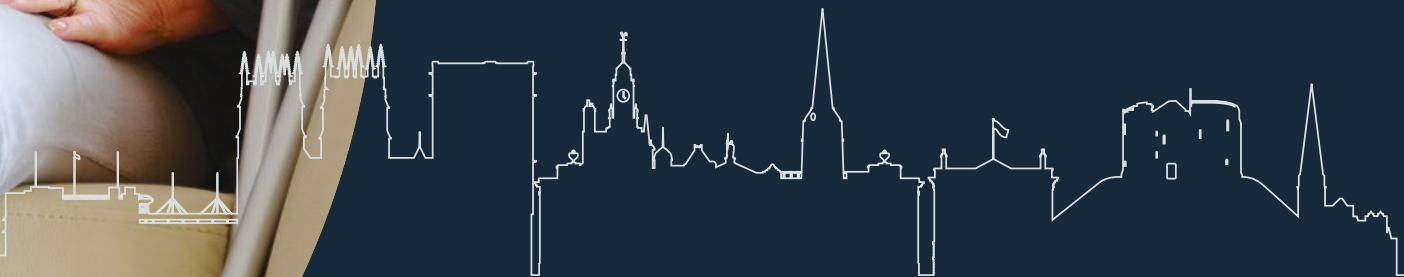




City of York Council

All Age Commissioning Strategy

2023-2025



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Foreword

This Commissioning Strategy lays out, at a high level, how the City of York Council intends to shift the balance of care in order to meet the growing needs of local people while working with reduced funding. By doing so, the Council will focus on promoting well-being and an asset-based community development approach to the commissioning process. Councils with Adult Social Services responsibilities are required by the Care Act of 2014 to oversee the care market, collaborate with providers to develop high-quality services, guarantee capacity to meet local needs, and ensure the safety of service users. The Strategy helps the Council to fulfil this duty by setting out our commissioning intentions. The Strategy also makes it clear that demand will be managed by:

- Adopt an asset-based community development approach that prevents, reduces, or diverts demand, ensuring that individuals remain at the centre of families and communities for as long as possible, and encouraging communities to provide additional support for themselves
- Promoting the independence and strength-based approach of people who do need a service so that we can minimise the costs over the lifetime of the service.
- Developing sufficient high-quality provision where the environment and care meets need.

We propose that by re-balancing the way care and support is organised we can make the money go further and support

more people with lower-level support while having enough money to care for people with the highest levels of needs. Our commissioning process will also centre on residents, caregivers, and partners. They will be involved at every stage, as we ensure that people's perspectives and experiences are heard, taken into consideration, and heavily influence the manner in which we obtain the best services possible.

With an increasing proportion of services commissioned from the independent and third sectors, value for money will continue to be the driving force behind all commissioning activity. Value for money is important not only because of the Council's financial situation, but also to cut down on the significant costs that service users, who pay fees and charges, often fully fund their care.

Jamaila Hussain

Corporate Director of Adult Services and Integration (DASS)
City of York Council



Purpose

The purpose of this Commissioning Strategy is to outline our approach to commissioning services in York within the local context including local strategies, plans and financial constraint. Our ambition is for individuals to live healthy and independent lives and to their full potential. Our commissioned services are aimed to prevent ill health by working on a community level to ensure prevention is at the forefront of what we do. Our Community Development Model of health promotion will aim to prevent as well as build on community assets when support is required. However, when services are required, they will be of the highest quality and focus on the strengths of individuals and not their weaknesses. To accomplish this, we must collaborate with those who receive assistance, our providers, other partners, and the general public to understand our population and arrange services that meet needs and assist individuals in achieving their objectives and expand our local market in York. This Strategy also sets out the principles which will inform the ways we will work to deliver on our plans and intentions.

Context

Our approach to Commissioning Services in York is influenced by national and local factors. When we commission and deliver services they must comply with

national and local policy and meet local needs as well as ensuring that we are following these statutory obligations. All this needs to be accomplished within the most constrained financial parameters in decades. With limited funding, it is vital that funding decisions are based on evidence, support innovation, and achieve the best outcomes. Through Joint Strategic Needs Assessments (JSNAs) and intelligence from partners, we can target investment in a way which meets local needs and supports the shift to prevention. The challenge is to become more efficient, effective, and leaner in our work.

Legal Context

The Care Act 2014 places legal responsibility on the council regarding Adult Social Care, which include the following: fostering individual health; avoiding the need for assistance and care; promoting care and support integration with housing and health care; giving advice and information; as well as promoting service quality and diversity. The Care Act also places a strong emphasis on supporting prevention and to provide control and choice.

The Children Act of 2004, which specifies obligations like: achieving positive results for children, teens, and families; integrating and improving childcare services; promoting preventative care; as well as bringing together various professionals.

The Children and Families Act 2014 provides more detailed requirements for children and young people with SEND, supported by the SEND Code of Practice 2015 which gives statutory guidance on this provision. It also provides updates to the adoption system, young carers and some provision for looked after children and childcare.

Council Ambition

Our ambition: To support the best quality of life for our residents, now and in the future.

City of York Council Plan 2019-2023

We have developed numerous strategies that have an impact on the direction of commissioned services for York residents. Some strategies are implemented directly by the council, while others are implemented in collaboration with other organisations like the ICB. The following are the eight core priorities of our council plan:

- Well-paid jobs and an inclusive economy
- A greener and cleaner city
- Getting around sustainably
- Good health and wellbeing
- Safe communities and culture for all
- Creating homes and world-class infrastructure
- A better start for children and young people
- An open and effective council



Good Health and Wellbeing

- Adults that are physically active for 150+ moderate intensity minutes per week
- % of children in Reception recorded as being obese
- Overall satisfaction of people who use care and support services
- Healthy Life expectancy at birth - Female / Male
- Proportion of adults in contact with secondary mental health services living independently
- Adult Social Care - attributable Delayed Transfers of Care



Image by Freepik

Key Principles for the York Health & Wellbeing Board

- Ensure that we work together in true partnership for the good of the people of York
- Involve local people in identifying the challenges and redesigning services
- Promote equality of opportunity and access for all communities, and challenge discrimination if it arises
- Treat everyone with dignity and respect at all times
- Recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York
- Champion the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents
- Work with the Adults' and Children's Safeguarding Boards to ensure that everyone always feels safe, and that the ways to report concerns are clear

We intend and hope to work closely with stakeholders in service provision and with our partners in the statutory, independent, and voluntary and community sectors to develop our strategies. Wherever possible we aim to use extensive engagement, consultation and co-production to shape plans going forward.

Introduction

City of York Council All Age Commissioning Team is a newly formed team that brings commissioning adults and children's commissioning together and ensuring commissioning is conducted across the life course.

Our Commissioning Vision

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

Commissioning Principles

We are dedicated to assisting children, young people, adults, and families in becoming secure, independent, ambitious, and able to lead the best lives possible. People's own strengths, as well as those of their friends, families, and the community at large, provide a significant portion of the expertise and support required to achieve these outcomes. Through guided discussion, assessments, and support planning, the council will encourage the use of these assets. Additionally, the council will commission or directly provide services that support these outcomes. The council will provide some of this, and external organisations, such as social enterprises, independent providers, and voluntary and community sector organizations, will also provide elements.

In Commissioning services, we are committed to the following 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
- Co-production is a key principle to inform commissioning models of care and support, service redesign and maximising independence through strength-based approaches
- We will commission using an evidence-based approach that

- supports innovation and achieves the best outcomes
- Develop robust strategies for market growth and sustainability
- An outcome focused approach that continues to decommission services that are considered less effective or not delivering excellent value for money

How we will Commission Services

The commissioning process consists of a series of interconnected tasks to:

- Understand the needs of our local population
- Understand the organisations that do and could provide care and support ('the market')
- Create service models and ways to purchase them that meet needs, improve people's well-being, keep them safe, and help them reach their goals.
- Over the next two years, we want to keep growing, coming up with new ideas, and providing the best value
- Committed and skilled teams of commissioners & contract managers are developing ever-better partnerships and services.
- We will commission services that are inclusive, accessible, and responsive to the needs of City residents and its communities.
- We will complete meaningful Equality Impact Assessments that will inform the way we work

- We will work to build co-productive approaches into all elements of commissioning and quality
- We will adopt a strength-based approach that maximise opportunities to make health gains
- We will build on community services and assets
- We will commission services that take strength-based approaches
- We will work with those who use services, their carers and families to design services that focus on outcomes, rather than outputs
- We will commission services that are flexible, and work when and where people need and want them
- We will promote and improve Direct Payments and Individual Service Funds as key mechanisms for choice around support
- We will collaborate with social workers and other colleagues to ensure that the range of services are understood, easily accessible, and tailored to the requirements and outcomes outlined in assessments and reviews
- We will actively work with our operational teams to identify gaps in service provision enabling a stronger prevention offer
- We will ensure safeguards are in place and promote safeguarding in everything we commission
- Work with partners to see where a joint commissioning approach can be developed and implemented

Quality

The activities of the department and the council, as well as the providers who support the delivery of the strategic objectives, continue to be primarily driven by the quality of practice and the experiences of people who use our services. Regulatory bodies also inspect much of the provision that our population accesses, whether this is directly commissioned or provided by the Council, privately commissioned by families and carers or market led. Ratings issued by the Care Quality Commission (CQC) provide insight into the market's quality. They provide guidelines and standards that serve as a standard against which we can monitor regulated activity. Services will be performance managed to ensure both value for money and quality outcomes for our customers.

Financial Limitations

The Council is facing financial challenges at a time when demand for services is increasing. This presents a significant obstacle for the social care industry, necessitating that we direct our efforts in the areas where support is required by law and most likely to have an impact.

Delivering Innovation Contracts and Quality Improvements Manager also play a role in ensuring the quality of care for people who use Adult Social Care Services in York is high. Quality Assurance Visits are completed on a regular, and

scheduled basis and are done through a combination of remote monitoring reviews and onsite visits, during which they will audit a wide range of evidence about service delivery in line with local and national quality expectations and contractual compliance obligations.

These Quality Assurance Visits provides the City of York Council with an understanding of how a Provider functions on a day-to-day basis. Our Priority is to ensure that all Providers are delivering Good – Outstanding care and where areas of improvement are identified the Contracts and Quality Improvements Managers work with Providers and other stakeholders to address such concerns and drive change in order to benefit the people of York.

- We will take time to look at what works well in York and in other areas to identify best practice
- We will maximise the use of information technology to help prevent and support individuals
- We will use grant funding and procurements in a way that helps us maximise and pilot innovation

Co-production

A priority for the commissioning team is to co-produce services utilising network groups, VCSE, customers, staff and people who use the service and could potentially use the service in the future. As a result, we want service users

to be involved at all stages of the commissioning process in order to create services that best meet needs and produce the desired outcomes. The specific approach taken will vary based on the group of people with whom we are collaborating and the service's goals, which will be established at the beginning of each commissioning review.

Partnership Working

Our approach to partnership working will be based on:

- We are committed to collaborating with colleagues in health services and are aware of our place in the larger Health and Social Care system.
- We will work in partnership to together improve quality and performance in services.
- We will work to create a relationship with the sector based on trust and learning.
- We will promote the role of the VCSE in the co-production & delivery of services.
- We will foster open and positive relationships and communication with our providers.
- We have developed a new approach to our Market Position Statement to help partner keep up to date with our intentions



Image by Freepik

Outcome Based Accountability

Outcome Based Accountability (OBA) is a disciplined way of thinking and taking action that service planners and communities can use to design and monitor strategies to improve the lives of children, families, and communities and as the basis for commissioning and improving the performance of projects, programmes and services. Working backwards from the goals we want to achieve, or the conditions of well-being on which we want to have an impact, is the foundation of the strategy. From there, we take a step-by-step approach to comprehending how we want those conditions to change; how to determine whether and why that is taking place; who should be involved in the changes and what concrete steps will be taken to bring about those changes? Often, this is referred to as “turning the curve.”

OBA gives us:

- A single, clear, and consistent methodology across the city
- A common language around performance and improvement
- an approach that can be applied to a wide variety of issues, but always focused on outcomes
- A way to visually demonstrate to staff, partners and the public the progress being made

York 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.

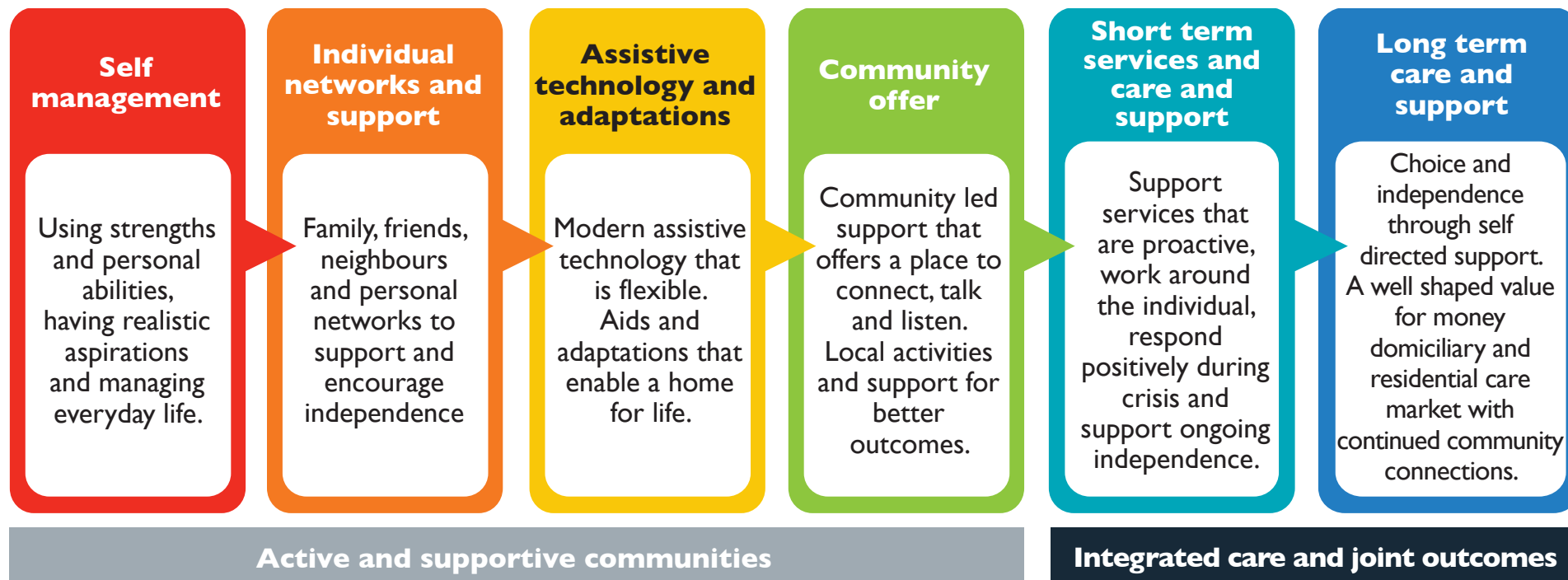
This asset-based approach will contribute to our prevention agenda through empowering as well as information and knowledge sharing. Community development as a strand of health promotion is well established and has evidence of having a major positive impact in improving health outcomes and reducing inequalities. 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. 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 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.

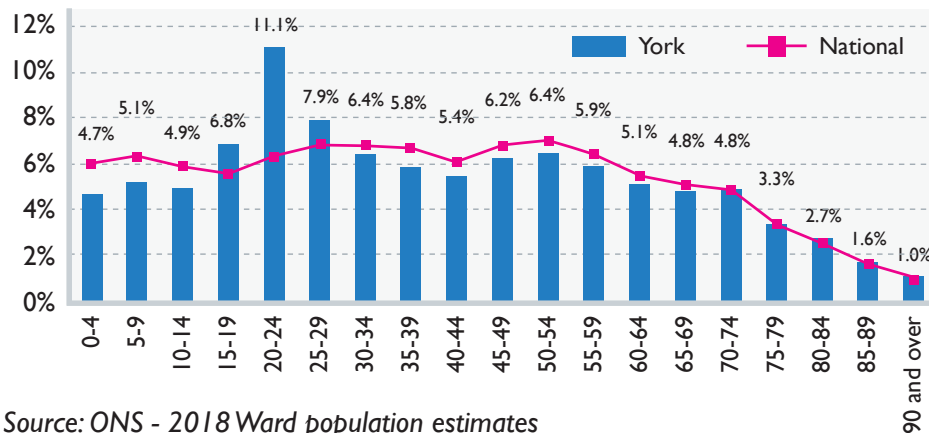
It explicitly recognises the roles that people, and communities play in achieving outcomes both as co-producers alongside organisations, and through personal and community self-help. As co-producers, people and communities are involved as equals in day-to-day decision-making. This changes what both practitioners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

Our Population

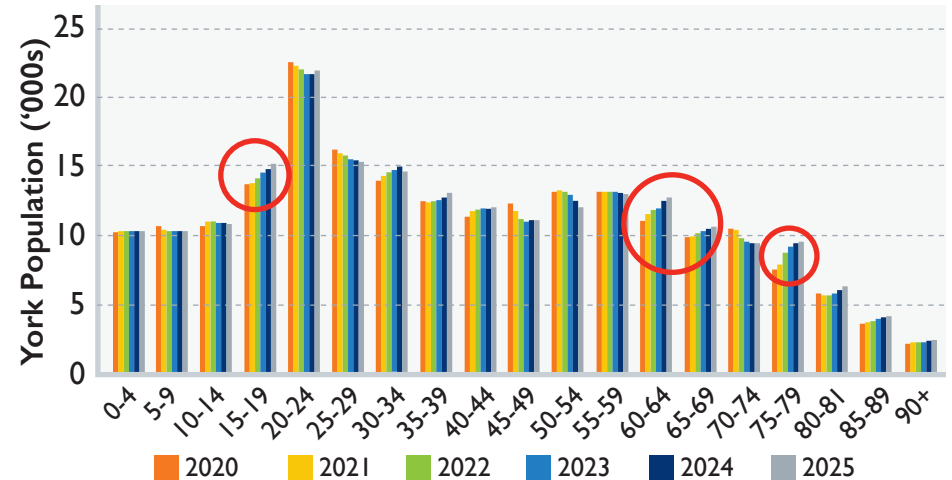
York's current population is 202,821 (2021 census), due to rise to almost 215,000 people by 2030. Our largest five-year age band as a proportion of our total population, is the 20–24-year-old band, with 15-19 and 25-29 year-old age bands also higher than the average (Image 1). This reflects the pull 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. Image 2 shows how 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.

Image 1: York's population by 5-year Age Bands, as a proportion of all Population



Source: ONS - 2018 Ward population estimates

Image 2: Population Projections York 2022-27 in 5 years Age Bands (mid-year estimates from ONS)



Our population is getting older. By 2030, it is estimated that the 65+ population in York will have increased by 17% and the 85+ population in York will have increased by 27% from 2020; 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, it remains to be seen whether the Covid-19 pandemic will affect these numbers significantly; anecdotal evidence from the University of York suggests enrolment numbers have fallen in recent years. However changing population age

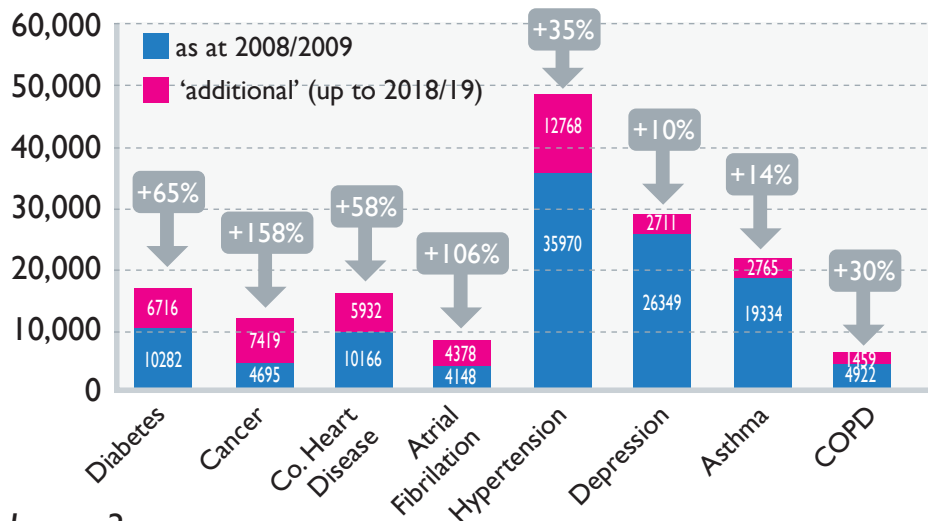


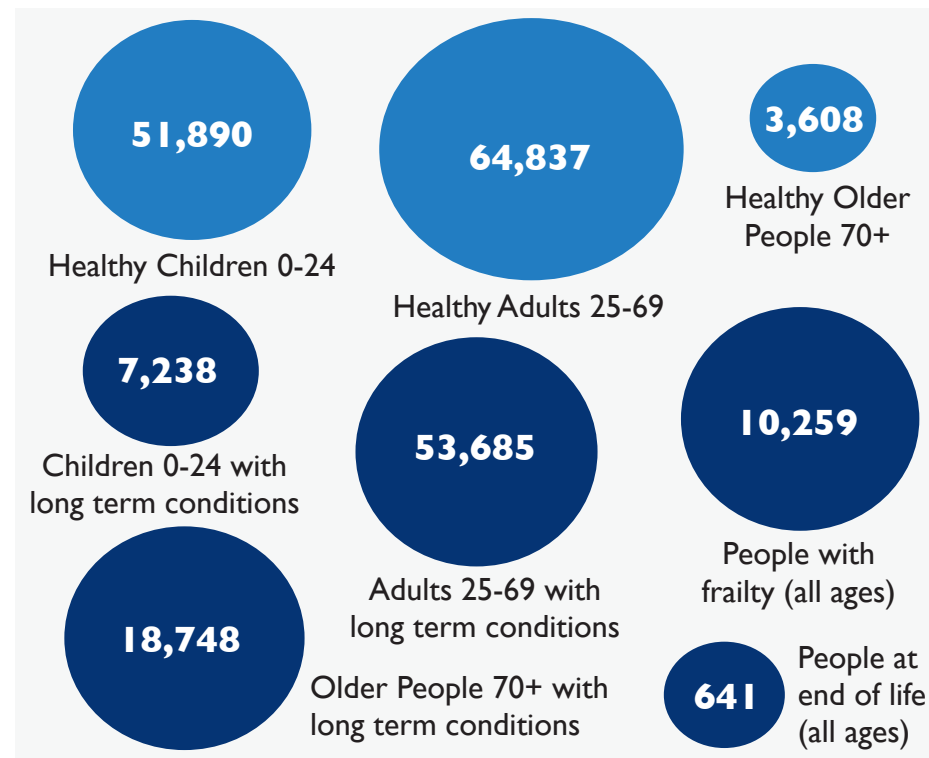
Image 3

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 inpatient 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. Image 3 shows that over the last decade, a large amount of chronic disease has been added to GP practice registers in the city, far outweighing any change in age structure in terms of increased health and care demand.

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 (see image 4). 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.

Image 4: Leeds/Kent Population Health Management tool, applied to York's Population



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

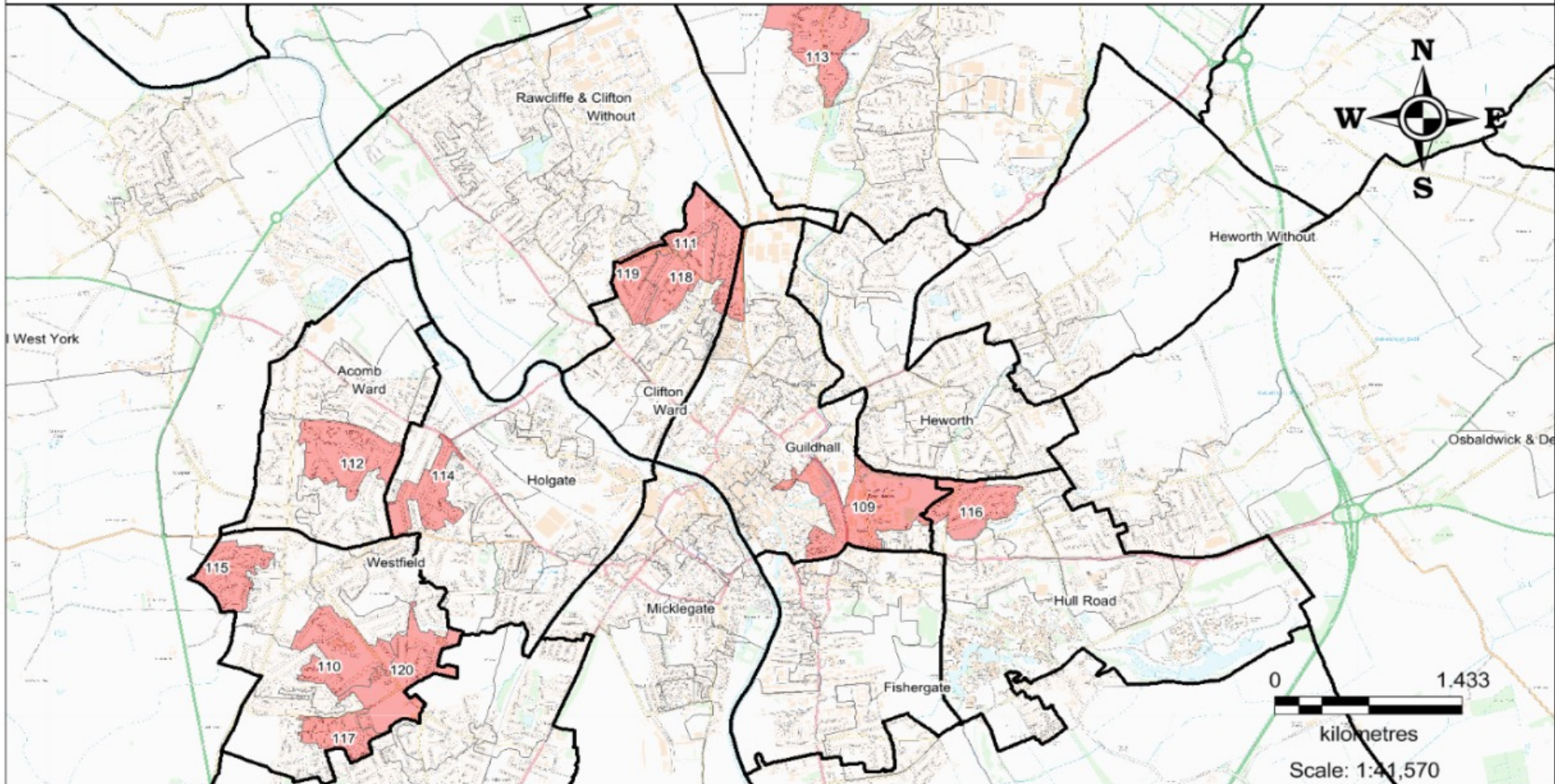
- 10.7% of the York practice population have multimorbidity; this represents 24,124 people.
- 4.6% have 3+ conditions, 2% have 4+ conditions, 0.8% 5+ conditions, 0.3% 6+ conditions
- 13.8% of the multi-morbid population is under the age of 65
- There is a strong link to deprivation with people from more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

Other societal features and changes have a strong bearing on health. Wonderfully, York city has become more culturally and religiously diverse over the last two decades. Whilst the official proportion of people from a BAME background is lower than the national average at 5.7%, Census data expected in 2022 is expected to show numbers have increased, and the diversity of York varies across the city, with 15.1% of people in Hull Road ward from a BAME background. There are 794 people on a learning disability register in primary care in the city as of February 2021, and 2,040 people on a severe mental illness register (which means they have bipolar disorder, schizophrenia, or another psychosis).

It is well-recognised that people with a learning disability or a severe mental illness suffer poorer health outcomes, for instance with a 10 year (SMI) and an 18-year (LD) lower life expectancy than the England average.

Socio-economic deprivation underlies inequality and poor health outcomes for some in our city. Using a composite index of deprivation including health, income, employment, crime, education, housing and environmental factors, we can see that York has one small geographical area (within Westfield ward) with a population of 1,647 that is in the 10% most deprived in England, and 6 areas with a combined population of 9,479 within the bottom 20% most deprived in England (IMD 2019), spread through the city in areas such as Clifton, Hull Road and Westfield wards (Image 5). Other aspects of poverty which are spread throughout the city can influence health, with for instance 8.5% of people in York living in fuel poverty, 12.9% living alone, and 1 in 10 children living in a household with an income less than 60% of the national average.

Indices of Multiple Deprivation - Decile 10 (York's most deprived LSOA's)



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Image 5: IMD Map of York

The effects of these inequalities track through into long-term population health outcomes:

- Premature mortality: a three- to five-fold difference in expected deaths from preventable causes in the city between wards
- Life expectancy: a gap between wards in York of 10.1 years (Male) and 7.9 years (Female)
- Emergency admissions to hospital: a 50% range in the standardised admissions ratio between wards in each area

Focus on Mental Health

Mental health problems represent the largest single cause of disability in the UK. In York we are committed to the delivery of an improved community-based offer of support that places less emphasis on in-patient beds so that fewer people with mental ill health are in hospitals and care homes. A key challenge to enabling a more community-based model of recovery is the lack of specialist housing and support options. The impact of this is that people sometimes stay in hospital longer than they need to or are housed in accommodation that doesn't support their recovery, or are placed in accommodation outside of York at significant expense.

The biggest gap in our current provision is for people with multiple and complex needs.

Plan - we will deliver a housing and support pathway for people with mental ill health that is able to support those with multiple and complex needs. It will increase access to the right type of accommodation with the right level of support at the right time to meet people's needs.

Main outcomes delivered by commissioned services will include:

1. Increased housing and support provision for people with complex MH support needs.
2. Increased specialism within the system for complex cases as evidenced by number of difficult to place cases at MH Housing Panel. Baseline 60 per annum.
3. Decreased delayed discharges at Foss Park.
4. Decreased unplanned move-ons/ evictions where homeless services/rough sleeping is the departure destination.
5. Decreased number of people in out-of-borough placements.

Priority 1 – Commission Prevention and Early Help Services

Plan - We will support our population toward better outcomes and prevent or delay the loss of independence by facilitating easier access to support services and by providing better targeted early interventions. As a result, in the future, we won't need as many services that are more intrusive and expensive.

There are unmistakable demographic pressures surrounding a local population that is getting older and suffering from multiple long-term conditions. As a result, there is a growing need to find efficient means of assisting people in maintaining their health and easing the pressure on health and social care services. There is growing evidence that directing resources strategically toward prevention and early intervention improves outcomes for individuals, organisations, and communities and makes better use of resources that already exist.

Build our community asset knowledge to ensure we make full use of the resource available to people within their locality. Our early help, intervention and prevention offer will then build on this with more targeted support where there is evidence that this can change the outcome that someone experiences and reduce costs further down the line.

Maximise the use of equipment and technology to enable people to maximise their independence and to support the home first approach whilst preventing dependency on statutory services.

Main outcomes delivered by commissioned services will include:

1. Delaying and reducing the need for care and support
2. Reducing dependency on statutory services
3. Helping to identify local assets and resources that people can access directly without the need for assessment or referral

Priority 2 - Commission Services that Safeguard the most Vulnerable

Plan – Those that are at risk are identified early with intervention to reduce risk and safeguard from harm.

As an organisation we will work with partner agencies in order to develop quality systems, promote safeguarding practice across the City and effectively monitor performance of providers in relation to safeguarding adults, children and young people. All providers will establish procedures and systems of working that ensure safeguarding concerns are referred through appropriate processes as soon as they have been identified.

Main Outcomes: Statutory requirement for local authorities is founded on six key priorities which will form a strong safeguarding foundation to all our commissioning:

1. Empowerment – people being supported and encouraged to make their own decisions and give informed consent.
2. Prevention – it is better to take action before harm occurs.
3. Proportionality – the least intrusive response appropriate to the risk presented
4. Protection – support and representation for those in greatest need.
5. Partnership – local solutions through services working

with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

6. Accountability – accountability and transparency in delivering safeguarding.

Priority 3 - Focus on the most vulnerable and provide services that enhance or increase independence and resilience

Plan - Wherever possible and appropriate individuals will have control over their own lives. They will have access to the assistance they require to develop independence and resilience in the face of adversity as well as a healthy lifestyle.

There is a substantial in reach support and reablement program that helps individuals recover their independence after experiencing health issues or challenges. The city's offer of supported and independent living reduces the need for residential care placements by ensuring that people with long-term support needs can obtain and maintain at home for as long as possible. The introduction of suitable equipment and technology to meets needs promotes independence and the home first principle.

Main outcomes delivered by Commissioned Services will include:

- Delaying and reducing the need for care and support and focusing on the most vulnerable when it is necessary
- Enhancing quality of life and outcomes for people with care needs
- Assisting those who are able to make the transition from statutory services to independence

Priority 4 - Development of a Local Vibrant Market that provides a diverse range of quality services that meet local needs

Plan - In order to provide individualised, high-quality care and support, a thriving and adaptable market of service providers is necessary. Our job is to support providers in continuously improving, providing quality and choice, and delivering better, cost-effective outcomes by influencing and driving the pace of change across the entire market.

We intend to modify the council's relationships with providers. We want to show genuine partnership, trust, and respect so that there will be more openness, collaboration, and creativity within defined outcomes and financial envelope. Individual placements as well as framework/approved

provider lists, block, and spot contract service commissioning are examples of operational and strategic levels of commissioning. Additionally, we are seeing an increase in the number of individuals choosing how they receive direct payment support. We will continue to encourage a thriving market of services that gives people access to options. Innovation will be piloted and rolled out to those most likely to benefit when positive effects are demonstrated. In many areas of service, individuals will have a real choice as to whether they want to use services commissioned by the Council or by themselves directly.

Main outcomes by Commissioned Services will include:

- Increased rates of independence in vulnerable populations
- Sustainable costs per person for those accessing services
- Sufficient supply of good quality support services within our markets

Market Management will also include improving communication with the social care industry and collaborating on common problems like workforce changes and changes to government policies and laws.

Priority 4 – Outcome Focused

Plan - We will ensure that we have a clear focus on maximising outcomes for the resources we have available by improving outcomes at the lowest possible cost.

A key principle running across the whole of the Commissioning Strategy is ensuring services are commissioned as cost effectively as possible and within the resources available while still delivering improved outcomes for our residents. This increased focus on outcomes will also be reflected in the Council's approach to commissioning, contract management and procurement outcomes. We will plan and operate with a whole system approach, thinking 'what is the outcome we are trying to achieve, and is there a different way we could achieve this outcome?' Through the contract award process and subsequent contract monitoring and management the council will embed mechanisms to constantly review the scope of delivery and the outcomes sought in order to ensure the council is flexible and agile to meet the changing needs of its residents and service groups.

Main outcomes delivered by Commissioned Services will include:

- Demonstrate value for money
- Demonstrate customer outcomes
- Demonstrate distance travelled and intended outcomes
- Improved monitoring of service provision

Image by Freepik



Priority 5 – Co-production

Plan - As a component of the Commissioning Strategy, the Council will invest in co-production.

Co-production is when individuals, such as “service users,” influence the support and services they receive or when groups of people collaborate to influence the design, commissioning, and delivery of services. Engaging with service users and the groups that already have a thorough understanding of their requirements and goals will be the only way to accomplish commissioning outcomes based on individual outcomes. We are committed to collaborating with and engaging people who can bring their own personal experiences to the table. Getting feedback from as many people as possible will be an important part of commissioning, whether they have received support from social care services, their families, unpaid caregivers, or organisations that provide a range of health and social care support services in York.

Main outcomes delivered by Commissioned Services will include:

- Improved partnership working with customers and stakeholders
- Develop insight and commissioning actions based on co-production

- Services that better meet the needs of customers
- Feedback about how well providers are doing and how they could do better

Priority 6 – Value for Money

Plan - The Commissioning Strategy is being implemented at a time when public finances are still tight. Consequently, ensuring that services are commissioned as cost-effectively as possible and within the resources available while still delivering improved outcomes for York’s residents is a key principle that runs throughout the entire commissioning strategy.

Due to the severity of cost pressures and increased demand we will look to maximise every commissioning activity to maximise the York pound. Our approach to commissioning aims to provide our community and customers with high-quality services that are tailored to meet their current and future requirements. Additionally, we want to make certain that these services are provided in the most effective and appropriate manner possible in order to achieve transparent, measurable, and cost-effective outcomes. Achieving value for money will also include exploring new ways of working and maximising technology and information systems.

Main outcomes delivered by Commissioned Services will include:

- Improved service design and delivery
- Decommission services that offer low value for money
- Focus greater resources where the greatest need has been identified

Priority 7 – Commissioning Quality Services

Through our commissioning activities, enhanced intelligence gathering, and listening to feedback from people, including those who use or deliver services, unpaid caregivers, and other stakeholders, we will strive to continuously support quality improvement. We want to make sure that everyone is responsible for the quality of our care and support services, so that service users, their families, and caregivers can be sure that the support and care they receive is of high quality and that information and intelligence are shared consistently and effectively. We will achieve this by focusing on instilling a culture of high quality and ongoing improvement in all of our support and care services in York. In order to foster a culture of continuous improvement, it is essential to take a collaborative approach to the way quality is driven and delivered in our care and support services. In this way, positive and supportive relationships are built between the various agencies, care providers, and service users.

Main outcomes delivered by Commissioned Services will include:

- Improved outcomes
- Greater scrutiny
- Reduced reliance

Priority 8 – Maximising Technology

Plan – We will maximise opportunities for innovation and more efficient models of care as people become more dependent on technology.

We will make sure that technology is considered a part of an individual’s care needs both at home and when receiving services. Where applicable commissioned services will use technology to complement the face-to-face care that will provide more opportunities to monitor risks, deterioration in needs, and access to care and support. We also recognise that technology isn’t a key preference for all residents and will ensure that other options need to be available to support too to ensure no one is digitally excluded.

Main outcomes delivered by Commissioned Services will include:

- Improved value
- Improved outcomes
- Reduced intrusion
- Improved cost effectiveness

Priority 9 - Supported Housing

Plan - Our Health, Housing and Social Care Services are proactive and ambitious in their approach; adopting a preventative model, providing opportunities for residents to help themselves and enjoy independent living, whilst protecting the most vulnerable.

Supported housing is defined as housing designed to meet specific needs and in which there is some level of on-site support provided as part of the accommodation offer with the support offer dependent on health and social care need and allocated resource.

Main outcomes delivered by Commissioned Services will include:

- Our overarching vision is to ensure the right supported housing options are available at the right time and the right place for those that need them.
- Increase or maintain independence, and to help to prevent future reliance on services.

Priority 10 – Model of Delivery

Plan - All aspects of Health and Social Care must collaborate to make the most of the community's collective abilities and resources in order to provide seamless services.

This approach sees locally based services organised around the needs of the individual, their family and informal support networks. It is planned that our community-based models of health and social care will seamlessly combine, including the use of assistive technologies, to give people the same high-quality support they would get in a hospital or residential care facility in their own community and home. Hospitals are often the first choice for many patients. However, by organising social services, mental health services, and community services into groups of practices and developing more methodical approaches to working together, individual needs-based continuity or rapid access to care can be achieved. A cultural shift is required to move away from the view of public services as delivery agents to passive populations, to a greater focus on localities in which everyone contributes to maintain and improve services. Digital technology provides a great opportunity for public services to engage more closely with the public and patients, using social media and interactive technology to support self-care and management.

Main outcomes delivered by Commissioned Services will include:

- Efficient and effective care at the right time and in the right place that delivers the right outcome for an individual.
- Reduces duplication of effort across a range of functions and professional boundaries
- Reduce inefficiencies and ensure that we are spending our funding in the most productive way.

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